



FISCAL YEAR  
**2026**



# BUDGET PRESENTATION

**“Rebuilding Today for a Healthier Tomorrow”**

Testimony By:  
**Darlene A. Baptiste**  
*Chief Executive Officer*

**36th Legislature**  
*of the United States  
Virgin Islands*



# JFL AT A GLANCE

FY26 BUDGET  
**\$86.6 M**

Accounts Payable

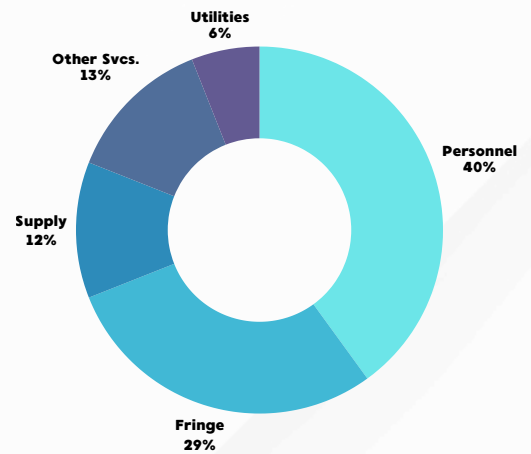
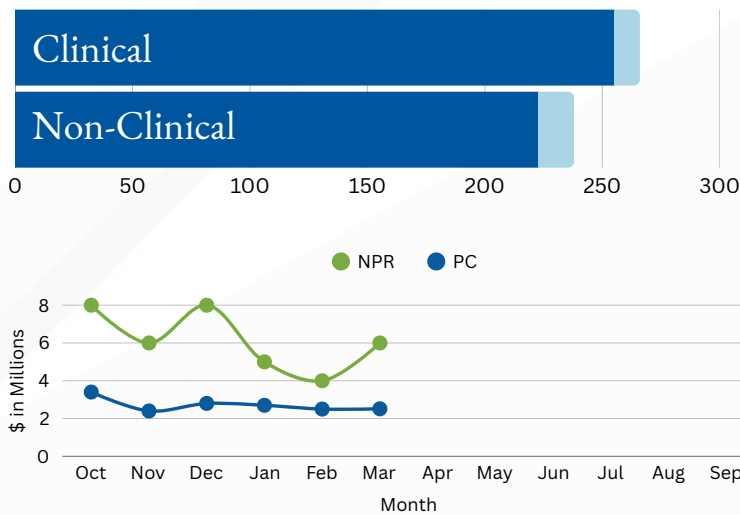
**\$21.2 M**

Uncompensated Care

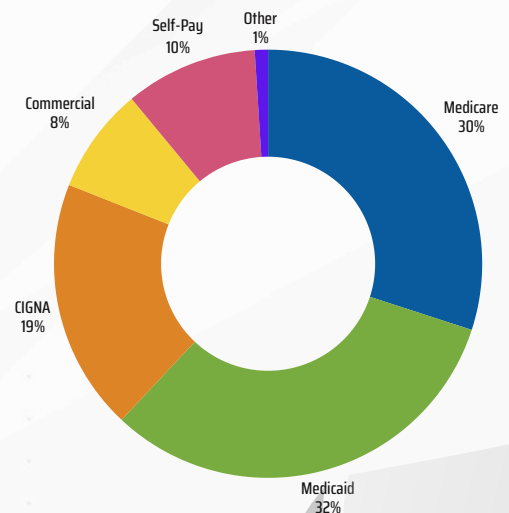
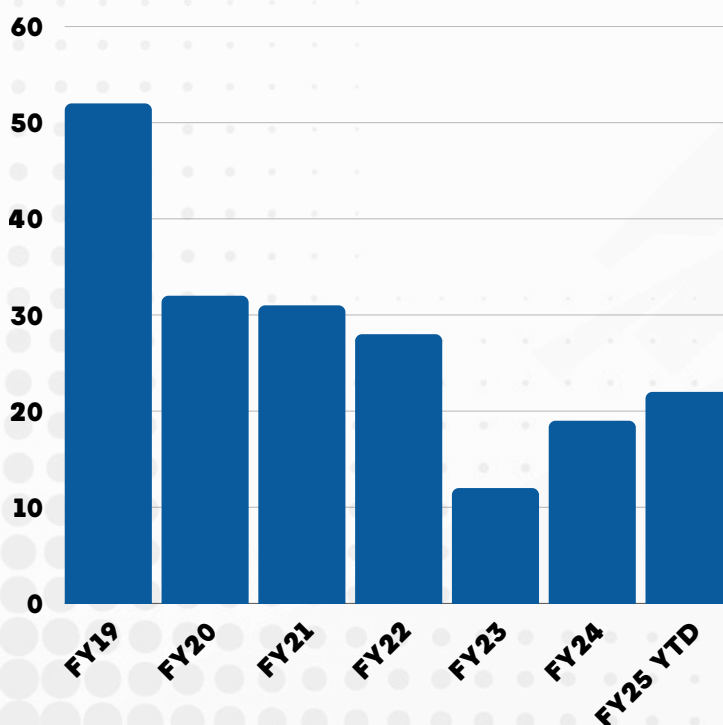
**\$38.7 M**

Accounts Receivables

**\$84.9 M**



## AP TRENDS



# INTRODUCTION

Good morning, Honorable Senator Novelle Francis, Chairperson of the Committee on Budget, Appropriations, & Finance, Senators of the 36th Legislature of the U.S. Virgin Islands present, and the listening and viewing audience. I am Darlene Baptiste, Chief Executive Officer for the Governor Juan F. Luis Hospital and Medical Center (JFL).



Thank you for the opportunity to appear before you today as we present the Fiscal Year 2026 Budget. In the well, I am joined by:

- Adeline Williams Connor - Chief Operating Officer
- Rosalie Javois - Interim Senior Vice President of Finance
- Darice Plaskett - Chief Nursing Officer
- Dr. Regina Flippin - Acting Chief Medical Officer
- Roger Moore - Director of Management Information Systems
- Darryl Smalls – Executive Director, THRT

who are here to support this presentation and help address any questions. I also want to acknowledge Dr. Jerry Smith and the territorial board of directors for their continuous support.

## MISSION

At JFL, we are more than a healthcare institution—we are a pillar of strength, healing, and hope for the people of St. Croix. Driven by our mission to improve the health of those we serve with compassion and respect, we are steadfast in our vision to transform lives through high-quality care. As outlined in the Virgin Islands Code Title 16, our mandate is clear: to ensure access to essential health services for all, fostering a healthier and more resilient community.

Each year, our dedicated team welcomes nearly **300 newborns** in our Mother-Baby Department, home to the only Neonatal Intensive Care Unit (NICU) in the territory. Staffed by board-certified neonatologists, our NICU provides specialized care for our most vulnerable patients at their most critical moments.

Our Emergency Department and Trauma Program deliver around-the-clock care to more than **12,000 encounters** annually, responding to everything from routine illnesses to life-threatening emergencies with clinical excellence and urgency.





Our board-certified physicians and skilled healthcare professionals stand ready to serve.

JFL is also proud to be a designated Breast Imaging Center of Excellence, operating the only FDA-certified mammography program in the territory, offering advanced 3D mammography and comprehensive women's health services. Our Joint Commission-accredited laboratory has been delivering reliable inpatient and over **3500** outpatient diagnostic services per year for nearly **two decades**.

We are also recognized as an Emergency Medical Services for Children Pediatric Ready site, with three trained Pediatric Emergency Care Coordinators on staff—further solidifying our readiness to care for patients of all ages. In addition, our Nutrition Services Department was honored to serve as a model for the Virgin Islands Department of Education's School Lunch Program, sharing best practices that strengthen community health beyond hospital walls.

It is a privilege to lead JFL into the future. We remain committed to progress, excellence, and the well-being of every person we are entrusted to serve.

## OPERATIONS & FACILITIES

JFL currently operates a 52-bed facility known as JFL North, a temporary structure that houses all inpatient care units, including the Emergency Department, Operating Room, Endoscopy Suite, and other essential departments that support inpatient services.



Outpatient services are delivered separately at the Virgin Islands Cardiac Center (VICC), and outpatient dialysis is conducted in temporary trailers on the campus. The original JFL building houses other support functions, including Billing, Cashier, Medical Records, Facilities, Materials Management, and Human Resources.

### ***Project Management & Capital Projects***

JFL remains in a state of transition, and the successful execution of our capital projects is critical to stabilizing our infrastructure and operations. Our capital projects, under the oversight of the Territorial Hospital Redevelopment Team (THRT), include:

- **JFL Main Campus Demolition and Rebuild** – The solicitation for demolition and reconstruction has closed, and evaluations are in progress to select a qualified contractor.
- **Casava Gardens Building** – This off-site administrative and storage facility will consolidate non-clinical operations, enabling demolition of the existing JFL structure.
- **5 Acres Development** – Providing parking for **200+** vehicles and a **10,000 sq. ft.** support building, for materials management, maintenance, records, and waste handling.
- **Interim Dialysis Facility** – Construction will relocate dialysis services from trailers in the demolition zone to a hardened facility in Estate LaGrande Princesse.
- **IV Compounding Suite** – A contractor has been selected, but funding must be identified, as FEMA Temporary Hardened Structure (THS) project funds are ineligible for this scope.

### ***Management Information Systems (MIS)***

The MIS Department oversees network security, manages IT infrastructure, and provides essential support across the organization.

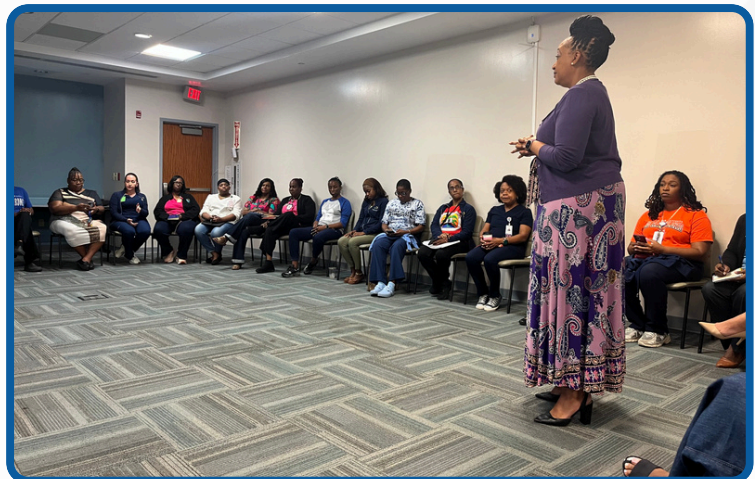
This year has been especially active for the MIS department following the cybersecurity incident on April 26, 2025. In the immediate aftermath, our Incident Command structure was activated, enabling a coordinated emergency response with critical support from Office of the Governor, Bureau of Information Technology (BIT), VI Territorial Emergency Management Agency (VITEMA), VI Next Generation Network (viNGN), Schneider Regional Medical Center (SRMC), and VI Department of Health (VIDOH). We are sincerely grateful to these partners for their assistance during such a pivotal time.

To maintain continuity, we rely on daily multidisciplinary huddles to guide operations and address emerging challenges. Additionally, a secure digital access lab was established and currently serves as the only reliable access point to our clinical system. From a financial standpoint, the impact is significant.

Over the first ten days of this incident, we anticipated a revenue loss of approximately **\$675,791**, along with **1,642** manpower hours solely dedicated to Incident Command. As of July, the cost of manpower for Incident Command amounted to **\$428,935**, excluding overtime expenses.

While we've made significant strides behind the scenes, full system recovery remains ongoing and continues to impact patient care delivery, billing cycles, and staff workload.

This presentation is both timely and forward-looking, as we prepare to launch "Operation Reboot," the phased approach towards a complete digital recovery, by September 2025. "Operation Reboot" is a campaign that represents more than just the technical process of system restoration.



It is a symbol of our resilience, professionalism, and shared determination to emerge stronger, smarter, and better prepared for the future.

Despite these challenges, our team has remained unwavering in its commitment to delivering safe, quality care. We extend our deepest thanks to our physicians, nurses, support staff, and administrators who continue to go above and beyond in the face of adversity.

## BUDGET OVERVIEW

The total projected budget for Fiscal Year 2026 is **\$86.6 million**, representing an increase over the FY 2025 budget of **\$85.2 million**. We present this budget in the context of a difficult fiscal environment.



Healthcare systems are under pressure from rising labor costs, higher expenses, staff shortages, and low reimbursement rates.

These issues hit safety-net hospitals like JFL even harder, as we care for many uninsured and underinsured patients. Locally, these pressures have been compounded by ongoing recovery from past natural disasters, the COVID-19 pandemic, and the recent cyberattack. While the proposed budget keeps us running, long-term challenges remain as we work to meet the growing demands of healthcare in the community.

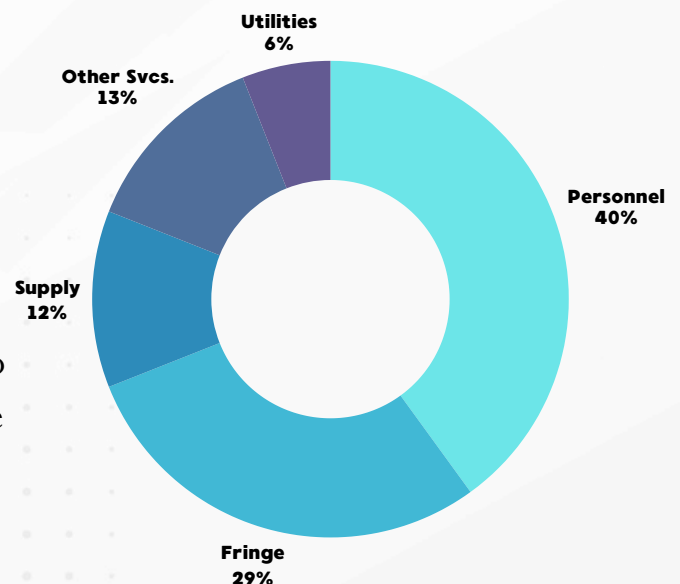
### *Budget Analysis by Category*

Personnel services accounts for **\$34.8 million** or approximately **40%** of our budget. This represents a **2.2%** decrease compared to FY 2025.

Fringe benefits account for **\$25.5 million**, or nearly **29%** of our budget. The projected reduction from the FY 2025 level of **\$26.6 million** is aligned with the decreasing trend in personnel.

Supply costs are projected to reach **\$10.7 million**, representing a **20%** increase from FY 2025. This rise is primarily attributed to medical inflation and a growing demand for high-cost items. For instance, projected drug costs alone are expected to total **\$3.2 million**. Expenses related to food services and linens are also increasing due to the frequent need to replace linens and the necessity of providing nutritional support to all patients, including boarder patients, while also addressing the escalating cost of food.

EXPENDITURE SOURCES	PROJECTED EXPENSES
Personnel	\$34,856,492
Fringe	\$25,487,113
Supplies	\$10,710,378
Other Services	\$11,391,451
Utilities	\$4,917,662
<b>TOTALS</b>	<b>\$86,624,447</b>





The category of “Other Services and Charges” is budgeted at **\$11.4 million**, representing a **16.4%** increase over FY 2025. This category includes expenses related to physician and employee recruitment, professional services, and operational contracts.

Utilities and facility operations are projected at **\$4.9 million**, a **15.8% increase** from FY 2025. Electricity remains the largest utility expense, with anticipated costs exceeding **\$3.8 million**. This projection accounts for rate increases and the operation of our three physical structures: JFL Main, the Virgin Islands Cardiac Center (VICC), and JFL North. While energy-saving measures are being pursued, utility costs remain fixed in the context of round-the-clock hospital operations.

### ***Capital Budget***

The capital budget reflects a 3-year capital plan for Fiscal Years 2025 through 2027. It is important to note that this budget is supplemental and not included in the proposed operating budget. The total capital needs amount to **\$7.9 million**.

Major priorities include **\$2 million** for Cath Lab equipment to support the resumption of cardiology services. In Imaging, proposed investments total over **\$2.8 million**, including a new MRI machine, general and vascular ultrasound units, and PACS equipment and software. The budget also calls for key upgrades in Surgery and Anesthesia, including **\$1.2 million** for new anesthesia machines and various surgical monitoring and scope systems.

### ***Federal Funding***

To expand access to funding opportunities and support both capital improvements and program development, JFL has partnered with the recently established St. Croix Community Hospital Foundation, Inc. This foundation serves as a vehicle to pursue grants and philanthropic partnerships that will enhance care for the residents of St. Croix and visitors to our island.

We are actively working to strengthen the foundation’s leadership by recruiting new board members, particularly individuals from the business sector and those with philanthropic experience.

In addition to grant writing, the foundation is planning a series of fundraising and "friend-raising" events, expected to begin in the fall, to build community support and long-term sustainability.

With the assistance of the Foundation, JFL has already secured several important grants:

Grant	Award	Purpose
Office of Insular Affairs (OIA) Technical Assistance Program (TAP) Grant	<b>\$400,000</b>	Acquisition of nuclear medicine equipment to restore and expand service line in Radiology.
Community Foundation of the Virgin Islands (CFVI) Grant	<b>\$155,000</b>	Purchase of an additional portable X-ray machine

These awards reflect the foundation's early success and the potential of this partnership to attract future funding that supports innovation, service expansion, and enhanced patient care at JFL.

## FINANCIAL PRIORITIES

Our FY2026 financial priorities remain aligned with the austerity plan previously submitted to this legislative body, following the appropriation of **\$6.5 million** in emergency funding through Act No. 8985. These priorities focus on both expenditure reductions and revenue enhancement strategies aimed at ensuring long-term sustainability and operational efficiency.

- **Salary and Fringe Benefit Reductions – \$6.6 million in savings**
  - Savings are being realized through a freeze on non-clinical hiring (unless justified), position eliminations, delayed backfills, and the consolidation of roles across departments through job sharing and cross-training. These savings have already begun in FY25 and will roll over into FY 2026. An additional **\$131,362** has been saved through natural attrition via **three** retirements, with those roles not being refilled and responsibilities redistributed among existing staff.

- **Reduced Locum Tenens Utilization and Physician Compensation Reform**
  - We are decreasing reliance on high-cost locum tenens staffing and actively reviewing physician compensation models, including agreements negotiated through the Association of Hospital Employed Physicians (AHEP). This reform will ensure alignment with market standards and promote fiscal responsibility.
- **Supply Cost Reductions – \$5.2 million in savings**
  - A total of **\$5.2 million** in supply cost reductions has been identified through a series of targeted efficiency measures. These include renegotiated vendor contracts, leveraging bulk purchasing agreements, and reactivating our membership with the Group Purchasing Organization (GPO), Premier. Additional savings are being realized by scaling back non-essential maintenance services, reducing reliance on third-party vendors, and tightening controls on discretionary supply ordering. We are also collaborating with Schneider Regional Medical Center (SRMC) to align procurement strategies, compare pricing through common vendors, and maximize cost-saving opportunities through shared GPO resources.
- **New Laboratory Draw Stations – Projected \$60,000–\$80,000 in Monthly Revenue**
  - JFL plans to open new laboratory draw stations in underserved areas to improve community access to diagnostic services, reduce wait times at the main campus, and enhance overall patient experience. The initiative is currently in the final stages of review within our Legal Office as we work to finalize contractual terms
- **Telehealth Expansion – Projected \$1.5 Million Over Three Years**
  - We are exploring telemedicine services in neurology and psychiatry to address key specialty shortages. These services are expected to enhance revenue through increased billable encounters, reduce costly off-island transfers, and support compliance with federal quality-of-care standards.
- **Revenue Cycle Improvements**
  - JFL has engaged First Source USA Professional Services to lead a comprehensive revenue cycle optimization initiative. A preliminary kickoff meeting was held in July 2025, and project implementation will



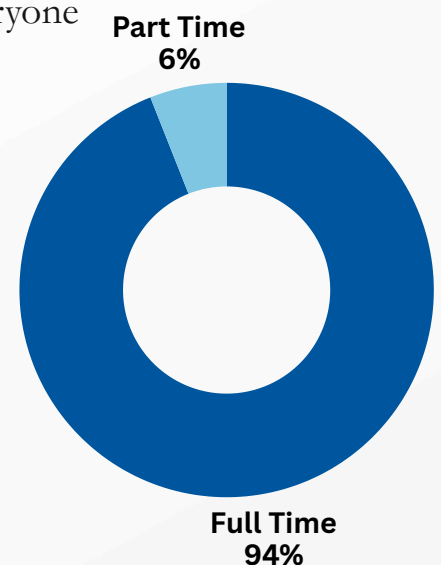
begin in September. The initiative includes strengthening key revenue cycle operations through improvements in patient access services, financial counseling, billing, coding, charge capture, and clearinghouse functions.



## WORKFORCE

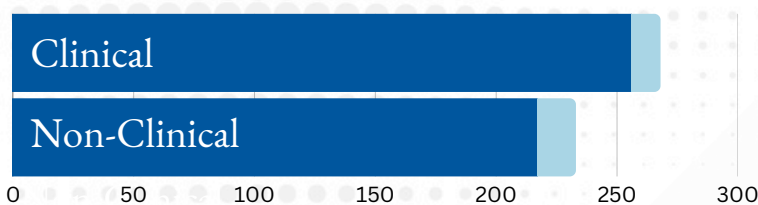
At the heart of every success, every recovery, and every patient story at JFL is our dedicated staff. From the nurses at the bedside to the technicians behind the scenes, from our clinical teams to our support staff, everyone plays a vital role in keeping our hospital running 24 hours a day, 365 days a year.

As of June 30, 2025, JFL's workforce includes **473 full-time employees** with an additional **28 part-time employees**. These individuals support every facet of hospital operations and play an essential role in both patient care and the day-to-day functioning of our facility.



Further breakdown of the workforce includes:

- **256 clinical full-time staff**
- **12 clinical part-time staff**
- **217 non-clinical full-time staff**
- **16 non-clinical part-time staff**



It is important to note that, unlike many mainland institutions, none of our support departments, such as security, nutritional services, environmental services, IT, or facilities, are outsourced. These functions are fully staffed in-house, contributing to the higher proportion of non-clinical FTEs. We are actively expanding cross-training and job-sharing efforts to improve staffing flexibility, increase operational efficiency, and reduce redundancy in non-clinical areas.

### ***Labor Relations***

JFL, representing a total of **eight** unions, continues to actively advance collective bargaining negotiations to strengthen labor relations and maintain a stable workforce. Negotiations with the Association of Hospital Employed Physicians (AHEP) are scheduled to convene by the end of August. The United Steelworkers (USW) Supervisors will enter negotiations from **September 29 to October 3, 2025**, while the Seafarers International Union (SIU) Masters completed their sessions from **July 14 to 17, 2025**. The International Association of Machinists & Aerospace Workers (IAMAW) Security Guards met from **April 7 to 10, 2025**, and are awaiting new dates to reconvene. The V.I. State Nurses Association (VISNA) wage agreement will expire on **September 30, 2025**, with discussions expected to follow shortly thereafter.

While these negotiations are essential to maintain competitive compensation and positive employee relations, it is important to note that the anticipated salary adjustments under discussion have not been incorporated into the proposed budget. Additionally, the recent passage of Bill No. 36-0053, which raises the minimum wage, will directly impact **71 employees**, with an estimated financial impact of **\$443,055**. Should wage adjustments cascade into other classifications, an additional **110 employees** will be affected, further increasing labor costs. This reality underscores the need for additional funding to responsibly meet these contractual and statutory obligations.

In addition to negotiations, Labor Relations efforts in FY 2025 have successfully resolved **26 cases**.



### *Recruitment and Retention*

Recruitment and retention remain a top priority to build and sustain a stable workforce. In FY 2025, we recorded **43 new hires** and **64 separations**, which include:

- **49 resignations**
- **4 retirements**
- **9 dismissals**
- **1 contract completion**
- **1 death**

These figures underscore the continued challenges of retaining skilled talent in a highly competitive healthcare labor market.

We are proud to continue our strong partnership with the University of the Virgin Islands (UVI) School of Nursing, bolstered by the support of the Martha and Bennie Benjamin Foundation, the funding source for our highly successful Graduate Nurse Program and Nurse Externship Program. This collaboration has been instrumental in shaping and recruiting talented graduate nurses, and we are excited to continue these efforts. We are currently engaged in proactive discussions with UVI to develop a robust allied health curriculum and to maximize the use of the medical simulation center for the education and training of both new and existing staff.

As part of our broader employee engagement strategy, we launched the Employee Advisory Group, a staff-driven forum designed to strengthen internal communication and give employees a direct voice in organizational decision-making. By empowering frontline staff to share ideas and concerns, the group is expected to have a measurable impact on morale, foster greater ownership in workplace improvements, and inform leadership decisions with firsthand perspectives.

To further guide staffing strategies, we are tracking key HR metrics, including turnover rates, employee productivity, and insights from exit interviews. This data-driven approach allows us to identify opportunities for improvement, address root causes of turnover, and adapt recruitment strategies to better meet organizational needs.





### *Volunteer and Student Engagement Program*

The Volunteer and Student Engagement Programs continue to nurture future healthcare professionals, enhance guest experiences, and strengthen community connections. In FY 2025, over **45 individuals** participated in structured volunteer, internship, and training programs, contributing **1,500** volunteer hours and more than **18,000** hours of workforce development across departments, including Radiology, Mother-Baby, Surgical, Payroll, Guest Relations, and more. Partnerships with local schools and government programs—such as Summer Youth Employment Program (SYEP), Labor Investing for Tomorrow (LIFT), Jobs for America's Graduates (JAG), NAF Academy of Business, and Vocational Rehabilitation—have expanded career exposure and training opportunities. The program hosted **three** pre-med students for surgical and physician shadowing, collaborated with Island Therapy to provide job readiness training for **two** individuals with special needs, and saw **one** participant transition to employment at JFL. Senior volunteers have also moved into training programs through agency partnerships.

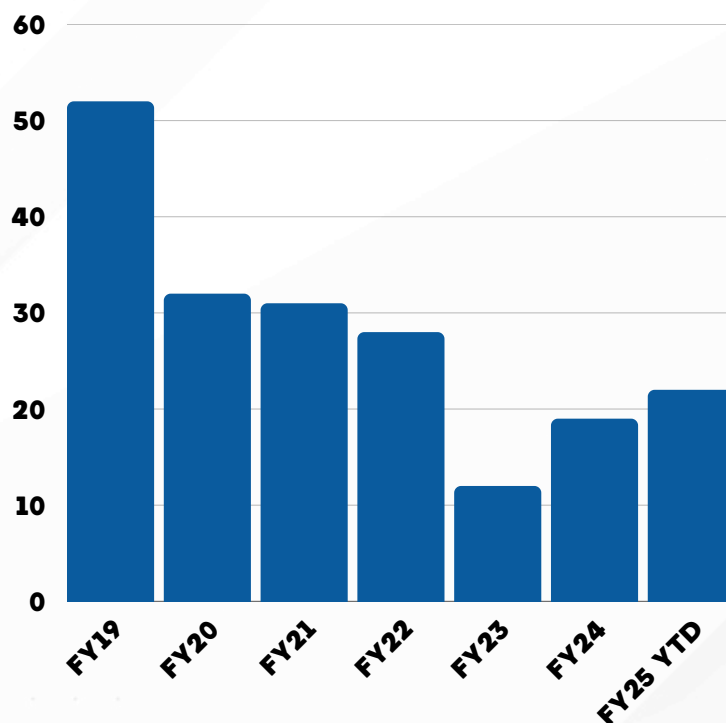
Volunteers have supported several initiatives, including Pastor Appreciation Week and Pastoral Care Days, as well as youth career engagement events such as the John H. Woodson Jr. High School Job Shadow, Central High School Career Fair, Annual Student Convention, and Delta Academy Healthcare Career Day.



# ACCOUNTS PAYABLE

Our accounts payable (AP) stand at approximately **\$21.2 million** as of July 31. Before the cyber incident, we had been making diligent efforts to reduce outstanding AP balances and improve vendor communications. These payments were part of a broader strategy to demonstrate financial stewardship and rebuild trust with vendors before the receipt of **\$6.5 million** in emergency funding.

## AP TRENDS



That emergency funding, outlined in the submitted Austerity Plan, was earmarked specifically for vendor payments. Approximately **100%** of those funds have been expended, with a focus on settling balances with critical service and supply vendors to help stabilize hospital operations.

Of the **\$6.5 million** allocation, **43%** was directed to the Chief Medical Officer's Office to address outstanding locum tenens debts and ensure physician coverage across key service areas. Significant payments were also made in Materials Management, Radiology, and Facilities. These allocations reflected an effort to stabilize critical clinical services by addressing overdue obligations.

While this has provided temporary relief, high AP liabilities continue to affect our vendor relationships, which in turn impact the timely delivery of medical supplies, staffing continuity, and ultimately, patient care outcomes.

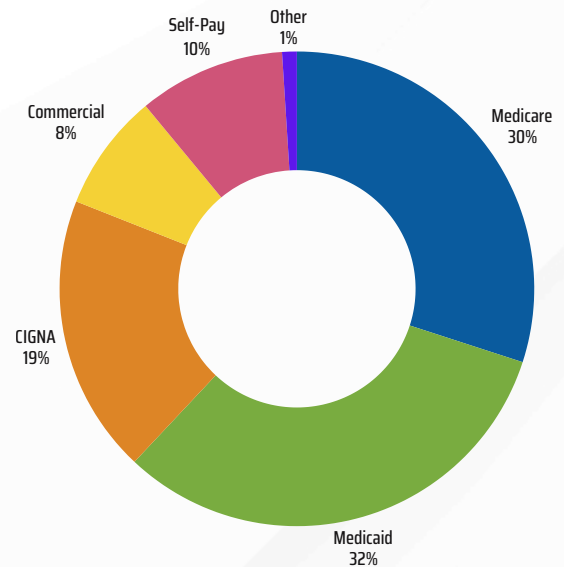


We continue to follow a structured payment prioritization methodology, giving precedence to vendors critical to patient care, utilities, and payroll-related obligations. This includes maintaining payments to WAPA, which is taken out of our monthly allotment.

Once systems are fully restored, additional focus will be placed on addressing obligations such as GERS, IRB payments, and tax liabilities.

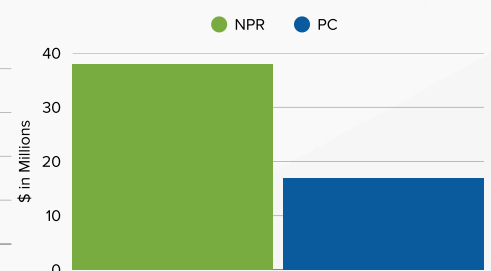
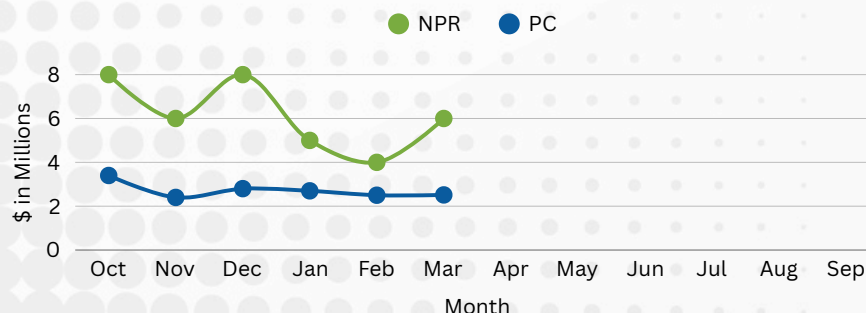
## ACCOUNTS RECEIVABLE

From October 2024 to March 2025, accounts receivable increased by **19%**, escalating from **\$71.1 million** to **\$84.9 million**. Our collections team excelled in reducing self-pay balances, showcasing their effectiveness in securing payments. At the same time, balances for Medicare and Medicaid grew, reflected in our payer mix of **30% Medicare, 32% Medicaid, 19% CIGNA, 8% Commercial, 10% Self-Pay, and 1% Other**. We also saw an increase in commercial accounts receivable, which underscores our commitment to payer diversification and positions us for future revenue growth.



### *Net Patient Revenue and Collections*

Net Patient Revenue (NPR), which reflects the amount we expect to be reimbursed, totaled **\$37.9 million** between October and March of FY2025. It is essential to note that NPR does not guarantee a cash inflow; what ultimately sustains hospital operations is the actual collection of funds from patients, insurance providers, and third-party payers. During this period, patient collections amounted to **\$16.9 million**, representing **45%** of the expected revenue.





### *Impact of Cybersecurity Incident*

While our billing system has been interrupted by the cybersecurity incident, the team has been making every effort to continue billing and coding activities. Between April and June, coding productivity reflected **1,039 patient charts**, which have since been pre-coded to expedite claims processing once systems are fully restored. Additionally, staff manually submitted **314 paper claims** totaling **\$1.5 million**. This demonstrates a huge commitment from our staff to maintaining billing activities in challenging circumstances.

### *Revenue Cycle Management Initiatives*

To address ongoing challenges in revenue collection, JFL has launched a comprehensive revenue improvement strategy focused on increasing the rate of clean claim submissions—those paid on first submission without denials. Key initiatives include daily claim reviews, physician clearance letters, enhanced clinical documentation, and strengthened collaboration between clinical and billing teams. Early results indicate measurable progress: the clean claim rate improved from an average of **42%** in FY 2024 to **58%** in January 2025, **48%** in February, and **58%** in March. This represents a clear upward trend. These efforts will continue to be refined and expanded with the support of First Source Solutions USA, our new revenue cycle management partner.

### *Interagency Debt*

Various GVI agencies owe JFL a substantial amount for healthcare services provided, totaling **\$14.6 million** in inter-agency receivables from Fiscal Year 2010 to Fiscal Year 2025. Addressing this inter-agency debt is essential and a top priority. Within the last few months, we have engaged with the heads of the Bureau of Corrections and the Department of Labor to complete account reconciliations.



### *Revenue Projections and Support*

Looking forward, the hospital's draft budget projects revenues of **\$88.1 million** against expenditures of **\$86.6 million**, which could result in a modest surplus, contingent upon billing operations and timely resolution of the claims backlog.

Additionally, the Government of the Virgin Islands' appropriation of **\$30.2 million** remains a vital source of funding, representing approximately **34%** of total revenue. We extend our sincere gratitude to the GVI for its steadfast support, which is essential to sustaining our operations and serving the community effectively.

REVENUE SOURCES	FY 26 Draft Budget
Gross Billing	\$156,699,263.08
Net Collections	-
Cash Collections	\$ 53,575,125.88
GVI Appropriations	30,250,000.00
Other Operating	4,291,773.41
<b>TOTALS</b>	<b>88,116,899.29</b>

## UNCOMPENSATED CARE

As the only public hospital and designated safety-net provider on St. Croix, JFL is legally and ethically obligated under the Emergency Medical Treatment and Labor Act (EMTALA) to provide emergency care to everyone, regardless of their ability to pay or insurance status. We meet this responsibility without hesitation, but it comes at a steep cost.

Uncompensated care at JFL for FY 2025 to date amounts to an estimated **\$38.7 million**, indicating a difference of **\$8.3 million** from FY 2024. This poses serious threats to our financial sustainability.

When patients are uninsured, underinsured, or lose coverage, JFL often absorbs **100%** of the cost. Government programs like Medicare and Medicaid offer partial reimbursement, but rates are low, and payments are frequently delayed, placing a heavy burden on our hospital's finances.

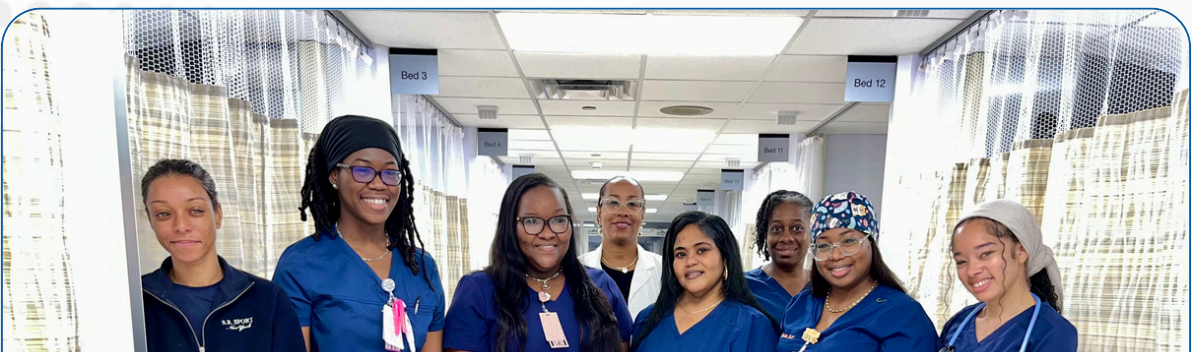
One extreme example of uncompensated care is the "boarder" patients, those who are medically ready for discharge but remain in the hospital for extended periods due to a lack of placement, guardianship, or safe housing. Currently, we are holding **four** boarders. These individuals can occupy beds for weeks, months, or even years, tying up critical resources without generating any revenue. Boarders have incurred a cost of approximately **\$8.2 million** to date in FY 2025.

In FY2025, through close collaboration with the Department of Human Services, we successfully placed **three** boarder patients at Herbert Grigg Home for the Aged. We are grateful for their partnership and encourage continued collaboration.

In a real scenario, an emergency orthopedic case generated a total hospital charge of **\$62,934.71**. After adjustments, Medicare only reimbursed **\$12,927**, leaving a **\$12,494.11** balance that the patient could not pay. This remaining amount, as well as the patient's unpaid responsibility, was written off as bad debt, counted as uncompensated care. The hospital lost an estimated **19.9%** of the billed charges on this case as uncompensated care.

Reform is critical. Without targeted funding, improved reimbursement rates, and expanded Medicaid access, the cost of uncompensated and undercompensated care will continue to rise. Cuts to government funding don't just impact the uninsured—they threaten our entire system.

If left unaddressed, these financial pressures will limit JFL's ability to meet payroll, pay vendors, maintain our facilities, and most importantly, fulfill our mission: to provide high-quality, uninterrupted care to our community.







# COMMUNITY



JFL cannot thrive in isolation. It must grow in partnership with the community it serves. In Fiscal Year 2025, we launched our town hall series, “Conversations on Care,” to bridge the gap between the hospital and the public. This initiative is designed to foster open dialogue, educate residents, and engage in meaningful discussions around healthcare concerns. To date, we have successfully hosted **two** sessions, with the most recent held to address community concerns. These conversations have been tough at times, but necessary, and we’re committed to continuing them.

As CEO, I have made it a personal priority to be present in the community. Whether through appearances on local radio shows and podcasts or engaging in one-on-one, personable dialogue with the community, staff, and vendors. These engagements allow us to share accurate information, answer questions directly, and build public trust through transparency and accountability.

Through these efforts, we’ve been able to build and strengthen relationships with community partners who want to be part of the solution. Churches, nonprofits, schools, and other government agencies have all stepped forward to ask, “How can we help?” That support means everything.

On behalf of our entire team, I extend sincere gratitude to the people of St. Croix for your voice, engagement, and trust. We hear you. We value your voice. And we’re committed to making a real difference.



# CONCLUSION

Honorable Senators, thank you once again for the opportunity to present the Governor Juan F. Luis Hospital and Medical Center's Fiscal Year 2026 Budget. Today's presentation underscores not only the financial challenges we continue to face but also the progress we are making in the face of adversity. It is a request not just for funding, but for continued partnership with the Legislature, the Government of the Virgin Islands, and the community we serve.

None of this would be possible without the tireless dedication of our staff. I want to sincerely thank the physicians, nurses, technicians, administrative professionals, and support teams who show up every day, often under challenging circumstances, to deliver on our mission. Their resilience, professionalism, and compassion are the true foundation and heart of JFL.

I also want to express gratitude to the Territorial Board of Directors for their commitment and ongoing support of JFL. It's through their collaborative efforts and dedication that we can achieve our goals and continue to make a positive impact on the lives of those we serve.

With your continued support, we will become stronger, smarter, and more prepared for the challenges and opportunities ahead. We are committed to transparency, to measurable improvement, and to holding ourselves accountable for delivering results. We invite you to join us on this journey as we write the next chapter in the history of healthcare for our island.

"When you dream alone, with your eyes shut, asleep, the dream is an illusion. But when we dream together, share the same dream, awake with our eyes wide open, then that dream becomes a reality."

Thank you for your time, your attention, and your service to the people of the Virgin Islands. We look forward to today's dialogue and welcome any questions you may have.

