

## Report in Brief

Date: July 2021

Report No. A-02-18-02002

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES  
**OFFICE OF INSPECTOR GENERAL**



### 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.

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

### 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.