

TESTIMONY ON BILL NO. 36-0025

BY Esther Merla Phillips

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GOOD MORNING TO THE VIEWING AND LISTENING AUDIENCE. MY NAME IS ESTHER MERLA PHILLIPS, A STROKE SURVIVOR AND THE FACILITATOR FOR THE ST. THOMAS STROKE SUPPORT GROUP. HERE WITH ME THIS MORNING IS THE EXECUTIVE DIRECTOR FOR THE GROUP, MY SPOUSE, CAREGIVER AND BIGGEST SUPPORTER MR. EDGAR BAKER PHILLIPS

I AM HERE TODAY TO OFFER SUPPORT FOR BILL NO-36-0025 TO APPROPRIATE \$90,000 TO THE Department OF HUMAN SERVICES FROM THE GENERAL FUNDS FOR THE MEDICAL ALERT SYSTEM IN THE TERRITORY. FIRST LET ME PROVIDE A SHORT HISTORY IN MY INVOLVEMENT IN THE MEDICAL ALERT SYSTEM ON ST. THOMAS.

ON JULY 9TH OF 2017 I HAD A RIGHT ISCHEMIC STROKE WITH A CLOT TO THE BASAL GANGLIA AREA OF MY BRAIN. AT THAT TIME I HAD NO CHRONIC DISEASE, BUT I WAS OVERWEIGHT. I REQUESTED AN APPETITE SUPPRESSANT FROM MY PHYSICIAN TO ATTEMPT TO LOOSE THE WEIGHT. THE SIDE

EFFECT OF THE PILL WAS ELEVATION OF BLOOD PRESSURE WHICH CAN CAUSE A STROKE. I HAD USED THE DRUG BEFORE WITHOUT ANY PROBLEMS; THEREFORE WAS NOT CONCERNED ABOUT IT, BUT THIS TIME IT WAS NOT SO. I WAS EVENTUALLY TRANSFERRED TO FLORIDA FOR TREATMENT AND SUSTAINED ANOTHER STROKE ENROUTE.

WHILE HOSPITALIZED IN FLORIDA THE HOSPITAL HAD A SUPPORT GROUP WHICH PATIENTS WITH STROKES WERE EXPECTED TO ATTEND. WE DISCUSSED PLANS FOR RETURNING HOME. THERE WERE PRESENTORS WHO SPOKE ON ISSUES THAT AFFECT STROKE SURVIVORS, SUCH AS DEPRESSION, SOCIAL ISOLATION AND ACTIVITIES TO LIVE PRODUCTIVE LIFE. IT WAS THAT POINT THAT I DECIDED TO START A SUPPORT GROUP UPON RETURN HOME.

ALWAYS BEING AN AVID READER I BEGAN RESEARCHING HOW TO START A SUPPORT GROUP AND FOUND AN EXCELLENT PACKAGE FROM THE AMERICAN STROKE ASSOCIATION ON HOW TO START A GROUP. WITH THE ASSISTANCE OF MY FAMILY AND FRIENDS THE MISSION AND VISION STATEMENTS WERE FORMULATED, SHORT AND LONG TERM PLANS AND BYLAWS WERE ESTABLISHED, MEETING PLACE WAS SECURED AND WE WERE OFF. WE DECIDED THAT THE GROUP WOULD INCLUDE STROKE SURVIVORS, CAREGIVERS AND RESIDENTS

OF THE COMMUNITY WHO WERE INTERESTED IN OBTAINING INFORMATION ON STROKE.

OUR FIRST MEETING WAS HELD IN SEPTEMBER OF 2019 AT THE VI. CENTER FOR INDEPENDENT LIVING. WE PRESENTLY HAVE TWENTY FOUR MEMBERS IN THE GROUP.

THERE IS A MEMBER IN THE GROUP WHO RESIDED ALONE WITHOUT A CAREGIVER. SHE REQUIRES THE USE OF A WHEEL CHAR FOR MOBILITY AND DEFINITELY SHOULD NOT BE LIVING ALONE. THEN I REMEMBERED THAT WE LIVED ON AN ISLAND WITH NO LONG TERM CARE FACILITIES AND LIMITED SERVICES FOR SENIORS. I RECEIVED A CALL FROM THE MEMBER INFORMING ME THAT SHE SLEPT ON HER BATHROOM FLOOR THE PREVIOUS NIGHT BECAUSE SHE FELL AND COULD NOT GET UP AND SHE WAS UNABLE TO CONTACT ANYONE TO ASSIST . SHE ASKED FOR MY ASSITANCE TO FIND OUT IF THE MEDICAL ALERT SYSTEM WAS AVAILABLE ON ISLAND.

THE FIRST AGENCY I REACHED OUT TO WAS THE DEPARTMENT OF HUMAN SEVICES ADULT PROTECTIVE SERVICES. I WAS REFERRED TO THE CAREGIVERS PROGRAM WHO I WAS TOLD HAD MANAGED THE PROGRAM BEFORE, BUT ADULT PROTECTIVE SERVICES WAS NOT SURE THAT THE PROGRAM WAS STILL IN EFFECT. I WAS ALSO REFERRED TO ADT WHO MANAGED THE PROGRAM WHEN THEIR WERE FUNDS.

THE CAREGIVERS PROGRAM WAS CONTACTED AND I WAS INFORMED THAT THE PROGRAM WAS NO LONGER IN EFFECT DUE TO UNAVAILABILITY OF FUNDS. THIS WAS DIFFICULT FOR ME TO HEAR. OF COURSE BEING A CRYER, THE TEARS BEGAN. I KNEW I HAD TO DO SOMETHING TO HELP NOT ONLY MY MEMBER BUT THE SENIORS AND DISABLED IN THE COMMUNITY WHO WERE LIVING ALONE BUT UNABLE TO CARE FOR THEMSELVES. THUS A FUND RAISER WAS PLANNED. THE GROUP PLANNED A DISABILITY BREAKFAST TO RAISE MONEY TO PURCHASE MEDICAL ALERT SYSTEM ON ST. THOMAS/ST. JOHN.

WE WERE ABLE TO RAISE \$7526.24 FROM THE BREAKFAST. WE WERE PROVIDED THE NAMES OF NINE RESIDENTS WHO COULD BENEFIT FROM THE PROGRAM. AS A FORMER PUBLIC HEALTH NURSE AND A CASE MANAGER I WAS AWARE OF SENIORS WHO RESIDES ALONE AND THOSE WHO ARE LEFT ALONE DUE TO THE NEED FOR FAMILY MEMBERS TO WORK.

EIGHT RESIDENTS WERE PLACED ON THE PROGRAM AND A MEMBER WAS GIVEN A MONETARY ASSISTANCE TO ASSIST WITH HOME CARE. THERE WAS A CEREMONY TO PRESENT THE SYSTEM WITH ADT REPRESENTATIVE EXPLAINING HOW THE SYSTEM WORKS. FAMILY MEMBERS WHO WERE INTERESTED IN RECEIVING THE SYSTEM WERE INVITED TO ATTEND.

THE COST OF THE SYSTEM IS \$480 WHICH INCLUDES INSTALLATION IN THE HOME AND THE MONTHLY FEE. THE RECIPIENTS WERE INFORMED THAT THE SUPPORT GROUP WILL PAY FOR THE SYSTEM FOR ONE YEAR. INFORMED BY ADT REPRESENTATIV THAT THIS WAS REINFORCED WHEN THE SYSTEM WAS PLACED. THE MONTHLY BILL IS \$20.

WHEN THE YEAR EXPIRED , THE CLIENTS WHO WERE ON THE SYSTEM WERE BILLED FOR AN ENTIRE YEAR AT ONE TIME SINCE THE SUPPORT GROUP PAID FOR AN ENTIRE YEAR WHEN THE PROGRAM WAS INITIATED. OF COURSE I RECEIVED NUMEROUS CALLS REPORTING THAT THEY WERE UNABLE TO PAY THE BILL. I WAS AWAITING THE \$7000 DRAW DOWN FROM THE LEGISLATURE THEREFORE I DECIDED TO PAY FOR AN ADDITIONAL YEAR WHICH THE FAMILY APPRECIATED.

I DON'T KNOW HOW MANY CLIENTS THE DEPARTMENT OF HUMAN SERVICES HAD ON THE PROGRAM BUT THESE CLIENTS SHOULD BE PLACED BACK ON THE PROGRAM IF THE SERVICE IS STILL NEEDED.

A RETIRED NURSE RECENTLY JOINED THE SUPPORT GROUP AND IS INTERESTED IN STARTING A TELEPHONIC CASE MANAGEMENT SYSTEM FOR CLIENTS WHO HAVE THE MEDICAL ALERT SYSTEM. WE WOULD CHECK WITH THE FAMILY OR CLIENT FOR MD VISITS, MEDICATION USAGE AND GENERAL WELL BEING. I AM HOPING THAT THIS TELEPHONIC

CASE MANAGEMENT SYSTEM IS STARTED BY THE END OF THE YEAR. PRESENTLY THE ORGANIZATION CONSISTS OF 8 RETIRED REGISTERED NURSES, ONE CURRENTLY EMPLOYED RN AND ONE LPN FOR A TOTAL OF TEN MEMBERS WHO CAN CASE MANAGE. WE WERE RECENTLY INFORMED BY THE BOARD OF NURSE LICENSURE THAT A RULING WILL BE ISSUED SHORTLY PREVENTING RETIRED NURSES WITH AN INACTIVE LICENSE FROM PARTICIPATING IN HEALTH FAIRS OR EVEN THE HEALTH MINISTRY AT THEIR CHURCHES WHEN THEY ARE UNLICENSED AND PROVIDING HEALTH COUNSELING. WILL HAVE TO CHECK WITH THE RETIRED NURSES TO DETERMINE WHO HAS AN ACTIVE LICENSE. THE PLAN WOULD BE THAT A NURSE WOULD HAVE A MAXIMUM OF THREE CLIENTS TO CASE MANAGE.

MY RECOMMENDATIONS FOR THE BILL

1. LET HUMAN SERVICES RESUME THE PROGRAM.
2. THE SUPPORT GROUP WILL TAKE A MAXIMUM OF 30 CLIENTS.
3. WE ARE RESPECTFULLY REQUESTING A MINIMUM OF \$14,000 TO MAINTAIN 30 RESIDENTS ON THE SYSTEM.
4. THE STROKE SUPPORT GROUP WILL ASSIST AS NEEDED
5. ENCOURAGE ADT TO USE BRACELETS INSTEAD OF THE SYSTEM BEING PLACED AROUND THEIR NECK. SOME CLIENTS REPORTED THAT IT WAS TOO HEAVY.

6. ADDITIONAL PERSONNEL TO SET UP THE SYSTEM IN CLIENTS HOME. LONG WAIT TIME WITH JUST ONE STAFF MEMBER DEDICATED TO THE SYSTEM SET UP.

7. RECRUITMENT FOR CLIENTS WHO NEED theSERVICE.

WE HAD A COUPLE OF CLIENTS WHO RETURNED THE SYSTEM FOR THE FOLLOWING REASONS

- 1. WEIGHT OF SYSTEM ON THEIR NECK**
- 2. RELOCATION**
- 3. NO LONGER FELT THAT THEY NEEDED THE SERVICE**

WE ALSO HAD CLIENTS WHO ACCIDENTALLY PUSHED THE BUTTON AND WAS SURPRISED AT THE TIMELY RESPONSE.

ONE CLIENT FELL IN HIS YARD WHILE HIS SPOUSE WAS INSIDE, HE WAS UNABLE TO SHOUT LOUD ENOUGH TO CONTACT HIS SPOUSE, BUT HAD HIS SYSTEM ON HIM AND PUSHED THE BUTTON TO GET ASSISTANCE TO GET HIM UP OFF THE GROUND. HIS FAMILY IS FOREVER GRATEFUL THAT HE HAD THE MEDICAL ALERT SYSTEM TO PREVENT HIM FROM LYING IN THE HOT SUN IN HIS YARD FOR HOURS.

ON BEHALF OF THE MEMBERS OF THE STROKE SUPPORT GROUP, I WOULD THANK THE LEGISLATURE OF THE VI FOR THE TWO APPROPRIATIONS WE RECEIVED FROM THE

**LEGISLATURE TO ASSIST WITH THE ALARM SYSTEM AND THE
ACTIVITIES WE PROVIDE FOR THE DISABLED AND SENIORS IN
OUR COMMUNITY. AGAIN THANK YOU.**

I AM AVAILABLE FOR ANY QUESTIONS