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# From Puerto Rico to Northern California: Lillian Wald's Vision of Public Health Service is Alive and Well

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PHOTO: SASHA ARANA

Lillian Wald, whose 150th birthday was celebrated this year, is known as the nation's first public health nurse. In addition to assembling teams of nurses to visit newly arrived immigrants living in overly crowded tenement apartments in New York City's Lower East Side, Wald, who in 1893 founded the [Visiting Nurse Service of New York](#) (VNSNY), played a critical role in marshalling coordinated, citywide responses to health crises like [the influenza pandemic of 1918–19](#). She was a pioneer in advancing health education among the public, and worked tirelessly to improve sanitation, food safety, housing and workplace standards, and access to regular medical care. She was keenly focused on the [health and well-being of infants and children](#), and introduced the idea of [posting nurses in U.S. public schools](#). Understanding the importance of exercise and social interaction to health, Wald was also an outspoken advocate for [public playgrounds](#) and recreational centers.

In the past few months, the community-minded path that Lillian Wald forged has come to mind for me several times—and it's clear that it's as active today as ever. As North America has been buffeted by a series of natural disasters, we've seen community-based caregivers rising to the occasion over and over again. While many healthcare professionals from organizations across the country have heroically lent their services, three of VNSNY's own staff members left their homes and families to provide hands-on assistance to victims of the devastation caused [by Hurricane Maria in Puerto Rico](#) and other nearby islands, and the homelessness and displacement [that resulted from the wildfires](#) sweeping through Northern California. Following are snapshots of what my three colleagues encountered and experienced in their relief work. Their selfless contributions are

confirmation that even in this age of endless debate over health care policy and payment models, the essential spirit of public health *service* that Lillian Wald embodied is indeed alive and well.



PHOTO: ALICIA SCHWARTZ

***Alicia Schwartz, RN, a Care Coordinator with [VNSNY CHOICE Managed Long Term Care](#), was born and raised in Puerto Rico. She went back in mid-October with the [United Federation of Teachers](#) (the New York City affiliate of the American Federation of Teachers) and gave this report. ([See ABC 7 Tiempo Video Here](#))***

“I came down here with over 300 people, including nurses, doctors, plumbers, electricians, truck and van drivers, and people with machetes to help clear the way where the roads were blocked. We split up into small groups, with a doctor in each group and nurses divided by specialty—hospital nurses to visit hospitals, and home care nurses like myself to visit people in the community.

“The first day our group headed out to a very poor town outside San Juan, where many homes and buildings had their roofs blown off. We went to an area where there are a lot of elderly people, and set up a clinic there. We handed out medications, because all the pharmacies are closed, and we checked people’s vital signs and handed out food and water. The following day, we traveled to a nursing home. They were on their last day of food, so we arranged to get them resupplied with enough food to last them a while. They also have a well, but it was very hard to get water from it, so we got some plumbers from our group to fix the well for them.

“The following day we went to a town next door to where the eye of the storm hit. The town is completely destroyed. It was an area no one had visited yet, so the people hadn’t gotten any water or food. We set up a clinic and went house-to-house teaching people about preventive health, including not drinking the standing water, which can carry deadly disease. We visited a man whose roof was completely gone, so the daily rains were coming into his home. He said to me, ‘Sometimes I feel like getting a rope and hanging myself.’ That’s how bad it is here.

“Yesterday, we went to an area where three or four families were living who could not get out through the debris. An elderly woman was there with her bedridden son. He was paralyzed from the waist down, and had gotten an infection. We provided treatment, and gave them water and food. Now that the road is clear, other people can get up to them as well. The amount of staff we have is small, but these people need our help, they need to know someone is here.”



PHOTO: SASHA ARANA

***Sasha Arana, a Customer Service Representative in VNSNY's Customer Call Center, also recently spent a week doing volunteer relief work in Puerto Rico, where most of her family lives. Following is her report from the island.***

"I had been gathering donated supplies for Puerto Rico from my VNSNY colleagues, but I also wanted to do something myself for the people there. I checked on my family the first day I got there—my parents live in San Juan and are without power, but they're managing. My grandparents live outside San Juan where there was a lot of damage from flooding, and they lost everything, but they are personally okay as well.

"For the next five days, I was busy delivering supplies all around the island through the [United for Puerto Rico](#) organization. All of the supplies coming into San Juan are collected for distribution at the Roberto Clemente Coliseum. FEMA and the military are supervising the effort. There is a big board on the wall listing the supplies requested by the various mayors of towns across Puerto Rico. There were about 50 people in our own volunteer group. Some sorted the supplies, others put them in boxes, and then some of us would bring the supplies to the towns. Although the situation was not easy in the San Juan area, things were much worse in the center of the island. The houses in those areas are all made of wood and zinc, and aren't built to survive even a Category Three hurricane, let alone a Category Five like Maria, so there's a lot of devastation. And because the highways going to most of those towns have collapsed, it's very difficult to get to them. We had to wade across rivers in some places.

"On our first day, we were given a list of nursing homes that needed medications delivered. The residents couldn't leave the upper floors because the elevators weren't working, so we had to bring everything up to them—blood pressure and diabetes drugs, aspirin, and other medications. We also brought Pedialyte, an electrolyte drink usually given to small children, to keep the residents from becoming dehydrated. In the days that followed, we visited towns across four different municipalities, bringing food, water, supplies for babies, certain medications. People were always very happy to see us. I think most of them are still in shock. In some



of the towns, they hadn't had any food or water for several days. Much of the population is old people—your grandma or grandpa. It's terrible.

"One town was very complicated to get to because it was in the mountains, so we rode in a helicopter there. I was excited, because it was my first time in a helicopter, but it was also very sad. I could see everything that had been destroyed, and all the SOS signs that people had put in the streets. I wish I could have stayed longer, because there is so much more that needs to be done. Puerto Rico needs help for more than a few weeks or months. It's probably going to take at least a year to put us on our feet again."



PHOTO: KERRY SYMON

***Kerry Symon, PsyD, a behavioral health expert and Associate Director of Programs and Clinical Operations for VNSNY's Community Mental Health Services, traveled to Northern California to assist in the Red Cross support effort for people displaced by the wildfires there. This is Kerry's report.***

"When I first arrived here, you could see the smoke filling the sky. Now the fires are 90 percent contained, but every morning when I wake up it still smells of smoke. During my first several days, we traveled around doing mental health needs assessments. Our job is really to provide psychological first aid—assessing fatigue and trauma, and checking for problems people might have sleeping or eating. We spent one day in Napa County

going around with the Red Cross emergency response vehicles, which were giving out food. We visited a mobile home community that hadn't burned, but people had been displaced from their homes for a time, which is also stressful. People had lost their food, they were without electricity, and many had lost wages. We checked on one woman who had gotten spinal surgery a week before the fires and had to be evacuated. She was still homebound, so we provided her with food and made sure she had her necessary therapy appointments scheduled. We drove around the whole community that way, giving out food pantry information, listening to people's stories and validating their experiences, and keeping our ears open for any problems that could warrant further intervention.

"The last four days I've been in Lake County. It's one of the poorest areas in California, and they get hit with wildfires frequently. There are some people here for whom this is the second or third time their home has burned down. I've been working at a Local Assistance Center that has representatives from FEMA, the Salvation Army, unemployment, veteran assistance, social services, and the Red Cross. It's a one-stop shop. One woman in her late 60s came in yesterday. This county is situated on a lake, and she'd been living in a small mobile home community on a little peninsula in the lake for 32 years. All the mobile homes burned, and everything she owned is completely gone. She was just sad and in shock. A couple of days before, she had been in her home celebrating her birthday. Next you know, everything is gone, even her car. She's staying with a friend temporarily, who was there with her. She has really good housing insurance and she'll also qualify for FEMA rental assistance. But she kept repeating, 'I can't believe everything's gone, my pictures, my clothes'—going through all the memories that she had in the home.

"Dealing with acute stress after a disaster isn't like long-term therapy. I do a lot of active listening, and also check on their basic self-care. How are your frustration levels? Are you able to go to sleep at your usual time? Are you hydrating and eating what you usually eat? Are you reaching out to your support systems? This woman is basically resourceful, and as we spoke she began talking about the great friends she has. That's all part of psychological first aid—checking on basic things that people can't think about because they're in such shock, and then working with them to identify concrete things they can hold on to, that will give them hope."

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I've written often in this column about how home- and community-based health care providers like Alicia, Shasha and Kerry make a difference in peoples' lives every day. They are just three of thousands in our organization—and others like us—who are expanding the health care landscape and changing the way Americans are cared for, by bringing crucial services directly to where people live, in their homes and neighborhoods. We all share a vision that started more than a century ago, when Lillian Wald reached out in much the same way.

As we look toward VNSNY's own 125th anniversary in 2018, these inspiring accounts remind us that the language of community-based health care is a language we all understand. One remarkable woman envisioned a new paradigm where a dedicated group of caregivers could connect with their neighbors to create a healthier, safer, and more supportive social fabric—and she changed the world for us all.