



**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 at the Virgin Islands Department of Health. I am here on behalf  
5 of The Honorable Justa E. Encarnacion, Commissioner for the Virgin Islands Department of  
6 Health. Accompanying me today is Deputy Commissioner Dr. Janis Valmond, Patricia Sprauve,  
7 Director for Infants and Toddler, Dr. Charmaine Mayers, Director for Maternal Child Health, and  
8 Lorna Concepcion, Director for Women Infants & Children. Thank you for the opportunity to  
9 provide testimony on the VI Department of Health's role in Early Childhood Care and Education  
10 in the Virgin Islands, specifically programs that address early childhood care, health, nutrition,  
11 play, early learning, social services, and parental involvement including promoting family literacy.

12 And,

13 An overview of the state of childhood care and education programs in the Department of Health,  
14 including the enrollment figures, program outcomes, the status and effectiveness of programs and  
15 any initiatives to improve access and enhance the quality of early childhood care and education.

16

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

- 19 • Promoting access to high-quality, affordable early childhood programs including childcare,  
20 Head Start, and preschool.
- 21 • Providing education and resources for parents and caregivers on early childhood health,  
22 nutrition, safety, literacy, and development.

- 1 • Supporting improved nutrition policies and practices in childcare and early education  
2 settings.
- 3 • Working collaboratively with territorial and local early childhood partners on systems  
4 building and resource alignment.
- 5 • Assessing and monitoring early childhood health and development indicators and  
6 outcomes.
- 7 • Implementing evidence-based parenting programs and support services.
- 8 • Advocating for investments and policies that advance equitable access to high-quality early  
9 childhood experiences.

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

15  
16 The **Virgin Islands Infants and Toddlers Program (VI ITP)** has been federally funded since  
17 1991 by Part C of the U.S. Department of Education's Individuals with Disability Education Act  
18 (IDEA). It follows the Code of Federal Regulations (CFR). Part C of IDEA and aims to assist  
19 States and Territories in operating programs that offer early intervention services for infants from  
20 birth to three and their families. As a result of this funding, families across the territory with  
21 children ages 0–3 years with developmental delays or disabilities receive these services. Referrals  
22 are accepted from parents and other family members, daycare centers, and physicians or allied  
23 health professionals. This program is a voluntary program, and it is at no cost to the families. In

1 2022, the unduplicated child count was 36 children in the St. Thomas district and 96 in the St.  
2 Croix district.

3  
4 The Virgin Islands Infants and Toddlers Program (VI ITP) focuses on providing services to  
5 children with developmental disabilities and acquired special medical conditions. The Virgin  
6 Islands defines developmental delay as an infant or toddler who exhibits a significant delay in  
7 cognitive development, physical development, communication development, social/emotional  
8 development, and adaptive behavior. They may be classified as developmentally delayed by a  
9 25% delay in one or more of the five developmental delays when comparing functional age to  
10 chronological age.

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

16 **The Maternal and Child Health Division** is dedicated to improving the health of women,  
17 children, and families. For decades, the program has been providing quality healthcare to women,  
18 infants, children, adolescents, and children with special healthcare needs in the territory. includes  
19 programs for early hearing detection, newborn genetic screening follow-up, behavioral health  
20 screening, childhood vaccinations, and pediatric clinic services for children, including children  
21 with special healthcare needs, aged 0-21 with special healthcare needs. MCH operates public  
22 health clinics on the islands of St. Croix and St. Thomas and offer services on the island of St.  
23 John at the Morris DeCastro Clinic in Cruz Bay. The services on the island of St. Croix recently

1 relocated from Modular 5 at the Charles Harwood Complex to the second floor of the former  
2 Caribe building at 35 Castle Coakley. On St. Thomas, services are provided at the Elainco  
3 Building. During FY2022, the program reported providing direct services to 561 prenatal clients  
4 and 2,530 children.

5  
6 Newborn Screening: During the past year, in recognition of the critical importance of genetics in  
7 the health of women, children, and the broader community, the Territory's Maternal and Child  
8 Health (MCH) program collaborated with local and national organizations to provide genetics  
9 education to local educators and healthcare providers. The New York Mid-Atlantic Caribbean  
10 Regional Genetics Network (NYMAC), a HRSA-funded organization, visited the USVI in January  
11 and February and began territory-wide genetics outreach and education to families on St. Thomas  
12 and St. Croix, focused on genetics, family support, and opportunities to stay connected through  
13 the formation of local support groups. NYMAC also engaged and educated legislators to bring  
14 awareness to critical needs for the Newborn Screening Program and a pediatrician for the MCH  
15 clinic in St. Croix. MCH nurses collaborated with NYMAC to receive education on Newborn  
16 Screening and to create informational flyers for hemoglobin disorders and G6PD for families and  
17 providers. Collaborations also began with the HRSA-funded Sickle Cell Thalassemia Patient  
18 Network (SCTPN) to increase education regarding sickle cell disease. SCTPN provided education  
19 and self-care support for both patients and families affected with sickle cell disease and other  
20 hemoglobin disorders. Recently, MCH was awarded the **Newborn Screening PROPEL (NS  
21 PROPEL)** grant, funded by HRSA, to support the expansion and improvement of the Territory's  
22 Newborn Screening Program. Funding from the NS PROPEL grant will support the establishment  
23 of a Newborn Screening database to facilitate tracking testing, results, and disclosures. MCH

1 nurses will receive training on the utilization of this database. Grant funding will support clinical  
2 time for a visiting geneticist to provide genetics care to patients in the USVI and support further  
3 genetics education. In addition to a geneticist, funding will also support hiring a pediatrician for  
4 MCH. Further, through NS PROPOEL, MCH will collaborate with the MCH funded USVI F2F  
5 and community engagement consultant, Bacata Global Engagement Firm, LLC, to provide  
6 outreach and establish community liaisons in underserved populations such as Haitian, Spanish  
7 speaking, and middle eastern immigrant groups. MCH anticipates continued collaborations with  
8 NYMAC, SCTPN, and other organizations to support the genetic health of its population. In  
9 addition, the genetic screening, the Early Hearing Detection staff conducted 700 newborn hearing  
10 screenings during FY2022.

11

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

23

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

9  
10 Additionally, the MCH Division actively collaborates with VIDE on The Cradle Literacy Project.  
11 This initiative is aligned with the US Department of Education's (ED) Striving Readers  
12 Comprehensive program, which aims to enhance students' pre-literacy, reading, and writing skills.  
13 Recognizing the significance of early literacy, the MCH Division supports the practice of families  
14 reading to babies from the womb. The Cradle Literacy Project focuses on nurturing pre-literacy  
15 skills in children from infancy, emphasizing the importance of reading and language development  
16 during the initial stages of life. By working in partnership with VIDE, the MCH Division aims to  
17 foster a solid foundation for literacy among children, setting them on a path to academic success  
18 and lifelong learning.

19  
20 Oral Health: Oral health has been identified as a priority health need in the VI Department of  
21 Health community health improvement plan, *Healthy Virgin Islands 2030*. During Oral Health  
22 Month in February, the program collaborated with the Department of Education, VI Dental, and  
23 Children's Dental Care, Inc., and provided fluoride varnish applications to 290 elementary and

1 junior high school students. Among these students, there were 143 boys and 147 girls. During the  
2 screenings, dental caries were detected in 73 students, representing 25% of those examined. The  
3 program shared this information with the school nurses to ensure that the affected students receive  
4 appropriate referrals for treatment. Furthermore, the program organized an oral health outreach  
5 event in partnership with the American Dental Association. As a part of this initiative, dental health  
6 kits were distributed to 1,025 children throughout the territory. Each dental kit included essential  
7 items like a toothbrush, toothpaste, dental floss, and a t-shirt encouraging children to adopt daily  
8 brushing and flossing habits. Through these collaborative efforts, the program aimed to raise  
9 awareness about oral health and provide necessary support to improve dental hygiene among  
10 children in the community. By promoting preventive measures and early intervention, the program  
11 strives to foster healthier smiles and overall well-being for the children of the US Virgin Islands.

12

13 Hearing Screening: The MCH Division collaborates with Early Head Start and Head Start  
14 programs to provide thorough hearing screening services for students. This collaborative initiative  
15 ensures that children enrolled in these programs undergo routine hearing assessments to monitor  
16 their auditory health and overall well-being. In the event of a negative screening result, children  
17 are referred to the MCH Audiologist for further evaluation.

18

19 **The Virgin Islands (VI) Special Supplemental Nutrition Program for Women, Infants and**  
20 **Children (VI WIC Program)** is a 100 percent federally funded nutrition program of the Food and  
21 Nutrition Service (FNS) of the United States Department of Agriculture (USDA). Administered  
22 federally by the USDA Northeast Regional Office (NERO). It is locally administered through the  
23 Virgin Islands Department of Health (DOH). As a preventive health program, its purpose is



1 defined in the Federal Register WIC Regulation CFR 246 as ‘an adjunct to good health care during  
2 critical times of growth and development, to prevent the occurrence of health problems’. As such,  
3 the Program provides supplemental foods and nutrition education at no cost, as well as referrals to  
4 other health care and social services programs and agencies to eligible participants. WIC  
5 participants are low income pregnant, breastfeeding, and non-breastfeeding postpartum women,  
6 infants, and children up to age five.

7 The VI WIC program has received national recognition for maintaining the highest breastfeeding  
8 rates in the nation at 71% in FY 2023 compared to 34.3% national average for 2021. Such a high  
9 breastfeeding rate negated many of the ill effects of the formula shortage crises that occurred in  
10 2022 on infants in the territory. The WIC program collaborates with the VI Department of  
11 Agriculture to provide WIC Farmer’s Market Nutrition Program (FMNP) checks, nutrition  
12 education and recipes using local produce. In FY 2022 such checks were provided to 1684 WIC  
13 participants, with a breakdown of 151 pregnant women, 322 breastfeeding women, 89 postpartum  
14 women and 1,122 children. The FMNP provides fresh, unprepared locally ground fruits and  
15 vegetables to WIC participants all geared to help improve the nutritional status of participants.

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

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

1 On behalf of Commissioner Justa E. Encarnacion, I would like to take this opportunity to thank  
2 the dedicated staff at the Virgin Islands Department of Health. And thank you for the opportunity  
3 to update the Committee and the public on our early childhood initiatives. My team and I are  
4 available to address any questions you may have. Again, Thank you.