It was very frightening at first.

We didn't know how strong the hurricane would become, and then Hurricane Irma that landed on September 6th was a Category 5, and the two weeks later Hurricane Maria, another Category 5.

There was a lot of damage, of course, from both hurricanes, and it was difficult to try to figure out what to do even though we had plans because we did not expect the type of devastation that had occurred throughout the entire territory.

After a hurricane or tornadoes or a major storm impacts an area, there are a lot of unknowns that the Department of Health and leadership don't know about, and so a CASPER was designed to go into the community and quickly gather information about that community's needs.

The acronym really does tell you what a CASPER is, and it stands for "Community Assessment Public Health Emergency Response." So we're serving the public, that makes sense, and then the public health emergency in this case were two Cat 5 hurricanes, and public health response is: What has been done, where is the community at now, and what still needs to be done?

There's water -- there was water all in the whole house. We had to put everything out because of the mold and all the water keep coming in before I get the top up, but since we have the top holding up, everything is going good.

Great.

Yeah, we had mosquitos [indiscernible], but now they're just like not coming.

At is core, CASPER is really about knocking on doors and interviewing members of households about what their needs are. To do that, we need some consistency and we need some systematic way of selecting which households.

We come up with our objectives, our sampling frame,our questionnaire, and once we're done with all that preparation, we go into the field and we do a just-in-time training for the team members, and this covers things like logistics, safety.

The teams will then go out into the field that afternoon and potentially the next day for about 10 hours of data collection. Once data is collected, we have about a day to analyze it, interpret it, write a report and get it to the community leaders, and that way the information is used right away.

The data that we get from CASPER we spread through many different departments. Our preparedness department, our epidemiology department, our maternal child and health departments, including our women, infants, and children department, are able to get the data that we need so that we can arm the public with knowledge and with equipment. And this CASPER that we're doing now is at six months post-hurricane. The main issue that appears to be happening right now is mental health and some post-traumatic stress. Once we analyze the data, then we can do targeted response or recovery efforts to manage that or help improve that.

Other conditions that we need to be concerned with are the areas in vector-borne diseases or mosquito-borne illnesses. We have emerging infections that we're seeing in our territory that will continue to increase, especially with the environment after the storm and limitations in places where we can actually provide vector control. So it's a really quick and inexpensive, very flexible tool. It was designed for after-disaster use but really has broadened a lot more.

So you can use a CASPER for the response efforts, you can use it during recovery efforts, you can use CASPERs to prepare for an emergency, see how the community is. A CASPER is really a locally driven endeavor. It's simply a matter of federal partners bringing in some expertise and some information to empower and enable the local health department on the CASPER independently.

CDC has been a major partner for our operation and building capacity. We really appreciate them because a lot of work that I have done I wouldn't have been able to be as effective without their assistance and support. And this program, going out there and listening to the community, caring what they say, and bringing it back to also the lead healthcare agency, whatever we can do, we're there. We're responsible for the community and that's what we're doing.