



36<sup>th</sup> Legislature of the U.S. Virgin Islands  
Committee On Disaster Recovery, Infrastructure & Planning

Senator Marise C. James, Esq.  
Chair

Testimony Presented By

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Commissioner of Health

on

The Department of Health's disaster preparedness and hurricane season readiness efforts, including public health emergency planning, disease surveillance, environmental health readiness, continuity of operations, interagency coordination, recovery initiatives, and the Department's responsibilities in support of Emergency Support Functions under the Territorial Emergency Operations Plan.

1 Good day, Senator Marise C. James, Esq., Chair of the Committee on Disaster Recovery,  
2 Infrastructure and Planning; Senator Milton E. Potter, Vice Chair; distinguished members of the  
3 Committee, other senators present, and everyone joining us in person and virtually.

4 I am Justa Encarnacion, Commissioner for the Virgin Islands Department of Health. Joining me  
5 today is Dr. Nicole Craigwell-Syms, Assistant Commissioner, and Ms. Aesha Rivers, Director of  
6 Public Health Preparedness. Thank you for the opportunity to provide an update on the  
7 Department's hurricane preparedness and disaster readiness efforts.

8 Under the Virgin Islands Territorial Emergency Operations Plan (TEOP), the Department of  
9 Health serves as the lead agency for Emergency Support Function 8 (ESF-8), public health,  
10 which is responsible for coordinating the Territory's public health and medical response before,  
11 during, and after disasters. In this role, the Department's Public Health Preparedness Division  
12 works closely with hospitals, emergency medical services, healthcare providers, territorial and  
13 federal agencies, and community partners to help ensure that essential healthcare services remain  
14 available in times of crisis.

15 During hurricane season and other major emergencies, ESF-8 coordinates medical response  
16 efforts, supports healthcare facilities, assists vulnerable populations, and manages critical  
17 medical resources. During recovery, we monitor public health threats, help restore public health  
18 and healthcare services. This responsibility aligns with FEMA's National Response Framework  
19 which guides how the nation responds to all types of disasters and emergencies.

20 Today, I will focus primarily on our participation in CAPSTONE 2026, the Territory's annual  
21 full-scale hurricane preparedness exercise. Among other functions, the exercise evaluated ESF-  
22 8's, public health preparedness, capabilities in the areas of emergency planning, continuity of  
23 operations, and interagency coordination.

24

25 CAPSTONE 2026, Exercise Steve, was conducted June 1 through June 5, and simulated a  
26 Category 3 hurricane impacting the island of St. John. The exercise validated our emergency  
27 coordination with territorial and federal partners, confirmed the operational readiness of ESF 8

1 and the Medical Special Needs Shelter, and successfully tested federal patient movement and  
2 tracking processes.

3 Just as importantly, it identified several opportunities for improvement, including transportation  
4 for non-ambulatory patients, long-term staffing, patient tracking, and finalizing critical  
5 operational agreements. These findings are preliminary and will be incorporated into the official  
6 After-Action Report and Improvement Plan being developed with VITEMA.

7 Our highest priority is transportation for non-ambulatory, and bariatric patients. These  
8 individuals require specialized equipment, additional personnel, and more time to evacuate  
9 safely. CAPSTONE demonstrated that once St. John reaches Port Condition X-Ray, when storm  
10 force winds are expected within 48 hours, the evacuation window narrows significantly. This  
11 creates a logistical challenge of moving our most medically vulnerable residents before weather  
12 conditions deteriorate.

13 To address this gap, the Department is expanding transportation capacity by evaluating  
14 additional marine resources, validating helicopter landing zones with our federal partners,  
15 positioning transportation assets on St. John before port closure, and clearly defining  
16 transportation responsibilities within the ESF-8 Annex to the TEOP. Remaining resource needs  
17 will be addressed through mutual aid agreements and pre-scripted federal mission requests.

18 The exercise also highlighted the importance of sustaining clinical staffing beyond the first 72  
19 hours after a storm. We are seeking to address this through federal staffing support, Emergency  
20 Management Assistance Compact (EMAC) resources, and two pre-scripted federal staffing  
21 requests coordinated through VITEMA. We will be requesting additional clinical personnel to  
22 support both the Medical Special Needs Shelters, the General Population Shelters, and our two  
23 hospitals, helping reduce the need for patient transfers before and after a storm.

24 Another key focus is strengthening our medical supply chain. Bulk medical oxygen remains the  
25 Territory's most significant supply vulnerability. Schneider Regional Medical Center has on-site  
26 oxygen generation, while Governor Juan F. Luis Hospital depends on vendor deliveries that can  
27 be disrupted when sea-and-airports close. We are working with our federal partners to identify  
28 supply requirements, and to pre-stage resources before a disaster affects the Territory.

1 Finally, we continue strengthening fatality management capabilities in partnership with the VI  
2 Department of Justice. Refrigerated trailers have been identified across all three districts, and we  
3 have requested federal support through a Disaster Mortuary Operational Response Team  
4 (DMORT) to augment local capabilities should it become necessary.

5 In summary, CAPSTONE 2026 confirmed that our emergency response framework is strong, our  
6 partnerships are effective, and our planning continues to mature. More importantly, the exercise  
7 provided a clear roadmap for addressing the remaining gaps before the peak of hurricane season.  
8 Every corrective action has an assigned owner, measurable objectives, and a timeline for  
9 completion.

10 Following the exercise, the Department of Health also conducted an internal comprehensive  
11 Health and Medical Lifeline Readiness Assessment of ESF-8.

12 We concluded that, overall, the Territory's Health and Medical Lifeline is stable and improving.  
13 The assessment confirmed many of our strengths while identifying several areas requiring  
14 additional attention before the height of the hurricane season. We must continue to strengthen  
15 five critical areas: medical care, patient movement, public health and sheltering, fatality  
16 management, and medical supply chains. The results of our internal assessment were presented  
17 to the Honorable Governor Albert Bryan Jr. and our FEMA Region 2 partners.

18 Our appreciation for the continued support given to us by FEMA through VITEMA is strong. We  
19 have also developed a very strong relationship with the Department of Health and Human  
20 Services -Administration for Strategic Preparedness and Response (HHS/ASPR) which  
21 continues under the current leadership of the Principal Deputy Assistant Secretary, Mr. John  
22 Knox. Mr. Knox and his delegation of seven (7) visited the Department of Health on April 27<sup>th</sup>.  
23 Mr. Knox and his team toured Schneider Regional Medical Center and received presentations  
24 from our ESF-8 partners, including CEO Darlene Baptiste, VITEMA Director Daryl Jaschen,  
25 Human Services Commissioner Averil George, VIFEMS Assistant Director Lisle Evelyn. Mr.  
26 Knox also met with Governor Bryan and his team. The recommendations from this visit continue  
27 to strengthen both our Hospital Preparedness Program and ESF-8, reflecting the value of our  
28 close partnerships with key federal agencies.

1 While much of ESF-8 focuses on maintaining medical care during an emergency, the  
2 Epidemiology and Environmental Health divisions play a critical role in protecting the public  
3 from the health risks that often emerge after a hurricane. Following a storm, the Epidemiology  
4 Division is poised to use its disease surveillance tools to identify and respond to communicable,  
5 foodborne, waterborne, and vector-borne diseases that may result from flooding, prolonged  
6 power outages, or disruptions to essential services.

7 At the same time, the Environmental Health Division is prepared to assess food establishments,  
8 shelters, healthcare, and other critical facilities to help ensure they can operate safely.  
9 Environmental Health also provides guidance on food safety, safe drinking water, mosquito  
10 control, and other environmental hazards that can threaten public health during recovery.  
11 Together, these efforts help prevent secondary public health emergencies and support the  
12 Territory's safe and healthy recovery.

13 Before I close, I would like to thank the Honorable Governor Albert Bryan Jr. and the Honorable  
14 Lieutenant Governor Tregenza A. Roach, Esq., for their leadership and support especially during  
15 the times of uncertainty that comes with hurricane season. I want to recognize the 10 staff  
16 members that make up the small, yet hardworking team of Public Health Preparedness that was  
17 coached by the soon-to-be retired Assistant Commissioner of Health, Rueben Molloy. Over the  
18 past few years, you have accepted the “all hazard” challenge and have succeeded at all. Thank  
19 you DOH Family - we are all public health service providers ready to respond.

20 Madam Chair and members of the Committee, hurricane preparedness is not measured by what  
21 we do when a storm is approaching — it is measured by the work we do every day before one  
22 arrives. Through planning, training, exercising, and strengthening our partnerships, we continue  
23 to build a more resilient public health and healthcare system for the Virgin Islands.

24 While no emergency plan is ever complete, we are better prepared today than we were yesterday,  
25 and tomorrow we will be even stronger. Our commitment is to continually improve our readiness  
26 so that when our communities need us most, the Department of Health is ready to respond,  
27 protect public health, and help lead the Territory's recovery.

28 Thank you for the opportunity to present this testimony. We appreciate the Committee's  
29 continued partnership and support, and we welcome your questions.