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JUAN F. LUIS HOSPITAL
& MEDICAL CENTER

HURRICANE PREPAREDNESS TESTIMONY



Testimony to:

The Committee on Disaster Recovery, Infrastructure, and Planning

The Honorable Senator Marise James
Chairperson of the Committee

Testimony By:

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1 Good morning, Honorable Senator Marise James, Chairperson of the Disaster Recovery,
2 Infrastructure & Planning, Senators of the 36th Legislature of the U.S. Virgin Islands present, and
3 all listening and viewing. I am Darlene Baptiste, Chief Executive Officer for the Governor Juan
4 F. Luis Hospital and Medical Center (JFL) and Schneider Regional Medical Center (SRMC). I
5 am joined today by:

- 6 • Adeline Williams Connor - Chief Operating Officer
- 7 • Darice Plaskett - Chief Nursing Officer

8 They are here to support this presentation and assist with any questions.

9 Thank you for the opportunity to present an overview of JFL's disaster preparedness and
10 hurricane season readiness, including our infrastructure resilience, continuity of operations, surge
11 management, interagency coordination, recovery initiatives, and responsibilities under the
12 Territorial Emergency Operations Plan.

13 Hurricane preparedness is a critical responsibility for JFL. As the only acute care hospital on St.
14 Croix, our community relies on us to remain operational during the most challenging
15 circumstances.

16 JFL continues to operate from a temporary healthcare facility established after Hurricane Maria.
17 While this facility enables us to provide essential services to St. Croix residents, it was not
18 designed as a permanent hospital.

19 It is important to acknowledge a key reality that shapes all aspects of our emergency
20 preparedness planning.

21 Our hurricane preparedness strategy relies on proactive clinical decision-making, resource
22 conservation, and collaboration with local, federal, and national partners. Every operational
23 decision before a storm is guided by one question:

24 *Will this action improve our ability to care for our community during and after the storm?*

25

26 **Emergency Support Function Responsibilities**

27 Under the Territorial Emergency Operations Plan, JFL serves as a critical healthcare partner
28 supporting Emergency Support Function 8 – Public Health and Medical Services.

29 Our responsibilities include maintaining hospital operations, providing emergency medical care,
30 supporting medical surge management, coordinating patient transfers, sharing situational
31 awareness with emergency management partners, and supporting the Territory's broader public
32 health response.

33 **Healthcare Infrastructure Resilience**

34 JFL-North, our temporary facility, remains fully operational and continues to provide essential
35 healthcare services. However, operating within a temporary structure requires continuous
36 vigilance and contingency planning.

37 Based on the facility's design specifications, JFL-North was intended to withstand wind speeds
38 up to 175 miles per hour, equivalent to a Category 5 hurricane. While this provides a planning
39 benchmark, JFL-North has not yet been tested by a storm comparable to Hurricane Maria. As a
40 result, our preparedness efforts follow a cautious, risk-informed approach that emphasizes
41 planning for various potential scenarios.

42 **Hurricane Readiness Framework**

43 Our preparedness strategy includes ongoing assessment of our physical infrastructure and the
44 resources necessary to sustain patient care. Throughout the year, and more frequently as storms
45 approach, our Facilities team routinely tests and evaluates critical utility systems, including
46 emergency generators, fuel reserves, electrical systems, bulk oxygen storage, medical gas
47 distribution, and potable water. These assessments help ensure the hospital can safely maintain
48 essential healthcare services as long as conditions allow.

49 Ahead of hurricane season, clinical and support departments assess their inventories of
50 medications, supplies, food, and other essentials. This enables stockpiling and helps identify
51 potential limitations for improved resource planning.

52 If a storm threat emerges, JFL follows a phased activation process to deliberately and
53 coordinately escalate operations as conditions evolve.

54 *Phase I – Enhanced Monitoring (Approximately Seven Days Before Potential Impact)*

55 When a system may threaten the Territory, we enhance monitoring and increase assessments of
56 infrastructure, utilities, staffing, and supplies. Department leaders review preparedness checklists
57 and identify resource needs based on the current conditions and expected disruptions.

58 At the same time, clinical leadership and medical staff monitor patient census and assess
59 hospitalized patients to identify those suitable for discharge, transfer, or alternative care if
60 conditions worsen. Early evaluations enable timely, clinically appropriate decisions regarding
61 decompression while maintaining continuity of care.

62 *Phase II – Operational Readiness (Approximately Three Days Before Potential Impact)*

63 As projected storm impact increases, preparedness activities intensify. Clinical leadership
64 finalizes decompression plans and coordinates discharges and transfers. Staffing assignments are
65 confirmed, emergency utility systems are verified, and specialized service lines, such as
66 outpatient dialysis, implement emergency treatment protocols.

67 *Phase III – Emergency Operations*

68 When JFL’s Incident Command System is activated, the Emergency Operations Plan is fully
69 implemented. Priorities shift to sheltering in place, conserving resources, maintaining essential
70 services, and preparing for post-storm response and recovery. Operational conditions are
71 continuously assessed throughout the event.

72 **Continuity of Operations**

73 JFL’s Continuity of Operations Plan aims to maintain essential healthcare services during
74 emergencies and restore any disrupted services as quickly as possible. Our planning ensures
75 critical clinical and administrative functions remain operational, despite the limitations of our
76 temporary facility.

77 Our strategy during a category 1 or 2 storm is to safely shelter patients in place. This minimizes
78 unnecessary movement and allows continued delivery of essential services. If forecasts predict a
79 category 3 storm or higher and the structure may not withstand storm conditions, contingency
80 plans provide for relocating patient care operations.

81 The Virgin Islands Cardiac Center is the primary Alternate Care Site due to its clinical
82 infrastructure, medical gas capabilities, utility support, and proximity to hospital operations. This

83 enables continued essential services if relocation is necessary. An additional contingency site has
84 been evaluated with territorial partners but would only be used under extraordinary
85 circumstances due to limited infrastructure.

86 The continuity of healthcare services depends on both our facilities and the careful management
87 of the JFL's limited resources, before, during, and after storms. Key departments collaborate to
88 assess inventories and implement conservation strategies to sustain critical services when
89 resupply may be delayed. Resources are continuously monitored, prioritized, and allocated to
90 patients with the greatest clinical need.

91 Maintaining continuity also requires sustaining critical clinical and business functions.
92 Established downtime procedures guide operations during interruptions to electronic medical
93 records or other information systems. These include manual clinical documentation, medication
94 records, laboratory reporting, and patient tracking, ensuring essential services continue safely
95 until systems are restored.

96 Clear, reliable communication is essential throughout every phase of an emergency. Internally,
97 JFL utilizes its emergency notification system, leadership briefings, and Incident Command
98 communications to provide timely updates on operations, staffing, and safety. Externally, our
99 Public Information Officer coordinates with territorial partners to share updates on hospital
100 operations, available services, and critical health information, keeping patients, families, and the
101 community informed.

102 These continuity measures enable JFL to sustain essential healthcare services, adapt to changing
103 operational conditions, and continue providing high-quality care.

104 **Clinical Preparedness and Patient Decompression**

105 Given our facility's limitations, proactive patient decompression is a key component of our
106 preparedness strategy.

107 Unlike larger healthcare systems that may expand bed capacity during disasters, our goal is to
108 preserve the existing resources, so they remain available when our community needs them most
109 after the storm.

110 As storm threats become imminent, physicians and clinical leadership assess each hospitalized
111 patient. Those who can be safely discharged are released when appropriate. Patients needing
112 specialized or intensive care, such as ventilator support or advanced critical care, are evaluated
113 for transfer to off-island partner facilities when clinically appropriate and transportation is
114 available.

115 This strategy serves two important purposes.

116 First, it ensures continuity of care for patients whose needs may exceed local capabilities during
117 a prolonged emergency. Second, it preserves beds, staffing, and supply resources for patients
118 needing care after the storm.

119 We also recognize the unique challenges in our healthcare system. Patient transfers may be
120 complicated by insurance, financial, or other socioeconomic factors. Nevertheless, our staff and
121 case management teams work diligently with patients, families, insurers, and referral facilities to
122 facilitate transfers.

123 **Outpatient Dialysis Preparedness**

124 Continuity of dialysis services is a top clinical priority, especially since our outpatient dialysis
125 unit also operates from temporary trailers.

126 In emergencies, we make every effort to ensure all dialysis patients receive treatment before an
127 emergency, hurricane, or curfew.

128 Each patient receives an individualized dialysis diet plan to help extend the time between
129 treatments by minimizing fluid and waste buildup.

130 Before hurricane season and as needed, the emergency diet plan is reviewed with each patient,
131 and a copy is provided for reference.

132 Depending on medical condition and adherence to the emergency diet plan, some patients may
133 safely go without dialysis for three days or more.

134 After an emergency or hurricane, dialysis staff contact each patient to assess their condition and
135 provide post-emergency treatment instructions.

136 We are also in discussion with an external dialysis provider to establish an alternate site, similar
137 to our arrangement with Schneider Regional Medical Center, in the event of a prolonged
138 disruption.

139 **Emergency Medical Surge Management**

140 Because our temporary facility cannot expand inpatient capacity, our surge strategy focuses on
141 protecting existing capacity through coordinated healthcare delivery across the Territory.

142 Working closely with the Department of Health, community health centers, dialysis providers,
143 and other partners to ensure patients with low-acuity or non-emergent conditions receive care in
144 the most appropriate setting. This coordinated approach preserves emergency department
145 resources and inpatient beds for critically ill and injured patients.

146 During disaster operations, we continually reassess patient census, staffing, utilities, supplies,
147 and operational capability to ensure available resources are directed to those patients requiring
148 the highest level of care.

149 **Interagency Coordination**

150 We actively participate in weekly Emergency Management meetings that include all government
151 stakeholders. We have begun discussions with VITEMA and HHS on resource needs, triggers
152 for pre-emergency declarations, related activities, and timelines for potential deployment of
153 federal resources before and after storms.

154 We work closely with VITEMA, the Virgin Islands Department of Health, the Virgin Islands
155 Fire and Emergency Medical Services, the Virgin Islands Police Department, our federal
156 partners, air medical transportation providers, and regional healthcare facilities. Together, we
157 coordinate and manage patient movement, emergency communications, resource requests, and
158 recovery operations.

159 We are grateful for the support of these agencies. Their assistance is vital to helping JFL
160 maintain the resources needed to provide safe, compassionate care to our community.

161

162

163 **Current Challenges**

164 Like healthcare organizations across the nation, we continue to face challenges, including
165 operating in a temporary facility, infrastructure limitations, workforce shortages, supply chain
166 disruptions, and more frequent and severe weather events.

167 These realities have shaped our preparedness strategy.

168 They require us to plan earlier, coordinate more closely with our partners, conserve resources
169 more deliberately, and make thoughtful clinical decisions that prioritize patient safety above all
170 else.

171 **Conclusion**

172 Madam Chair and Committee members, Governor Juan F. Luis Hospital & Medical Center
173 approaches hurricane preparedness with a clear understanding of both our capabilities and
174 limitations.

175 Although our current facility was not intended as a permanent hospital, we have developed a
176 preparedness program focused on early planning, patient decompression, continuity of
177 operations, and collaboration.

178 Our commitment is clear: to ensure that when the people of St. Croix need us most, we will be
179 prepared to provide safe, quality healthcare to the greatest extent possible.

180 We appreciate the Legislature's continued support as we work to strengthen the Territory's
181 healthcare infrastructure and improve our future resilience.

182 Thank you for the opportunity to appear today. I am pleased to answer any questions the
183 Committee may have.