

**IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF PUERTO RICO**

UNITED STATES OF AMERICA,	)	
	)	
Plaintiff,	)	
	)	
v.	)	Civ. No. 99 - 1435 (GAG/MEL)
	)	
THE COMMONWEALTH OF PUERTO RICO,	)	
<i>et al.</i> ,	)	
	)	
Defendants.	)	
_____	)	

**PARTIES' JOINT STATUS REPORT POST-HURRICANE MARIA**

Given the devastation wrought by Hurricane Maria, the Court directed the parties to file a joint motion that discusses the current health, safety, and welfare of individuals with developmental disabilities (“DD”) covered by Court orders in this case, the status of service delivery to these individuals, as well as whether these individuals have current and sufficient access to food, water, shelter, and electric power. Order Regarding the Aftermath of Hurricane Maria, Oct. 11, 2017, ECF No. 2134. The Court also instructed the parties to report on the availability of federal resources from the Federal Emergency Management Agency (“FEMA”) that might help the participants. *Id.*

On October 23, 2017, the Court held a status conference with the parties and the independent monitoring team from the office of the Joint Compliance Coordinator (“JCC”). The topics above were discussed per the framework the Court set out prior to the status conference. Special Order in Relation to Upcoming Status Conference, Oct. 11, 2017, ECF No. 2133.

At the status, the Court asked the parties to include in the joint submission information related to the following specific items: the best contact information for FEMA officials currently

on the island and the possibility of procuring generators for three day programs without a working generator – the Bayamon CTS, the Vega Baja CTS, and the Rio Grande CTS.

After the status, the Court issued minutes and directed the parties to report on: the number of bottles of water on average the participants are receiving on a daily basis; the number of biological homes that have been visited post-Maria or have been contacted through a nearby CTS; a reasonable estimate with respect to when reports will be submitted to the JCC regarding the deaths that have occurred post-Maria; and what steps, if any, the Commonwealth Department of Health has been able to take to facilitate the access of participants to the U.S. Navy Comfort ship. Minutes of Proceedings, Oct. 23, 2017, ECF No. 2136.

In compliance with Court directives, the parties hereby submit their joint report.

I. Status Report on Operations of the Commonwealth’s Intellectual Disabilities Program

Given the great magnitude of the destruction of the infrastructure across the island and the current island-wide humanitarian crisis, the Commonwealth has had to establish priorities in order to help ensure the health, safety, and welfare of the participants until electric power and water service is restored by the Puerto Rico Electric Power Authority (“PREPA”) and the Puerto Rico Aqueduct and Sewer Authority (“PRASA”) respectively.<sup>1</sup> A top priority is providing participants with essential drinkable water and food, as well as electric power, as needed. We discuss this in the next section.

In order to lay the foundation for discussion of those essential items, we have set out immediately below, a report on the operational status of the Commonwealth’s Intellectual

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<sup>1</sup> The representations set forth in Sections I, II, III, IV, and VII of this joint submission are made by undersigned counsel for the Commonwealth, in collaboration with leadership of the Commonwealth’s DD program, based on information and belief.

Disabilities Program (DSPDI, Spanish acronym) Central Office, the CTS day programs, the community group homes and substitute homes, and the community biological homes, along with staffing resources supporting participants at various levels.

A. Central Office

As of the filing of this joint submission, electric power and water service had not yet been re-established at the DSPDI Central Office. As a result, Central Office staff are working on a limited schedule. Some staff members have been assigned to temporary office space in satellite Department of Health offices, CTS offices, and at the Command Center at the Puerto Rico Convention Center. The DSPDI field work, by service coordinators and CEEC staff, continues within the same pre-Maria framework and is not affected by the limited work schedule for Central Office staff.

B. CTS Day Programs

Five of eight CTS day programs are operating at the moment. All of the CTS facilities are experiencing the same island-wide disruption of electric power and/or water service as the general population. The operating CTSs have working power generators and functional water tanks. DSPDI has been coordinating with Commonwealth and federal agencies to replenish diesel fuel for the generators and water for the water tanks. Staff are available to meet the needs of the participants during the time the CTS is operating.

CTS Aguadilla is operating with a temporary adjusted schedule of 8:00am to 2:00pm. The CTS provides services to 86 participants. Electric power from PREPA is intermittent, but the facility has a functional power generator. Water service from PRASA has not yet been re-established, so the CTS is operating with water tanks. The CTS is able to conduct limited support visits and activities for two community group homes each day. Visits to participants

from biological homes who are unable to attend the CTS are ongoing. Communication with the CTS is limited, so DSPDI currently relies on cell phone communication with the Aguadilla CTS Coordinator. Internet services to the CTS have been disrupted.

CTS Cayey is operating with a temporary adjusted schedule of 8:00am to 2:00pm with an alternate program for the participants. The CTS provides services to 41 participants. Electric power from PREPA has not yet been re-established, but the CTS has a working power generator. Water service from PRASA has not yet been re-established, so the CTS is operating with a water well. The CTS is also conducting support visits and activities for the group homes. Communications with the CTS is limited, so DSPDI currently relies on cell phone communication with the Cayey CTS Coordinator. Internet services to the CTS have been disrupted.

CTS Aibonito is operating with a temporary adjusted schedule of 8:00am to noon with an alternate program for the participants. The CTS provides services to 38 participants. Electric power from PREPA and water service from PRASA have both been re-established, although they are unstable. The CTS has functional water tanks. The CTS is also conducting support visits and activities for the group homes in the area. Communication between DSPDI and the CTS is limited, so the Program currently relies on cell phone communication with the Aibonito CTS Coordinator. Internet services have been interrupted.

CTS Ponce is operating with a temporary adjusted schedule of 8:00am to 2:00pm with an alternate program for the participants. The CTS provides services to 58 participants. Electric power from PREPA and water service from PRASA have both been re-established. The CTS is also conducting support visits and activities for group homes. Communication with the CTS is limited, so DSPDI currently relies on cell phone communication with the Ponce CTS

Coordinator. Internet services have been disrupted. Local gasoline supply is still lacking and has negatively affected some CTS operations.

CTS Instituto Psicopedagogico in Bayamon is operating under its regular schedule of 8:00am to 3:00pm. Electric power from PREPA and water service from PRASA have both been re-established. Communication between DSPDI and the CTS is limited, so the Program currently relies on cell phone communication with the IP CTS Coordinator. Internet services are limited.

CTS Vega Baja's onsite operations have been disrupted. The CTS normally provides services to 128 participants. Offsite operations have been reinforced with visits to group and biological homes. Personnel from the Habilitative and Rehabilitative Activities Auxiliaries (AAHR, Spanish acronym) have been dispatched to each of the group homes served by the CTS on a daily basis. Electric power from PREPA and water service from PRASA have not yet been re-established. The power generator is not operating properly; the generator's current power output capacity is inadequate for CTS operations. Furthermore, the CTS water tanks were destroyed during the passage of Hurricane Maria. Coordination with the Municipality of Vega Baja and efforts to find an alternative facility for CTS operations have not been effective or successful due to the extensive damage the municipality suffered during the hurricane. DSPDI obtained assurances from PREPA and the municipality to prioritize the re-establishment of energy to the CTS (and the adjacent CDT government assistance office), as well as to the nearby Wilma Vazquez Hospital. Additional efforts are being made to install new water tanks. All of this will enable the use of the outside basketball court area and allow the CTS to resume partial onsite operations. DSPDI communications with the CTS currently relies on cell phone communication with the Vega Baja CTS Coordinator. Internet services have been disrupted.

CTS Bayamon's onsite operations have been disrupted. The CTS normally provides services to 78 participants. Offsite operations have been reinforced with visits to group and biological homes. Electric power from PREPA and water service from PRASA have not yet been re-established. The current power generator is inadequate for CTS operations. Efforts to secure either a proper power generator or an alternate site are ongoing. DSPDI communication with the CTS relies on cell phone communications with the Bayamon CTS Coordinator. Internet services have been disrupted.

CTS Rio Grande's onsite operations have also been disrupted due to environmental conditions and lack of electric power. The CTS normally provides services to 50 participants. Offsite operations have been ongoing with visits to group and biological homes. Electric power from PREPA and water service from PRASA have not yet been re-established. The power generator is inadequate for CTS operations at the moment. The Municipality of Rio Grande is allowing the CTS to partially operate out of the local community center. Communications between DSPDI and the CTS are limited, so the Program relies on cell phone communication with the Rio Grande CTS Coordinator. Internet services have been disrupted.

C. Community Homes (Group Homes and Substitute Homes)

The community homes have been negatively impacted by the island-wide disruption of electric power and/or water service. There is one home receiving power from PREPA, while 53 homes only have electric power from generators. There are 17 homes receiving water service from PRASA and 37 homes operating with water tanks. All homes have functional water tanks and all but three homes have working power generators; generators were stolen, and have not yet been replaced, at substitute homes Maria Figueroa and Kevin Arocho, and at group home Diogenes. DSPDI is working with Commonwealth and federal agencies to replenish water in the

water tanks. The Program provided certificates to providers to minimize or eliminate wait times at gas stations for fuel replenishment for both motor vehicles and power generators that support participants. Communication with community home providers has been secured via the mobile application Whatsapp.

As we discuss in greater detail below, three community homes suffered severe damage and had to temporarily relocate their participants. The rest of the homes suffered light or no structural damage due to the hurricane. Most damage occurred to patios and property fences.

#### D. Biological Homes

There are a total of 203 biological homes within the Program. Their situation, with the lack of power and water service, is similar to the rest of the island. As of the date of this filing, DSPDI had visited 94 percent of the biological homes. We have set out below some data associated with the status of these biological homes:

- 28 (13 percent) of the biological homes have electric power through PREPA;
- 31 (15 percent) of the homes have a power generator;
- 101 (48 percent) of the homes have water service from PRASA;
- 15 (seven percent) of the homes have a water tank; and
- 134 (64 percent) of the homes currently have access to telecommunications.

As is discussed below, there are a few biological homes that had to relocate participants due to severe storm damage to the homes' structure.

## II. Availability and Delivery of Food, Water, Electric Power

The Commonwealth represents that it has been providing adequate drinkable water to the participants, along with adequate food supplies. DSPDI has been actively monitoring the needs of the participants, as well as the availability of both drinkable and non-drinkable water and

adequate food. Effective communication with the home providers and the CTS coordinators, along with onsite visits, have enabled DSPDI to promptly attend to the participants' needs as they arise. The Program, with collaboration from Commonwealth and federal agencies, has secured a temporary water supply for the participants.

Although required food or caloric intake necessarily varies according to each participant per their health condition, the Program is working to ensure that all participants receive at least the recommended daily meal plan, which generally consists of three meals and three snacks per day. Each home provider is responsible for providing adequate food to its participants; DSPDI is actively monitoring the providers and participants to ensure that this is happening. In addition, several entities have provided food assistance that helps the participants: FEMA is providing at least 10 pallets of Meals Ready to Eat ("MRE's") every four weeks; the Department of Defense is also providing MRE's; and the Department of Education's School Dining Halls program is providing meals to several CTS locations.

According to the 2015-2020 Dietary Guidelines for Americans, the recommended water consumption for an adult male is 6.5 bottles of water per day (each bottle contains 16 ounces); for an adult female, it is 4.5 bottles of water per day. DSPDI has made available at least four bottles of water per participant per day. As with food, several entities are providing water assistance to the participants: FEMA is providing 18 pallets of bottled water every four weeks; and the Department of Education's School Dining Halls program is providing water to several CTS locations. DSPDI is working with the Command Center, Commonwealth and municipal governments, as well as the regional emergency centers to provide sufficient non-drinkable water to the CTS facilities and the community homes.



The Commonwealth commits to continue to take adequate and appropriate steps going forward to ensure that the participants have sufficient food and water to meet their daily individual needs.

The Program is coordinating with the Command Center and the regional emergency centers to supply diesel fuel to the CTS locations. As referenced above, DSPDI provided certifications to home providers to minimize or eliminate wait times at gas stations for fuel for motor vehicles and power generators that support the participants.

### III. Participant Health Issues

DSPDI is actively monitoring the health of participants through onsite visits to the community homes and through communication outreach via the mobile application Whatsapp. Post-Maria, the Program identified and then attended to outstanding health needs at a number of community homes, including Jehova Jireh II, Jehova Nissi, Shaddai, and El Olam II, for issues related to medicine and oxygen tank replenishment. Communication with biological homes has not been as consistent as with the community homes.

The Commonwealth recognizes that everyone on the island is at greater risk than before the storm due to the heightened prospect of disease outbreak post-Maria. The Commonwealth is taking the following steps to proactively minimize the risk of disease outbreaks, such as leptospirosis, for the participants: the CEEC has been actively distributing CDC handouts to biological and community homes and the CTS facilities regarding: water handling and safety, washing hands, use of power generators and the risk of carbon monoxide intoxication, how to disinfect or filter water, eating and food safety, elimination of mold and fungus, and leptospirosis. The Commonwealth Department of Health is also working towards a massive vaccination campaign in Puerto Rico.

The Commonwealth represents that the health needs of all participants are being adequately addressed in the community homes or, when more specialized or emergent care is required, at local hospitals and clinics. The Department of Health is actively inspecting all health facilities on the island to ensure that they can operate to meet the needs of our group, as well as the general population. In addition, the Commonwealth recently reached an agreement with officials on the U.S. Navy Comfort ship, now docked in the San Juan area, to accept patients without undue delay or the need to be referred from local hospitals prior to accessing the Comfort. As a result, the Comfort is now a viable option for DSPDI participants should the need arise.

Other than those currently hospitalized, the Program is not aware of any participant in current health decline. The Commonwealth has largely been successful at maintaining the pre-hurricane health status for the hundreds of participants it serves across the DSPDI program. Nonetheless, despite the considerable efforts of DSPDI and other personnel, some participants have died or been hospitalized post-Maria. Three have died:

At the time of his passing, Julio E. Rodriguez Sanjuro was a 61-year-old resident of the substitute home Herminia Gonzalez de Santana in Bayamon. On September 25, 2017, due to coughing and loss of appetite, the provider drove him to the emergency room at the San Pablo Hospital in Bayamon; the ambulance never arrived at the home. He was evaluated and then discharged with medication and a recommendation for a follow-up medical consult with his primary physician. At that time, there was neither communication nor access to his primary physician in Naranjito. By September 28, 2017, his condition had worsened and he was taken back to the same emergency room where he later suffered an alleged respiratory arrest; Mr. Rodriguez Sanjuro passed away on September 29, 2017. The corresponding investigation by the

quality unit of DSPDI is currently underway and will be submitted to the Mortality Review Committee for the preparation of a final report, which is to be completed within the next 90 days.

At the time of his passing, Miguel Guzman Calendario was a 49-year-old resident of the substitute home Maritza Gutierrez in Bayamon. DSPDI records reveal that he had the following diagnoses and conditions: anxiety disorder, epilepsy with recurrent seizures, and paraplegia, among other conditions. After the passage of Hurricane Irma on September 6, 2017, the home lost electric power and the provider had to relocate the participants, along with their equipment, to the home of the provider's son in Urbanizacion Hermanas Davila; the son's home had electric power and was, therefore, better equipped to meet the needs of the participants. On September 25, 2017, a few days after the passage of Hurricane Maria, in the early morning hours around 5:30am to 6:00am, Mr. Guzman Calendario was found dead on his bed. The corresponding investigation by the quality unit of the Program is currently underway and will be submitted to the Mortality Review Committee for the preparation of a final report, which is to be completed within the next 90 days.

At the time of her passing, Elba I. Alice Aponte was a 32-year-old resident of the group home Hogar Kelly in Moca. On October 28, 2017, according to the preliminary information available at this time, she had a seizure in the home at or near the moment of her death. Ms. Alice Aponte had been recently diagnosed with epilepsy. The corresponding investigation by the quality unit of the DSPDI is currently underway and will be submitted to the Mortality Review Committee for the preparation of a final report, which is to be completed within the next 90 days.

Five participants were hospitalized post-Maria and are still in the hospital: on October 14, 2017, Zenaida Cosme Alicea was admitted to the Dr. Ramon Ruiz Arnau University Hospital in Bayamon due to urinary tract infection and uncontrolled glucose levels; and on October 16,

2017, Carmelo Oquendo Centeno was admitted to the San Pablo Hospital in Bayamon due to pneumonia; on October 26, 2017, Carlos Cotto Vargas was admitted to the San Pablo Hospital in Bayamon due to bronchitis; on October 29, 2017, Nazario Hernandez Vargas was admitted to ICU at the Manatí Medical Center Hospital in Manatí due to respiratory distress related to influenza B; and on October 29, 2017, Jose Cruz Benitez was voluntarily admitted to the Psychiatric Hospital in Cabo Rojo due to aggressive behavior. There were three other hospitalizations post-Maria, but by the time of the status conference on October 23, 2017, all three had been discharged from the hospital. Jonathan Kaslow Santiago is currently a psychiatric patient at the Ramon Fernandez Marina Hospital in San Juan, but he was admitted to the facility on September 14, 2017 – prior to Hurricane Maria. The Commonwealth represents that nurses from the CEEC, in coordination with the CTSs, are currently following up on each one of the participants referenced in this paragraph.

#### IV. Evacuation or Relocation of Participants from Community Homes to Other Settings

As referenced above, there were three community homes and several biological homes that suffered severe damage during the storm, prompting the need to relocate the participants.

Hogar Casa Maribel I, located in Bayamon, serves six female participants. Access to this group home was severed due to heavy debris in the aftermath of Maria. In addition, the home suffered damage and had no water or electric service. The provider relocated the six women to a second home operated by the same provider – Casa Maribel II. Repairs are expected to be completed within the next 45 days and then the six women will return to their original community home.

Hogar Maritza Gutierrez, a substitute home located in Bayamon, currently serves two participants (formerly three participants until the passing of Mr. Guzman Candelario, discussed

above). The provider relocated the participants to her son's house located in Urbanizacion Hermanas Davila after Hurricane Irma due to lack of electric power. The temporary location has a power generator and a water tank. The return to their former house will take place as soon as the power and water service is re-established.

Hogar Hacienda Isai, a group home located in Manati, serves seven male participants. The home suffered severe damage and the participants were relocated to Hogar Dariel in Vega Alta, also owned by the same provider. Hogar Dariel now houses 12 participants, nevertheless, the home is adequate for this temporary situation. The repairs to Hacienda Isai are expected to be completed within the next 45 days and the seven men will then return to their original home.

Here is a list of biological homes damaged by the storm with participant dislocation: in the CTS Cayey area, participant Nicole Ruiz's home suffered severe damage and she had to relocate to a rental home in Urbanizacion La Plata in Cayey; in the CTS Aguadilla area, participant Jason Ortiz's home suffered severe damage and he had to relocate to his aunt's home in Moca; in the CTS Aibonito area, participant Carlos Veguilla's home suffered severe damage and he had to relocate to his sister's home, participant Janet Martinez's home suffered severe damage and she had to relocate to her sister's home, and participant Ricardo Alvarez's home suffered severe damage and he had to relocate to his uncle's home; in the CTS Ponce area, participant Jose Bobe lost his home and he had to relocate to his housekeeper's house; the Program is coordinating with the relevant Commonwealth agencies to provide him help in finding a new home.

At the time of this filing, eight participants in biological homes have temporarily relocated to the United States due to the storm: from the CTS Aibonito area, Hilda Cruz, Dariana Z. Morales, Felicita Rodriguez, and Arnaldo J. Rivera; from the CTS Rio Grande area,

Nelson de Jesus; from the CTS Ponce area, Dayra Vera; from the CTS Aguadilla area, Arcel J. Arce; and from the CTS Vega Baja area, Elissa Algercias.

V. Availability of FEMA Resources to Help Meet the Needs of DD Participants

FEMA, an agency within the United States Department of Homeland Security, provides support to American citizens, local governments, and first responders to build, sustain, and improve the capability to respond to, recover from, and mitigate hazards associated with natural disasters like Hurricane Maria.<sup>2</sup> FEMA's operations are survivor-centric in mission and program delivery. FEMA works to provide a unified and coordinated federal response to help address outstanding needs, streamline and simplify disaster services for individuals and communities, improve alignment of FEMA incident operations with the needs of state and local partners, and optimize the assignment of assets in support of incident operations.

FEMA's operations are multi-layered. FEMA headquarters are located in Washington, DC; the FEMA regional office for Puerto Rico is located in New York City (Region II); and there is a permanent FEMA presence in Puerto Rico through the Caribbean Area Division (a satellite of FEMA Region II), operating out of an office in Hato Rey near the federal courthouse. Because of Hurricane Maria, FEMA has set up a Joint Field Office ("JFO"), which is currently operating out of the San Juan Convention Center. JFO operations include National Incident Management Assistance Field Teams (East 1 and 2). Although the JFOs are intended to be temporary in nature, due to the extent of the devastation wrought by Maria, the JFO in San Juan

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<sup>2</sup> All of the representations set out in this FEMA section, as well as most in the subsequent section on the Emergency Prescription Assistance Program, are made by undersigned counsel for the United States based on information and belief.

will continue operations for a prolonged period of time – at least 18 months and likely much longer than that.

The federal government has made it a top priority to provide life safety and life sustaining resources to Puerto Rico post-Maria. For weeks now, FEMA has been providing resources and relief to survivors of the hurricane. FEMA and its federal partners are actively coordinating the federal response through urban search and rescue teams, medical assistance teams, and incident management assistance teams.

FEMA closely monitors, and daily works to address, outstanding issues related to: power outages, closed hospitals and hospitals operating on generator power, the lack of availability of potable water through PRASA, incomplete wireless communication coverage and inoperable cell phone towers, inaccessible roads, and any limited availability of fuel. For the general population, FEMA has already helped to distribute millions of gallons of water and fuel, millions of meals, and thousands of tarps for damaged roofs.

Within FEMA, at headquarters in Washington, there is an office that focuses specifically on the disability community, called the Office of Disability Integration and Coordination (“ODIC”), headed by Linda Mastandrea. Undersigned counsel for the United States provided some preliminary information about ODIC and Ms. Mastandrea to the office of the JCC on October 10, 2017.

ODIC’s Lead Disability Integration Advisor on the ground in Puerto Rico right now is Madeleine Goldfarb. FEMA has designated Ms. Goldfarb as the first and primary contact officer for DSPDI whenever any issue arises with regard to our group of DD participants. She will then contact appropriate individuals or entities within FEMA, whether at the JFO, headquarters, or

elsewhere, to address the outstanding issue or request. Ms. Goldfarb expects to be working in Puerto Rico for at least the next year or so. Here is her contact information:

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FEMA Office of Disability Integration and Coordination  
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(202) 374-4009.

Ms. Goldfarb is currently exploring how to obtain a dedicated telephone line with dedicated staff to handle inquiries and requests for assistance. The national FEMA help line is (800) 321-3362.

Leadership at ODIC, through Ms. Goldfarb, has committed to targeted outreach and prioritized response going forward for individuals in our DD group to help meet their emergent and ongoing needs.

On October 23, 2017, undersigned counsel for the United States sent an introductory email to both Ms. Goldfarb and Ms. Lumary Hernandez, the DSPDI Director, cc'ing counsel for the Commonwealth, to facilitate and streamline communication between FEMA and leadership in the Commonwealth's DD program. The hope was that this would prompt subsequent emails and meetings about how to address outstanding needs for our DD group.

On October 25, 2017, Ms. Goldfarb and Ms. Hernandez, along with other Commonwealth officials, met to discuss the need for generators, fuel, food, and other support for our DD participants. It appears that this initial meeting was productive and will lead to further contacts/meetings going forward. Ms. Goldfarb is already working on procuring generators for the day program buildings at Bayamon, Vega Baja, and Rio Grande, as well as for community homes where generators have been stolen or are not working. She estimates that the generators for the day programs will be available within a month, possibly within the next two weeks. A primary goal is to provide generator power to the day programs so that they can serve as



distribution centers for water, food, fuel and other supports for the community and biological homes in the geographic regions nearby.

We understand that whenever there is an outstanding need for our DD group, leadership at DSPDI completes a FEMA requisition form and then forwards it to an official in the Governor's office for approval and processing. After that, the request is sent to FEMA for action. The hope and expectation is that this process is and will be streamlined and expedited, especially for individuals in our group with an urgent need.

The Navy Comfort ship has been off the coast of Puerto Rico in recent weeks. This ship can provide health care for people, including our DD group, when local hospital resources are unable to meet individuals' needs. We understand that the ship has moved or will soon move from a location near Ponce to a location near San Juan. Access to the ship is supposed to be effected via a doctor-to-doctor referral; this may involve patient contact with a local hospital or even Centro Medico. Ms. Goldfarb is currently exploring ways to streamline and expedite access to the Comfort in urgent cases without undue delay.

FEMA can also provide assistance with temporary housing and related resources. This aspect of FEMA operations could be especially helpful to avoid temporarily increasing the census size of existing community homes, as well as, in a worst case scenario, resort to other congregate, institutional settings on a temporary basis. Ms. Goldfarb can provide assistance and linkage to FEMA housing resources that might help our DD group.

#### VI. Emergency Prescription Replacement Program

The Emergency Prescription Assistance Program ("EPAP") was created to help people in a disaster who lack health insurance gain access to prescription medicine, medical equipment, medical supplies, and vaccinations. The EPAP program, operated through the United States

Department of Health and Human Services, started on October 10, 2017. People who qualify for EPAP can replace certain prescription medicine, medical supplies, vaccines, and certain pieces of medical equipment that were lost or damaged while evacuating from or because of the disaster, not refilled before the disaster, or lost or damaged at an evacuation shelter. Dozens of pharmacies in Puerto Rico are already affiliated with the EPAP program.

Given that this is a new program, it is not exactly clear the extent to which our DD participants can participate in EPAP. Ms. Goldfarb is knowledgeable about EPAP though and can assist with access to the benefits of the program for eligible individuals in our group.

The Commonwealth represents that with the help of an administrative order issued by the Commonwealth Secretary of Health directing the government health insurance program ASES to dispatch drug prescriptions without the need for an order from the primary physician, the EPAP had not been needed since DSPDI has been able to continue to offer prescription services in the aftermath of Hurricane Maria.

#### VII. Outreach to Private Entities for Assistance

The Commonwealth represents that DSPDI (or any Commonwealth agency or instrumentality) is barred by local law from procuring donations from private entities. However, these provisions do not prohibit a private entity from donating needed supplies for the participants by way of a third party, such as family associations like APIADI, or any other non-profit organization. The Commonwealth believes this is an opportunity for APIADI to perhaps help facilitate needed connections between participants and private entities looking to help.

The parties respectfully ask the Court to take notice of the foregoing.

Respectfully submitted,

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**CERTIFICATE OF SERVICE**

I hereby certify that on October 31, 2017, I electronically filed the foregoing document with the Clerk of the Court using the CM/ECF system, which sent notification of such filing to all counsel of record.

/s/ Richard J. Farano

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