GOVERNMENT OF THE
VIRGIN ISLANDS OF THE UNITED STATES

VIRGIN ISLANDS DEPARTMENT OF HEALTH
OFFICE OF THE COMMISSIONER

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July 16, 2026

The Honorable Marise C. James, Esq.
Chair, Committee on Disaster Recovery, Infrastructure and Planning
Legislature of the U.S. Virgin Islands
3022 Estate Golden Rock, Christiansted, VI 00820

RE: Response to Request for Additional Information — Committee Oversight Hearing on June 30, 2026

Dear Chairwoman James:

Thank you for the Committee's letter of July 8, 2026, and for the opportunity to appear before the Committee on Disaster Recovery, Infrastructure and Planning on June 30, 2026. In response to the two information requests identified in your letter, the Department of Health respectfully submits the following in two parts.

I. Public Health Nursing Workforce and Shelter Staffing

The Department distinguishes between two categories of emergency sheltering when assessing nurse staffing, reflecting which agency manages each. **General population (congregate) shelters** are managed by the Department of Human Services (DHS) as mass-care facilities under Emergency Support Function 6 (ESF-6); the Department of Education provides nursing presence at these sites. **Medical Special Needs Shelters (MSNS)** are managed by the Department of Health under ESF-8, serving residents dependent on oxygen, refrigerated medication, or powered medical equipment; the Department is responsible for the full clinical staffing complement at these higher-acuity sites. The figures below are therefore presented separately: the Department's supporting nursing footprint at DHS-managed congregate shelters (Section I.B), and its full nursing requirement for the MSNS it manages (Section I.C).

A. Public Health Nurses Employed and Available for Shelter Assignment

The Department of Health currently employs the following public health nurses, shown by district, with the subset available for shelter assignment during an activation.

Category	St. Croix District	St. Thomas–St. John District	Territory Total
Public Health nurses employed by the Department	15	18	33
Of which, available for MSNS shelter assignment	15 (2 NP)	13 (1NP)	28
Of which, available for congregate shelter assignment	0	0	0

B. Nurses Required to Fully Staff Planned Congregate DHS Managed Shelters (Beyond 72 hours)

District	Planned Congregate Shelters	Nurses per Shelter / Shift	Shifts / 24 hrs	Nurses Required
St. Croix	2	8	3/8	44
St. Thomas	3	8	3/8	66
St. John	2	8	3/8	44
Congregate subtotal	7			154

***The information in Table I B was provided by the Department of Human Services**

C. Nurses Required to Fully Staff Planned Medical Special Needs Shelters (MSNS) — DOH-Managed

District	MSNS Sites	Assigned Complement (NP / RN / LPN / CNA / CMA)	Total Assigned	Nurses per Shift	Shifts / 24 hrs
St. Croix	1	2 / 8 / 1 / 2 / 2	15	6-7	2
St. Thomas	1	1 / 8 / 1 / 3 / 0	13	5-6	2
MSNS subtotal	2	3 / 16 / 2 / 5 / 2	28		

The DOH nursing obligation is full clinical staffing of the MSNS, for which the Department's employed public health nursing workforce provides the baseline. Where full simultaneous activation exceeds the nurses available for assignment, the Department closes the gap through established augmentation pathways — Federal support via HHS Direct and EMAC Mission Ready Packages — scaling coverage to the level of activation rather than staffing all planned sites from the employed workforce alone.

E. Eldra Schulterbrant DOH Nursing Staff

Eldra Schulterbrant is a long-term acute behavioral health residential facility on St. Thomas.

During an emergency activation, its nursing staff remain with the facility to provide continuity of behavioral-health care and emergency support (ESF-8) for its own residents — a medically and behaviorally complex population that cannot be relocated to a general shelter. These nurses are therefore not available for reassignment to Medical Special Needs Shelter (MSNS) operations, and are listed separately, excluded from the staffing figures in Sections I.A–I.C above.

Facility	District	Nursing Staff
Eldra Schulterbrant	St. Thomas	5

II. Territorial Medication Stockpile Program — Status Report

Through our Public Health Preparedness Division (PHP), DOH is developing a territorial medical countermeasure and medication stockpile capability designed to sustain critical medications and medical supplies during the initial 24 to 72 hours of a large-scale emergency — the window before Federal assets can be mobilized to the territory. Given the territory's geographic isolation, two-hospital healthcare system, and reliance on just-in-time commercial supply chains, a jurisdictional stockpile is essential to immediate response capability. The effort is funded through the CDC Public Health Emergency Preparedness (PHEP) and HHS/ASPR Hospital Preparedness Program (HPP) cooperative agreements.

A. U.S. Department of Health and Human Services Coordination

The Department's stockpile planning is aligned with the Strategic National Stockpile (SNS) Guidance on Federal and Jurisdictional Stockpiling Roles, which organizes medical countermeasures into three categories: Type I (federally held SNS assets), Type II (shared or jurisdictionally supplemented), and Type III (jurisdictionally stockpiled). Because Federal asset mobilization to the territory takes time, the Department is prioritizing Type III — commercially available countermeasures stored locally — to guarantee immediate access while Federal SNS assets are en route. Active coordination with HHS includes the following:

- **HHS/ASPR Region 2** partnership, reinforced by the April 27, 2026 territorial site visit by ASPR Principal Deputy Assistant Secretary John Knox and ongoing engagement through the current CDC site-visit cycle and regularly scheduled touchpoints.

- **HHS/ASPR Center for the Strategic National Stockpile (SNS)**: a Receipt, Stage, and Store (RSS) validation site visit is scheduled for November 2026, for which the Department has requested a two-site model covering both districts (St. Thomas and St. Croix).

- **HHS/ASPR CHEMPACK Program**: the territory maintains two CHEMPACK containers at Juan F. Luis Hospital and Schneider Regional Medical Center, which consist of a uniform formulary of medications that can prevent seizures and treat the symptoms of chemical/nerve agent exposure even when the actual agent is unknown. An inventory and container status review was completed in April 2026.

HHS emPOWER Program. The Department participates in the HHS emPOWER Program, an initiative of the HHS Administration for Strategic Preparedness and Response (ASPR) in partnership with the Centers for Medicare & Medicaid Services (CMS). emPOWER provides de-identified, geographically specific data on Medicare beneficiaries who rely on electricity-dependent durable medical and assistive equipment — such as home ventilators, oxygen concentrators, and

cardiac devices — and on those who depend on essential services, including facility-based dialysis and home oxygen.

B. Identification of Stockpile Locations in Both Districts

Consistent with the territory's two-district structure, the DOH PHP Division initiated coordination of storage and staging capabilities in both the St. Croix and the St. Thomas–St. John districts. The courses of action for both are as follows:

- Execute an MOU with Crowley and Fleming's Transport for storage space. Coordination has begun, and an internal office walkthrough will be scheduled.
    - The need is for a permanent, climate-controlled warehouse with backup power, physical security, and inventory-rotation systems to prevent medication expiration.
- The process for purchasing two 40-ft climate-controlled containers has been initiated. These containers will serve as an alternate storage capacity.

C. Collaboration with Private Pharmacies through the Business Emergency Operations Center (BEOC)

To ensure continuity of medical supplies beyond the Department's own stockpile, the Department is advancing private-sector coordination through the Business Emergency Operations Center (BEOC), in partnership with VITEMA. The BEOC provides the mechanism to link private pharmacies, distributors, and commercial supply partners into the territorial response structure — sustaining commercial pharmacy operations where possible, coordinating emergency resupply, and identifying supply-chain gaps for escalation. In support of that effort, a request for assistance compiling a Pharmacy point-of-contact (POC) listing will support preparedness coordination across the territory.

D. Current Status and Next Steps

- Two-site RSS validation with DSNS scheduled for November 2026, covering both districts.
- Near-term priorities: Finalize territorial storage sites; formalize BEOC private-pharmacy participation and complete RSS validation.

The Department of Health appreciates the Committee's continued partnership in strengthening the territory's emergency preparedness and remains available to provide any additional information the Committee may require.

Respectfully submitted,

Justa E. Encarnacion, RN, BSN, MBA/HCM
Commissioner
Virgin Islands Department of Health