Maria in Puerto Rico: Natural Disaster in a Colonial Archipelago

The devastation caused by Hurricane Maria exposed the colonial condition of Puerto Rico. If anything has been evidenced in the aftermath of the hurricane, besides the sociopolitical crisis in Puerto Rico, it is the ability of the people of Puerto Rico to overcome adversity. In this process we witnessed solidarity and commitment to the restoration of our communities. I could share many examples, but would like to highlight two, that, to my understanding, best represent this.

First, the Puerto Rican diaspora played a major role in the preparation for and response to the natural disaster. During and after the impact of Hurricane Maria, we witnessed Puerto Ricans not currently living in the islands supporting and organizing aid for those in Puerto Rico. Social media became a place to share their hopes, frustrations, and readiness to assist. In Puerto Rico, there are nearly 3.5 million residents, but there are many more Puerto Ricans not living on the islands. Yet, distance has not curtailed their commitment to Puerto Rico. I and many others are thankful to the Puerto Rican diaspora for the pressure they exerted upon politicians and in the national and international media. Their interventions made the humanitarian crisis experienced in Puerto Rico visible, helped in the emergency response, and sustained public discussion.

Secondly, community-level actions were fundamental in restoring access to neighborhoods and, ultimately, saving lives. One major failure after the impact of Hurricane Maria was the time it took national and federal authorities to reach rural areas of Puerto Rico. When media were able to reach these areas, most of the images and stories shared showed communities rallying to assist elders in getting drinking water, clearing debris from roads, and organizing shared cooking spaces.

The experience of Puerto Rico is shared with that of other countries in the Caribbean region known to be in the “Hurricane Alley.” Although certain disasters and public health emergencies can be predicted in this region, it is not only their geographical location, but also their colonial or postcolonial status, with chronic financial and public health implications, that increases their vulnerability to such disasters.

AN UNINCORPORATED TERRITORY

Puerto Rico is an organized but unincorporated territory of the United States of America since 1898, after the Spanish–American War. Nearly half of the adults in the United States do not know that Puerto Ricans are fellow citizens, yet Puerto Ricans are US citizens by birth since 1917. As an unincorporated territory of the United States, Puerto Rico lacks self-determination, and Puerto Ricans on the islands do not have full representation in Congress and cannot vote for president. Furthermore, because of Puerto Rico’s territorial status, US federal mandates take precedence over local legislation and policies in all areas of governance.

As a territory, Puerto Rico also contributes to the annual appropriation of funding to the Federal Emergency Management Agency (FEMA), and relies on its support in case of emergencies. However, the destruction brought by Hurricane Maria exposed colonial laws that limit the scope of actions that Puerto Rico has in response to emergencies. Examples of these laws are The Merchant Marine Act of 1920, also known as the Jones Act, and the Puerto Rico Oversight, Management, and Economic Stability Act or PROMESA. The Jones Act established that the maritime waters and ports of Puerto Rico are controlled by US agencies. Under this kind of control, the cost of consumer goods arriving to Puerto Rico can be higher than in the continental United States. The Jones Act also restrains the ability of non-US vessels and crews to engage in commercial trade with Puerto Rico. Similarly, in 2016, PROMESA was imposed on Puerto Rico and its inhabitants as a way to deal with the economic crisis. Under this act, the Puerto Rican government’s disaster response by restricting the amount of resources the state can mobilize locally in attending to the crises brought by the 2017 hurricane season.

ABOUT THE AUTHOR
Carlos E. Rodríguez-Díaz is with the Doctoral Program in Public Health with specialty in Social Determinants of Health and the Center for Evaluation and Sociomedical Research, Graduate School of Public Health, University of Puerto Rico–Medical Sciences Campus, San Juan.

Correspondence should be sent to Carlos E. Rodríguez-Díaz, Associate Professor, Doctoral Program in Public Health with Specialty in Social Determinants of Health and the Center for Evaluation and Sociomedical Research, Graduate School of Public Health, University of Puerto Rico–Medical Sciences Campus, PO Box 365067, San Juan, PR 00936-5067 (e-mail: carlos.rodriguez64@upr.edu). Reprints can be ordered at http://www.ajph.org by clicking the “Reprints” link.

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FINANCIAL CRISIS

The so-called “financial cri-
sis” that Puerto Rico is facing
dates back to 1917. The same
law that made Puerto Ricans US
citizens empowered the islands
to raise money by issuing tax-
exempt bonds. That centenary
provision helped successive
Puerto Rican governments ac-
crue an unmanageable debt as
some investors have grown
tax-averse and eager to shelter
income. Over time, the socio-
political context of Puerto Rico
changed; significant transforma-
tions in federal laws took
place; a substantial amount of
professionals, students, and
families left the islands; and
Congress stripped Puerto Rico
of bankruptcy rights.

Currently, Puerto Rico
owes more than $100 billion in
bonds and unpaid pension
debts. This represents nearly
70% of the territory’s gross
domestic product. This debt has
not been audited, but under the
provisions of the PROMESA
law, a Fiscal Oversight and
Management Board has been
instituted, and under its auster-
ty budget, the Puerto Rican
government has already estab-
ished several measures, in-
cluding increases in taxes and
cuts in public services, to ensure
debt obligations see payment.

What Puerto Rico has ex-
perienced since September 2017
was a perfect storm caused by the
natural disaster of a major hurri-
cane and a human-made fi-
ancial crisis manufactured by
bankers and predatory class of
investors. Hurricane Maria was
the first major hurricane of the
21st century to land on Puerto
Rican soil. The country had
experienced similar atmospheric
events in 1928, 1989, and 1998,
but Puerto Rico never had to
overcome the impact of a major
hurricane under the current
political and economic con-
straints. Advances in meteoro-
logical sciences facilitate reliable
information that is critical for
individual and social pre-
paredness in the event of hurri-
canes. Under the economic and
social circumstances imposed by
austerity measures in Puerto
Rico, it was impossible for in-
dividuals and their government
to be prepared for hurricanes and
their aftermath.

PUBLIC HEALTH
PROBLEMS

Puerto Rico is also burdened
with major public health prob-
lems. When compared with US
states and territories, Puerto Rico
has the highest prevalence rates of
premature births,4 one of the
highest incidence rates of HIV,5
and was the focal point of the
Zika virus epidemic.6 The po-
tential implications of the after-
math of Hurricane Maria are
severe for public health, when
one considers that Puerto Rico is
also structurally underresourced.
A lack of systematic health and
humanitarian disaster relief has
led, predictably, to outbreaks of
infectious disease (e.g., leptospi-
rosis, scabies), limited access to
clear water, and malnutrition,
among other problems. The
possible implementation of fur-
ther austerity measures on Puerto
Rico’s government budget raises
even more concerns about the
availability of local resources to
address the health care challenges
posed by the public health
situation after Hurricane Maria.
Moreover, the federal response to
the emergency in Puerto Rico
has been slow and limited. Pov-
erty has the largest impact in
terms of health inequities after
the hurricane and magnify the
impact of social determinants
of Puerto Ricans’ health (e.g.,
housing, health care services,
access to clear water and
sanitation).

RESILIENCE? I CALL IT
RESISTANCE

The community response
in Puerto Rico evidenced fund-
amental collective competen-
ties that public health
workers must nourish. We must
continue supporting the de-
velopment and implementation of
evidence-based interventions
that use relevant theories. Any
such interventions should be
aimed not only at the individual,
but also, importantly, at the
community and structural levels
to improve and sustain healthy
environments. We have the
capacity to develop and respond
with grass-root initiatives that
might be more culturally rele-
vant than poorly adapted
evidence-based interventions
developed elsewhere.

Some may call what happened
in Puerto Rico after the impact of
Hurricane Maria resilience; I call it
resistance. We have not been
knocked down. In any case,
the impact of Hurricane Maria
may be providing the evidence
needed to recognize colonialism as
the ultimate social determinant
of health in Puerto Rico.

Carlos E. Rodríguez-Díaz,
PhD, MPHE, MCHES

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After Harvey, Irma, and Maria, an Opportunity for Better Health—Rebuilding Our Communities as We Want Them

Damage from Hurricanes Harvey, Irma, and Maria is likely to cost hundreds of billions of dollars. Countless homes, schools, hospitals, vehicles, and critical infrastructure have been damaged or wiped out. Rebuilding will take years, even decades. There is no silver lining in this crisis, but there is a once-in-a-lifetime opportunity: to rebuild the affected communities in ways that make Americans safer, healthier, and better prepared for the next challenge and to remind all communities of the importance of engaging in preplanning for disasters so they are more resilient and better able to realize healthier communities.

KATRINA AND NEW ORLEANS

Major disasters—including weather events, disease outbreaks, and terrorist attacks—reveal both strengths and weaknesses in our communities’ ability to respond and recover. They are, thus, important opportunities to learn and improve. After Hurricane Katrina, New Orleans, Louisiana, experienced an 80% reduction in hospital capacity, and more than 75% of safety net clinics closed, leaving hundreds of thousands without access to care. The storm was a catastrophe of unimaginable proportions; yet, in the words of Karen DeSalvo, former acting US Assistant Secretary for Health and former health commissioner of New Orleans, it was “an unprecedented opportunity to redesign a major American health care sector from the ground up.”

The fact was that New Orleans and the surrounding region were not very healthy before Katrina struck. A huge percentage of the population was uninsured, and rates of heart disease, stroke, and diabetes far exceeded the national average. For Medicare patients in the state, quality of care ranked both lowest in quality and highest in expense. So, when Katrina provided a clean slate, the region decided to make the most of it.

The Louisiana Health Care Redesign Collaborative was established to improve health and health care in the state by rebuilding with a focus on four key areas: primary care and prevention, quality of care, use of health information technology, and broader insurance coverage. Within five years of the storm, the region was seeing results. More than 300,000 patients had visited new primary care facilities, and emergency department visits declined. In 2010, 74% of patients in New Orleans reported satisfaction with care quality, compared with a 39% national average.

ABOUT THE AUTHORS

Victor J. Dzau is with the National Academy of Medicine, Washington, DC. Nicole Lurie is a former US Assistant Secretary for Preparedness and Response. Reed V. Tuckson is with Tuckson Health Connections, Sandy Springs, GA. Correspondence should be sent to Reed V. Tuckson, MD, FACP, Managing Director, Tuckson Health Connections, LLC, 227 Sandy Springs Plaza, Suite D-346, Sandy Springs, GA 30328 (e-mail: drredd@tucksonhealthconnections.com). Reprints can be ordered at http://www.ajph.org by clicking the “Reprints” link.

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