

THE Evolving Threat Environment

2019 PREPAREDNESS SUMMIT

 @PREPSUMMIT | #PREP19 | PREPAREDNESSSUMMIT.ORG

March 26–29

2019

St. Louis, MO

America's Center Convention Complex
(ST. LOUIS CONVENTION CENTER)

PREPAREDNESS
SUMMIT

March 26-29 | St. Louis, MO
2019

THE
Evolving Threat
Environment

Repatriation of Evacuees Post Hurricane Maria into Florida

Christie Luce, MPA
Florida Department of Health

Hurricane Maria

- Category 5 hurricane that devastated Dominica, the U.S. Virgin Islands, and Puerto Rico in September 2017.
- Regarded as the worst natural disaster on record to affect those islands
- Deadliest Atlantic hurricane since Jeanne in 2004



PREPAREDNESS
SUMMIT

March 26-29 | St. Louis, MO
2019

THE
Evolving Threat
Environment



@PREPSUMMIT | #PREP19 | PREPAREDNESSSUMMIT.ORG



Hurricane Maria – Puerto Rico

- Infrastructure already shaky
 - Puerto Rico Electric Power Authority – lost 30% of workforce in 2012*
 - Water system – 90% of the island had water that did not meet the standards of the 1974 Safe Drinking Water Act**
- Hit two weeks after Irma
 - 80,000 already without power
 - FEMA supplies (83%) were deployed to USVI for Irma
- Impact
 - 80% of agriculture lost (esp coffee)
 - 3.4 million with no electricity

* Mufson, Steven (September 21, 2017). "[Puerto Rico's electric company was already \\$9 billion in debt before hurricanes hit](#)". *The Star. The Washington Post*. Retrieved March 21, 2019.

**The Star. The Washington Post. Retrieved September 22, 2017. Dorell, Oren; Nuñez, Atabey (2 November 2017). "Puerto Rico's water woes raise fears of health crisis six weeks after Hurricane Maria". *USA Today*. Retrieved March 21, 2019.

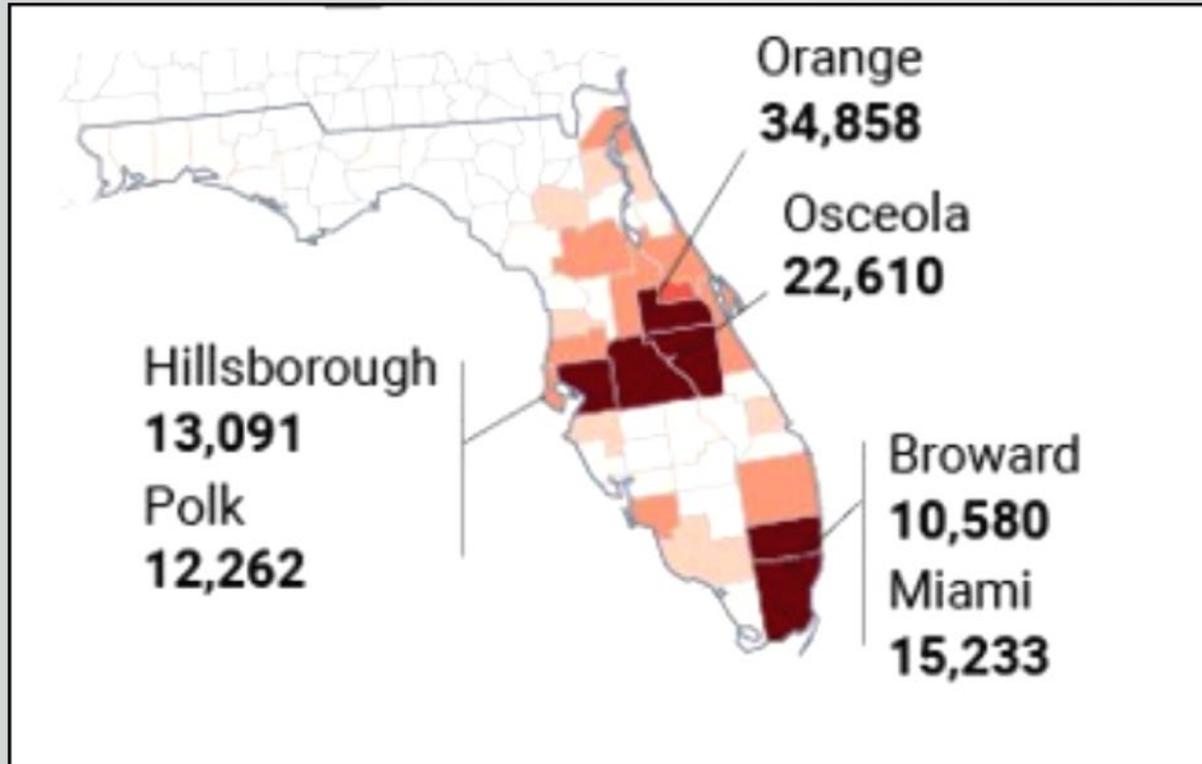


Hurricane Maria – Puerto Rico





Evacuation to Florida





Response

- Set up Multi Agency Resource Centers (MARC)s
- Miami International Airport*
- Orlando International Airport*
- Orlando-Sanford International Airport (Seminole County)
- Tampa International Airport
- Osceola County
- Port of Miami





Response MARCs

- Agencies involved
 - FEMA
 - Individual Assistance
 - Crisis Counseling
 - Supplemental Nutrition Assistance Program (SNAP)
 - Dept of Children & Families
 - Dept of Highway Safety
 - Dept of Health
 - Dept of Economic Opportunity
 - American Red Cross
 - Division of Emergency Management





Services We Were Prepared For

- Emergency Prescription Assistance Program (EPAP) – prescriptions and some durable medical equipment
- General health information and access to public health services
- WIC
- Immunizations
 - Issued Emergency Rule 64ER17-5 “Waiver of DH Form 680 and SHOT System for School Immunization Record – Hurricane Maria”
- Translation
- Basic first aid

Keep in mind... all affected counties were still trying to recover from Hurricane Irma!



Services We Were NOT Prepared For

- Car seats
- Special infant formulas
- Post-op wound care
- Medicaid/Medicare issues
- Higher immunization rates than Florida
- Housing issues
- Non-affiliated support missions
- Large medically-managed group (dialysis) from USVI via Puerto Rico brought to Florida



Staffing

- Initially staffed by local County Health Department
- Deployed regional DOH staff
- Staffing contract for long term
- All happened over the holidays
- Language barrier





Considerations

- Confusion over what was reimbursable
 - FEMA Host State Agreement
 - Governor only stipulated Miami-Dade and Orange County (Orlando)
- Humanitarian flights not activated
 - Fewer number of medically needy visitors to MARC
- Plan for long term
 - Took up lots of space at airport – affected parking
 - Was difficult for people returning for services to navigate and park at airport
 - Governmental services wanted to be 8-5, airport wanted only upon flight arrival
- County resistance to engage – considered a DEM response



Official Final Numbers

Florida Department of Health (MCO and MIA)			
	Cumulative Total	Miami-Dade	Orlando
WIC	1227		
Immunizations	2387		
Immunization Questions Answered (not included below)	7		
Immunization Family Contacts	1024		
Immunization Certified Form 680's issued	163		
Puerto Rico Immunization Registry Search/Transfer	41		
Pediatric seen via Nemours Telehealth	0		
Number of Persons seen by FDOH staff reporting arrival from Puerto Rico	358		
First Aid / Seen by FDOH RN	42		
Referrals	2602		
General Health Services Contacts	1839		
Families Assisted	1271		
Total Interactions		3,990	30,631
Prescription Assistance	7		

PREPAREDNESS
SUMMIT

March 26-29 | St. Louis, MO
2019

THE
Evolving Threat
Environment

The Role of the Philadelphia Department of Public Health in Helping Evacuees from Puerto Rico after Hurricane Maria

Jessica Caum, MA MPH CPH

Program Manager, Public Health Preparedness

Philadelphia Department of Public Health

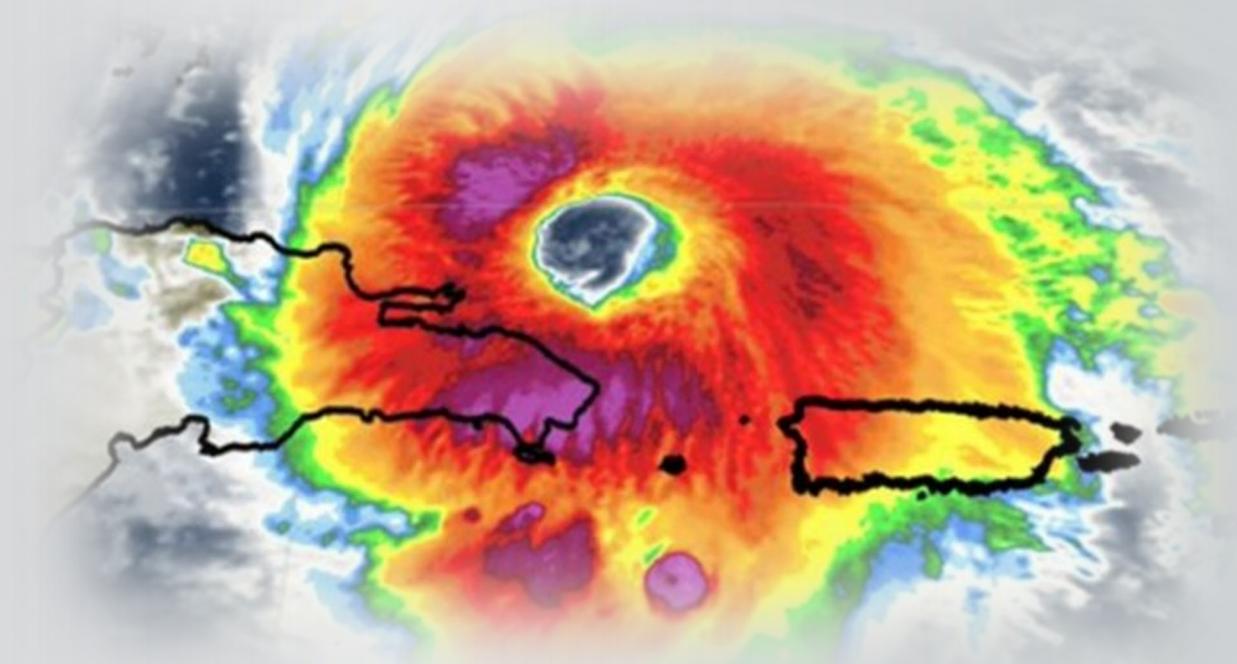


Department of
Public Health
CITY OF PHILADELPHIA



Background

- On October 11, 2017, Philadelphia activated a Disaster Assistance Services Center (DASC) to provide services to displaced persons from Puerto Rico and the Virgin Islands following Hurricane Maria



Collaborating Agencies at the DASC

- Philadelphia OEM
- Philadelphia Departments of Public Health & Behavioral Health
- PA Department of Human Services
- FEMA and PEMA
- Salvation Army
- American Red Cross
- Asociación Puertorriqueños en Marcha (APM)



PREPAREDNESS
SUMMIT

March 26-29 | St. Louis, MO
2019

THE
Evolving Threat
Environment



Evolution of PDPH Mass Care Model

- Previous mass care experiences:
 - Medical field clinics at evacuation shelters, special events
- Different population at the DASC
 - Tenuous or no local network
 - In need of care for both chronic and acute conditions
- PDPH provided assessment, triage, and referral to expedited care
 - PDPH helped evacuees navigate the local health care system and became the conduit to sustainable care

PREPAREDNESS
SUMMIT

March 26-29 | St. Louis, MO
2019

THE
Evolving Threat
Environment



[@PREPSUMMIT](https://twitter.com/PREPSUMMIT) | [#PREP19](https://twitter.com/hashtag/PREP19) | [PREPAREDNESSSUMMIT.ORG](https://www.preparednesssummit.org)

Emergent DASC Model

- Creation of health care network
 - Created self-reliance and opportunity for ongoing care
 - Management of prescription medications for conditions requiring ongoing monitoring
- FQHCs willing to work with evacuees despite insurance status
 - Once insurance was established, primary care could refer to specialty care
- Better model for a displaced population expecting a longer duration stay

PREPAREDNESS
SUMMIT

March 26-29 | St. Louis, MO
2019

THE
Evolving Threat
Environment



[@PREPSUMMIT](https://twitter.com/PREPSUMMIT) | [#PREP19](https://twitter.com/hashtag/PREP19) | [PREPAREDNESSSUMMIT.ORG](https://www.preparednesssummit.org)



Outcomes

- Of the 2,003 evacuees registered at the DASC, 349 (17%) visited the PDPH station
 - 73% of chief complaints were chronic conditions
 - 197 health care appointments were made
- Common chief complaints:
 - Asthma
 - Hypertension
 - Diabetes
 - Cardiovascular disease
 - Cold/flu symptoms
- Of the 51 days the DASC was in operation, PDPH staffed all but 3 days
 - 30 MRC volunteers provided 318 service hours





Areas for Improvement

- Lack of comprehensive case management for clients with multiple complex medical, social, and mental health needs
- Not all collaborating clinics offered all services needed at all times or could provide them expeditiously
 - Expedited routine obstetric care and well-child pediatric appointments not available
- Confidentiality of patient interactions
 - Space not conducive to privacy



Other Challenges

- Transportation to appointments
 - OEM assisted with arranging Uber rides
- Differences between Medicare/Medicaid programs in Puerto Rico vs. Pennsylvania
- Loss of identification and other important documents
- Lack of warm clothing
 - Salvation Army addressed this issue
- Lack of interim housing



Virtual DASC and Beyond

- Transitioned to online resource in January 2018
- Community-based organizations have assumed long-term recovery role

Hurricane Maria

Overview / Visión de conjunto

Federal

State / Pennsylvania

Community / Comunidad

Community Resources

3 Health Care / Cuidado de la salud

If you are having a medical emergency such as trouble breathing, chest pain, injuries, uncontrolled diabetes or high blood pressure, you should call 911 or go to a hospital emergency room for immediate treatment.

Si tiene una emergencia médica como dificultad para respirar, dolor de pecho, lesiones, diabetes sin controlar o presión arterial alta, debe llamar al 911 o acudir a la sala de emergencias de un hospital para obtener tratamiento inmediato.

If you are not having a medical emergency but need to **find a doctor** to treat your condition, including getting **prescriptions for medicines** that you need to refill, call one of the following healthcare clinics and make sure to explain that you are a recent evacuee from the hurricane in Puerto Rico and you are in need of care or prescription refills.

Si no se trata de una emergencia médica pero necesita encontrar un médico para tratar su afección, incluso obtener recetas para medicamentos que debe reponer, llame a una de las siguientes clínicas de atención médica y asegúrese de explicar que usted es un evacuado reciente del huracán en Puerto Rico y que necesita atención o reposición de medicamentos.

Ask if there is a way that you can be given an appointment as soon as possible
Pregunte si hay alguna posibilidad de que se le programe una cita lo antes posible:

4 Mental Health Counseling / Consejería de salud mental



Considerations for the Future

- No federal funding package for Philadelphia
 - Program costs
- Ability to continuously staff the DASC for a prolonged response was challenging
 - 3 days were not staffed
 - Deferral of other programmatic work
- Capacity for receiving a larger population in the future



ASPR

Repatriation Adaptive Planning

March 2019

Department of Health and Human Services
Office of the Assistant Secretary for Preparedness and Response

This briefing is **UNCLASSIFIED**.
For Official Use Only

SCENE SETTING

- 9M AMCITs live abroad; 41M travel abroad annually for business and pleasure (2018)
- Hot spots all over the world that might necessitate mass evacuation of AMCITs
 - Past examples:
 - ✓ Lebanon 2006 (12.5K)
 - ✓ Haiti 2010 (17K)
 - ✓ Japan 2011 (10K)
 - Current world events:
 - ✓ Middle East (Jerusalem)
 - ✓ South America (Venezuela)
 - ✓ Asia (Korea)
- Planning efforts will enhance responses to other emergencies like mass migration, earthquakes, and hurricane response

SCENE SETTING

- Repatriation is currently an Agency for Children and Families (ACF) program
 - American citizens (AMCIT) are repatriated every day
- ACF and ASPR signed Memorandum of Understanding in Mar 2018; Set ASPR as lead for operational planning for influx of more than 500 AMCITs / day
- Repatriation has four major components
 - Department of State support
 - Department of Defense support
 - HHS support in the U.S.
 - **Support the defense of the Homeland**

Triggers:
Authorized Departure
Ordered Departure

SCENE SETTING

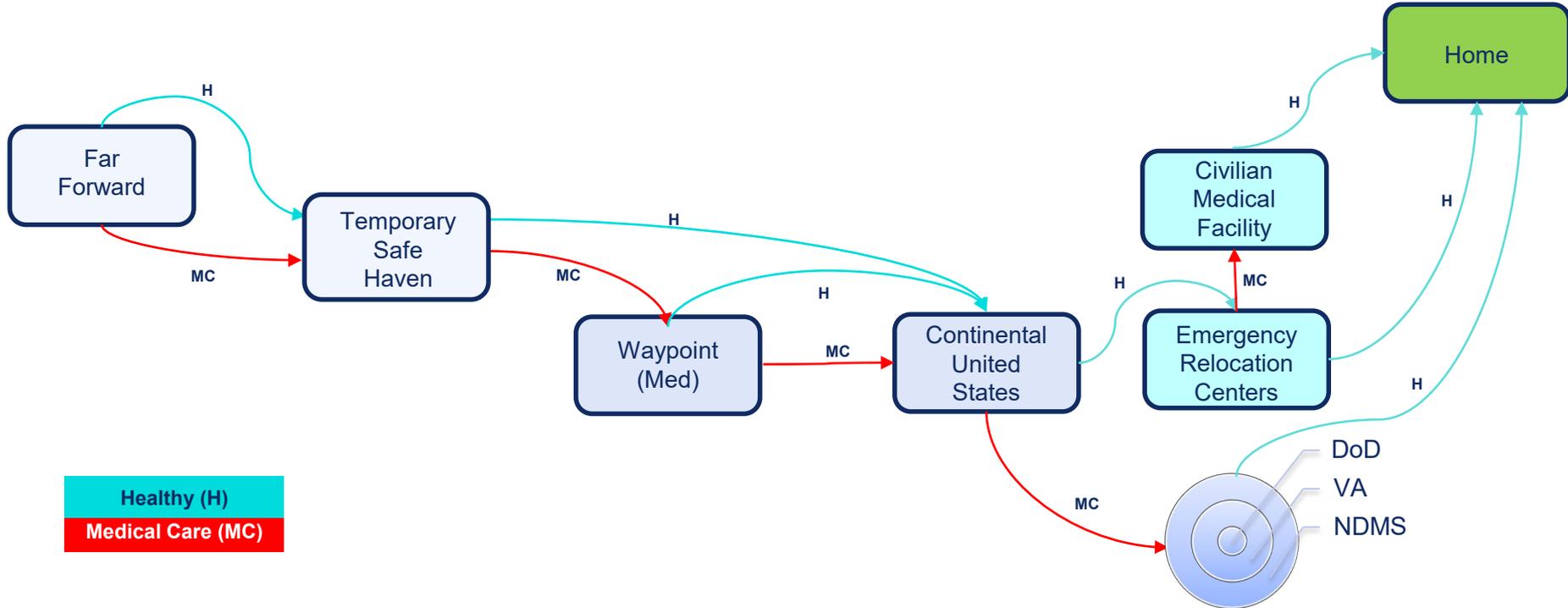
- Unprecedented response; will exceed every capability the USG has to throw at this.
 - Potential to overwhelm U.S. medical infrastructure
 - Will exceed traditional federal medical support
 - Will require tremendous amount of interagency support, collaboration, coordination, and **ADAPTIVE PLANNING!**

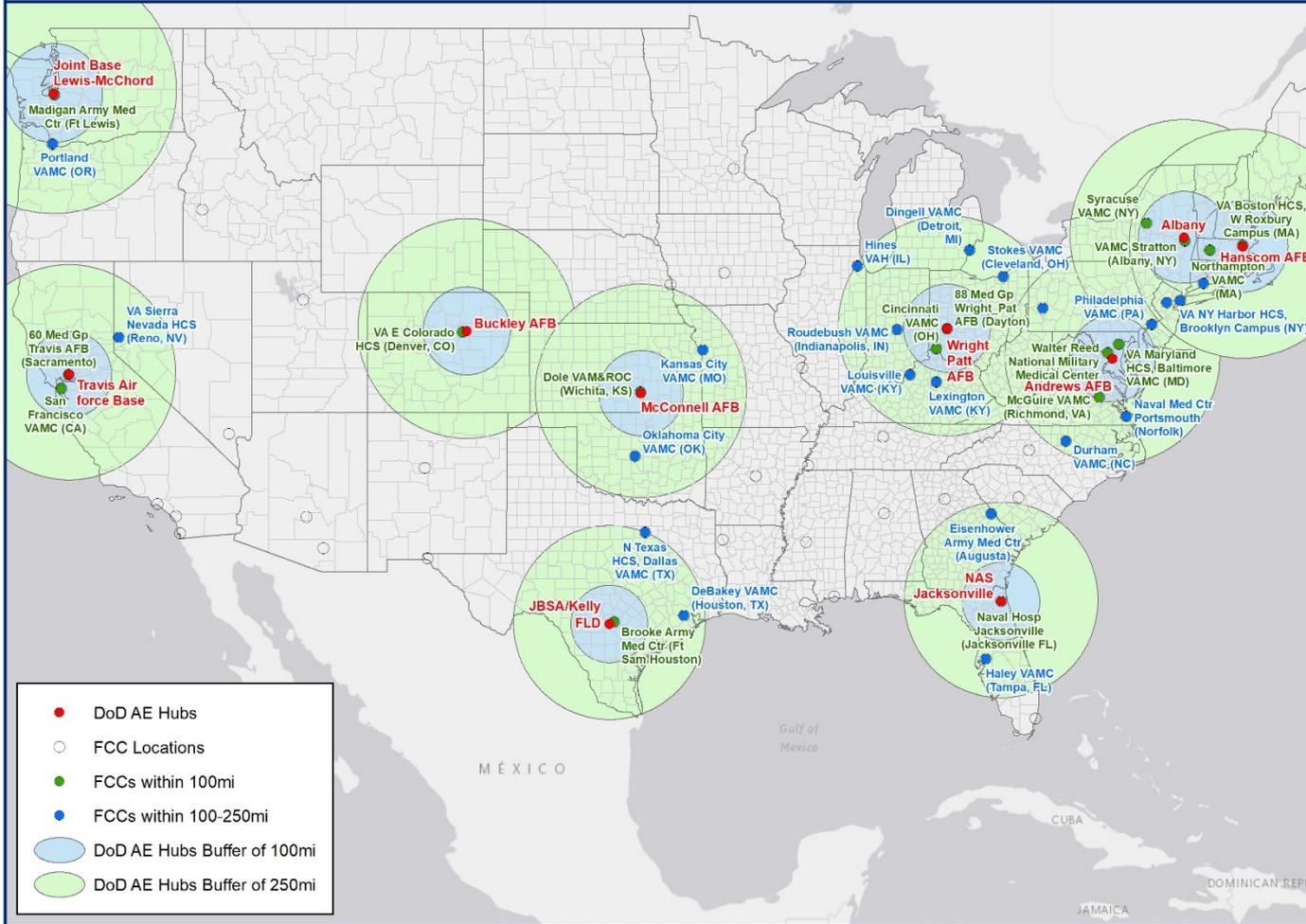
OPERATIONAL MISSION SETS

- Medical Screening
- Triage
- Treatment
- Isolation
- Holding
- Surveillance
- Packaging for onward AE flights
- En-route Care
- Case Management
- Tracking

***Each of these need to occur at each operating location**

Medical Repatriation Concept of Operations





GAPS

- State Emergency Repatriation Plans (SERP)
 - Not all are created equal
 - Need thorough assessments
- Dependence on NDMS medical facility network and HPP coalitions to support influx of casualties
- Staffing shortfalls to support federal medical footprint
- Logistics supply chain and transport (for personnel and stuff)
- Fatality Management
- Command and control
- Communication with Governors and state partners

Way Forward

- State Emergency Repatriation Plans (SERP)
 - Collaborating with ACF to conduct assessments/technical assistance
- Reimagine NDMS Definitive Care Model
 - Dependence on NDMS medical facility network and HPP coalitions to support influx of casualties
 - Establish Federal Coordinating Center (FCC) Readiness
 - Rethink the National Disaster Medical SYSTEM



ASPR

Discussion?

This briefing is **UNCLASSIFIED**.
For Official Use Only



2019 Preparedness Summit

Virginia M. Lehner
Country Officer | Office of American Citizens Services
March 27, 2019



Routine Services

- **Citizenship Documentation**
- **Notarial Services**
- **Voting Assistance**
- **Federal Programs**
- **Intercountry Adoption**
- **International Parental Child Abduction support**



Emergency Services

- **[Emergency] Passports**
- **Medical Emergencies**
- **Arrests**
- **Victim Assistance**
- **Kidnapping**
- **Welfare & Whereabouts**
- **Repatriation**
- **Crisis Response**
- **International Parental Child Abduction in Progress**
- **Deaths & Estates**



What We Can and Can't Do

- **Limitations on our Actions**
- **Legal limitations**
- **Practical limitations**
- **Staffing limitations**
- **Privacy Act limitations**



Before You Go – 4 Things

Follow our Traveler's Checklist to:

1. Get Informed
2. Get Required Documents
3. Get Enrolled (STEP)
4. Get Insured

United States Department of State
TRAVELER'S CHECKLIST

Before traveling abroad, make sure to:

-  **GET INFORMED** about where you are going, at travel.state.gov/destination.
-  **GET REQUIRED DOCUMENTS**, such as your passport and visas.
-  **GET ENROLLED** in the Smart Traveler Enrollment Program (STEP) for security and emergency alerts.
-  **GET INSURED** for medical, evacuation, and other unexpected expenses.


travel.state.gov/travelerschecklist

travel.state.gov/travelerschecklist



Safety and Security Messaging Strategy



Messaging Products



Access to Consular Messaging

Travel Advisory for every country

One Country Page helps U.S. citizens make informed decisions for themselves about their travel

Alerts sent by posts to inform people about security scenarios

Mobile-friendly for tablets and smartphones

Simple Language with clear actions for U.S. citizens to take

Standard format worldwide used by embassies and consulates for consistent advice on what action to take



More Information:
travel.state.gov/travelsafely

Follow us on:    @TravelGov

STEP.state.gov