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WOMEN'S HEALTH CARE PHYSICIANS

# A Health Care Crisis Hurricane Maria and Its Sequel

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It is not uncommon for disasters to occur in September (eg, the 9/11 attacks, Hurricane Katrina, Hurricane Hugo, and the 2017 earthquakes in Central Mexico). In September 20, 2017, Hurricane Maria hit Puerto Rico as a category 4 hurricane. Most of us in Puerto Rico had no idea what a nightmare this storm would represent for our entire population in terms of health care, the economy, education, and safety. Moreover, we did not have a clue how this disaster would affect our day-to-day lives. Every day we face the challenge of basic acts such as getting gas, food, and water, not to mention the luxury of obtaining ice to preserve our groceries and medications. Even the most basic and routine daily activities that we took for granted were suddenly a difficult task.

During the first week after Hurricane Maria, health care providers were the most fortunate because we only had to wait in line for 3 hours to get gasoline. For the rest of the population, including the elderly, children, and pregnant women, these lines lasted from 8 hours to 12 hours. People hoped to get gasoline and diesel to move their cars or energize their houses, a task in which they were not always successful. Twenty-seven days after Hurricane Maria hit the island, we still have difficulty with communication; access to the internet and media; and obtaining water, food, and basic supplies. We had a glimpse of the inhumane conditions in which Puerto Ricans now live through a voluntary mission to Yabucoa, the town in the south east of the island where Hurricane Maria first made ground. The residents welcomed water, food, and love with a disproportionate level of gratitude.

During the past 3 weeks it has been a challenge for every hospital to have electricity and to provide adequate health care. Currently, many hospitals on the island are either not working to their full capacity or are not yet functional. The University District Hospital in Puerto Rico is the main medical center on the island, and the hospital is one of the few that has been functioning through this period (although not to its full capacity).

During this natural disaster, and with no external support, our personnel had to treat double the amount of patients with complicated pathologies that emerged during the crisis such as an increase in arboviral illness and those spread by poor hygiene conditions because of contaminated water.

As fourth-year residents in obstetrics and gynecology, we feel a false sense of normality at the hospital. The University District Hospital in Puerto Rico is sometimes energized with a generator, and we have water and warm food while in the building. In contrast, we get ready to come to work without power and water in our own houses, and also have to navigate through the chaos on the streets because there are no working street lights or traffic lights. Furthermore, every day we face a new challenge at the hospital when a patient who needs an operation cannot be reached because the telecommunications are not working properly. Performing operations is not a priority anymore. We cannot use our operating rooms because the generator cannot run sufficient power and air conditioning to keep adequate temperature (and the generator also may lose power unexpectedly), and most of the equipment is contaminated. If we operate in these conditions it would represent a risk for patient safety and quality of care. This chain reaction affects patients, residency training, and even our chances to graduate if our required number of operating room cases is not completed before June 30, 2018.

As residents, we feel overwhelmed by the situation; we are emotionally, physically, and mentally drained. We struggle between helping our families and proficiently completing our academic and clinical responsibilities. The obstetrics and gynecology residents who care for pregnant women (eg, patients who may have a myocardial infarction but cannot undergo catheterization because of the lack of power) may also be thinking of their family members (eg, grandmothers who may need to keep their insulin in the fridge and are unable to do so because of the lack of electricity). During a recent

evaluation of a pregnant patient who presented to the emergency room at 11:00 PM because of pelvic pain, we discovered she had not eaten anything since 6:00 AM and her two kids were desperate for a glass of cold water. This patient made us realize the extreme need and suffering our population is enduring. Not even the basic needs such as food and water are readily available. Furthermore, we also worry about the members of our families who are in other parts of the island and with whom we cannot communicate for extended periods of time. Another stressor is our fear that we may not graduate if we do not meet the quota of operating room cases.

Needless to say, sleeping well is a luxury these days and yet we still need to be sharp for our patients. A consequence of this catastrophe, which adds to the complexity of the disaster, is that we have seen more than the expected cases of conjunctivitis, scabies, leptospirosis, pregnant women getting accidentally electrocuted from

handling a faulty generator, and sanitation problems caused by the difficulty of managing cadavers.

On a positive note, disasters make people stronger, and during the worst humanitarian crisis in our country, we have become more unified. Quickly after the first few days, unknown neighbors became family, strangers became your best resource, and community dinners became common because we felt the need to share food. Puerto Ricans are helping each other by working together in an effort to reestablish communities. We are more collaborative and supportive as obstetrics and gynecology residents, and even provide housing to our colleagues. We can reflect on what we really need to live, and be grateful that we are still alive. We are working together to rebuild our beautiful island and, as noted in classic mythology, rise from these ashes like a phoenix. However, much help is needed to reestablish our health, education, and economic structures. Let us unite as the big family we are—the human race—and take action.

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