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The Honorable Senator Ray Fonseca
Chair of Committee

Testimony Presented By
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On behalf of

The Honorable Justa Encarnacion, RN, BSN, MBA/HCM
Commissioner of Health

on

The Department of Health's efforts to respond to the growing mental health challenges facing our community.

Good day, Honorable Senator Ray Fonseca, Chairperson of the Committee on Health, Hospitals and Human Services, Honorable Senator Hubert Frederick, Vice Chair; Committee members, and all non-committee members, and those that are viewing and listening.
I am Dr. Janis Valmond MS, DrPH, CHES, Deputy Commissioner of the Department of Health's Health Promotion/Disease Prevention Programs. I am testifying today on behalf of the Honorable Commissioner Justa E. Encarnacion who is pleased and proud to hand off the responsibility to the outstanding leaders of the Chronic Disease Prevention Division. Joining me are Dr. Lyña Fredericks, Ph.D., MPH, Director Chronic Disease Prevention as well as John Orr, Program Manager/Data Analyst and Veronica Rivera, -Lopez, Cancer Registrar who are both attending virtually.

Thank you for the opportunity to appear before you to discuss the state of cancer in the U.S. Virgin Islands and the critical role that surveillance, prevention, early detection, treatment, and coordinated planning play in improving cancer outcomes for our residents.

Just one week ago, on July 14th and 15th the Department of Health's Virgin Islands Comprehensive Cancer Control Program hosted the 2026 U.S. Virgin Islands Cancer Summit in collaboration with the USVI Cancer Coalition, bringing together healthcare providers, cancer survivors, policymakers, researchers, community organizations, and public and private sector partners from across the Territory and the mainland. The Summit served as a forum to review the latest cancer data, highlight promising practices, identify gaps across the cancer care continuum, and strengthen partnerships dedicated to reducing the burden of cancer in the Virgin Islands.

One message resonated throughout the Summit: addressing cancer requires shared action for stronger outcomes, and shared action begins with data. The conversations held during those two days reinforced that improving cancer outcomes depends on understanding who is being diagnosed, what cancers are most common, where gaps in screening and treatment exist, and what resources are needed to ensure that every Virgin Islander has access to timely, high-quality cancer care.

The Virgin Islands Department of Health administers three complementary programs that form the foundation of the Territory's cancer control efforts: the Virgin Islands Central Cancer Registry (VICCR), the Virgin Islands Comprehensive Cancer Control Program, and the Virgin Islands Breast and Cervical Health Program. Together, these federally supported programs

address the entire cancer continuum—from prevention and screening to surveillance, strategic planning, patient navigation, and systems improvement.

Understanding the true burden of cancer begins with reliable surveillance. The VICCR, established under the Virgin Islands Cancer Registry Act (Act No. 7939 of 2016), serves as the Territory's official population-based cancer surveillance system. Unlike a clinical program, the Registry does not provide direct patient care or financial assistance. Instead, it systematically collects information on the incidence of every reportable cancer diagnosed among Virgin Islands residents, including patient demographics, tumor characteristics, stage at diagnosis, initial treatment, and mortality. These data provide the evidence needed to monitor cancer trends, evaluate screening programs, support research, guide healthcare planning, and inform public policy.

Cancer remains one of the leading causes of illness and death in the U.S. Virgin Islands and continues to place a significant burden on individuals, families, the healthcare system, and the Territory's economy. In 2024, malignant neoplasms were the second leading cause of death among Virgin Islands residents, exceeded only by diseases of the heart. This underscores the importance of sustained investments in cancer prevention, early detection, timely treatment, survivorship services, and public health surveillance.

VICCR monitors cancer mortality through routine linkage with the Office of Vital Statistics and national mortality databases. Mortality data provide valuable information on the cancers responsible for the greatest loss of life and help public health officials evaluate the overall burden of cancer in the Territory. The Registry also maintains limited follow-up information that supports survivorship analyses and long-term outcome evaluations. Under national cancer registry standards, however, population-based cancer registries do not routinely collect information on cancer recurrence because their primary purpose is to document the initial diagnosis and first course of treatment. Analysis of cancer mortality between 2011 and 2024 shows that prostate, colorectal, and breast cancers accounted for the greatest number of cancer-related deaths in the Territory. However, lung and pancreatic cancers continue to contribute disproportionately to cancer mortality because they are often diagnosed at more advanced stages and have poorer survival outcomes.

Between January 1, 2016, and December 31, 2023, the Registry identified 2,910 reportable cancer cases among Virgin Islands residents. Of these, 1,538 cases (53%) occurred among males and 1,372 cases (47%) among females. St. Thomas accounted for 1,450 cases, St. Croix for 1,290 cases, and St. John for 134 cases, with an additional 36 received through the National Interstate Data Exchange Program. These cases are still pending confirmation of island of residence. During this reporting period, the five most frequently diagnosed cancers were prostate cancer (656 cases), breast cancer (564 cases), colorectal cancer (344 cases), hematopoietic malignancies (233 cases), and lung and bronchus cancer (141 cases). Among men, prostate cancer represented close to 43% of all cancers diagnosed, while breast cancer accounted for more than 41% of cancers diagnosed among women. These findings clearly identify where prevention, screening, education, and treatment resources should be focused.

The Registry also provides critical information about the stage at which cancers are diagnosed. Stage at diagnosis is one of the strongest predictors of treatment options, survival, quality of life, and healthcare costs. While many prostate and breast cancers are detected at an early stage, the Registry continues to identify a concerning proportion of cancers diagnosed only after they have spread beyond their site of origin. Approximately 22 percent of prostate cancers and 8 percent of breast cancers were diagnosed at the distant stage, highlighting continued opportunities to strengthen cancer awareness, expand access to screening, reduce barriers to diagnostic services, and promote earlier detection. Monitoring stage at diagnosis allows the Department of Health and healthcare providers to evaluate the effectiveness of screening programs and direct interventions where they are most needed.

Although the Registry provides the most comprehensive picture of cancer in the Territory, several factors currently limit the ability to produce certain epidemiologic measures. Accurate cancer incidence rates and trend analyses require reliable mid-year population estimates from the U.S. Census Bureau. Because updated Virgin Islands population estimates based on the 2020 Decennial Census are not yet available, the Registry cannot produce scientifically valid age-adjusted incidence rates or long-term trend analyses at this time. The Registry can, however, accurately report cancer frequencies and mortality data, which continue to provide valuable insight into the Territory's cancer burden.

The completeness of the Registry has also been affected by several unprecedented events, including Hurricanes Irma and Maria, the COVID-19 pandemic, cyberattacks affecting territorial hospitals, and delays in provider reporting. The most significant ongoing challenge is incomplete reporting from some physician practices, particularly for cancers diagnosed and treated in outpatient settings. A population-based cancer registry is only as complete as the information it receives. Delayed or incomplete reporting can underestimate the true burden of cancer, distort trends, and limit the ability of policymakers and healthcare leaders to make informed decisions regarding prevention, treatment, and resource allocation.

Despite these challenges, the VICCR has established a robust, centralized cancer surveillance system that continues to improve the completeness, quality, and timeliness of cancer reporting throughout the Territory. The Registry currently operates with a small team of 2.5 full-time equivalents, that conduct territory-wide casefinding, abstraction, quality assurance, data analysis, provider education, and compliance with national reporting standards. Through collaboration with hospitals, physicians, pathology laboratories, interstate data exchange partners, and the Centers for Disease Control and Prevention, the Registry provides the reliable data needed to understand the burden of cancer and guide evidence-based decisions across the cancer care continuum.

Finally, while the VICCR has benefited from both federal funding through the Centers for Disease Control and Prevention's National Program of Cancer Registries and local appropriations, the greatest operational challenge is not a lack of financial resources. Rather, lengthy government procurement and contracting processes have delayed the execution of contracts for essential services, including software maintenance and contracted cancer abstraction. These delays have affected the Registry's ability to fully utilize available federal funds within required grant periods and, if left unresolved, could jeopardize future funding opportunities. Addressing these administrative barriers will help ensure that existing resources can be used efficiently to support high-quality cancer surveillance and strengthen cancer control efforts throughout the Territory.

Unlike many other chronic diseases, cancer care requires a coordinated continuum that begins with prevention and vaccination, extends through screening, diagnosis, treatment, survivorship, and palliative care, and is supported at every stage by accurate, timely, and comprehensive data.

The Department of Health has worked diligently to strengthen this continuum through partnerships with hospitals, federally qualified health centers, private providers, community organizations, federal agencies, and national cancer partners.

The Virgin Islands Department of Health serves as the Territory's public health leader in cancer prevention and control. While hospitals, federally qualified health centers, private healthcare providers, and specialty referral centers deliver clinical cancer care, the Department works to strengthen the cancer care system through prevention, early detection, surveillance, patient navigation, coalition leadership, and strategic planning. By convening partners and using high-quality cancer surveillance data to guide decision-making, the Department supports a coordinated approach to improving cancer outcomes across the Territory.

A cornerstone of this work is the Virgin Islands Comprehensive Cancer Control Program, which serves as the lead agency for the U.S. Virgin Islands Cancer Coalition. The Coalition brings together healthcare providers, hospitals, government agencies, community organizations, academic institutions, cancer survivors, and other stakeholders to implement the U.S. Virgin Islands Cancer Plan. The Territory’s first ever Cancer Plan was drafted and published in August 2024. To support this work, the Coalition is organized into four standing work groups: Prevention, Early Detection, Diagnosis and Treatment, and Quality of Life and Survivorship—that meet monthly to identify priorities, coordinate activities, and advance evidence-based strategies across the cancer continuum.

The Virgin Islands Department of Health continues to support and implement several cancer prevention initiatives aimed at reducing cancer risk and promoting healthier lifestyles across the territory. During this reporting period, the Department launched the "Stop Cancer Before It Starts" campaign to encourage individuals and parents to receive the human papillomavirus (HPV) and Hepatitis B vaccines as an important cancer prevention strategy. A comprehensive media campaign, including radio and video advertisements, aired from fall 2025 through summer 2026 to increase awareness of the benefits of these vaccines. In addition, HPV vaccination posters and fact sheets were distributed throughout all three islands to educate the public and promote vaccine uptake. The Department also implemented the Eat Healthy, Be Active Community Workshops, including a six-week program with 12 participants that focused on adopting healthier behaviors. As a result, participants reported improvements in nutrition and

dietary habits, increased physical activity, and reductions in body weight, supporting the Department's ongoing efforts to prevent chronic disease and reduce the burden of cancer.

The Virgin Islands Department of Health continues to strengthen early detection efforts through the delivery of the Virgin Islands Breast and Cervical Health Program (VIBCHP) which launched in January 2025 and increases access to cancer screening and education. The program provides breast and cervical cancer screening, diagnostic follow-up, and patient navigation services for eligible uninsured and underinsured women. This reduces financial barriers to screening, promotes earlier detection, and assists patients in navigating diagnostic services following abnormal screening results. Clients diagnosed with cancer are referred to the Department of Human Services for financial assistance and referred to external partners for supportive services. Program staff conduct regular outreach visits to physician offices to provide information about the VIBCHP and encourage referrals for eligible patients. Providers are also encouraged to discuss prostate cancer screening with their male patients to promote men's health and early detection. From April 1st through June 29th, the Department implemented a three-month Breast and Cervical Cancer Awareness Campaign that included community outreach and educational activities to raise awareness about the importance of routine cancer screening. Moving forward, the Department will continue expanding provider outreach and community education efforts to increase participation in breast, cervical, and prostate cancer screening programs. In collaboration with community partners, the Department will also coordinate the Annual Breast and Prostate Cancer Awareness Events in October on St. Thomas and St. John to further promote early detection and improve access to screening services.

The Diagnosis and Treatment Workgroup serves as a collaborative forum for addressing priorities related to cancer diagnosis, treatment, and supportive care throughout the Territory. Convened by the Virgin Islands Comprehensive Cancer Control Program, the workgroup brings together hospitals, nonprofit organizations, healthcare providers, government agencies, and other stakeholders to identify gaps, coordinate efforts, share resources, and advance initiatives that strengthen the cancer care continuum. Through regular meetings and ongoing collaboration, partners have worked collectively to support the continued development of the Charlotte Kimelman Cancer Institute, explore opportunities to expand access to advanced diagnostic equipment and specialized oncology services, and identify strategies to reduce barriers to cancer

treatment and supportive care. While individual organizations lead many of these initiatives, the Cancer Coalition provides the structure through which partners collaborate, align priorities, and leverage their collective expertise and resources to improve cancer care for Virgin Islands residents.

The Virgin Islands Department of Health continues to support cancer survivorship and palliative care efforts by improving access to resources, education, and supportive services for cancer patients, survivors, and their families. Survivorship Care Plans are available online and through oncology offices to help guide patients through follow-up care and long-term health management after treatment. Cancer resource guides featuring local and national resources have been developed and made available to the public to connect individuals with needed support services. Community outreach activities continue to provide cancer education, raise awareness, and promote the importance of a comprehensive continuum of care. Cancer-related information is also disseminated through online platforms, cancer support groups, the Cancer Coalition website, member organization websites, oncology yoga classes, and media/radio interviews. Additionally, the first Advance Care Planning Workshop was held at SRMC to educate individuals about planning for future healthcare decisions. As part of ongoing survivorship initiatives, the Young Caregivers Campaign was developed, including educational booklets, flyers, and social media materials, to support the development of an advance care planning education program for caregivers and families.

Despite these efforts, access to timely cancer care remains challenging for many Virgin Islanders. Workforce shortages, including limited numbers of physicians, nurses, radiologic technologists, and Community Health Workers, reduce appointment availability and delay screening, diagnosis, and follow-up care. Limited diagnostic capacity further compounds these challenges. Currently, only one facility on St. Thomas provides mammography services, resulting in average wait times of approximately six weeks, while breast biopsies are available only once each month. These delays can postpone diagnosis and the timely initiation of treatment.

Residents of St. Croix face additional barriers because certain specialized breast diagnostic services are unavailable on the island. As a result, many patients must travel to another island for advanced imaging, specialty consultations, or diagnostic procedures. Although these referrals are

medically necessary, they often create financial, transportation, employment, and family-related burdens that may delay or prevent completion of recommended care.

Additional challenges, including transportation limitations, insurance coverage gaps, financial hardship, and competing work and family responsibilities continue to affect patients throughout the cancer care continuum. Addressing these barriers requires more streamlined and coordinated efforts among healthcare providers, insurers, community organizations, and government agencies to ensure that patients can successfully access and complete recommended care. Improving care coordination is also essential. Continued investment in integrated health information systems, including greater interoperability through electronic health records, would strengthen communication among providers, improve patient tracking, facilitate timely follow-up of abnormal screening results, and reduce the number of patients lost to care.

While clinical cancer services are provided throughout the Territory's healthcare system, the Department of Health remains focused on strengthening that system through prevention, surveillance, strategic planning, coalition leadership, and the use of reliable cancer data to guide policy and resource allocation. As the Territory looks toward expanding oncology services through the Charlotte Kimelman Cancer Institute, these public health functions will remain essential to ensuring that future investments are data-driven, responsive to community needs, and fully integrated across the cancer care continuum.

The reopening of the Charlotte Kimelman Cancer Institute represents a significant opportunity to strengthen cancer care in the U.S. Virgin Islands and reduce the need for residents to travel off island for oncology services. While expanding local treatment capacity is an important objective, the long-term success of the Institute will depend on ensuring that its services are aligned with the Territory's actual cancer burden, patient needs, and available healthcare resources.

The Virgin Islands Central Cancer Registry is uniquely positioned to support this effort. It is important to recognize that the Registry is a public health surveillance system—not a healthcare provider or treatment facility. Its role is not to deliver clinical services or direct the operations of the Cancer Institute, but to provide the reliable, population-based data needed to support evidence-based planning, policy development, program evaluation, and healthcare decision-making.

Another important distinction is that the Registry is the recipient of cancer data rather than the generator of those data. Under the Cancer Registry Act, physicians, hospitals, pathology laboratories, ambulatory surgical centers, and other reporting facilities are responsible for reporting all eligible cancer cases to the Registry. Registry staff receive, consolidate, validate, and analyze these reports to produce an accurate picture of the cancer burden across the Territory. Because local hospitals have not employed Oncology Data Specialists or Certified Tumor Registrars, the Virgin Islands has developed a centralized reporting model, approved by the Centers for Disease Control and Prevention, in which Registry staff perform casefinding and abstraction on behalf of participating healthcare facilities. While this model has enabled the Territory to maintain a functioning population-based cancer registry, its continued success depends upon timely and complete reporting by all healthcare providers as required by law.

The data collected by the Registry provides an objective foundation for planning the Charlotte Kimelman Cancer Institute. Cancer surveillance data can identify the cancers most frequently diagnosed in the Territory, estimate future patient volume, evaluate stage at diagnosis, identify geographic and demographic patterns, and monitor disparities in cancer outcomes. These data can inform decisions regarding oncology specialties, workforce recruitment, equipment and technology needs, supportive care services, research priorities, and opportunities for collaboration with local and regional healthcare partners. Using surveillance data to guide these decisions helps ensure that future investments are responsive to the needs of Virgin Islands residents and make the most effective use of available resources.

The Registry's role should not end once the Institute becomes operational. Ongoing surveillance will allow the Department of Health, healthcare providers, and policymakers to monitor changes in cancer incidence, stage at diagnosis, treatment patterns, and survival over time. These data can be used to evaluate the Institute's impact, identify emerging healthcare needs, measure the effectiveness of cancer control initiatives, and guide future expansion of oncology services.

The Charlotte Kimelman Cancer Institute should be viewed as one essential component of the Territory's broader cancer care system. Its success will depend not only on the availability of oncology treatment services, but also on strong partnerships with prevention programs, screening providers, diagnostic services, patient navigation programs, survivorship resources, the Virgin Islands Central Cancer Registry, and healthcare providers throughout the Territory. By

combining high-quality clinical care with high-quality public health surveillance, the Virgin Islands can build a cancer care system that is coordinated, data-driven, and responsive to the needs of its residents.

Recommendations

To maximize the impact of the Charlotte Kimelman Cancer Institute and strengthen the Territory's overall cancer care system, the Department respectfully offers the following recommendations:

1. Use cancer surveillance data to guide planning and investment. Cancer surveillance data should inform decisions regarding clinical services, staffing, equipment, infrastructure, workforce needs, and future expansion of the Charlotte Kimelman Cancer Institute to ensure that investments are aligned with the Territory's actual cancer burden and evolving healthcare needs.
2. Expand access to timely diagnostic services. Increasing local diagnostic capacity, including breast imaging, biopsy services, pathology, and other diagnostic resources, will reduce delays between abnormal screening results and definitive diagnosis, allowing patients to begin treatment sooner.
3. Strengthen the oncology workforce. Continued recruitment and retention of oncologists, oncology nurses, radiologists, pathologists, radiologic technologists, patient navigators, and other specialized healthcare professionals will be essential to expanding access to high-quality cancer care throughout the Territory.
4. Improve care coordination through health information technology. Continued investment in interoperable electronic health records and secure data-sharing systems will improve communication among healthcare providers, strengthen patient follow-up, reduce fragmentation of care, and support continuity across the cancer care continuum.
5. Enhance patient navigation and supportive services. Expanding patient navigation, transportation assistance, financial counseling, survivorship services, and other supportive resources will help patients overcome barriers that frequently delay or interrupt cancer care.
6. Strengthen compliance with the Virgin Islands Cancer Registry Act (Act No. 7939). Timely and complete reporting of all reportable cancer cases by physicians, hospitals,

pathology laboratories, ambulatory surgical centers, and other reporting facilities is essential to maintaining accurate, population-based cancer surveillance. Complete reporting will improve the quality of cancer data used to guide public health planning, evaluate programs, and inform future investments in cancer care.

7. Establish a formal collaboration between the Charlotte Kimelman Cancer Institute and the Virgin Islands Central Cancer Registry. Developing formal protocols for data sharing, reporting, and ongoing collaboration will ensure that complete and timely cancer data continue to inform the Institute's planning, quality improvement efforts, program evaluation, and future expansion. A strong partnership between the Institute and the Registry will support evidence-based decision-making while strengthening cancer surveillance and improving outcomes for Virgin Islands residents.
8. Improve government procurement and contracting processes. The Department's ability to fully utilize available federal funding depends on the timely execution of contracts that support critical Registry operations, including software maintenance and contracted cancer abstraction. Streamlining procurement and contracting processes will help ensure that awarded federal funds are used efficiently, reduce interruptions in cancer surveillance activities, and strengthen the long-term sustainability of the Virgin Islands Central Cancer Registry.
9. Maintain strong partnerships across the cancer continuum. Continued collaboration among the Department of Health, hospitals, federally qualified health centers, private healthcare providers, community organizations, academic institutions, insurers, federal partners, and the Virgin Islands Central Cancer Registry will be essential to building a coordinated, data-driven, and sustainable cancer care system that improves outcomes for all Virgin Islanders.

In conclusion, the Virgin Islands has made meaningful progress in strengthening cancer prevention, screening, surveillance, and collaboration. The reopening of the Charlotte Kimelman Cancer Institute presents an important opportunity to build upon that foundation by expanding access to high-quality oncology services closer to home. By continuing to use reliable cancer surveillance data to guide planning and decision-making, the Territory can ensure that future investments are evidence-based, strategically targeted, and responsive to the needs of Virgin Islands residents.

Thank you for the opportunity to provide a comprehensive overview of the current burden of cancer in the U.S. Virgin Islands, the Department's ongoing efforts to reduce cancer incidence and mortality, the challenges affecting cancer prevention and treatment, and recommendations for strengthening the Territory's cancer care system. It also demonstrated how cancer surveillance data can inform the planning, staffing, equipment, and long-term operation of the Charlotte Kimelman Cancer Institute, ensuring that future investments are guided by evidence and aligned with the needs of Virgin Islands residents.

In closing I would like to again recognize the wonderful work that continues to occur in the Chronic Disease Prevention Program, the entire staff at the VI Department of Health and the persons responsible for us joining as a team, the Honorable Governor Albert Bryan Jr., and the Honorable Lieutenant Governor, Tregenza Roach.

The Department welcomes the opportunity to answer any questions about the progress that has been made, the challenges that remain, and our vision for building a stronger, more coordinated cancer care system that provides timely, comprehensive, and compassionate care closer to home.