

Naomi Fuchs and Gloria Amador

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Mark Masselli: This is Conversations on Health Care I'm Mark Masselli.

Margaret Flinter: I'm Margaret Flinter.

Mark Masselli: Well, Margaret after a brief government shutdown in Washington we've seen some winners and losers, while there was no action on DACA the Obama era legislation aimed at accelerating citizenship for immigrants brought here illegally as children. Some other children were given a reprieve. After been in limbo for months funding for the Children's Health Insurance Program was reauthorized in the bill that's good news.

Margaret Flinter: This is welcome certainty for coverage for the nine million American kids but also thousands of pregnant women who rely on CHIP. On every level Mark I think this is a smart policy and public health decision as happy and relieved as we are at the CHIP funding the nation's community health centers are still in a state of uncertainty. The health center funding has not yet been reauthorized for the nation's 1400 community health center organizations which care for about 24 million people across the country. That brings us to our guests today two community health center leaders who are delivering exceptional quality care against some very daunting odds.

Mark Masselli: Naomi Fuchs is the CEO of Santa Rosa Health a consortium of community health centers in Northern California struck by last year's devastating wildfires.

Margaret Flinter: Gloria Amador will also be joining us she runs a group of community health centers in Puerto Rico that were devastated by Hurricane Maria which left most of the island without electricity, water, communications or health care infrastructure. They've continued to deliver care among some amazingly challenging conditions and not surprisingly you may notice a little more static as telephone infrastructure hasn't been fully restored there yet. Lori Robertson will check in with us she's the managing editor of FactCheck.org.

Mark Masselli: No matter what the topic you can hear all of our shows by going to [chcradio.com](http://chcradio.com), and as always if you have comments please email us at [chcradio@chc1.com](mailto:chcradio@chc1.com) or find us on Facebook or Twitter. We love hearing from you.

Margaret Flinter: We'll get to our interview with Gloria Amador and Naomi Fuchs in just a moment.

Mark Masselli: First here's our producer Marianne O'Hare with this week's headline news.

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Marianne O'Hare: I'm Marianne O'Hare with these health care headlines. A short lived government shutdown has come to an end the senate passed a stopgap

funding measure that will keep government running temporarily. The deals are far from done democratic leadership agreed to end the shutdown based on assurances that there would be a decision on how to move forward with the dreamers act DACA which would provide a pathway to citizenship for illegal immigrants brought here as children by their parents. Funding for the nation's community health centers still hangs in limbo and many of the nation's health centers are living on dwindling budgets with no certain path forward.

Meanwhile, more states are looking at ways to recalibrate their insurance laws in the wake of changes to the Affordable Care Act. Kentucky Governor Matt Bevin's waiver allowed for work requirements for all Medicaid recipients who are able bodied. The state will require 20 hours a week or their benefits could be denied. The state is also considering eliminating the Medicaid expansion which helped about a half a million residents in that state gain coverage. And Maryland is responding to the elimination of the individual mandate that was snuck into the tax reform bill concerned it will lead to lost coverage for many of its state residents. They're considering legislation that will require all state residents to carry insurance. I'm Marianne O'Hair with these health care headlines.

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Mark Masselli: We're speaking today with Gloria Amador Executive Director of Salud integral en la Montaña a private network of federally qualified health centers in Puerto Rico. She is continuing to provide care to tens of thousands of residents of Puerto Rico in the wake of the extreme devastation from Hurricane Maria. We're also joined today by Naomi Fuchs CEO of Santa Rosa Community Health a network of clinics serving the northern California region devastated by the massive wildfires. She too is continuing to deliver care to thousands of residents who were impacted by the fires which burned thousands of homes as well as their primary care clinic. Gloria and Naomi welcome to Conversations on Health Care.

Naomi Fuchs: Thank you so much pleasure to be here.

Gloria Amador: Thank you Mark.

Mark Masselli: Yeah Gloria let's start with you. In September Puerto Rico was battered by two back to back hurricanes and the second hurricane cause total devastation across the island leaving millions of residents without power, water, food or safe shelters. Help us better understand the scope of the devastation and the challenges that you faced since then?

Gloria Amador: Hurricane Maria [inaudible 00:04:50] almost a century causing devastation and experience damages across the island. The aftermath of Hurricane Maria reveals to us that health infrastructure software expensive damages. Community health centers who were left without electricity, with limited access to fuel for generators, lack of – water to run the operations. We have long term affects on the public health. Even today four months after Maria many basic services are still not fully functioning. Limited access to food and safe water, also we're seeing a lot of sanitation disruption on services to access health care, medicine and other

essential health items due to medical office has shutdown and a lot of vendors that have shut it down due to the damage they receive. That have increase the infectious diseases [inaudible 00:05:43] mosquito born diseases and mental health issues [inaudible 00:05:47] that have increased sharply in the first months since the hurricane struck us.

Margaret Flinter: It really seems almost impossible that just a few weeks later Naomi we are watching this record breaking wild fire raged across northern California leaving scores dead and thousands homeless. We know that your primary care clinic the Santa Rosa Community Health Centers Vista Campus a large primary care facility was lost. Help us understand the impact of this devastation Naomi for your clinic and your community.

Naomi Fuchs: When 6000 people lose their homes and a 100,000 people are evacuated for days sometimes weeks, it really is a trauma to the whole community. Half of our patients lost their medical homes just at the time when they needed it the most, and many were evacuated into shelters in a great duress people had minutes to escape the fires, and of course they left without their medications. Then in the meantime we lost our largest facilities and a 180 people worked at that facility, so they also lost their primary place of work while the fires raged on. We were working in the shelters which were really often like a MASH unit many of the nursing homes and other very medically fragile people were evacuated into gymnasiums. We deployed many of our physicians to all these shelters and our nurses. Then we set about the business of trying to convert every usable space, so we had eight other much smaller clinics that we converted into medical facilities or exam rooms. We just opened our door to whoever needed care and we also are pharmacy with tremendously helpful to place in medications for hundreds of thousands of people.

Mark Masselli: Wondering Gloria if we could talk more about the scope of your health system SIM and the network of clinics you have in Puerto Rico and how you're managing the continuum of care.

Gloria Amador: We right now operate seven sites in the mountain region of Puerto Rico right in the center. We have a home care and hospice programs, SIM serve over 55,000 patients yearly so the disruption of the normal services have exposed weaknesses that now we cannot rely on traditional modest operations. The beginning of the emergency SIMs operate with limitations such as lack of electricity in all our health centers, no water, no telecommunication. SIM have been the first line responders during emergency to almost all their primary held needs due to our extensive scope of service with populations we serve, so SIMs have already starting overcome limitations. Now we we're working to strengthen our infrastructure and preparing our emergency plans for future disaster considering that every year [inaudible 00:08:40]. Six months hurricane season, and now that is so clear the fragility of the basics utilities in the island. SIM along many volunteers medical mission that have been working together for all the private sector organization help us speed the response and recovery efforts following both hurricanes here.

Margaret Flinter: Well, Gloria and Naomi I think you're conveying a really important message to people all across the country the degree to which community health

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centers are such a essential part of the fabric of communities, and the ability to step forward and respond in a crisis like this. You've really have to be pretty innovative pretty quickly. Naomi I know that one of the ways that you've innovated in Northern California where you had so many people suddenly homeless. I understand you took a mobile clinic on the road while your main facility was out of commission. Tell us what that was like for your clinicians and your staff and their patients?

Naomi Fuchs: Our sister house centers intact five mobile clinics to see patients that lost their medical home. Most of those mobile clinics were actually co-located with some of our smaller health centers so that we could have access to things like labs and pharmacy and waiting rooms. In addition we purchased a little known resource which I'm very excited to say has working out very called Clinics And It Can, these are converted shipping containers that arrive fully equipped as a medical exam room. We've got seven of those to add seven exam rooms so these have been an outstanding way to respond to emergencies to set something up very quickly. Many of the people particularly if they were not documented did not want to go into the community based shelters and so they fled to the coast where they camped or slept out in their cars. We sent outreach staff and medical staff out to those who encampment to make sure that people have the medical resources they needed basically doing what we call street medicine, assuring people that they do need medical care so that there's a place for them to go to the States.

Mark Masselli: We're speaking today with two directors of two community health center organizations valiantly serving their patient population in the wake of major disasters Gloria Amador of Salud Integral in Puerto Rico and Naomie Fuchs of Santa Rosa Community Health Center in Northern California. I'm wondering if both of you might comment on just the financial burden after these tragedies. Gloria you've been without power for four months, I'm wondering how you have managed in your regular daily operations of getting revenue when and Naomi you've lost 50,000 square foot facility that has to be rebuilt. This is an enormous lift, Naomi let's start with you about how you're managing through this in ways that people might be able to help out.

Naomi Fuchs: Yes we lost basically 50% of our income at least in that first six weeks, we are looking at about a 15 million dollars that is not going to be covered by insurance, so we are on a big fundraising drive and you're welcome to go to our website at SRhealth.org and see what our needs are to the cover. What Puerto Rico is going through in terms of the devastation of their resources it's really far greater and my heart goes out to all of you without power electricity. We do have power back we do have communications back. Most of the rebuilding, the renovation will be covered by insurance but there are just obviously millions of dollars in lost revenue and millions of dollars in these interim facilities that we need to set up. We have not received any federal funding or federal disaster relief at this point either.

Mark Masselli: Gloria?

Gloria Amador: Yes I must say that many people have been donating resources to aid our reconstruction and still [inaudible 00:12:26] donations of the neediest articles are flashlights batteries [inaudible 00:12:33] bed sheets, towels among others.

Monitory help will allow us to buy the news article to keep helping the community and keep running our operations. We have been receiving a lot of donations from FEMA and from many other organizations have contact us as the main first responder to the community. Those who want the help their communities in the mountain of Puerto Rico can send donations to Salud Integral de la Montana and then gave the donations to the community. Every instances that we identify needs on specific families we make the donations to them. It's important for us not to only think on how we can help our own community but how we can make our patients to be in the best capacity to them to get back to their normal lives, to get back to our health centers to take care of their health. If they don't have any health they don't have any life.

Margaret Flinter: Well I'd like to ask both of you, so also comment on something I think has been just at the very top concerns we've all had. We've all been aware of from the very beginning that there was another problem that was going to last long after power was restored and homes were rebuilt, and that was the impact of trauma. On really large populations children, adults, kids who've relocated up to states like ours in the Northeast often parents staying behind in Puerto Rico. Certainly as community health centers your centers have great behavioral health systems imbedded within primary care how has the teams in your organization's been able to respond to this trauma?

Naomie Fuchs: Sure, I do think that this is one of the most serious concerns on a long term basis. We have to rebuild the homes but if we don't give people the tools to rebuild their lives we will have failed and giving them the tools for emotional resiliency and recovery from this trauma it is essential. At our health center we have an integrated behavioral health program it's a physician or nurse practitioner is talking to a patient who is expressed some -- we screen them as well and ask about trauma and how they're doing emotionally. If there's an indication that they're really struggling we do what we call a warm handoff we call in a behavioral health person like during that visit they don't have to wait for a follow up appointment and transfer some of that trust to a behavioral health counselor so that we can begin to start to address their concerns. We've also greatly expanded our groups for people to be able to get support and ongoing rate for anxiety, depression because if there's something that we have learned from other disasters [inaudible 00:15:17] if this is not addressed that there is a spike in chronic disease things like domestic violence, suicide as well as other mental illness. We want to prevent a secondary disaster as best we can.

Margaret Flinter: Gloria would you like to comment?

Gloria Amador: Yes there's a lot of concerns on emotional trauma. It's been very dramatic to see a lot of heart attack, chronic attack, anxiety depression due to devastation. Even to see in our employees it was worse, so the first being after the hurricane was to manage our employees many of our employees lost everything, their houses, their belongings even their kids' school clothes so we have seen a lot of devastations among our own employee. SIM contracted a behavioral health company to provide group sessions for our employees. The most affected employees were sent on vocational leave to deal with their own situations while

mainly the clinical staff were deployed to emergency rooms and psychologist and clinicians to their load [inaudible 00:16:18] the block access to get to the health center. Then we start bringing and at the health center to manage our patients while making them need assessments of their damages to provide them donations. Even in the community clinics a lot of patients ask for behavioral health aid. A lot of people who are in critical economic conditions now have all their determinants on health affecting their life. Bringing other organizations like universities that provides behavioral health classes or students so they can help us during the process of helping our patients.

Mark Masselli: I was thinking about what we go through in a normal preparation to making sure our emergency preparedness plan is set in place. I'm wondering how well did the plan work for you, do you have some advice for other health care providers but what are your thoughts about preparation as people think about it preparing for future emergencies?

Naomie Fuchs: I have to admit I was definitely one of those people that had the binder on the shelves and never really paid that much attention to it before, and now I'm meeting regularly our safety officer on a regular basis. There were two things, one is making sure people are trained in their various roles. A major disaster means everybody's doing a new job, you want to make sure that the right people are doing those jobs, you know where people are going to be, where knowing that your staff is -- who can come in and who can't come in which changed hourly. I mean we would have a set of staff onsite and there'd be an alert and 20 people would have to leave because their homes were being evacuated. To be able to be absolutely nimble is really the second and it's sometimes hour by hour. Communication across all your stuff and then we have 500 employees finding ways to reach people when the normal communication systems are down. All those kinds of things became critical. While you do your very best to plan just know that you also have to have plan B and plan C when those people aren't available that ability to be flexible, so communication was a number one priority whether it was the wind changing, the smoke in different facilities all those kinds of thing. I also want to just go back to something Gloria said about staff because not only did our staff lose homes, 20 of our employees lost their homes. They are also hearing the stories of everybody else's pain and suffering as they come through the door and experiencing the vicarious trauma on top of their own trauma. Having resources available, having all kinds of ways to help people manage their stress and their trauma, our staff can't take care of other people unless they're taking care of themselves as well, so.

Mark Masselli: Great, Gloria lessons learned?

Gloria Amador: We hear there's a hurricane coming, every week we hear something's coming. Sometimes people lay back and do not take care of that, in our case we prepare our health service centers three days before. We make all the preparations we have in our binder, but nobody expect to get the devastations we had. The government was not prepared, even we that have emergency rooms and we are the one supposed to be prepared, we have employees there for five days because we cannot get to them because there was no way to get to those health centers. The roads were blocked, we lose all kind of telecommunications, there was

no communications at least for the first week. It was very difficult, we just we're waiting there for people to show up deciding where we're going to pick the people. We move to one of our health center so we can be with the people and with the employees over there. We visited all our health centers, we sat down with the emergency officers, after the hurricane we went to the governmental emergency office. We get all the information from FEMA from the electricity power from the utility companies. We can tell our patients and our employees where we have to start first. We have to -- to get our own truck with diesel, now we understand that we really need that. You will never be prepare for what happened during that hurricane, but now we are waiting to face another category five preparing ourselves making all our emergency plans, preparing our employees, making sure that we can get to know where our employees live so we know how to get them. Understanding that we are human beings that to serve the people we need to comply with our needs and our families and our homes so we can go back to our working place. We will have to do it every year so we are prepared to keep serving the community.

Margaret: We've been speaking today with Gloria Amador Executive Director of Salud Integral en la Montana a network of community health centers in Puerto Rico. You can follow their work by going to SIMPR.org or follow them on Twitter @SIM Puerto Rico. We've also been speaking with Naomi Fuchs CEO of Santa Rosa Community Health Center. You can follow their work at SRHealth.org or on their Facebook page Santa Rosa Community Health. Naomi and Gloria thank you so much for your incredible leadership and for joining us on Conversations on Health Care today. To our listeners if you've been moved as we are by the story of incredible resilience and recovery it's a long slog we encourage you to go to their websites and consider a donation, thank you both.

Naomi Fuchs: Bye-bye.

Gloria Amador: Bye-bye.

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Mark Masselli: At Conversations on Health Care, we want our audience to be truly in the know when it comes to the facts about health care reform and policy. Lori Robertson is an award-winning journalist and Managing Editor of FactCheck.org, a non-partisan, nonprofit consumer advocate for voters that aim to reduce the level of deception in U.S. politics. Lori, what have you got for us this week?

Lori Robertson: President Donald Trump has been in office for a year and we've now published our first story on Trump's numbers under his presidency. We will publish quarterly updates to this series. One measure we examine is the number of people without health insurance, under Trump's presidency so far that number has gone up. The most recent report from the National Health Interview Survey estimates that during the first six months of 2017 28.8 million people were uninsured, that's an increase of only 200,000 from 2016, and it's still 19.8 million fewer than were uninsured in 2010 the year Obama signed the Affordable Care Act into law. Latest National Health Interview Survey only includes figures for the first half of last year. More recent polling by the Gallup organization covered the last three months

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of 2017 and found a much larger increase in the uninsured. It estimated that 3.2 million Americans entered the ranks of the uninsured last year. Trump failed to repeal and replace Obama's Affordable Care Act as he promised to do, but the tax bill he signed into law in December will end Obama Care's tax penalty for people who fail to obtain coverage. Repealing the mandate will increase the number of uninsured by millions according to the nonpartisan Congressional Budget Office. CBO estimated that ending the mandate will cause four million people to lose or drop coverage in 2019 rising to 13 million by 2025 quote, "Healthier people would be less likely to obtain insurance." CBO said. That's my fact check for this week I'm Lori Robertson Managing Editor of FactCheck. org.

Margaret Flinter: FactCheck.org is committed to factual accuracy from the country's major political players and is a project of the Annenberg Public Policy Center at the University of Pennsylvania. If you have a fact that you'd like checked, email us at CHCradio.com we'll have FactCheck.org's, Lori Robertson, check it out for you, here on Conversations on Healthcare.

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Margaret Flinter: This is Conversations on Health Care I'm Margaret Flinter.

Mark Masselli: I'm Mark Masselli, peace and health.

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