



**Written Testimony**  
**House Committee on Oversight and Government Reform**  
**Subcommittee on Interior, Energy, and Environment**

**The Historic 2017 Hurricane Season: Impacts on the U.S. Virgin Islands**

*Statement of*

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Chairman Farenthold and Ranking Member Plaskett, thank you for the opportunity to testify on behalf of the Assistant Secretary for Preparedness and Response (ASPR) to discuss our nation's medical and public health response and recovery efforts to the hurricanes that impacted Puerto Rico and the U.S. Virgin Islands (USVI). I am Murad "Mojo" Raheem, the Regional Emergency Coordinator for HHS Region II within ASPR. In the response and recovery to the hurricanes, I served as the Federal Health Coordinating Official on the ground.

HHS and our interagency partners have pushed forward in unprecedented ways to save lives and support the communities and people impacted by Hurricanes Harvey, Irma and Maria. Since September 2, 2017, HHS deployed approximately 4,500 personnel to support response efforts and currently have 63 personnel deployed in Puerto Rico and the USVI specifically to support recovery efforts. HHS will continue working as efficiently as possible until our mission is complete.

The scale and scope of last year's hurricane season was unprecedented. Never before has our response system been tested to support the impact of three major storm systems (Harvey, Irma, Maria) within such a short period. While the National Disaster Medical System (NDMS) was supporting response following landfall of Hurricane Harvey in Texas, NDMS had to mobilize in Florida, Puerto Rico, and the USVI to support Hurricane Irma response. Then, within days, Hurricane Maria made landfall in Puerto Rico and the USVI impacting many of the same communities. This response scenario tested NDMS and Federal capabilities like never before. Despite the challenges, ASPR provided professional and trained personnel and resources to

mitigate the impact of the storms on the communities, ultimately saving lives and ensuring there were health and medical resources available to those in need.

### **The Role of ASPR**

When ASPR was originally established by Congress a decade ago, the objective was to create “unity of command” by consolidating the Federal public health and medical preparedness and response functions under the ASPR (subject to the authority of the Secretary). This approach was modeled on the Goldwater-Nichols Act that created the Department of Defense (DoD) combatant commands; the impetus was the disorganized and fragmented response to Hurricane Katrina in 2005 and concerns about an H5N1 influenza pandemic.

ASPR’s mission is to save lives and protect Americans from 21st century health security threats. ASPR is, in effect, the national health security mission manager for HHS. As such, on behalf of the Secretary of HHS, ASPR leads the Federal public health and medical, preparedness, response and recovery to disasters and public health emergencies, in accordance with the National Response Framework (NRF) the National Disaster Recovery Framework (NDRF) by leading the Emergency Support Function (ESF) #. 8, Public Health and Medical Services and Health and Social Services Recovery Support Function, respectively. It is ASPR’s responsibility to coordinate the nation’s medical and public health preparedness, planning, and response capabilities to help Americans during such events, whatever their cause. ASPR also coordinates with other components of HHS with respect to HHS’s role in ESF #6 , Mass Care, Emergency Assistance, Temporary Housing, and Human Services, and HHS’s lead role as the coordinating agency with respect to the Health and Social Services Recovery Support Function. ASPR

coordinates across HHS, the Federal interagency, and supports state, local, territorial and tribal health partners in preparing for, responding to, and recovering from, public health emergencies and other emergencies and disasters that have health or human services impacts.

ASPR, in partnership with other HHS agencies, works to enhance medical surge capacity by organizing, training, equipping, and deploying HHS public health and medical personnel, and providing logistical support for HHS responses to public health emergencies. ASPR also coordinates overall Federal response, and supports readiness at the state and local level by coordinating Federal grants and cooperative agreements, and carrying out drills and operational exercises. ASPR also oversees advanced research, development, and procurement of medical countermeasures (e.g., vaccines, medicines, diagnostics, and other necessary medical supplies) against chemical, biological, radiological and nuclear agents, and pandemic or epidemic diseases, and coordinates the stockpiling of such countermeasures.

Specific to my role within ASPR, I serve as the Regional Emergency Coordinator – or REC – for HHS Region II. As the REC in Region II, I work to build and maintain relationships with Federal, State, local, Territorial, and Tribal officials and health care representatives daily. These established relationships proved critical during the immediate preparations for, and response to, Hurricanes Irma and Maria – as well as throughout the response and ongoing recovery. Because of my longstanding and established relationships, local officials were able to coordinate and communicate with me directly to request resources and assistance. Given my daily coordination and communication with local officials before the hurricanes hit, I was familiar with their resources and, as such, was able to ensure the Federal resources provided met local needs.

Since late October, I have also served as the Federal Health Coordinating Official (FHCO) for the Federal response to the hurricanes. In this role, I am the primary point of contact supporting information flow between HHS and local officials. In addition, as FHCO, I remain responsible for the medically evacuated residents, discussed further on in my testimony, transported from the USVI and Puerto Rico.

### **Federal Assets and Capabilities Supporting Response**

When communities are overwhelmed by a public health or medical emergency, they can request Federal assistance to augment existing medical capabilities. ASPR can deploy NDMS personnel and response teams, , if requested, to provide professional medical support. For each incident, NDMS deploys trained medical teams to provide medical services and/or augment health and medical facilities in impacted communities. NDMS is supported by a workforce of intermittent Federal employees, who volunteer to be activated to respond to emergencies and disasters, such as physicians, nurses, paramedics, and other support staff, such as logisticians and information technology specialists. With respect to Hurricanes Irma and Maria, ASPR leaned forward and pre-deployed NDMS teams to Puerto Rico before hurricane landfall so that HHS could provide immediate medical support for Puerto Rico and the U.S. Virgin Islands.

ASPR maintains logistical capabilities and supplies that accompany deployed NDMS personnel, including resources to shelter and feed deployed personnel as well as supporting medical equipment and supplies to treat the medical needs of the impacted community. ASPR ensures that the right equipment is where it is needed to provide an effective medical response. To

ensure resources are available when and where needed, ASPR maintains regional staff and warehouses that are strategically positioned to ensure resources are available at a moment's notice. One such warehouse is located in Puerto Rico.

Specific to the response provided following Hurricanes Irma and Maria, ASPR's strategy has been three-fold: save lives, stabilize the health care system, and restore services. To save lives and stabilize the health care system, approximately 2,500 NDMS health care providers and other NDMS personnel were deployed to the impacted areas and were supported by approximately 21.5 tons of equipment. While deployed, personnel provided care to over 31,000 patients, more than 2,500 of those patients were specifically in USVI. Care included providing access to trained medical assessments, treating minor injuries, dispensing aspirin and water, wound care, and assessing injuries. When care exceeded capabilities, NDMS supported the evacuation of patients.

An important lesson learned from events such as Hurricanes Katrina and Sandy and during the 2010 Haiti earthquake was the impact that disasters have on persons who rely on durable medical equipment (DME), especially energy dependent DME. To rectify this problem, ASPR and CMS created the emPower tool. EmPower provides information to local public health officials about the number of Medicare beneficiaries in each impacted area who rely on 14 types of life-maintaining and assistive equipment, ranging from oxygen concentrators to electric wheelchairs, as well as data on the number (and, if requested, the identity and location) of Medicare beneficiaries who rely on dialysis, oxygen, and home health services. Citizens who use durable medical equipment tend to be at-risk populations with access and functional needs, including the chronically ill and aging populations – those who are the most vulnerable in their communities

and most likely to need life-saving assistance in prolonged power outages. EmPower enables State and local public health officials to locate and contact such vulnerable, electricity-dependent residents, to help ensure their safety in an emergency or disaster by evacuation or otherwise. EmPower also provides real-time severe weather tracking information from the National Oceanic and Atmospheric Administration to help communities track and plan for emergencies. In Florida and St. Thomas (USVI), for the first time in its history, NDMS personnel joined Urban Search and Rescue (USAR) teams to locate dialysis patients whom authorities were unable to reach during the initial evacuation, using EmPower data.

NDMS evacuated 122 dialysis patients from USVI and 60 non-medical attendants for them, before, between, and after Hurricanes Irma and Maria. Our NDMS partners, Department of Defense (DoD), Federal Emergency Management Agency (FEMA) and the Department of Veterans Affairs (VA) evacuated these patients from USVI and received them in the United States for dialysis. . Additionally, ASPR collaborated with the VA and DoD to increase the number of patients who could be seen and treated in PR and USVI. Once the hurricanes passed, NDMS teams provided on-site medical care through Federal Medical Stations with 50 to 250 beds provided through the Strategic National Stockpile.

HHS also activated the Emergency Prescription Assistance Program (EPAP) for both the USVI and Puerto Rico to ensure victims who were uninsured received required medication. EPAP provides an efficient mechanism for enrolled pharmacies to process claims for prescription medication, specific medical supplies, vaccines and some forms of durable medical equipment (DME) for eligible individuals in a federally identified disaster area. When people's medical

supplies get lost or damaged in a disaster, a health condition that was previously manageable may become more serious, causing these people to seek care in an emergency room or go without needed care. Ensuring that people are still able to access these supplies that they rely on every day helps patients cope with a disaster more effectively, maintains their physical or mental health, and prevents or reduces stress on the healthcare system. The current EPAP activation for the USVI expires March 14, 2018. Should the USVI determine that an extension is needed, they can request an extension to the current EPAP activation.

### **ASPR's Transition to Long-Term Recovery**

Now that much of the response effort has concluded, HHS is continuing its support to the USVI through its recovery operations, again coordinated through ASPR. Currently, HHS personnel are deployed long-term under the National Disaster Recovery Framework, and are in continual coordination with local officials to maintain situational awareness, link local officials to resources, and assist with challenges or issues as they arise. Our primary mission is to support a locally led recovery by building capacity with the Puerto Rican and USVI governments and other key stakeholders that carry out the critical health and social services to the islands' residents.

For example, ASPR Recovery staff coordinated an initial Workforce Capacity, Development, and Sustainment Working Group, which brought together local and USVI government, education, healthcare and public health stakeholders involved in training and hiring the healthcare and human services workforces. The workgroup will focus on discussing licensure challenges and effective workforce development partnerships and training programs, and



identifying successful recruitment strategies along with specific job descriptions for the immediate needs of the USVI health and human services systems.

## **Conclusion**

The devastation caused by Hurricanes Irma and Maria overwhelmed local, State, and territorial health care capabilities. Through ASPR, HHS provided the resources to meet existing medical requirements, NDMS partners transported patients to ensure proper care when needed, HHS utilized programs like EPAP to ensure the islands' populations received critical prescriptions, and will continue to coordinate on issues impacting long-term recovery. There is much work left to do, but we have worked to ensure the public health and medical requirements in the USVI and PR are prepared to support the population. HHS will continue to engage with local officials, and will not leave until the recovery work is done. I thank you, again, for this opportunity to address these issues, and am happy to answer any questions.