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**TESTIMONY TO THE 35TH LEGISLATURE OF THE VIRGIN ISLANDS**  
**COMMITTEE ON HEALTH, HOSPITALS & HUMAN SERVICES**  
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Good afternoon, Honorable Senator Ray Fonseca, Chairman of the Committee on Health, Hospitals & Human Services, other Senators present, and the listening and viewing audience. For the record, I am Attorney Tina M. Comissiong, MPA, Chief Executive Officer of Schneider Regional Medical Center (SRMC). I thank this Committee for the opportunity to give testimony on plans for future service offerings at the Charlotte Kimmelman Cancer Institute (CKCI) when it re-opens.

We are absolutely thrilled that our beloved CKCI is on track to re-open by the end of calendar year 2025 so we can resume providing comprehensive cancer care to our community. We are working with the Territorial Hospital Redevelopment Team and skilled construction contractors daily to get the center ready to resume treatments for patients at CKCI by the end of 2025. We have already ordered a new linear accelerator for providing radiation therapy and other new major medical equipment for the new CKCI. We are excited that soon we will once again be able to provide world class comprehensive cancer treatments right here in the Virgin Islands. We look forward to offering our residents the opportunity to remain home and still get the best possible care during a critical time in their lives. We want our Territory's residents to know that when CKCI is back online we will be providing first-class cancer treatment right here at home.

When CKCI re-opens, it will be better than ever - we will have expanded educational programming and new treatment and care options with excellently trained clinical care teams and loving support teams. Once CKCI is re-opened we will be able to expand our screening programs which is critical as we all know how essential early detection is for prognosis and treatment.

Even with CKCI being closed, SRMC has worked to address the need for access to important cancer screening. We launched our Gastro Health Clinic about one year ago and have since caught many cancers in early stages and were even able to intervene and take care of patients before cancers formed. We also are currently providing bone marrow biopsies through one of our talented physicians, Dr. Yuri Peterkin, which helps patients identify cancers so they can be treated. We continue to offer inpatient chemotherapy and outpatient infusion therapy for our patients. But having CKCI come back online will add to and strengthen what we are already doing in terms of being able to offer additional cancer screening, diagnostic offerings, blood testing, ancillary services, and cancer treatments.

When CKCI re-opens we will be able to offer chemotherapy infusions to treat several different types of cancer including breast, colorectal, prostate, multiple myeloma, lymphoma, lung, ovarian, uterine and pancreatic cancer. The new CKCI will have expanded capacity to treat most patients who need chemotherapy. Unfortunately, the sad reality is that since CKCI was originally built, the prevalence of cancer within the Territory has increased and in light of that we are expanding our capacity within the center to care for more people from the Virgin Islands, and neighboring Caribbean islands, who need cancer care. In the new CKCI we are adding additional chemotherapy infusion stations and additional clinic spaces to accommodate more demand for care.

When CKCI re-opens we will be able to offer new services including expanded infusion therapy services for Rheumatology and additional services for Neurology patients needing antibiotics or iron infusions. We will have expanded Hematology services available to aid patients who develop benign blood problems because of their treatment regimens.

And most importantly, when CKCI re-opens we will be able to provide critical radiation oncology services – which has been unavailable since the 2017 Hurricanes (Irma and Maria). Radiation oncology must be administered in a secure vault and the CKCI building was too damaged during the storms to allow those treatments to continue.

In many instances of cancer, in addition to needing chemotherapy or surgery, the patient also needs radiation therapy. Right now, we can only provide the chemotherapy and the surgery – not the radiation. And so for the past several years, a lot of patients who have been diagnosed with cancer in the Virgin Islands who could receive some portion of their treatment locally – such as the surgical oncology component or the medical oncology component – have opted to go off-island or had to go off-island in order to get the full complement of the care they need in one place. Going off island for treatment is very difficult for patients and their families, and it disconnects the person who is affected with cancer from their social network at a critical time in their life when they need that social support the most. Often times a course of treatment can take longer than three months and this puts an incredible strain on patients’ financial resources. In addition, it is tough to be a house-guest leaning on that off-island support for such a long period so some patients sometimes don’t even stay long enough to complete their full course of treatment when they do go away. The experience of having to go away at such a critical time is heart wrenching and we are so thankful that we will be able to change that reality for our patients, friends, and neighbors in the very near future.

According to data from the VI Cancer Registry, prostate cancer and breast cancer are among the more common types of cancer we see in the Virgin Islands. Prostate cancer used to be a frequently treated type of cancer in the territory, but a lot of that care has now relocated to the mainland. A lot of our breast cancer patients also go off-island since people often want to do both the surgery and radiation and therapeutic treatments in one location. We anticipate that with the re-opening of CKCI these trends will change, and more patients will opt to stay home for this care.

Bringing back radiation oncology services will be extremely beneficial for our community - especially for our patients with cervical, head, neck, and lung cancer diagnoses. While we do not presently see a lot of cervical cancer diagnoses, those patients that do have it often require radiation and chemotherapy concurrently. Head, neck and lung cancers are generally less

prevalent in the VI compared to the mainland US due less incidence of smoking, but we do occasionally have these cases as well. We will be able to treat uterine cancer patients in need of radiation once we re-open.

When CKCI re-opens we will be able to offer pediatric oncology, and we will be able provide maintenance chemotherapy for conditions like leukemia.

It is so important that we offer these cancer treatment services within the Territory as we know there is a portion of the population who are unable to travel off-island to get them due to age or lack of support or financial resources and ultimately decide to forgo treatment and die earlier.

We understand the importance of getting a second opinion, and we encourage it, but we know for most types of cancers you can stay home where its comfortable, where you have family and social support, and get treatment as good as you can get anywhere in the United States. Our medical staff is 2<sup>nd</sup> to none, and we will be offering a wide range of specialist services in CKCI when we re-open. When we were open prior to the storms, we treated patients with advanced staged cancers who are still alive today 15 years later to tell you about it and they will testify about how good the care they got at CKCI was. We will be working hard to build CKCI back as the premier cancer center in the region to restore that excellent reputation we had when we were open years ago.

A major part of the cancer experience is having to navigate the healthcare system often with numerous appointments for treatment and follow up care with medical providers. Cancer not only impacts your health, but it also takes a major toll on your mental health and socio-emotional wellbeing. It can be a daunting task for anyone, but even more so for those who lack a significant support system. As we know, our Territory is an aged community, with many people living by themselves and navigating daily life on their own. With the re-opening of CKCI,

we plan to have both a patient navigator and a dedicated social worker on staff to offer support to anyone who may need it.

We will be asking for financial support from the Government and this Body for the operations of CKCI when it re-opens. Large cancer treatment centers in the mainland US have the advantage of being able to negotiate the buying and selling of cancer drugs on a much larger scale and have much more purchasing power than we do. We have one pharmaceutical supplier located in Puerto Rico where we can get the bulk of our medications and treatment drugs from. We need to be sure we can afford to purchase the first-line, most effective drugs available to treat our patients and we will need financial support to accomplish that.

Unlike the Roy L. Schneider Hospital (RLSH), CKCI is an outpatient treatment center and is not required to provide treatment to everyone seeking care by law – however it is our intent to treat all patients that we can. For our patients who are self-pay, we will be able to get some free medications from pharmaceutical companies. For those who are undocumented, however, the challenge is much more significant. Without a social security number, they would not be eligible for any government assistance or other type of medication assistance program. Funding needs to be specifically set aside for patients who do not have any ability to cover their own cost of treatment and cannot get insurance coverage. This is an essential consideration that must be tackled in advance of the re-opening of CKCI.

Sustaining the cost of cancer treatment drugs will be the largest challenge SRMC will face as we prepare to open and operate CKCI. Medicare does not reimburse well and the Medicaid 340B program currently does not cover the full cost of the drugs, sometimes leaving patients with a payable. If a patient is required to take a combination of drugs, they could easily be looking at a cost of between \$10,000 and \$15,000 per dose – and with several doses frequently required a course of treatment may exceed \$100,000 for the drugs alone. Due to innovation and research, the drugs considered to be the most effective change rapidly, sometimes as often as every year.

We must be able to treat patients according to the standard of care. We do not want to be unable to provide the best and most effective options for treatment to our patients.

SRMC will also need financial support for the upkeep and maintenance of the radiological equipment necessary to detect cancer and for the staffing of essential positions at CKCI.

We do plan to market CKCI to the wider Caribbean community. Medical tourism has proven to be very profitable in other countries and we hope to be able to take advantage of our status as a US Territory to appeal to residents of neighboring islands who may want to stay closer to home. We recognize that there will be a challenge in ensuring payment, but we are confident that we can develop a pathway that is profitable for CKCI and appealing to the patient. We will explore partnerships with the BVI, Puerto Rico, Anguilla, Antigua, and the Bahamas.

Though we want to ensure that as many of our residents can stay close to home should they require cancer treatment, we want the community to recognize that there are certain illnesses that we will not have the capacity to treat due to our size and the specialized care that is required for some cases. This is not atypical for any small community – even those with comprehensive cancer institutes. Certain cases just are better handled at very large, specialized facilities. These include some acute leukemia cases and bone marrow transplants, especially for those with multiple myeloma.

We want to assure the community that for everything that can be done here locally we will do and do well. We are creating an “air bridge” to accommodate patients who need to come over from St. Croix for cancer care by working with the commercial airline companies to arrange packages for this purpose to make it as seamless as possible for them. We are also exploring options through our Foundation for an interested donor to support a “Lodge” to house patients who need to stay over on St. Thomas while they receive their care.

We appreciate all of the community partners including CSVI, ACS, and others who support persons affected with cancer who are currently having to travel off-island for care and we appreciate the work that is being done by the Cancer Care Coalition, which I am a proud member of, to improve the detection and treatment of cancer in the VI. We appreciate that the DOH has an active Tumor Registry and is gathering data on cancer incidence from the hospitals, the private physician offices, the labs, and the radiology centers so we have better data and information to inform our decisions.

We look forward to coming back to this Committee over the course of the upcoming year to provide regular updates on our progress at CKCI and to keep the public informed about our services as we get closer to our re-opening date.

A big thank you to all of the amazing hardworking staff of SRMC and to the providers and medical teams in the community who provide cancer care to our citizens. We are so excited for the real progress that is being made towards reopening CKCI and we thank our Territorial and District Hospital Boards for their support for the reopening of CKCI. We especially thank the entire Territorial Hospital Redevelopment Team and its Executive Director, Mr. Darryl Smalls, and its Lead Engineer for CKCI, Mr. Agyei Gregory, for the excellent work they are doing on this very, very important project for our community.

This concludes my Testimony, and I am available to answer any questions. Thank you.

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