



**35<sup>TH</sup> LEGISLATURE OF THE VIRGIN ISLANDS  
COMMITTEE ON EDUCATION AND WORKFORCE DEVELOPMENT**

**Marise James  
Chair of Committee**

**THE VIRGIN ISLANDS DEPARTMENT OF HEALTH  
Testimony**

1 Good day, Honorable Senator Marise C. James, Esq., Chair of the Committee on Education and  
2 Workforce Development, Honorable Senator Donna A. Frett-Gregory Vice Chair, Committee  
3 Members, and all Non-committee members, and the viewing and listening audience. I am Reuben  
4 Molloy, Assistant Commissioner Virgin Islands Department of Health Commissioner. Thank you  
5 for the opportunity to provide testimony on the following:

6 As the State and Local Public Health Agency for the United States Virgin Islands, the Virgin  
7 Islands Department of Health is responsible for:

- 8 • Promoting access to high-quality, affordable early childhood programs including childcare,  
9 Head Start, and preschool.
- 10 • Providing education and resources for parents and caregivers on early childhood health,  
11 nutrition, safety, literacy, and development.
- 12 • Supporting improved nutrition policies and practices in childcare and early education  
13 settings.
- 14 • Working collaboratively with territorial and local early childhood partners on systems  
15 building and resource alignment.
- 16 • Assessing and monitoring early childhood health and development indicators and  
17 outcomes.
- 18 • Implementing evidence-based parenting programs and support services.
- 19 • Advocating for investments and policies that advance equitable access to high-quality early  
20 childhood experiences.

1 Today, we will provide an update on the VIDOH programs dedicated to providing childhood care  
2 services and education programs to the residents of the United States Virgin Islands. These  
3 programs include but not limited to The Virgin Islands Infants and Toddlers Program, The  
4 Maternal Child Health Division, The Virgin Islands (VI) Special Supplemental Nutrition Program  
5 for Women, Infants and Children (VI WIC Program).

6 The **Virgin Islands Infants and Toddlers Program (VI ITP)** has been federally funded since  
7 1991 by Part C of the U.S. Department of Education's Individuals with Disability Education Act  
8 (IDEA). It follows the Code of Federal Regulations (CFR). Part C of IDEA aims to assist States  
9 and Territories in operating programs that offer early intervention services for infants from birth  
10 to three and their families. As a result of this funding, families across the territory with children  
11 ages 0 – 3 years with developmental delays or disabilities receive these services. Referrals are  
12 accepted from parents and other family members, daycare centers, and physicians or allied health  
13 professionals. This program is a voluntary program, and it is at no cost to the families. In 2022,  
14 the unduplicated child count was 36 children in the St. Thomas district and 96 in the St. Croix  
15 district.

16 The Virgin Islands Infants and Toddlers Program (VI ITP) focuses on providing services to  
17 children with developmental disabilities and acquired special medical conditions. The Virgin  
18 Islands defines developmental delay as an infant or toddler who exhibits a significant delay in  
19 cognitive development, physical development, communication development, social/emotional  
20 development, and adaptive behavior. They may be classified as developmentally delayed by a  
21 25% delay in one or more of the five developmental delays when comparing functional age to  
22 chronological age.

1 The VI ITP ensures services in the child's natural environment, promoting easier access for  
2 children and families with disabilities. This means children are seen in various safe spaces,  
3 including homes, daycare centers, and parks, as requested by parents. The Provider also offers  
4 resources for home support. Children transfer to the Department of Education if services are still  
5 needed by age three.

6 **The Maternal and Child Health Division** is dedicated to improving the health of women,  
7 children, and families. For decades, the program has been providing quality healthcare to women,  
8 infants, children, adolescents, and children with special health care needs in the territory. includes  
9 programs for early hearing detection, newborn genetic screening follow-up, behavioral health  
10 screening, childhood vaccinations, and pediatric clinic services for children, including children  
11 with special health care needs, aged 0-21 with special health care needs. MCH operates public  
12 health clinics on the islands of St. Croix and St. Thomas and offer services on the island of St.  
13 John at the Morris DeCastro Clinic in Cruz Bay. The services on the island of St. Croix recently  
14 relocated from Modular 5 at the Charles Harwood Complex to the second floor of the former  
15 Caribe building at 35 Castle Coakley. On St. Thomas, services are provided at the Elainco  
16 Building. During FY2022, the program reported providing direct services to 561 prenatal clients  
17 and 2530 children.

18 Newborn Screening: During the past year, in recognition of the critical importance of genetics in  
19 the health of women, children, and the broader community, the Territory's Maternal and Child  
20 Health (MCH) program collaborated with local and national organizations to provide genetics  
21 education to local educators and healthcare providers. The New York Mid-Atlantic Caribbean  
22 Regional Genetics Network (NYMAC), a HRSA-funded organization, visited the USVI in January  
23 and February and began territory-wide genetics outreach and education to families on St. Thomas

1 and St. Croix, focused on genetics, family support, and opportunities to stay connected through  
2 the formation of local support groups. NYMAC also engaged and educated legislators to bring  
3 awareness to critical needs for the Newborn Screening Program and a pediatrician for the MCH  
4 clinic in St. Croix. MCH nurses collaborated with NYMAC to receive education on Newborn  
5 Screening and to create informational flyers for hemoglobin disorders and G6PD for families and  
6 providers. Collaborations also began with the HRSA-funded Sickle Cell Thalassemia Patient  
7 Network (SCTPN) to increase education regarding sickle cell disease. SCTPN provided education  
8 and self-care support for both patients and families affected with sickle cell disease and other  
9 hemoglobin disorders. Recently, MCH was awarded the **Newborn Screening PROPEL (NS**  
10 **PROPEL)** grant, funded by HRSA, to support the expansion and improvement of the Territory's  
11 Newborn Screening Program. Funding from the NS PROPEL grant will support the establishment  
12 of a Newborn Screening database to facilitate tracking testing, results, and disclosures. MCH  
13 nurses will receive training on the utilization of this database. Grant funding will support clinical  
14 time for a visiting geneticist to provide genetics care to patients in the USVI and support further  
15 genetics education. In addition to a geneticist, funding will also support hiring a pediatrician for  
16 MCH. Further, through NS PROPEL, MCH will collaborate with the MCH funded USVI F2F  
17 and community engagement consultant, Bacata Global Engagement Firm, LLC, to provide  
18 outreach and establish community liaisons in underserved populations such as Haitian, Spanish  
19 speaking, and middle eastern immigrant groups. MCH anticipates continued collaborations with  
20 NYMAC, SCTPN, and other organizations to support the genetic health of its population. In  
21 addition, the genetic screening, the Early Hearing Detection staff conducted 700 newborn hearing  
22 screenings during FY2022.

1 Mental Health Screenings: While the USVI lacks more current YRBS (Youth Risk Behavior  
2 Survey) and other data to fully understand the impact of COVID-19, coupled with the prolonged  
3 recovery from hurricanes, on children across the territory, certain trends are evident. The Territory  
4 has experienced five years of disruptive crises affecting home, school, and community life,  
5 especially for its predominantly Black population. These circumstances suggest that the youth in  
6 the Territory may be facing behavioral and mental health challenges. In response to these concerns,  
7 the MCH Division took proactive steps by conducting behavioral health screening for **over 500**  
8 **children aged 0 to 8** in local public and private schools. Additionally, the program conducted  
9 behavioral health screenings during summer camps across the territory. By understanding the  
10 challenges faced by children and adolescents across the Territory, the MCH Division can better  
11 tailor its interventions to promote the well-being and resilience of the Territory's youth.

12 Nurturing Pre-Literacy skills in Children Recognizing the critical significance of early literacy to  
13 child development, the MCH Division partnered with the V.I. Department of Education (VIDE)  
14 to provide books to mothers before they leave the hospital nursery, to support families and promote  
15 literacy from the beginning of a child's life. By supplying books to mothers during their hospital  
16 stay, the MCH Division aims to encourage reading practices at home from infancy, fostering a  
17 love for reading and laying the foundation for future educational success. This collaborative effort  
18 underscores the Division's dedication to the well-being and educational growth of children in the  
19 territory.

20 Additionally, the MCH Division actively collaborates with VIDE on The Cradle Literacy Project.  
21 This initiative is aligned to the US Department of Education's (ED) Striving Readers  
22 Comprehensive program, which aims to enhance students' pre-literacy, reading, and writing skills.  
23 Recognizing the significance of early literacy, the MCH Division supports the practice of families

1 reading to babies from the womb. The Cradle Literacy Project focuses on nurturing pre-literacy  
2 skills in children from infancy, emphasizing the importance of reading and language development  
3 during the initial stages of life. By working in partnership with VIDE, the MCH Division aims to  
4 foster a solid foundation for literacy among children, setting them on a path to academic success  
5 and lifelong learning.

6 Oral Health: Oral health has been identified as a priority health need in the VI Department of  
7 Health community health improvement plan, *Healthy Virgin Islands 2030*. During Oral Health  
8 Month in February, the program collaborated with the Department of Education, VI Dental, and  
9 Children's Dental Care, Inc., and provided fluoride varnish applications to 290 elementary and  
10 junior high school students. Among these students, there were 143 boys and 147 girls. During the  
11 screenings, dental caries was detected in 73 students, representing 25% of those examined. The  
12 program shared this information with the school nurses to ensure that the affected students receive  
13 appropriate referrals for treatment. Furthermore, the program organized an oral health outreach  
14 event in partnership with the American Dental Association. As a part of this initiative, dental health  
15 kits were distributed to 1,025 children throughout the territory. Each dental kit included essential  
16 items like a toothbrush, toothpaste, dental floss, and a t-shirt encouraging children to adopt daily  
17 brushing and flossing habits. Through these collaborative efforts, the program aimed to raise  
18 awareness about oral health and provide necessary support to improve dental hygiene among  
19 children in the community. By promoting preventive measures and early intervention, the program  
20 strives to foster healthier smiles and overall well-being for the children of the US Virgin Islands.

21 Hearing Screening: The MCH Division collaborates with Early Head Start and Head Start  
22 programs to provide thorough hearing screening services for students. This collaborative initiative  
23 ensures that children enrolled in these programs undergo routine hearing assessments to monitor

1 their auditory health and overall well-being. In the event of a negative screening result, children  
2 are referred to the MCH Audiologist for further evaluation.

3 **The Virgin Islands (VI) Special Supplemental Nutrition Program for Women, Infants and**  
4 **Children (VI WIC Program)** is a 100 percent federally funded nutrition program of the Food and  
5 Nutrition Service (FNS) of the United States Department of Agriculture (USDA). Administered  
6 federally by the USDA Northeast Regional Office (NERO). It is locally administered through the  
7 Virgin Islands Department of Health (DOH). As a preventive health program, its purpose is  
8 defined in the Federal Register WIC Regulation CFR 246 as ‘an adjunct to good health care during  
9 critical times of growth and development, to prevent the occurrence of health problems’. As such,  
10 the Program provides supplemental foods and nutrition education at no cost, as well as referrals to  
11 other health care and social services programs and agencies to eligible participants. WIC  
12 participants are low income pregnant, breastfeeding, and non-breastfeeding postpartum women,  
13 infants, and children up to age five.

14 The VI WIC program has received national recognition for maintaining the highest breastfeeding  
15 rates in the nation at 71% in FY 2023 compared to 34.3% national average for 2021. Such a high  
16 breastfeeding rate negated many of the ill effects of the formula shortage crises that occurred in  
17 2022 on infants in the territory. The WIC program collaborates with the VI Department of  
18 Agriculture to provide WIC Farmer’s Market Nutrition Program (FMNP) checks, nutrition  
19 education and recipes using local produce. In FY 2022 such checks were provided to 1684 WIC  
20 participants, with a breakdown of 151 pregnant women, 322 breastfeeding women, 89 postpartum  
21 women and 1,122 children. The FMNP provides fresh, unprepared locally ground fruits and  
22 vegetables to WIC participants all geared to help improve the nutritional status of participants.



1 WIC facilitated easy access to participants for purchasing fresh produce by having local farmers  
2 set up their stands outside WIC clinics a few days a week. As documented by research the provision  
3 of increased access to fresh fruits and vegetables have been shown to have positive effects on  
4 health, which substantiates the programs purpose as an adjunct to good health.

5 Further, WIC program staff provided nutrition demonstrations to 1 Head Start & school during  
6 nutrition month as well as hosting a virtual session for WIC participants. Overall, the WIC program  
7 serves an average of 1305 children and 604 infants each year.