Virgin Islands Legislature
Committee on Health, Hospitals and Human Services
Honorable Senator Ray Fonseca, Chairman
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Testimony of
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Good morning Honorable Senator Ray Fonseca, Chairman of the Committee on Health, Hospitals and Human Services, Honorable Senators of the Committee on Health, Hospitals and Human Services, other Honorable Senators of the 36th Legislature, Senate Staff, fellow hospital testifiers, and the listening and viewing audience. My name is Darryl A. Smalls, Executive

Director of Facilities & Capital Development for the Territorial Hospital Redevelopment Team (THRT).

As the Executive Director of the THRT, on behalf of Chief Executive Officer Darlene A. Baptiste, my Team and I have continued to manage and oversee the planning, programmatic design, final design, bidding, project management, construction, procurement and close out for the redevelopment of our Territorial Health Facilities to include the Juan F. Luis Hospital (JFLH), the Roy L. Schneider Hospital (RLSH), the Charlotte Kimelman Cancer Institute (CKCI), and the Myrah Keating Smith Community Health Center (MKSCHC). Equally important, we have been actively engaged in several enabling projects for which the THRT oversees that are essential to the redevelopment of the four facilities.

As requested, I am here today to present to the Committee on Health, Hospitals and Human Services and provide an update as it pertains specifically to the reconstruction efforts that have been undertaken with respect to the Charlotte Kimelman Cancer Institute. Before I begin my formal presentation, I would like to share a brief visual footage of the efforts that commenced with the initial solicitation walkthrough of the damaged facility with prospective bidders to where we are today.

As of today, the reconstruction which commenced in March 2024 is now 99% complete, with $34,932,144.84 billed out of the total contract value of $35,186,153.39. The project is currently in the final punch list phase, and the General Contractor is procuring all attic stock from subcontractors to satisfy project closeout requirements and contract specifications.

One of the primary challenges encountered during the reconstruction of the Cancer Center was modernizing an existing facility while working within the constraints of its original building

footprint, structural system, and floor-to-floor ceiling heights. The project required the design team to transform a facility originally designed under the 2006 building codes into one that complies with the 2024 editions of the applicable building, mechanical, electrical, fire protection, and life safety codes.

The most significant impacts resulted from the mechanical and electrical system upgrades, as current code requirements demand substantially larger equipment, increased ventilation rates, enhanced infection control measures, and greater system redundancy than those required under the previous codes. In addition, updated seismic design requirements necessitated structural and equipment anchorage upgrades throughout the facility to meet current life safety standards.

Accommodating these modern systems within the limitations of the existing structure presented a significant engineering and construction coordination challenge. Every modification required careful integration among architectural, structural, mechanical, electrical, plumbing, fire protection, and medical equipment disciplines to ensure code compliance without compromising the functionality of the facility.

At the same time, the project team was tasked with maintaining strict budgetary oversight. Balancing the need to achieve full code compliance while minimizing structural modifications and controlling project costs required continuous value engineering, detailed interdisciplinary coordination, and careful evaluation of design alternatives throughout the life of the project.

Vitally important to the reconstruction effort was to ensure that once completed, this facility would be self-sustaining from all major utility aspects to include redundant water supply for both domestic and fire protection purposes, emergency power supply with adequate fuel

storage for extended power interruptions, Uninterruptable Power Systems (UPS), and an N+1 Chiller System. Equally critical was to construct an exterior building envelope system comprised of roofing and window systems designed to sustain Category 5 hurricane-force winds and rain. Essential to the overall success of the project was to ensure once complete, the eventual demolition and reconstruction of the Roy L. Schnieder Hospital (RLSH), will in no way impact the daily operations of CKCI.

Critical Infrastructure

All Mechanical, Electrical, Plumbing, (MEP) Fire Protection, (FP) IT and Low Voltage (IT/LV) Systems are in place and operational.

Linear Accelerator and CT Simulator

Both the Linear Accelerator and CT Simulator are installed and operational. The remaining item to be completed is the Physicist sign-off and acceptance.

IT Equipment

The IT procurement has been divided into two packages:

1. **Package 1** has been awarded and is currently in the contract draft phase with the vendor.
2. **Package 2** has been solicited and is currently in the evaluation phase with a vendor expected to be selected in the next week.

Both IT equipment packages are supply contracts involving equipment delivery and installation, with no significant construction activities, cable installation, or other major infrastructure work required. Examples: phones, printers, desktops, clocks, etc. As a result, these

activities are not anticipated to adversely impact the overall project schedule; provided procurement and equipment deliveries proceed as planned.

Furniture, Fixtures, and Equipment (FFE)

The executed FFE contract and ongoing coordination efforts further support the project's readiness, with furniture installation scheduled to begin as early September 2026. Collectively, the remaining IT equipment, furniture installation, and MMME procurement represent the final fit-out activities necessary to prepare the Cancer Center for full operational occupancy by November 2026.

Minor Medical Equipment

To date, the procurement of Minor Medical Equipment has been one of the greatest challenges. We have issued solicitations for the equipment multiple times which has resulted in "non-responsive" bids received. The Team, comprised of multiple subject matter experts, inclusive of Medical Providers and the Physicist, in addition to our medical equipment consultant have worked collaboratively up to yesterday repackaging the equipment listing to move forward with procuring all of the requisite equipment needed for the timely opening of the facility. Of high priority on the list is the acquisition of the critical equipment required by the Physicist to complete the sign-off and acceptance of both the Linear Accelerator and CT Simulator. I want to assure this body and the Community that all efforts to procure this equipment is being undertaken while ensuring that we comply with all applicable procurement rules of the Government of the Virgin Islands and in compliance with Public Assistance Program and Policy Guide often referred to as the PAPPG.

Outstanding Challenges and Risks

The primary risks to achieving operational readiness are associated with the timely acquisition and installation of Minor Movable Medical Equipment (MMME) and IT equipment required for daily clinical operations. While this does not impact the completion of construction, delays in the delivery and installation could affect the facility's operational readiness. To mitigate these risks, we will work collaboratively with the selected vendor empathizing the timely delivery of the most critical equipment/components.

The THRT, Territorial Board, and Executive Leadership Teams from JFLH and SRMC continue to optimize and establish unified standards so that medical and clinical programs remain consistent at all facilities. This is vitally important for the sustainability, resiliency, operability, and maintenance of these major investments. Once completed, our facilities will be state-of-the-art healthcare facilities for the people of the Virgin Islands. Our residents deserve no less.

In conclusion, I extend my sincere appreciation to the Board of the Government Hospital's and Health Facilities Corporation, the Executive Leadership Team of JFLH and SRMC, all hospital employees, and our many public and private supporters for their recognition and support of the Territorial Hospital Redevelopment Team's efforts. And to the consummate professionals of the Territorial Hospital Redevelopment Team, I thank you. This concludes my presentation. I will remain available to answer questions you may have at the appropriate time.