



And A Hard Rain Fell¹, Hurricane Matthew's Impact on Universal Health Coverage in The Bahamas

Remarks to the Commonwealth Health Ministers Meeting, Geneva Switzerland

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¹ John Ketwig (1992)

Colleague Ministers, it's a pleasure to be here with you on this my first outing as Minister of Health having been sworn into office a few days ago.

In October 2016, hurricane Matthew made land fall in the central Bahamas moving north as a Category three and four on the Saffir-Simpson Scale. In addition to rain and heavy winds, there was catastrophic flooding in low lying areas of the country with storm surges in excess of 10 feet. Indeed, a hard rain fell.

For our archipelagic nation that had not yet recovered from hurricane Joaquin one year earlier, Matthew came and exposed significant vulnerabilities with our systems, and other government ministries, departments and agencies, and their ability to respond. In spite of our advanced preparations, we suffered phenomenal destruction on the health infrastructure in addition to the environmental devastation.

Its impact was felt by major financial centers in The Bahamas. Both the capital and the second largest city came to a screeching halt with no water, electricity, fuel and limited communication. The rains were unending and many places were without

power for 2 to 3 weeks. Persons had to flee from their homes due to flooding and storm surges. Our government workers, including our health care workers were

unable to be mobilized due to significant structural damages to their personal residences.

This occurred while the islands' economy had been limping along at 0.5% growth of GDP and yet we forged on with our commitments to the Sustainable Development Goals (SDGs) and the launch of Universal Health Coverage (UHC). We were forced to divert huge sums of money to recovery efforts. I wish to bring to your attention some to our experiences and lessons learnt:

- Healthcare isolation and the need for reconstruction: Approximately sixteen health facilities were damaged by Matthew (ranging from minor to severe damage) which compromised the residents access to services. **National building codes minimized the extent of damages.** Significant investments are needed for health infrastructure, technology and communication.
- Many individuals and families were trapped in their homes with limited capacity to communicate with first responders. Additionally, some persons had no access to food and potable water.
- Downed power lines and generators that were flooded, challenged the health system's capacity to secure the cold chain for vaccines and other

pharmaceuticals. On the other hand, over use of generators placed undue pressure on fuels supplies.

- We got help from our neighbors. The United States, Canada, our CARICOM family and others were immediately responsive.

Lesson learnt:

- Deployment of resources both human and material to all areas of the country ahead of the hurricane.
- Local residents provided shelter for their neighbors and became first responders. The community response was outstanding as the national authorities struggled to reach flooded areas. ***Train locals first responders.***
- The National Emergency Management Agency (NEMA) provided leadership in coordinating the response. Ministry of Health Emergency Operation Centre. ***Simulations are necessary.***
- There was direct benefit with the use of social media and other modalities to improve communication with the population. ***Embrace new technologies.***
- Regional and international partnerships for example National Oceanic Agency (NOAA), Pan American Health Organization, CDEMA, and other agencies were quick to respond. ***Partner relations are indispensable.***

- Evacuation plans in an island nation is not an exact science. How do you evacuate persons from a place that is surrounded by water to a place that is also surrounded by water? In our instance the hurricane bypassed the evacuated island and slammed the island that the residents were evacuated to. ***Planned resilience.***
- A disaster plan must include attention to solid waste management in the aftermath of hard rain, floods and hurricane force winds for the proper disposal. There was no loss of life but newly interned humans remains had to be disposed.

In conclusion, we must ask ourselves how to distribute resources for disaster management and keep a commitment to Universal Health Care Coverage. The Bahamas estimated \$125 million for the launch of first phase primary care Universal Health Coverage. However, \$150 million dollars had to be diverted for hurricane relief which was not budgeted. The scientists tell us that with global warming we are positioned to have more hurricanes, heavier rain and severe floods. How do we keep our commitments to Universal Health Coverage in light of global warming and climate change and in the environment where our countries are graduating from international monetary assistance or without access to global funds? This is a direct threat to global security.

Climate change is real. We are seeing new, emerging and re-emerging diseases.

Antimicrobial resistances is also real.