Department of Health and Human Services

OFFICE OF INSPECTOR GENERAL

THE PUERTO RICO DEPARTMENT OF HEALTH'S IMPLEMENTATION OF ITS EMERGENCY PREPAREDNESS AND RESPONSE ACTIVITIES BEFORE AND AFTER HURRICANE MARIA WAS NOT EFFECTIVE

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Office of Inspector General

https://oig.hhs.gov

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The designation of financial or management practices as questionable, a recommendation for the disallowance of costs incurred or claimed, and any other conclusions and recommendations in this report represent the findings and opinions of OAS. Authorized officials of the HHS operating divisions will make final determination on these matters.

Report in Brief
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U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
OFFICE OF INSPECTOR GENERAL

The Puerto Rico Department of Health's Implementation of Its Emergency Preparedness and Response Activities Before and After Hurricane Maria Was Not Effective

Why OIG Did This Audit

Hurricane Maria made landfall in Puerto Rico on September 20, 2017, devastating the Commonwealth and causing extensive power outages.

The Disaster Relief Act, part of the Bipartisan Budget Act of 2018, required that OIG perform oversight of activities related to disaster relief, which include preparation, response, recovery, and mitigation. This audit is one of OIG's Disaster Relief Act oversight products. This is not a review of the Federal, State, or local government response to the COVID-19 public health emergency.

Our objective was to determine the effectiveness of the Puerto Rico Department of Health (PRDOH) implementation of its emergency preparedness and response activities before and after Hurricane Maria.

How OIG Did This Audit

We reviewed requirements related to the PRDOH Hospital Preparedness Program-Public Health Emergency Preparedness (HPP-PHEP) Cooperative Agreement—an HHS award to build and sustain Puerto Rico's public health and health care preparedness capabilities—that applied during our July 2016 through June 2018 audit period. We also reviewed its Emergency Operation Plan (EOP), HHS Office of the Assistant Secretary for Preparedness and Response's (ASPR's) national guidance, and after-action improvement plans.

What OIG Found

PRDOH did not effectively implement its emergency preparedness and response activities before and after Hurricane Maria. Specifically, PRDOH did not: (1) include at-risk populations in its annual drills; (2) identify shelters and resources needed for its at-risk populations; (3) have effective procedures for processing human remains during surges of death and for certifying underlying causes of deaths; (4) implement or identify its emergency procedures for expediting equipment procurement; (5) clearly define its health care coalitions (HCCs) staff responsibilities; and (6) obtain public comment on its EOP. In addition, PRDOH did not have an effective process for contacting volunteer health professionals, did not describe in the EOP how it would utilize mutual aid agreements when responding to an emergency, and did not have procedures for HCCs to share information with each other.

These deficiencies occurred because PRDOH's planning efforts prior to Hurricane Maria did not prepare PRDOH to meet actual needs and PRDOH did not have procedures in place to ensure that activities were in accordance with its HPP-PHEP Cooperative Agreement. As a result, PRDOH placed the health and safety of its residents at risk.

What OIG Recommends and Auditee Comments

We made a series of recommendations to PRDOH, including that it: (1) revise its EOP; (2) consider working with ASPR to develop an effective method for contacting volunteers when there are communication challenges; and (3) consider coordinating with appropriate organizations to develop guidance on accurate cause-of-death certifications.

PRDOH did not indicate concurrence or nonconcurrence with our recommendations; however, it described steps that it has taken to address them. It also stated that the criteria cited in our report only serves as guidance and that other Puerto Rico agencies are responsible for some of the deficiencies we identified. After reviewing PRDOH's comments, we maintain that our findings and recommendations are valid. As part of the HPP-PHEP Cooperative Agreement, PRDOH must implement all or parts of each of the public health preparedness capabilities included in ASPR's and the Centers for Disease Control and Prevention's guidelines and listed in the HPP-PHEP Cooperative Agreement as performance measures.

The full report can be found at https://oig.hhs.gov/oas/reports/region2/21802002.asp.

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INTRODUCTION

WHY WE DID THIS AUDIT

Hurricane Maria made landfall in Puerto Rico on September 20, 2017, devastating the Commonwealth and causing extensive power outages. In its recovery plan, Puerto Rico estimated that it would need billions of dollars to repair and reconstruct the infrastructure damaged by the storm.

The Disaster Relief Act, part of the Bipartisan Budget Act of 2018,[1] required that the Department of Health and Human Services (HHS), Office of Inspector General (OIG) perform oversight of activities related to disaster relief, which include preparation, response, recovery, and mitigation. This audit is one of OIG's Disaster Relief Act oversight products.[2] This is not a review of the Federal, State, or local government response to the COVID-19 public health emergency.

OBJECTIVE

Our objective was to determine the effectiveness of the Puerto Rico Department of Health (PRDOH) implementation of its emergency preparedness and response activities before and after Hurricane Maria.

BACKGROUND

Hospital Preparedness Program and Public Health Emergency Preparedness Cooperative Agreement

Within HHS, the mission of the Office of the Assistant Secretary for Preparedness and Response (ASPR) is to save lives and protect Americans from health security threats. Its Hospital Preparedness Program (HPP) provides leadership and funding through cooperative agreements to improve the capacity of the health care system to plan for and respond to large-scale emergencies and disasters.

HPP supports regional collaboration and health care preparedness and response by encouraging the development and sustainment of health care coalitions (HCCs). HCCs serve as

[1] On Feb. 9, 2018, the President signed into law the Bipartisan Budget Act of 2018 (P.L. No. 115-123), which included division B, subdivision 1, entitled the Further Additional Supplemental Appropriations for Disaster Relief Requirement Act, 2018 (Disaster Relief Act), and provided disaster relief funding totaling $89.3 billion.

[2] Appendix B contains a list of related OIG reports. OIG plans to issue additional reports related to Disaster Relief Act funding.

multiagency coordinating groups that assist with preparedness, response, recovery, and mitigation activities related to health care organization disaster operations.[3, 4]

The Centers for Disease Control and Prevention (CDC) manages the Public Health Emergency Preparedness (PHEP) program, which funds the efforts of public health departments to respond to a range of public health threats, including natural disasters. The PHEP program partners with States and U.S. territories to prepare for emergencies.

In 2012, HHS announced HPP-PHEP "aligned cooperative agreement" funding opportunities to support HHS's National Health Security Strategy. The aligned HPP-PHEP Cooperative Agreement follows a capabilities-based approach and provides funding, for a 5-year period, to build and sustain a community's public health and health care preparedness capabilities. The preparedness capabilities are based on subject matter expertise and evidence-based guidance. Awardees must demonstrate measurable and sustainable progress toward achieving all the preparedness capabilities included in the HPP-PHEP Cooperative Agreement over the 5-year project period.

The HPP-PHEP Cooperative Agreement references national guidance documents, including ASPR's "Healthcare Preparedness Capabilities: National Guidance for Healthcare System Preparedness" (ASPR National Guidance) and CDC's "Public Health Preparedness Capabilities: National Standards for State and Local Planning" to help State and local health departments with their strategic planning. The ASPR National Guidance relates to 1 of 15 emergency support functions (ESFs)[5] published by the Department of Homeland Security. Specifically, ESF #8 - Public Health and Medical Services provides the mechanism for coordinated Federal assistance[6] to supplement State,

Exhibit 1: List of ASPR Healthcare Preparedness Capabilities

- Healthcare System Preparedness
- Healthcare System Recovery
- Emergency Operations Coordination
- Fatality Management
- Information Sharing
- Medical Surge
- Responder Safety and Health
- Volunteer Management

[3] HCCs support Emergency Support Function #8 - Public Health and Medical Services of the *National Response Framework*, a guide to how the Nation conducts all-hazards response. HHS is the primary coordinator for ESF #8.

[4] Each HCC must consist of the following core members: hospitals, emergency medical services, emergency management organizations, and public health agencies.

[5] ESFs are the grouping of governmental and certain private sector capabilities into an organizational structure to provide support, resources, program implementation, and services that are most likely needed to save lives, protect property and the environment, restore essential services and critical infrastructure, and help victims and communities return to normal following domestic incidents.

[6] More than a dozen Federal agencies (e.g., Department of Justice) and non-Federal partners (e.g., American Red Cross) serve as supporting agencies.

Tribal, and local resources in response to: (1) public health and medical disasters; (2) potential or actual incidents requiring a coordinated Federal response; and/or (3) a developing potential health and medical emergency. Exhibit 1 lists the capabilities identified in the ASPR National Guidance designed to facilitate and guide ESF #8 preparedness planning.

Under the HPP-PHEP Cooperative Agreement, awardees must develop multiyear plans to test public health and health care preparedness capabilities and conduct one full-scale exercise. Awardees must also conduct an annual public health exercise that includes at-risk individuals, populations that require additional assistance for alerts and warnings, transportation, evacuation, care, and sheltering.[7] Furthermore, awardees must develop a process to identify and manage volunteer health care professionals. In addition, awardees must complete and submit an after-action report and improvement plans for all responses to real incidents and exercises.[8] Awardees must also identify whether their jurisdictions have tested procedures for receiving emergency funds during a real incident or exercise.

Puerto Rico Department of Health

HHS awarded PRDOH $9.5 million for budget period 5 of the 2012-17 HPP-PHEP Cooperative Agreement grant cycle (July 1, 2016, through June 30, 2017) and $9.6 million for budget period 1 of the 2017-22 HPP-PHEP Cooperative Agreement grant cycle (July 1, 2017, through June 30, 2018).[9] PRDOH is responsible for functions related to health care system emergency preparedness and disaster response. In addition, PRDOH manages HCCs in Puerto Rico.

PRDOH prepares an annual Emergency Operations Plan (EOP) for catastrophic events, including hurricanes, epidemics, earthquakes, and chemical agents. EOP delineates the functions, duties, and responsibilities related to PRDOH operations during an emergency and as well as the responsibilities with other stakeholders and under the ESF #8 responsibilities.

[7] PRDOH's Emergency Operations Plan Appendix R defines at-risk populations as "people with access and functional needs," which includes children, the elderly, the physically disabled, individuals with mental health illnesses, individuals culturally or geographically isolated, and individuals for which there is a language barrier.

[8] Agencies use after-action reports to summarize the agency's performance during an exercise or real-world event. After-action reports highlight strengths and areas for improvement related to core capability performance and the agency's ability to meet the exercise or real-world objectives.

[9] The $9.5 million award for budget period 5 of the 2012-17 grant cycle included $2.6 million for HPP and $6.9 million for PHEP. The $9.6 million award for budget period 1 of the 2017-22 grant cycle included $2.6 million for HPP and $7 million for PHEP.

HOW WE CONDUCTED THIS AUDIT

We reviewed HPP-PHEP Cooperative Agreement program requirements that applied to our audit period (July 1, 2016, through June 30, 2018).[10] In addition, we reviewed PRDOH's EOP, ASPR National Guidance, and after-action reports and improvement plans. We also held discussions with PRDOH officials to determine whether PRDOH's preparedness and response activities before and after Hurricane Maria were effective and properly implemented.

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Appendix A contains the details of our audit scope and methodology.

FINDINGS

PRDOH did not effectively implement its emergency preparedness and response activities before and after Hurricane Maria. Specifically, PRDOH did not include at-risk populations in its annual drill; identify shelters and resources needed for its at-risk populations; have effective procedures for processing human remains during surges of death and for certifying underlying causes of deaths; implement or identify its emergency procedures for expediting the procurement of equipment; clearly define its HCC staff responsibilities; and obtain public comment on its EOP. In addition, PRDOH did not have an effective process for contacting volunteer health professionals during and after Hurricane Maria, did not describe in the EOP how it would utilize the Emergency Management Assistance Compact (EMAC)[11] or other mutual aid agreements when responding to an emergency, and did not have procedures for HCCs to share information with each other.

These deficiencies occurred because PRDOH's planning efforts prior to Hurricane Maria did not prepare PRDOH to meet actual needs. In addition, PRDOH did not have procedures in place to ensure that these activities were in accordance with its HPP-PHEP Cooperative Agreement. As a result, PRDOH placed the health and safety of its residents at risk.

[10] We limited our audit to the joint program requirements that apply to HPP and PHEP awardees.

[11] EMAC is a national interstate mutual aid agreement that enables States to share resources during times of disaster.

EMERGENCY PREPAREDNESS ACTIVITIES NOT EFFECTIVE

Department of Health Did Not Include At-Risk Populations in Its Annual Drill

Under the HPP-PHEP Cooperative Agreement,[12] ASPR requires that awardees conduct an annual public health and medical preparedness exercise or drill that includes at-risk populations in its planning and exercise activities and identifies the strengths and weaknesses of its preparedness and response capabilities as well as related corrective actions.

PRDOH did not include at-risk populations in a required 2017 drill. Specifically, PRDOH conducted a drill related to hurricane preparedness (prior to Hurricane Maria) that did not include these populations. This occurred because PRDOH did not have procedures in place to ensure that it complied with HPP-PHEP Cooperative Agreement requirements. As a result, PRDOH was not prepared to effectively locate and reach at-risk populations throughout the Commonwealth, thereby placing the health and safety of these populations at risk.

Department of Health Did Not Identify Shelters and Resources Needed For Its At-Risk Populations

Under the HPP-PHEP Cooperative Agreement, ASPR requires awardees to coordinate with health care organizations and plan for meeting the needs of at-risk individuals and those with special medical needs.[13, 14] According to its EOP, PRDOH is responsible for implementing and maintaining effective services that safeguard the physical and emotional well-being of at-risk populations. PRDOH is also required to identify shelters and resources before a disaster occurs.

PRDOH did not identify shelters and resources (e.g., wheelchairs and oxygen tanks) needed for its at-risk populations. PRDOH did not follow its procedures related to coordinating with health care organizations to provide these necessary services before and after Hurricane Maria. PRDOH coordinated with the Puerto Rico Department of Housing to plan for medical shelters without a specific focus on meeting the needs of at-risk individuals. As a result, PRDOH was not able to safeguard and provide adequate assistance to these populations, thereby placing their health and safety at risk.

[12] 2012-17 HPP-PHEP Cooperative Agreement Budget Period 5.

[13] 2012-17 HPP-PHEP Cooperative Agreement and ASPR's National Guidance Capability 1, Function 7.

[14] This includes planning for individuals with special medical needs who require care at medical facilities during incidents.

Department of Health Did Not Have Effective Procedures for Processing Human Remains During Surges of Death and Certifying Deaths Related to Hurricane Maria

Under the HPP-PHEP Cooperative Agreement, ASPR requires awardees and HCCs to coordinate surges of death and human remains with health care organizations and community fatality management operations.[15] Specifically, agencies are required to anticipate storage needs for a surge of human remains.

According to PRDOH's EOP,[16] the capacity of the Commonwealth's Bureau of Forensic Science (BFS) is 140 body spaces and, on a day-to-day basis, BFS uses about 100 to 125 of the body spaces. In an emergency, it can hold 200 bodies.[17] Accordingly, EOP states that BFS will require assistance in an emergency that results in more than 75 casualties, and that human remains could be stored in refrigerated trailers and industrial spaces. In addition, if the emergency's magnitude exceeds BFS's capacity, it may request Federal assistance from an ASPR Disaster Mortuary Operational Response Team.[18]

PRDOH did not have effective procedures for processing human remains during surges of death. Specifically, its EOP Mass Mortality Plan was outdated and was not adequate for addressing the surges of death resulting from Hurricane Maria, including plans to increase capacity for storing, identifying, and processing human remains. The Mass Mortality Plan set a capacity of 200 casualties—75 casualties above PRDOH's average daily intake. However, according to a report issued by The George Washington University, the number of deaths was in excess of 2,975.[19] Because the EOP did not have procedures for local health care organizations to coordinate with community fatality management operations regarding storage needs resulting from the casualty surge, PRDOH was not prepared for *mass* fatalities. In addition, PRDOH did not have current and complete information, including casualty capacity, to make informed decisions related to mass mortality. As a result, PRDOH officials were not able to adequately plan for the surge in human remains, resulting in a casualties processing backlog.[20]

[15] 2012-17 HPP-PHEP Cooperative Agreement and ASPR's National Guidance Capability 5, Function 1.

[16] EOP, Appendix N (Mass Mortality).

[17] According to a BFS official, EOP was not updated to reflect that BFS increased its capacity for the storage of human remains from 140 to 295 around 2013.

[18] These teams are composed of funeral directors, medical examiners, pathologists, forensic anthropologists, fingerprint specialists, forensic odontologists, dental assistants, administrative specialists, and security specialists.

[19] Per the Milken Institute School of Public Health, The George Washington University project report, *Ascertainment of the Estimated Excess Mortality From Hurricane Maria in Puerto Rico,* issued Aug. 28, 2018.

[20] As of Sept. 2019 (2 years after the hurricane), the backlog still existed.

According to ASPR's National Guidance, fatality management includes the process of certifying cause(s) of death.[21] Although not specifically required by the HPP-PHEP Cooperative Agreement, we noted that PRDOH did not have procedures in place to ensure that physicians indicated whether underlying causes of death were related to Hurricane Maria.[22] According to an independent assessment commissioned by the Governor of Puerto Rico, most physicians throughout the Commonwealth were not aware of how they should report hurricane-related deaths.[23] The assessment also found that some physicians were reluctant to certify deaths as hurricane-related because they were concerned that the determination was subjective and they may have liability implications. Researchers also concluded that most death certificates filed in the aftermath of Hurricane Maria did not identify hurricane-related incidents as the underlying cause of death, which may have resulted in an underestimated official count of hurricane-related deaths.

Department of Health Did Not Implement or Identify Whether Its Emergency Procedures To Expedite the Procurement of Equipment Were Tested

Under the HPP-PHEP Cooperative Agreement, ASPR requires awardees to describe its expedited procedures for reducing the cycle time for contracting and/or procurement during a real emergency or exercise and identify whether their jurisdictions have tested those procedures.[24] All of Puerto Rico's government agencies must follow the Puerto Rico General Service Administration's (PRGSA's) Acquisition Regulation, which establishes expedited acquisition procedures in case of an emergency. Under PRGSA's emergency procedures, agency heads may authorize purchases during a declared emergency without prior approval from PRGSA.

PRDOH did not implement its own emergency procedures for expediting equipment procurement. PRDOH officials stated that PRDOH must follow PRGSA's *emergency* procurement procedures for all Commonwealth agencies. However, PRDOH did not implement or test emergency procedures, and instead followed PRGSA's *routine* procurement process, which prevented PRDOH officials from being able to obtain emergency equipment to respond in a timely manner to Hurricane Maria. Because PRDOH did not implement or identify the procedures laid out in PRGSA's emergency procedures, PRDOH placed its residents' health and safety at risk.

[21] 2012-17 HPP-PHEP Cooperative Agreement, Budget Period 1 and ASPR's National Guidance Capability 5, Function 1.

[22] In Puerto Rico, an attending physician or medical officer, if available, is responsible for determining cause(s) of death and completing a death certificate (P.R. Laws Ann. tit. 24, §§ 1105-06).

[23] The report *Ascertainment of the Estimated Excess Mortality From Hurricane Maria in Puerto Rico* identified deficiencies in the death certification and public communication processes and made recommendations to help prepare Puerto Rico for future hurricanes and other natural disasters.

[24] 2012-17 HPP-PHEP Cooperative Agreement Budget Period 1 and Budget Period 5.

Department of Health Specialist Responsibilities Were Not Clearly Defined

The HPP-PHEP Cooperative Agreement states that the purpose of the HPP, which encourages the development and sustainment of HCCs, is to strengthen regional coordination and ensure that the health care system can maintain operations to provide acute medical care during emergencies. HCC members must establish a collaborative oversight and coordination structure that includes clearly defined roles and responsibilities for each member related to disaster preparedness, response, and recovery.[25]

The HCC Specialists' responsibilities during a disaster response were not realistic and, therefore, were not clearly defined. Specifically, the HCC Specialists were responsible for collaborating, operating, and integrating their assigned HCCs as part of the PRDOH response to Hurricane Maria. However, the individuals who served as HCC Specialists were also employed by PRDOH as Emergency Management Zone Coordinators with different priorities,[26] and their position descriptions did not clearly address the coordination of their different responsibilities during an emergency. During its response to Hurricane Maria, PRDOH assigned four of these employees with specific work shifts and assignments as Emergency Management Zone Coordinators. As a result, the four employees were not available to perform their HCC Specialist responsibilities as part of the PRDOH response to Hurricane Maria, thereby placing residents' health and safety at risk.

Department of Health Did Not Obtain Public Comment on Emergency Operations Plan

Under the HPP-PHEP Cooperative Agreement, ASPR requires that awardees obtain public comment and input on public health emergency preparedness and response plans using existing advisory committees or a similar mechanism to ensure continuous input from other government stakeholders and the general public.[27] In addition, the EOP explicitly requires that it be submitted for public comment after completion.[28]

PRDOH did not obtain public comment and input on its EOP. PRDOH officials stated that this was due to an oversight from newly appointed department officials. The lack of input from stakeholders may have limited PRDOH's hurricane preparedness, response, and recovery efforts.

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[25] 2012-17 HPP-PHEP Cooperative Agreement Budget Period 5 and ASPR's National Guidance Capability 1, Function 1.

[26] In the event of an emergency, these Emergency Management Zone Coordinators are responsible for performing interagency services between the Commonwealth and local governments with on-call availability.

[27] 2012-17 HPP-PHEP Cooperative Agreement Budget Period 5.

[28] EOP stated that public comments should include identifying stakeholders, notifying them of meetings to discuss the content on the plans, and registering public comments.

RESPONSE ACTIVITIES NOT EFFECTIVE

Department of Health Did Not Have an Effective Process for Contacting Volunteer Health Care Professionals

Under the HPP-PHEP Cooperative Agreement, ASPR requires that awardees develop a process to identify and contact individuals who are willing and available to participate in a health care response. It defines volunteer management—part of the ASPR National Guidance—as the ability to coordinate the identification, recruitment, registration, and retention of volunteers to support health care organizations with medical preparedness and response to incidents and events. ASPR provides technical assistance to States on a variety of topics, including volunteer management.[29]

PRDOH did not have an effective process for contacting volunteer health care professionals during and after Hurricane Maria. Due to PRDOH's reliance on telephone communications, it was only able to contact about 15 of the 700 volunteers in its database. According to PRDOH officials, the 15 volunteers had left the island prior to Hurricane Maria making landfall and, therefore, had working phone lines. Without an alternative process for contacting volunteers, PRDOH was unable to contact and coordinate an adequate number of volunteers for its response to Hurricane Maria, thereby placing the health and safety of Puerto Rico residents at risk.

Department of Health Did Not Describe How It Would Utilize the Emergency Management Assistance Compact or Mutual Aid Agreements

Under the HPP-PHEP Cooperative Agreement, ASPR requires that awardees describe in their EOPs how they will use EMAC or other public health mutual aid agreements to coordinate activities and share resources, facilities, services, and other potential support required when responding to public health emergencies.[30]

PRDOH's EOP did not describe how it would utilize EMAC or other public health mutual aid agreements to support coordinated activities when responding to public health emergencies and did not have any such compacts/agreements in place. As a result, PRDOH was not fully prepared to share resources, facilities, and services after Hurricane Maria made landfall, thereby placing the health and safety of Puerto Rico residents at risk.

[29] 2012-17 HPP-PHEP Cooperative Agreement Budget Period 1 and ASPR's National Guidance Capability 15, Function 2.

[30] 2012-17 HPP-PHEP Cooperative Agreement Budget Period 5.

Department of Health Did Not Have Procedures for Health Care Coalitions To Share Information With Each Other

Under the HPP-PHEP Cooperative Agreement, ASPR requires that awardees provide support for health care organizations in forming HCCs.[31] Awardees must also ensure HCCs can share information, effectively communicate with each other, and have information about each other's needs during an emergency. Furthermore, HCCs must collaborate with a variety of stakeholders to ensure the community has the necessary medical equipment and supplies, real-time information, communication systems, and trained and educated health care personnel to respond to an emergency.[32]

PRDOH did not ensure that HCCs could share information. Specifically, PRDOH did not ensure that all members of HCCs had access to its emergency management database that included information on their resources and resource needs (e.g., facilities and equipment). Most hospitals had access to the database but could only input data to it—not share or view data input by other HCC members—while other HCC members (e.g., laboratories and dialysis centers) did not have any access to the database. PRDOH officials stated that the database is a data-entry tool for collecting and acquiring information from hospitals and other stakeholders and was not set up to share information because some HCC members did not want to share information with their competitors. Because all HCC members could not access the database, and there were no alternative methods for sharing information about resources and resource needs to address the emergency, HCC members were unable to obtain specific, timely, relevant information on resources or resource needs in the aftermath of Hurricane Maria, thereby placing the health and safety of Puerto Rico residents at risk.

RECOMMENDATIONS

We recommend that the Puerto Rico Department of Health:

- revise its EOP, including adding or updating procedures, to comply with HPP-PHEP Cooperative Agreement requirements related to: (1) conducting annual public health and medical preparedness exercises or drills that include at-risk populations in all of its planning and activities; (2) identifying resources for at-risk populations; (3) anticipating storage needs for a surge of human remains; (4) implementing and identifying emergency procurement procedures; (5) clearly defining HCC Specialists' responsibilities; (6) obtaining public comment and input on its EOP; (7) utilizing EMAC or other public health mutual aid agreements to support coordinated activities when responding to public health emergencies; and (8) ensuring that all HCC members can share information regarding resources and resource needs to address an emergency;

[31] Awardees should form a partnership with or provide support for health care organizations in the effort for multiagency coordination for preparedness and response (ASPR National Guidance Capability 1, Function 1).

[32] 2012-17 HPP-PHEP Cooperative Agreement Budget Period 5 and 2017-22 HPP-PHEP Cooperative Agreement Budget Period 1.

- consider working with ASPR to develop an effective method for contacting health care volunteers when there are communication challenges; and

- consider coordinating with appropriate organizations to develop guidance on accurate cause-of-death certifications focusing on whether underlying causes of death were disaster-related.

PUERTO RICO DEPARTMENT OF HEALTH COMMENTS AND OFFICE OF INSPECTOR GENERAL RESPONSE

In written comments on our draft report, PRDOH did not indicate concurrence or nonconcurrence with our recommendations; however, it described a number of steps that it has taken or plans to take to address them and to improve its emergency preparedness and response.

PRDOH concurred with four of our findings and did not concur with the remaining five findings. Specifically, PRDOH agreed that: (1) HCC Specialists' responsibilities were not clearly defined; (2) it did not obtain public comment on its EOP; (3) it did not describe how it would utilize the EMAC or other mutual aid agreements; and (4) it did not have procedures for HCCs to share information with each other. PRDOH did not agree that at-risk populations were not included in its annual drill, that it did not identify shelters and resources for its at-risk populations, and that it did not have an effective process for contacting volunteer health care professionals. PRDOH also did not agree that it was responsible for implementing procedures for processing human remains during surges of death, certifying the underlying cause of deaths, or for implementing or identifying whether emergency procedures to expedite the procurement of equipment were tested.

PRDOH stated that it does not agree with OIG's conclusion that PRDOH did not effectively implement its emergency preparedness and response activities. PRDOH noted that the impact of Hurricanes Irma and Maria was an unprecedented event and hit the Commonwealth at the start of a new government administration term. Furthermore, PRDOH noted that ASPR National Guidance and CDC's Public Health Preparedness Capabilities: National Standards for State and Local Planning contain guidelines intended to help State and local health departments with their strategic planning for which PRDOH does not have direct responsibility.

After reviewing PRDOH's comments and supporting documentation, we maintain that our findings and recommendations are valid. We agree that the impact of Hurricanes Irma and Maria was unprecedented and commend PRDOH on its steps to address our recommendations. However, we maintain that the start of a new government administration should not affect emergency preparedness. The purpose of HPP is to ensure that health care systems can maintain operations during emergencies. PRDOH in coordination with HCCs, health care organizations, and other relevant response partners is required to participate in a continuous process of preparedness. While we agree that the ASPR National Guidance and CDC's "Public

Health Preparedness Capabilities: National Standards for State and Local Planning" serve as guidance to States as part of the terms and conditions of the HPP-PHEP Cooperative Agreement, PRDOH must implement all or parts of each of the capabilities included in ASPR's and CDC's guidelines and listed in the cooperative agreement as performance measures.

PRDOH's comments on findings it did not concur with and our detailed responses to them are provided below. In addition to its comments, PRDOH provided documentation related to the findings in our draft report, which we reviewed. PRDOH's comments are included in their entirety as Appendix C.

EMERGENCY PREPAREDNESS ACTIVITIES NOT EFFECTIVE

Department of Health Did Not Include At-Risk Populations in Its Annual Drill

PRDOH Comments

PRDOH stated that an objective of its public health and medical preparedness full-scale exercise, known as Tropical Journey, was to validate procedures related to its planning of a medical shelter annex for functional and access-needs patients [at-risk populations] forced to leave hospitals. As a result, PRDOH stated that it identified areas to improve. PRDOH also stated that its Office of Public Health Preparedness and Response has continued to include at-risk populations as part of its training and exercise plan.

Office of Inspector General Response

As referenced in PRDOH's comments, we acknowledge that PRDOH included at-risk populations in its medical shelter annex planning activity, a part of its full-scale exercise in 2017. However, PRDOH's full-scale exercise included only limited exercise activity for its at-risk populations. We maintain that PRDOH should consider including at-risk populations in *all* of its preparedness and planning activities and revised our recommendation accordingly.

Department of Health Did Not Identify Shelters and Resources Needed For Its At-Risk Populations

PRDOH Comments

PRDOH stated that local municipalities and the Department of Housing are responsible for identifying and administering shelters and resources needed for at-risk populations and noted that Department of Housing is the lead agency for ESF #6 (Mass Care, Emergency Assistance, Housing, and Human Services). In addition, PRDOH stated that after Hurricane Maria, the Government of Puerto Rico implemented a law that reinforced a mandate to have both the Department of Education and Department of Housing ensure the continuation of operations during an emergency at a number of facilities, including health facilities and shelters. PRDOH stated that its role is to regulate the establishment and operation of health facilities.

Office of Inspector General Response

We maintain that, as the lead agency for ESF #8 (Public Health and Medical Services), PRDOH is responsible for identifying shelters and resources needed for Puerto Rico's at-risk populations. According to its EOP, PRDOH is responsible for identifying shelters and resources before a disaster occurs and implementing and maintaining effective services that safeguard the physical and emotional well-being of at-risk populations. The HPP-PHEP Cooperative Agreement requires PRDOH to coordinate with health care organizations and plan for meeting the needs of at-risk individuals and those with special medical needs.

Department of Health Did Not Have Effective Procedures for Processing Human Remains During Surges of Death and Certifying Deaths Related to Hurricane Maria

PRDOH Comments

PRDOH stated that procedures for processing human remains during surges of death and for certifying underlying causes of death are the responsibility of the Bureau of Forensic Science (BFS).[33] It also stated that certifying causes of death is the responsibility of individual clinicians. However, PRDOH described actions that it had taken to address our recommendation that it consider coordinating with appropriate organizations to develop guidance on accurate cause-of-death certifications focusing on whether underlying causes of death were disaster-related. For example, PRDOH stated that it created an electronic death registry and has trained personnel on certifying causes of death.[34]

PRDOH also stated that its September 19, 2017, request to ASPR for Federal assistance to assist BFS in its handling of casualties fulfilled PRDOH's cooperative agreement responsibilities. According to PRDOH, ASPR's Disaster Mortuary Operational Response Team arrived 4 days after PRDOH made its request and performed activities such as assessing equipment and personnel, transferring human remains (in collaboration with funeral homes), moving portable morgue units, and providing technical advice and expertise.

Office of Inspector General Response

We maintain that PRDOH did not have effective procedures for processing human remains during surges of death and certifying deaths related to Hurricane Maria. We commend PRDOH for taking steps to develop guidance on accurate cause-of-death certifications. Per the HPP-PHEP Cooperative Agreement and ASPR's National Guidance, it is PRDOH's responsibility to develop plans and coordinate surges of death and human remains with health care

[33] In September 2020, BFS was renamed the Forensic Sciences Institute of Puerto Rico.

[34] PRDOH noted that, subsequent to Hurricane Maria, it received CDC funding for a project to create and implement an electronic death registry. This project includes training clinicians and funeral directors on how to complete forms and acknowledge whether the cause of an individual's death was related to a disaster.

organizations and community fatality management operations. In addition, PRDOH is required to anticipate storage needs for a surge of human remains. However, the EOP Mass Mortality Plan was last updated around 2013, according to PRDOH officials, and did not include plans to increase capacity for storing, identifying, and processing human remains. We agree that ASPR's Disaster Mortuary Operational Response Team served as a resource to PRDOH. However, per the HPP-PHEP Cooperative Agreement, the ASPR team is a resource to States when *anticipated* resource needs exceed the local capacity. We maintain that PRDOH did not adequately plan for or anticipate its resource needs for addressing the surges of death resulting from Hurricane Maria.

Department of Health Did Not Implement or Identify Whether Its Emergency Procedures To Expedite the Procurement of Equipment Were Tested

PRDOH Comments

PRDOH stated that it is not responsible for implementing or identifying emergency procedures for expediting the procurement of equipment. Specifically, PRDOH stated that all agencies in Puerto Rico have to comply with the same procurement procedures for regular and expedited purchases. According to PRDOH, these procedures include protocols with PRGSA and other agencies, and PRSGA's responsibilities include implementing a special procurement procedure during an emergency. PRDOH also noted that, as of November 2020, PRGSA was implementing a new order for centralizing procurement processes for the Puerto Rico government.

Office of Inspector General Response

We maintain that the PRDOH is required to implement expedited procedures for reducing the cycle time for contracting and procurement during an emergency under the HPP-PHEP Cooperative Agreement. We acknowledge that all Puerto Rico government agencies must follow PRGSA's regulation, and under PRGSA's emergency procedures agency heads may authorize purchases during a declared emergency without prior approval from PRGSA. However, even though PRGSA had established *expedited* emergency procedures for agencies such as PRDOH to follow, PRDOH did not test these expedited procedures and, in response to Hurricane Maria, followed PRGSA's *routine* procurement process, which prevented PRDOH officials from being able to obtain emergency equipment to respond to the hurricane in a timely manner.

RESPONSE ACTIVITIES NOT EFFECTIVE

Department of Health Did Not Have an Effective Process for Contacting Volunteer Health Care Professionals

PRDOH Comments

PRDOH stated that all communication systems collapsed throughout the island during Hurricane Maria and its Volunteer Management Unit was able to successfully contact only 15 volunteers. The Volunteer Management Unit also established the State Emergency Operation Center as a meeting place for additional health care professionals (and others) to volunteer their services. Subsequently, the Volunteer Management Unit has revised its protocols to expand on reporting locations throughout the island for volunteers in case communication systems collapse during a future emergency.

Office of Inspector General Response

We maintain that PRDOH did not have an effective process for contacting volunteer health care professionals during and after Hurricane Maria. We commend PRDOH for revising its protocols to expand on reporting locations in the event of another emergency.

APPENDIX A: AUDIT SCOPE AND METHODOLOGY

SCOPE

We reviewed HPP-PHEP Cooperative Agreement program requirements that applied to our audit period (July 1, 2016, through June 30, 2018).[35] In addition, we reviewed PRDOH's EOP, ASPR National Guidance, and after-action reports and improvement plans. We also held discussions with PRDOH officials to determine whether PRDOH's preparedness and response activities related to Hurricane Maria were effective and properly implemented.

PRDOH was awarded $9.5 million for its HPP-PHEP Cooperative Agreements for the period July 1, 2016, through June 30, 2017, and $9.6 million for the period July 1, 2017, through June 30, 2018. Our objective did not require an understanding of all PRDOH internal controls. Rather, we reviewed only the internal controls that pertained directly to our objective.

We conducted our audit work from June 2018 to January 2021.

METHODOLOGY

To accomplish our objective, we:

- reviewed applicable Federal laws, regulations, and guidance;
- reviewed PRDOH's HPP-PHEP Cooperative Agreement;
- reviewed PRDOH's EOP;
- held discussions with ASPR and CDC officials to gain an understanding of their agencies' HPP-PHEP Cooperative Agreements;
- interviewed Puerto Rico HCC officials to gain an understanding of the roles and responsibilities of HCCs;
- reviewed results of PRDOH's drills and training exercises performed prior to Hurricane Maria;
- compared the procedures in PRDOH's EOP to the Federal requirements described in the HPP-PHEP Cooperative Agreement;
- determined whether PRDOH's EOP procedures were followed in PRDOH's preparation for and response to Hurricane Maria;

[35] We limited our audit to the joint program requirements that apply to HPP and PHEP awardees.

- reviewed PRDOH's after-action reports to determine whether PRDOH EOP procedures were effective in protecting the health and safety of the residents of Puerto Rico;

- reviewed an independent assessment by the Milken Institute School of Public Health, George Washington University, of estimated excess mortality from Hurricane Maria in Puerto Rico; and

- discussed the results of our audit with PRDOH officials.

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

APPENDIX B: RELATED OFFICE OF INSPECTOR GENERAL REPORTS

Report Title	Report Number	Date Issued
Selected Health Care Coalitions Increased Involvement in Whole Community Preparedness But Face Developmental Challenges Following New Requirements in 2017	OEI-04-18-00080	4/29/2020
The Health Resources Services Administration Has Controls and Strategies To Mitigate Hurricane Preparedness and Response Risk	A-04-18-02015	12/18/2018
The Administration for Children and Families Has Controls and Strategies To Mitigate Hurricane Preparedness and Response Risk	A-04-18-02013	12/18/2018
The Centers for Disease Control and Prevention Has Controls and Strategies To Mitigate Hurricane Preparedness and Response Risk	A-04-18-02014	11/7/2018

APPENDIX C: DEPARTMENT OF HEALTH COMMENTS

Government of Puerto Rico

Department of Health

March 3, 2021

Report Number: A-02-18-02002

Brenda M. Tierney
Regional Inspector General
for Audit Services, OIG

Ms. Tierney:

Greetings. The Puerto Rico Department of Health (PRDoH) has received the U.S. Department of Health and Human Services, Office of Inspector General (OIG), draft report titled *The Puerto Rico Department of Health's Implementation of Its Emergency Preparedness and Response Activities Before and After Hurricane Maria Was Not Effective* and, as requested, we hereby include a list of comments in response to the findings. Along with these, the PRDoH would also want to submit an overall reaction to these findings since we feel that it is important to clarify the implications stated throughout the report and its conclusions.

First, we firmly disagree with the following statement: "PRDoH did not effectively implement its emergency preparedness and response activities". As was explained to the auditors throughout the entire course of the multi-year audit, the back-to-back impact of Hurricanes' Irma and Maria on September 2017 was an unprecedent event in the history of Puerto Rico. Hurricanes' Irma and Maria hit the Island at the start of a new government administration term. This implicates that all State Agency Leads and Directors were newly appointed to their roles and did not have the opportunity to receive Emergency Preparedness and Response training before this emergency, as specified within the PRDoH's Emergency Operations Plan (EOP). Moreover, it is important to also highlight that, at the time of the emergency response, the jurisdiction's decisional authority was delegated by the Governor of Puerto Rico, Ricardo Rosselló Nevares, to the head of the newly created Puerto Rico Department of Public Safety (DSP, in Spanish), Secretary Héctor M. Pesquera.[1] This action dislocated decisional and communication processes since there was a lack of knowledge and understanding of requirements for the implementation of response activities, as per National Incident Management System (NIMS) guidelines, and based on PRDoH's EOP in place at the time. This was also acknowledged on Milken's Report titled *"ASCERTAINMENT OF THE ESTIMATED EXCESS MORTALITY FROM HURRICANE MARÍA IN PUERTO RICO"*, page 25:

> "According to interviews with DSP and the DoH personnel, after the establishment of the DSP, which integrated key emergency and first responder agencies (Emergency Management Bureau

[1] https://www.fortaleza.pr.gov/content/gobernador-rossello-nevares-anuncia-el-establecimiento-del-centro-conjunto-de-operaciones-0

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(EMB), Police, 911, Firefighter Corps, Medical Emergency Corps, Special Investigations Bureau) and the BFS, emergency plans for agencies under the DPS umbrella were not updated and coordinated between agencies, including the communication plans."

Therefore, we vehemently disagree with the conclusion stated on page 11 of your report that states: "These deficiencies occurred because PRDoH's planning efforts prior to Hurricane Maria did not prepare PRDOH to meet actual needs. In addition, PRDoH did not have procedures in place to ensure that activities were in accordance with its HPP-PHEP Cooperative Agreement. As a result, PRDOH placed the health and safety of its residents at risk."

This statement does not take in consideration the above described situation and it can place PRDoH's ongoing Cooperative Agreement (CoAg) with CDC and ASPR-HHS for emergency preparedness and response efforts at risk. As stated, the HPP-PHEP CoAg has provided funding year-over-year for public health preparedness and response activities, both for public health and the healthcare delivery system. These funds have been approved year-over-year by our federal partners based on joint, HPP-specific, and PHEP-specific programmatic requirements, strategies and activities submitted by the PRDoH and our agency has never received any negative feedback nor admonition - neither by the CDC nor ASPR-HHS - regarding the execution, completion and achievement of target objectives, compliance with guidelines, and other requirements associated with statute and HHS grant guidance, as well as funding terms and conditions and sound fiscal practices. Furthermore, feedback from our federal response counterparts (HHS Region 2, FEMA, etc.) regarding PRDoH emergency response efforts overall has been positive.2

On page 9 of this report, you cite that the HPP-PHEP CoAg *"references national guidance documents, including ASPR's "Healthcare Preparedness Capabilities: National Guidance for Healthcare System Preparedness" (ASPR National Guidance) and CDC's "Public Health Preparedness Capabilities: National Standards for State and Local Planning" to help State and local health departments with their strategic planning."* As mentioned before, these are guidelines to develop effective emergency management and response programs with the goal of increasing preparedness and response capabilities for both the Public Health and Health Care Delivery Systems. HHS and CDC are aware that each jurisdiction has its own state regulations. Therefore, the implementation of such activities reflects the reality of each jurisdiction' state and local roles and responsibilities, as described on preparedness domains and capability guidelines. Just to mention two examples, PRDoH does not have a direct responsibility on areas such procedures for processing human remains during surges of deaths or identifying shelters and resources needed for its at-risk populations; these are responsibilities in which PRDoH's role is complementary to the Puerto Rico Forensic Science Institute and to the Housing and Education Departments, the former being responsible for addressing all activities regarding Fatality Management, and the latter being responsible for all sheltering activities.

2Please refer to letter to PRDH-Bioseguridad

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The aforementioned background information was discussed on multiple occasions during the course of the audit, highlighting the resulting limited role of PRDoH before, during and after the hurricane response. In light of this, we understand that the report does not reflect this reality, attributing the PRDoH a deficiency with which we do not concur.

Below were including our written comments for each drafted finding along with additional supplemental information to inform our responses.

If you have any questions or comments regarding our responses, please contact PRDoH / OPHPR.

Cordially yours,

CARLOS R MELLADO LOPEZ, MD
Secretary of Health
Puerto Rico Department of Health

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PRDoH's Comments and Responses to OIG Report Findings

Emergency Preparedness Activities Not Effective	
OIG Finding	PRDoH Response
Department of Health Did Not Include At-Risk Populations in Its Annual Drill	• PRDoH DOES NOT CONCURR: Tropical Journey AAR, page 26: "Validate procedures included in the medical shelter annex, as a result of Hospital eviction from FANP patients (Victims Information Center Venue, April 26th, 2017)." The OPHPR has continued to include AFNPs as part of its Multi Year Training and Exercise Plan, year over year, including the identification and implementation of corrective actions and improvement plans relating to this population, as well as offering trainings for our response peers and AFNP stakeholders.
Department of Health Did Not Identify Shelters and Resources Needed for Its At-Risk Populations	• PRDoH DOES NOT CONCURR: As stated in previous communications with OIG Representatives, identification and administration of shelters and resources needed for at-risk populations is the responsibility of local municipalities as well as the PR Department of Housing, whom is the lead for the ESF Function (ESF-6): https://www.fema.gov/sites/default/files/2020-07/fema_ESF_6_Mass-Care.pdf Moreover, after the impact of Hurricanes Irma and Maria on September 2017, the Government of Puerto Rico issued Act 88, dated April 14, 2018 - Service Provision Guarantee Act (http:ijwww.lexjuris.com/lexlex/Leyes2018/lex12018088.htm), reinforcing the mandate to have both the Department of Education and Department of Housing ensure the continuation of operations during an emergency at a number or facilities, including dialysis centers, nursing homes for the elderly, long term care facilities, children's and adult homes, and facilities that are used by the Department of Education and the Department of Housing as shelters. The role of the PR Department of Health regarding this is clearly stated on Act 101 of June 26, 1965, as amended, known as the "Health Facilities Act," which empowers the Department of Health to regulate the establishment and operation of health facilities.
Department of Health Did Not Have Effective Procedures for Processing Human Remains During Surges of Death	• PRDoH DOES NOT CONCURR: As stated in previous communications with OIG Representatives, procedures for processing human remains during surges of death and for certifying underlying causes of deaths is the responsibility of the Forensic Sciences Institute of Puerto Rico (PR FSI), which is part of the state's Public Security Agency (Act 20 of March 2017). The responsibility of *certifying a*

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and Certifying Deaths Related to Hurricane Maria	*death* in Puerto Rico lies within each individual clinician. The responsibility of *certifying a Cause of Death* lies with the PR Sciences Institute. The PR Demographic Registry is responsible for *registering the Cause of Death* and issuing a *Death Certificate.* Our Program also informed the OIG (on March 2019) that the PRDoH complied with its responsibility of assisting the FSI in requesting federal assistance from ASPR in handing casualties. DMORT was requested on September 19th, 2017 - before Hurricane Maria hit. They arrived on the 23rd. This request was approved by HHS, who sent a RECON Team to identify the needs of the FSI. The DMORT performed activities such as: - Assessment of equipment and personnel - Transfer of bodies (in collaboration with funeral homes) - DPMU movement - Custody of units - Providing technical advice and expertise After the impact of Hurricanes' Irma and Maria, the PRDoH received supplemental funding through the Crisis CoAg[3] through which one of the target projects was the creation and implementation of an Electronic Death Registry. Implementation of this project consisted of two phases: Implementation of the Electronic Death Registry, and; Training for Clinicians and Medical Examiners (Certifiers) and Funeral Representatives on how to properly document Cause of Death information on the Death Certificate, during a disaster and day to day deaths (natural and non-natural deaths). Over 330 Medical Doctors and Medical Examiners (Certifiers) have been trained (as of January 2021)4 The PRDoH continues its ongoing collaboration with the FSI supporting them in their role through assisting them in their planning development efforts, as well as acquiring and assigning equipment and materials in support of their operations, this made possible through the PHEP CoAg.
Department of Health Did Not Implement or Identify Whether	• PRDoH DOES NOT CONCURR: The PRDoH is not responsible for implementing or identifying emergency procedures for expediting the procurement of equipment. All State Agencies in Puerto Rico have to comply with the same procurement procedures for regular

[3] https://www.cdc.gov/cpr/readiness/OO_docs/CDC_Crisis_NOFO_FY_2019_508compliant2.pdf
[4] Refer to TOTRegTrainings Participation Results 3-1 201907122 document

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Its Emergency Procedures To Expedite the Procurement of Equipment Were Tested	and expedited purchases. These procedures have, over the years, included protocols with the State OMB, the PR Treasury Department, Governors' Secretary, the General Services Administration (ASG). The ASG has as part of its main responsibilities the following "Implement a special procurement procedure during an emergency."[5] As of November 2020, the ASG is implementing a new Administrative Order (based on Act 73, dated 2019) for the Centralization of Procurement Processes for the Government of Puerto Rico. Both this act and AO reinforce even further the responsibility of the ASG for the identification/implementation of procurement procedures for all State Agencies in Puerto Rico for regular and expedited purchases.
Department of Health Specialist Responsibilities Were Not Clearly Defined	• PRDoH CONCURRS: During both Hurricanes Irma and Maria, HCC Staff were assigned to specific Emergency Management Zones to support response operations. Most of them continued to maintain situational awareness with their respective Regional HCCs (some of which did so on a daily basis, eg. Ponce Regional HCC). As a result of this finding, changes have been implemented in terms of the HCC Staff roles to have them fully assigned as liaisons with their respective HCCs.
Department of Health Did Not Obtain Public Comment on Emergency Operations Plan	• PRDoH CONCURRS: The PRDoH's OPHPR customarily updates its EOP during the 2nd Quarter (April - June) and celebrates a Public Comment during the 3rd Quarter (July – September) of the year. Due to the impact of Hurricanes Irma and Maria on September 2017, we were unable to perform this Public Comment. Since then, our Program has identified and implemented other means of distributing the EOP and obtaining feedback from stakeholders in lieu of a Public Comment, including publishing it on the agency's website, as well as obtaining feedback from stakeholders at meetings held throughout the year.

[5] Refer to document titled: Proc_{ompras_Situaciones_Emergencias-Feb 2015, pages 13-17

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Response Activities Not Effective	
OIG Finding	PRDoH OPHPR Response
Department of Health Did Not Have an Effective Process for Contacting Volunteer Health Care Professionals	• PRDoH DOES NOT CON CURR: As stated in previous communications with OIG Representatives, during Hurricane Marfa all communication systems collapsed[6] throughout the island, including mobile cellphones, internet access and satellite phones, making it difficult to contact our volunteers as they were also affected Hurricane Maria survivors. After Hurricane Marfa, OPHPR's Volunteer Management Unit was only able to successfully contact 15 volunteers, due to the communication challenges faced in the aftermath of the hurricane. Communication with these volunteers was successful because most managed to leave the country before Hurricane Maria hit. The Volunteer Management Unit also established a meeting place to receive volunteers at the State EOC, to coordinate the credentialing process of spontaneous volunteers (healthcare professionals and others), in coordination with the Director of the PRDoH Medical Licensing Board. Afterwards, the OPHPR's Volunteer Management Unit revised its protocols to expand on reporting locations throughout the island for MRCPR volunteers in the event of the collapse of all communication systems during future emergencies.7
Department of Health Did Not Describe How It Would Utilize Emergency Management Assistance Compacts or Mutual Aid Agreements	• PRDoH CONCURRS: PRDoH's EOP currently does not include a textual description of the mechanisms that will be implemented to use the EMAC. However, as stated in previous communications with OIG Representatives, the Puerto Rico Emergency Management Bureau (PREMB) is the sole state agency authorized to request and sign EMAC once State resources run out.8 The PRDoH has collaborated with the PREMB (and its changing administrations year-over-year) to foster the discussion among ESF-8 partners to identify needs based on individual agency priorities to initiate the establishment of EMAC or other mutual aid agreements in support of coordinated activities when responding to emergency events, including natural and man-made disasters.

[6] George Washington *University-ASCERTAINMENT OF THE ESTIMATED EXCESS MORTALITY FROM HURRICANE MARIA IN PUERTO RICO*

[7] PRDoH OPHPR Volunteer Management Plan, Volunteer Response and Deployment, Volunteer Deployment, p. 11, 12

[8] Please refer to JOCIP

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Department of Health Did Not Have Procedures for Health Care Coalitions To Share Information With Each Other	• PRDoH CONCURRS: The 2017-2018 budget period marked the beginning of a new 5-year CoAg (2017-2022) during which one of the goals to *Ensure HCC Integration and Collaboration with Emergency Support Function-8 (ESF-8)* was the development of an HCC Response Plan.[9] Three months into the new CoAg, Hurricanes' Irma and Maria hit the Island on September 2017. Because of this, no HCC Response Plan was in place by that date. Although there were no written procedures for HCCs to share information with each other at the time, situational awareness was maintained within Regional HCC members before and during the emergency. Because of the island wide failure of communication systems, the exchange of information after the emergency via the different identified methods (e.g., phone, mobile, sat, radio, data, etc.) was limited and/or not available. In spite of these challenges, situational awareness was maintained within members of each Regional HCC to obtain specific, timely, relevant information on resources or resource needs in the aftermath of Hurricane Maria. Each HCC identified and implemented their own means to do so while initial efforts to restore communications were implemented. Once gradual restoration of communication was experienced, initial information exchange was retaken with core HCC members (Public Health, acute care Hospitals, EMS and PREMB) as defined in the 2017-2022 HPP-PHEP CoAg Guidance.10 As of today, access to PRDoH's Emergency Management information exchange database is mainly maintained with hospitals given that this sector holds the majority of data pertaining to the required Essential Elements of Information (EEis) before, during and after an emergency[11], and the PREMB because they gather emergency response EEis from their Essential Support Function partners. The PRDoH WebEOC only allows the users to input data to it-not share or view data input by other HCC members-because these same users have express on multiple occasions and instances their refusal to share their information with other HCC partners.

[9] https://www.cdc.gov/cpr/readiness/00_docs/PHEP-Funding-CDC-RFA-TP17-1701.pdf, p. 29
[10] Core HCC members as defined on https://www.cdc.gov/cpr/readiness/00_docs/PHEP-Funding-CDC-RFA-TP17-1701.pdf, p. 15, 70
[11] ibid, p. 27, 29, 35

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	On November 2020, the PR Regional HCCs to their first step in becoming a legal entity, incorporating themselves into a single island wide Health Care Coalition. This action will impact and redefine their planning and response roles, responsibilities and processes, including the exchange of information within their own structure and their respective response stakeholders.

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