

Reaching out to Puerto Rico: UC Davis pediatrician returns after serving on a Disaster Medical Assistance Team

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Base of operations with tents and supply cache in all the boxes

The Haitian phrase, *men anpil, chay pa lou*, or many hands make the burden light, was the inspiration for Doug Gross, a pediatrician and professor of cell biology and human anatomy, who joined 39 other physicians, nurses, paramedics and health specialists in Puerto Rico to care for those displaced by Hurricane Maria.

Deployed for 21 days, first to San Juan and then Fajardo in the countryside, Gross worked in a mobile emergency room, with 22 beds for triaging patients with mild, moderate and critical injuries and conditions. They had a portable lab and well-stocked pharmacy and were able to treat most patients and stabilize the few critical patients until they could be airlifted to a higher level of care. There also were two tents for sleeping quarters and a command center.

Medical care needed and appreciated



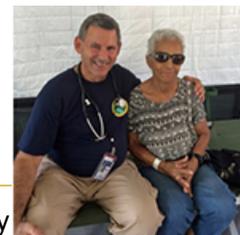
Open 24/7, the team worked 14-hour shifts and treated nearly 900 patients.

“The Puerto Rican people who we saw were lovely people and immensely grateful to the U.S. government for bringing us there,” he said. Since then, Gross has provided medical care after Hurricane Katrina, the earthquake in Haiti and Typhoon Haiyan in the Philippines.

Gross treated acute injuries in people who were trying to repair the storm damage. Other patients had complications from chronic diseases as none of the small clinics and physicians’ offices were open because there was no power. Only facilities with a generator and fuel were open. One patient was treated for carbon monoxide toxicity because she was living in an apartment surrounded by others that were running generators for power.

At times, the conditions were austere, he said, with temperatures as high as 96 degrees F inside the tent and high humidity. While normally air conditioned using generators, the team gave up their air conditioning unit to another medical site where heat-related deaths had occurred.

“I learned many years ago when I was working in Africa that I am good at working in resource-poor situations,” he said. Since then, Gross has provided medical care after Hurricane Katrina, the earthquake in Haiti and Typhoon Haiyan in the Philippines.



Island moving towards recovery

Gross said conditions are improving slowly, but the large scope of the disaster complicated by the lack of good communications, power and gas for mobility has made recovery difficult.

“It’s hard to imagine the damage,” he said. “Every tree I saw, including from helicopters when traveling across the entire island, had been stripped completely of leaves or was down. Imagine wind strong enough to strip the bark from trees and then imagine what that force would have done to wood-frame houses and roofs.”

Gross was deployed as a member of a Disaster Medical Assistance Team, a unit under the U.S. Department of Health and Human Services. More information about federal response to disasters is available at <https://www.phe.gov/Preparedness/responders/ndms/ndms-teams/pages/default.aspx>