



**36TH LEGISLATURE OF THE VIRGIN ISLANDS
COMMITTEE ON HEALTH, HOSPITALS & HUMAN SERVICES**

The Honorable Senator Ray Fonseca
Chair

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

on

Provide a comprehensive update regarding the programs, services, operations, regulatory responsibilities, and ongoing initiatives of the Virgin Islands Department of Health.

Good day, Honorable Ray Fonseca, Chair of the Committee on Health, Hospitals and Human Services; Honorable Hubert L. Frederick, Vice Chair; Committee members, and all non-committee members, and to the viewing and listening audience. I am Justa Encarnacion, Commissioner of Health for the Virgin Islands Department of Health. Joining me today are Dr. Nicole Craigwell-Syms, Assistant Commissioner; Mackiesh Taylor-Jones, Chief Legal Counsel, Deputy Commissioners Hadiyah Charles, Joan Jean-Baptiste and Renan Steele, and Chief Medical Officer Dr. Hunte-Ceasar. In the audience are other members of my executive leadership team and division and program directors from the Virgin Islands Department of Health.

We have been asked to provide a comprehensive update on the programs, services, operations, regulatory responsibilities, and ongoing initiatives of the Virgin Islands Department of Health.

Family Planning

The Virgin Islands Department of Health Family Planning Program provides reproductive health services to individuals ages 13-64 at three locations in the Territory. Family Planning received \$907,087 in Title X funding for April 1, 2025 to March 31, 2026, supplemented by General Fund support for clinical and administrative positions. The same amount was awarded for April 1, 2026 to March 31, 2027.

During January to December 2025, the clinics recorded 2,421 client encounters, including 2,325 female and 96 male encounters. Current staffing includes one medical director/OB/GYN (1 FTE), one OB/GYN (1 FTE), one nurse practitioner (0.5 FTE), one LPN (1 FTE), one CNA (0.5 FTE), one Administrative Officer II (1 FTE), one Program Manager (1 FTE), one Family Planning Representative & Data Specialist (1 FTE), two Administrative Specialists (2 FTE), and two Certified Medical Assistants (2 FTE).

Access challenges are primarily related to clinical provider shortages, including the need to fill 2.5 FTE advanced nurse practitioner positions. A Coordinator position also remains vacant pending reallocation of local funds to partially support the position. Clinics operate from 7:30 a.m. to 4:30 p.m. on St. Thomas and 8 a.m. to 5 p.m. on St. Croix; St. Thomas staff travel to St. John as needed.

Infants and Toddlers Program

The Virgin Islands Infants and Toddlers Program (ITP) provides a comprehensive system of early intervention services for infants and toddlers from birth through age two who have developmental delays or diagnosed disabilities. Funded under Part C of the Individuals with Disabilities Education

Act (IDEA), the program provides family-centered services designed to support children's developmental progress and strengthen families' ability to meet their children's individual needs. Services are provided in the child's natural environment whenever appropriate and are guided by an Individualized Family Service Plan (IFSP). Depending on the needs of the child and family, services may include service coordination, developmental therapy, speech-language pathology, physical therapy, occupational therapy, vision services and audiology. All eligible families currently receive these services at no cost.

Enrollment and Children Served

As of December 1, 2024, 121 children had active Individualized Family Service Plans (IFSPs), including 48 children in the St. Thomas/St. John District and 73 in the St. Croix District. By December 1, 2025, active enrollment had increased to 161 children, including 63 in the St. Thomas/St. John District and 98 in the St. Croix District, an increase of approximately 33 percent. The program served 248 children Territory-wide in 2024 and 291 in 2025, an increase of approximately 17 percent. The December 1 figures represent children actively enrolled with an IFSP; the annual cumulative figures represent all children who received services during the year, including new referrals and children who transitioned out of the program.

For Calendar year 2026:

St. Thomas	Unduplicated	53	Cumulative	102
St. Croix	Unduplicated	91	Cumulative	154

Funding

The Infants and Toddlers Program receives **\$895,530 annually in federal funding** through the Office of Special Education Programs. At present, the program receives no local funding support. Financial management and fiduciary oversight of the federal grant are provided through Lutheran Social Services, which serves as the program's contracted third-party fiscal agent. The absence of a local funding contribution is significant given the continued increase in children requiring services and the program's responsibility to ensure eligible children and families receive timely early intervention services.

Staffing and Operational Capacity

The program currently has three full-time employees and two vacant Service Coordinator positions, one each on St. Croix and St. Thomas, for which recruitment is underway. Service Coordinators are essential to coordinating evaluations, services, IFSPs, progress monitoring, and transitions for children and families.

Program Importance

Early intervention during the first three years of life supports critical developmental growth and prepares children for successful transitions into school. In the Virgin Islands, providing services early can improve outcomes while reducing the need for more intensive interventions later. As demand increases, adequate staffing, provider capacity, and sustainable funding remain essential to meeting the needs of eligible children and families.

Vital Statistics and Birth Certificate

From October FY2024 through June FY2025, Vital Records and Statistics processed 5,605 of 6,173 birth and death certificate requests within five business days, achieving a **91%** timely processing rate and exceeding the **90%** KPI target. Performance improved from **64% in October to 98% in May**. The Division continues to meet its target of processing at least 90% of requests within 3–5 business days. In calendar year 2026 (numbers calculated through August) we have processed 5,085 birth and death requests: 4,427 Births and 658 Deaths.

Vital Statistics provides in-person and mail-in services and coordinates electronically with hospitals and funeral homes to register births and deaths. The Division also fulfills required reporting to the Centers for Disease Control and Prevention (CDC), the National Association for Public Health Statistics and Information Systems (NAPHSIS), and other local and national agencies. The Division currently operates with approximately 11 employees, including the Director and Assistant Director. With the online application portal scheduled to launch in January 2027, additional capacity is needed, particularly a Vital Records Processing Specialist and Data Analyst, to support increased workload, document security and data management.

Applications are tracked upon receipt to identify incomplete submissions and potential backlogs. The approximately 10% of requests not completed within the 3–5 business-day KPI are primarily associated with incomplete applications or missing documentation. Staff work directly with applicants to resolve deficiencies, with processing resuming once required information is received.

Current administrative priorities include adequate staffing and funding, maintaining supplies of certified security paper, and finalizing the updated Vital Records and Statistics (VRS) fee schedule for legislative ratification to better align fees with current operational and service requirements. Public concerns have primarily involved late fees, documentation requirements, and requirements regarding who must be present for certain transactions; these are addressed through clarification, application tracking, and direct assistance to applicants. The Division has also transitioned to the Virgin Islands Technical Architecture (VITA) electronic system, strengthening electronic birth

1 and death registration and enabling automated reporting to the CDC, NAPHSIS through State and
2 Territorial Exchange of Vital Events (STEVE), and other agencies. This modernization has
3 reduced manual reporting and improved the efficiency and oversight of vital records operations.

4 **Women, Infants and Children (WIC) Program**

5
6 The Virgin Islands Women, Infants and Children (WIC) Program provides nutrition assistance,
7 education, breastfeeding support, and referrals to eligible pregnant and postpartum women, infants,
8 and children throughout the Territory. The program is funded annually through the U.S.
9 Department of Agriculture (USDA) Food and Nutrition Administration through Nutrition Services
10 and Administration (NSA) funds and Food Funds, with additional special-purpose funding
11 provided for specific initiatives. The Virgin Islands WIC Program is currently **100 percent**
12 federally funded and receives no local funding support.

13 **Participation**

14 From October 2025 through August 2026, the Virgin Islands WIC Program served an average of
15 2,199 participants per month, including 1,148 children, 521 infants, 311 breastfeeding women, 160
16 pregnant women, and 59 non-breastfeeding postpartum women. Children and infants represented
17 approximately 76 percent of total participation, underscoring WIC's critical role in supporting
18 maternal and early childhood nutrition throughout the Territory.

19 **Services Provided**

20 The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) provides
21 electronic food benefits through the electronic WIC (eWIC) card, nutrition education,
22 breastfeeding support, and referrals to health and social services. With support from the United
23 States Department of Agriculture (USDA), two part-time Breastfeeding Peer Counselors provide
24 direct support to participating mothers. The program reports a **69% breastfeeding rate** among
25 participating infants and **83% among participating postpartum women**. Families enrolled in the
26 Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families
27 (TANF), or Medical Assistance Program (MAP) may also qualify for adjunctive income eligibility
28 for WIC, supporting coordinated access to assistance.

29 **Farmers' Market Nutrition Program**

30 The Virgin Islands WIC Program partners with the Virgin Islands Department of Agriculture to
31 administer the federally funded Farmers' Market Nutrition Program (FMNP), which expands
32 participant access to fresh, locally grown fruits and vegetables while supporting local farmers.

During FY2025, **1,077 WIC participants received Farmers' Market Nutrition Program benefits**, with **\$25,405 redeemed by farmers in the Territory**. Through this partnership, WIC provides participant benefits and nutrition education, while the Department of Agriculture administers the farmers' market component of the program.

Staffing

The program currently has 17 full-time employees and two part-time Breastfeeding Peer Counselors, with five vacancies: two Nutritionists (one each on St. Thomas and St. Croix), a Breastfeeding Coordinator, a Community Nutrition Aide II on St. John, and a Breastfeeding Peer Counselor on St. Croix. Recruitment remains challenging, particularly for Nutritionists due to salary competitiveness. Filling the St. John position is also a priority to ensure consistent service coverage and continuity during emergencies or disasters. Recruitment efforts for all critical vacancies remain ongoing.

FY2026 Program Accomplishments

During FY2026, the Virgin Islands WIC Program implemented national food-package updates that expanded healthy food choices, including whole grains, canned fish, and increased fruit and vegetable benefits. Modernization efforts include a participant portal expected to launch by the end of 2026 and a text-messaging platform anticipated in 2027 to strengthen participant communication and engagement. The program also monitored 100% of WIC-authorized food vendors, exceeding federal requirements, with no vendors currently classified as high risk.

Operational Concerns

Despite continued accomplishments, WIC faces several operational challenges, including recruitment and retention difficulties, particularly for nutrition and breastfeeding-support positions, and declining participation associated with slow population growth. The program continues targeted community outreach to identify and engage eligible families. Additionally, the delayed relocation to the federally funded, renovated Frederiksted office has raised grantor concerns and delayed anticipated rental cost savings. Repairs at the Sion Farm WIC Clinic also remain pending due to contracting and supply-chain delays, affecting clinic operations and service delivery.

Program Outlook

WIC provides nutrition, breastfeeding support, food access, education and referral services to approximately 2,200 women, infants and children each month. Continued effectiveness will require focused workforce recruitment, resolution of facility issues in Frederiksted and Sion Farm,

sustained participant outreach, continued modernization, and responsible stewardship of federal funding.

Maternal and Child Health

The Maternal and Child Health (MCH) and Children with Special Health Care Needs (CSHCN) programs provide comprehensive maternal, infant, child, and adolescent health services across St. Croix, St. Thomas, and St. John. Current programs and initiatives include Title V Maternal and Child Health Services, MIECHV Home Visiting, VICPAP, Newborn Screening, Early Hearing Detection and Intervention (EHDI), State Systems Development Initiative (SSDI), High-Risk Infant Follow-Up, pediatric clinical services, immunizations, developmental screenings, school-entry services, care coordination, and community outreach.

Prenatal and Postnatal Services

Through the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program, families receive prenatal and postnatal support, maternal depression screening, developmental screening, parenting and child-safety education, referrals, and care coordination. Recent utilization reflects **73 families and 70 children served, 713 home visits completed, and 37 families successfully graduating from the program.** The program also continues to monitor timely completion of prenatal maternal depression and child developmental screenings to support early identification and intervention.

Infant and Child Health Initiatives

Newborn screening, Early Hearing Detection and Intervention (EHDI), and High-Risk Infant Follow-Up remain central to early identification and intervention. Of 761 reported births, 678 infants received newborn screening, identifying 89 abnormal results, with 25 infants confirmed and treated or followed. Through EHDI, **659** infants received hearing screenings; **608** passed and **51** were referred for further evaluation. Pediatric clinical services reached approximately 938 patients on St. Croix and 725 on St. Thomas, supplemented by Territory-wide outreach and partnerships with Head Start and Early Head Start. The Virgin Islands Child Psychiatry Access Program (VICPAP) further strengthens access to pediatric behavioral health consultation, care coordination, provider education, and referrals.

Data, Surveillance, and Community Engagement

Through Title V, the State Systems Development Initiative (SSDI), and the Youth Risk Behavior Survey (YRBS), the Division continues to strengthen maternal and child health surveillance,

reporting, program evaluation, and identification of emerging health needs. Current efforts include improved monthly reporting, data integration, dashboard development, and preparation for upcoming YRBS and School Health Profile activities. These data inform the Title V Five-Year Needs Assessment, State Action Plan, and future maternal and child health priorities. Family and community engagement also continues through the MCH Advisory Council, with additional youth-engagement opportunities being developed to ensure that family and youth perspectives are incorporated into program planning and service development.

Areas of Concern

Maternal and child health services continue to face challenges related to specialty-care access, staffing, procurement delays, inter-island transportation, and facility conditions, including air-conditioning and environmental issues affecting clinics on St. Thomas and St. Croix. The Division continues coordinating repairs, assessments, and contingency measures, with mobile health vans supporting continuity of clinical services and outreach. Priorities remain strengthening access, continuity of care, early intervention, specialty and behavioral health services, workforce capacity, and equitable services for families throughout the Territory.

Mental Health and Substance Abuse Services

The Virgin Islands Department of Health's Division of Behavioral Health provides a continuum of mental health and substance use services across the Territory, including psychiatric assessment and treatment, medication management, counseling, case management, crisis response, substance use and opioid-related services, forensic coordination, residential care, homeless outreach, community engagement, and oversight of individuals requiring specialized off-island treatment.

Service Utilization and Local Treatment Capacity

During FY2025, the Division served **818 individuals** through its outpatient, residential, forensic, crisis response, substance use, and community-based services. The Division's outpatient and community-based system provide psychiatric services, counseling, medication management, case management, clinical support, substance use and opioid-related services, crisis intervention, referrals, and community outreach. The population served includes a significant number of individuals with serious and persistent mental illness, reinforcing the need for sustained psychiatric, clinical, case-management, and recovery-support capacity. Local residential services are provided through the Eldra Schulterbrandt Residential Facility, which currently has eight filled positions, including registered nurses, licensed practical nurses, certified nursing assistants, and an Assistant Director. However, the Territory does not currently have sufficient local capacity to

1 provide the full continuum of specialized inpatient, forensic, long-term psychiatric, step-down,
2 intellectual disability, and assisted-living services required by some patients. As a result,
3 individuals requiring these higher levels of care must continue to be placed in specialized facilities
4 outside the Territory.

5 **Staffing and Workforce Capacity**

6 Behavioral Health's personnel investment totals approximately **\$4.48 million** in salary and fringe
7 costs, including \$3.06 million in General Funds and \$1.42 million in federal funding. The Division
8 currently has **30 filled** full-time-equivalent positions, including 22 within Behavioral Health and
9 eight at the Eldra Schulerbrandt Residential Facility, with five critical vacancies in substance-use,
10 opioid-response, nursing, and clinical services. Additionally, seven General Fund positions were
11 previously eliminated and have not been restored, including clinical, supervisory, outreach, and
12 support positions across the Territory. These staffing gaps limit the Division's capacity to expand
13 local clinical, case-management, outreach, and recovery services while meeting increasingly
14 complex behavioral health needs.

15 **Off-Island Placements and Treatment Costs**

16 As of September 1, 2026, 56 Virgin Islands residents were receiving specialized care across 10
17 off-island facilities or provider programs for services unavailable or limited locally, including
18 forensic, inpatient psychiatric, step-down, intellectual disability and assisted-living care. The
19 largest placements include 13 residents at Correct Care of South Carolina, 11 at Jarzofrah, Inc.,
20 and 11 at Larkin Behavioral Hospital, representing 35 of the 56 residents. The remaining 21
21 placements are at Devereux, Sunrise Community, Sylmar and St. Elizabeth Hospital. These
22 placements create significant financial and operational obligations for the Territory, reinforcing the
23 need to expand local treatment and step-down capacity and reduce long-term reliance on off-island
24 care.

25 **Crisis Response and 988 Lifeline**

26 The Territory continues to strengthen behavioral health crisis response through the 988 Suicide
27 and Crisis Lifeline, which received 311 calls and 168 text/chat contacts from June 23 through
28 September 23, 2026. The contract with Protocall Services, Inc. was fully executed on July 30,
29 2026, with direct territorial routing going live on September 8, 2026. Continued utilization
30 underscores the importance of maintaining accessible crisis services and strong connections to
31 local behavioral health care.

1 **Community Outreach and Early Intervention**

2 The Division continues community-based outreach, recording **176** wellness encounters, **49**
3 engagements with individuals experiencing homelessness, **45** behavioral health screenings, **37**
4 Human Services referrals, and six new clients connected to treatment. Since the start of the school
5 year, Behavioral Health staff have also engaged directly with students, who have raised concerns
6 regarding bullying, suicidal thoughts, and difficulty expressing their feelings or communicating
7 openly with parents. Following the recent loss of a fellow student, **50 students** participated in
8 group support sessions, providing an opportunity to process grief, discuss concerns, and identify
9 students who may require additional support. These engagements reinforce the importance of
10 sustained school-based behavioral health outreach and trusted spaces where students can seek
11 support and be connected to appropriate services.

12 **Areas of Concern and Priorities**

13 The Division's primary challenges include workforce recruitment and retention, limited local
14 specialized treatment capacity, costly off-island placements, and outstanding provider obligations.
15 The Department remains focused on maintaining continuity of care while strengthening local
16 residential, step-down, substance-use, recovery, and crisis-response services. Expanding local
17 capacity is both a clinical and fiscal priority, improving continuity of care, keeping families
18 connected, and reducing long-term reliance on costly off-island treatment.

19
20 **Community Health Clinics**

21
22 Community health clinics across St. Thomas, St. John, and St. Croix continue to provide routine
23 primary health care services to adults, with a focus on individuals living with chronic diseases.
24 Throughout the year, clinic teams conducted outreach events, including activities during *National*
25 *Public Health Week*, *VIDOH Health & Wellness Fairs*, *Senator Fonseca's Annual Community*
26 *Wellness Fairs*, and signature health screenings and health promotion services during the three-
27 day *St. Croix Agriculture and Food Fair*. Services provided continue to play a critical role in
28 advancing the Virgin Islands Department of Health's mission to reduce health risks and expand
29 access to high-quality, community-based care.

30 Collectively, the multidisciplinary team of public health physicians, including the medical director,
31 advanced nurse practitioners, public health nurses and support staff, served 2,597 clients from
32 October 2025 through August 2026: 896 on St. Croix, 1,064 on St. Thomas and 637 on St. John.

Community Health Clinics operate at Schneider Regional Medical Center on St. Thomas, the Morris F. deCastro Clinic on St. John, and 35 Castle Coakley (Old Caribe Building) on St. Croix.

Primary care services include adult vaccinations, dressings on St. Thomas, referrals, ophthalmology on St. Croix, and food-handler/health permit services on St. Thomas and St. John. The Morris F. deCastro Clinic also hosts Vital Statistics, Behavioral Health, WIC, Infants and Toddlers, MCH prenatal and pediatric services, Communicable Disease and other VIDOH services based on community need and scheduling.

Current staffing includes head nurses (1.5 FTE), public health staff nurses (4 FTE), a CNA (1 FTE), a nurse practitioner (1 FTE), and a public health physician (0.5 FTE), supported by a program administrator and administrative officer on St. Thomas and a clerk on St. Croix. Recruitment is underway for two public health physicians, one nurse practitioner and one staff nurse. Physical-plant and staffing limitations remain the primary access challenges. The retirement of the former St. Croix program administrator has created a management gap, and the St. John program manager position is also vacant; the St. Thomas program administrator is providing temporary oversight with support from the Office of Regulatory Affairs.

Dental Services

The Virgin Islands Department of Health does not currently provide dental services through its Community Health Clinics; however, dental services are being added to the Donna Christian-Christensen Public Health Complex rebuild and Morris DeCastro renovation. The Department recognizes oral health as an important component of overall health and wellness. As the Department moves toward developing this capacity, planning will focus on identifying the funding, infrastructure, equipment, workforce, and operational requirements necessary to implement a safe, sustainable, and accessible dental services program for residents of the Territory.

Medical Malpractice Insurance

The Virgin Islands Department of Health's Self-Insurance Retention Medical Malpractice Program provides professional liability protection for eligible healthcare providers while ensuring an established process for resolving legitimate medical malpractice claims.

Claims and Current Liability

While claim frequency remains relatively stable, claim severity and associated costs are increasing, with approximately **70 active malpractice cases** currently pending. These cases represent

significant ongoing financial exposure through potential settlements and judgments, legal expenses, and prolonged litigation, underscoring the importance of adequate funding and timely claims resolution to protect the Program's long-term financial sustainability.

Impact on Healthcare Providers and Access to Care

Sustainable medical malpractice coverage is essential to recruiting and retaining qualified healthcare professionals and maintaining access to care throughout the Territory. Effective administration of the Program supports both provider stability and responsible claims management.

Claims Administration and Legislative Considerations

The Department continues to evaluate improvements to the medical malpractice framework, including stronger claims review, timely resolution of legitimate claims, and reduced legal and administrative costs. Legislative reforms should balance patient protections with appropriate safeguards for healthcare providers while promoting an efficient and financially sustainable claims process.

Medical Malpractice Risk Management Trust Fund

Title 27 of the Virgin Islands Code establishes a Medical Malpractice Risk Management Trust Fund to support the Territory's self-insurance framework. The Department is advancing implementation of a sustainable funding structure to support malpractice claims, settlements, judgments, risk management, and related obligations while reducing reliance on General Fund appropriations. Efforts include identifying alternative funding sources through the Chief Health Strategist and pursuing a licensed broker or brokerage firm with medical malpractice expertise. Implementation will require appropriate governance, fiduciary safeguards, professional fund management, and compliance with Title 27.

Program Outlook

The Self-Insurance Retention Medical Malpractice Program remains an important component of the Territory's healthcare and risk-management infrastructure. Approximately 70 pending cases, increasing claim severity and long-term liability exposure require continued attention. Priorities include strengthening claims administration, improving the timeliness of case resolution, and implementing and capitalizing the Medical Malpractice Risk Management Trust Fund to improve fiscal sustainability, support provider recruitment and retention, and preserve access to quality healthcare services.

1

Certificate of Need

Service Type	Current Status	STT /STX
Diagnostic Services	Ready for Committee Review	STX
Laboratory	Under Review—Awaiting Additional Documentation from Applicant	STT
Behavioral Health Outpatient Clinic	Administrative Review in Progress	STX/ STT
Non-Emergency Transportation	Subcommittee Review Completed—Findings Pending Issuance to Applicant	STT
Primary Care and Urgent Care Facility	Awaiting Additional Documentation from Applicant	STT
Medical Home Health Agency	Ready for Committee Review	STT
Mobile Rehabilitation Services—Occupational Therapy	Preliminary Review in Progress	STX
Non-Medical Home Care Services	CON Determined Not Required—Ongoing Regulatory Compliance Will Be Monitored	STT
Clinical Laboratory Services	Internal Review in Progress—Draft Findings Prepared for Review	STX
Cancer Specialty Pharmacy	Internal Review in Progress	STX
Non-Medical Home Health Services	Subcommittee Review Completed—CON Determined Not Required and Correspondence Regarding Next Steps Pending Issuance to Applicant	STT

2
3 Certificate of Need determinations are scheduled for mid-October. Current challenges primarily
4 involve staff transitions.

5 **Dr. Donna M. Christian Christensen, MD, Public Health Complex**

6
7 The Virgin Islands Department of Health continues to advance the Donna M. Christian-
8 Christensen, M.D. Health Center (DMCC) on St. Croix and the Morris F. deCastro Clinic (MDC)
9 on St. John as major investments in strengthening the Territory’s healthcare infrastructure. The

DMCC project is approximately **15%** complete, with **\$42.2 million** expended against a **\$292.8 million budget**. Construction began in February 2026, with substantial completion targeted for October 2028 and healthcare services anticipated to begin in February 2029. Key issues under active management include contaminated-soil relocation, Guaranteed Maximum Price No. 3 (GMP #3) cost pressures, and subcontractor labor-rate compliance.

The Department remains focused on maintaining construction momentum, controlling costs, resolving environmental and labor-compliance matters, and holding project partners accountable to established schedules and deliverables. Through continued oversight, value engineering, and proactive issue resolution, the Department is working to protect the project's scope, budget, and timeline while advancing this critical healthcare facility toward completion and activation.

Morris F. deCastro Clinic – St. John

The Morris F. deCastro Clinic (MDC) project is in the Design Development phase and approximately **60%** through design, with **\$1.55 million expended** against a **\$17.6 million budget**. Construction is targeted to begin in November 2026, with completion anticipated in October 2027 and healthcare services to commence in December 2027.

Critical preconstruction requirements include securing temporary swing space to maintain uninterrupted healthcare services on St. John, obtaining required Federal Emergency Management Agency (FEMA) environmental and historic preservation approvals, securing Department of Planning and Natural Resources (DPNR) building permits, and addressing lead paneling identified in the former X-ray room.

The Department remains focused on maintaining project readiness, completing regulatory and environmental requirements, and ensuring continuity of healthcare services throughout construction. Active coordination of permitting, remediation, and temporary relocation activities is essential to protecting the November 2026 construction start and overall project timeline.

Project Outlook and Critical Priorities

Together, the Donna M. Christian-Christensen, M.D. Health Center (DMCC) and Morris F. deCastro Clinic (MDC) represent approximately \$310.4 million in healthcare infrastructure investment, with \$43.8 million expended to date. DMCC is 15% complete and under active construction, while MDC is 60% through design and preparing for construction.

Critical priorities for DMCC are maintaining construction progress, managing environmental and Guaranteed Maximum Price No. 3 (GMP #3) cost issues, resolving labor compliance, and

1 protecting the October 2028 completion target. For MDC, priorities are securing temporary swing
2 space, completing environmental and historic-preservation requirements, obtaining permits,
3 addressing lead mitigation, and protecting the November 2026 construction start. The Department
4 will continue rigorous oversight of cost, schedule, compliance and project risks to advance both
5 facilities toward completion and strengthen sustainable access to healthcare services on St. Croix
6 and St. John.

7 **Upcoming Public Health Clinics and Mobile Health Vans**

8 **Mobile Health Outreach**

9 The Virgin Islands Department of Health is working to improve the use of its mobile health vans
10 across St. Croix, St. Thomas, and St. John by establishing regular outreach schedules that bring
11 public health and clinical services directly into our communities.

12 Community Health in the St. Thomas/St. John District has established mobile van outreach every
13 fourth Friday of the month, with locations selected based on community needs. Family Planning
14 and Maternal and Child Health are also finalizing their mobile outreach schedules, with services
15 expected to begin in November 2026. The Department is also coordinating opportunities for
16 multiple divisions to provide services together when feasible.

17 Behavioral Health will continue hosting Community Wellness Days throughout the Territory in
18 partnership with community organizations, including outreach within housing communities and
19 other accessible locations. The mobile vans will also support major events such as the St. Croix
20 Agriculture and Food Fair, VIDOH Wellness Fairs, and other community-based activities.
21 Upcoming St. Croix outreach includes Croixville Community Day on October 13, Watertown
22 Community Wellness Day on November 18, and a flu vaccine outreach at Plaza East on December
23 4, 2026.

24 In addition, Community Health and MCH have established recurring services for St. John
25 residents. Community Health provides services every second Friday of the month, MCH every
26 third Thursday, and prenatal services every fourth Friday. These services include immunizations,
27 pediatric vaccinations, school clearances and physicals, prenatal care, and other maternal and child
28 health services. On October 30, Community Health, in collaboration with the Chronic Disease
29 Division, will also conduct a Men's Health Fair in St. John.

30 Depending on the participating programs and needs of each community, mobile outreach may
31 include health screenings, immunizations, clinical assessments, health education, behavioral

1 health screening and referrals, maternal and child health services, and communicable and chronic
2 disease services.

3 Current operational challenges include vehicle maintenance and repair needs and the availability
4 of trained mobile van operators. The Department is actively addressing these areas while divisions
5 finalize their schedules, staffing, locations, and services.

6 Our goal is to move from primarily event-based use of the mobile vans to a more dependable
7 community-access model that makes better use of existing resources and improves access to
8 preventive, clinical, and public health services throughout the Territory.

9 **Environmental Health and Business Inspections**

10
11 The Environmental Health Division is a critical component of the Department's regulatory and
12 public health protection responsibilities. The Division oversees permitted facilities Territory-wide,
13 including food establishments, childcare facilities, hotels, salons, barber shops and other
14 businesses subject to environmental health and sanitation requirements.

15 Through inspections, permitting, compliance monitoring, complaint investigations, food-safety
16 activities and enforcement, the Division works to identify and correct conditions that may pose
17 public-health risks and ensure compliance with Title 19 of the Virgin Islands Code, Section 509.

18 The latest FDA Food Code is the 2026 FDA Food Code, released September 17, 2026, and serves
19 as the current model code guiding state, territorial, tribal and local retail food-safety regulations.

20 21 **Inspections and Business Compliance**

22 Over the past 90 days, Environmental Health reports 440 inspections, 17 complaints, 24 citations
23 and 51 new business reviews across the Territory. The Division also collected more than 270 food-
24 safety course certificates. Inspection activities focus on identifying and correcting public-health
25 and sanitation concerns, monitoring compliance, and ensuring regulated businesses maintain
26 conditions that protect employees, customers and the public.

27 Where deficiencies are identified, the Division works with regulated establishments to achieve
28 corrective action and compliance. Matters presenting significant or persistent public health
29 concerns may require additional inspections, formal enforcement measures, or other regulatory
30 action consistent with the Department's authority.

1 The Division continues to support food-safety education and certification and has established a
2 performance goal of achieving a 15 percent monthly approval rate for ServSafe certifications.
3 ServSafe® Certification is a nationally recognized food safety training and certification program
4 developed by the National Restaurant Association. It is designed to educate food service workers
5 and managers on safe food handling practices, foodborne illness prevention, sanitation, and
6 regulatory compliance. The Department will establish a timeline for full implementation of the
7 ServSafe certification process in the near future.

8 The Department of Health is updating its environmental health permit and inspection fees. We are
9 making final adjustments after comparing the proposed fees with those charged by health
10 departments in other jurisdictions and reviewing the cost of providing these services in the Virgin
11 Islands. Our goal is a clear and fair fee schedule that supports timely inspections and protects
12 public health. Before the changes take effect, we will provide businesses with the final schedule
13 and guidance on when each fee applies.

14 **Inspection Backlogs and Enforcement**

15 Given the large number of facilities under the Division's regulatory oversight, maintaining timely
16 inspection cycles requires sufficient environmental health personnel, administrative capacity,
17 transportation and inspection resources. The Department continues to evaluate inspection
18 workload and outstanding inspections, prioritizing facilities based on public-health risk so higher-
19 risk establishments receive appropriate regulatory attention.

20 **Used Oil and Regulated Waste Compliance**

21 Proper storage, handling, and disposal of used oil and other regulated waste materials remain
22 important environmental and public health concerns. Improper management of these materials can
23 create risks to soil, water, facilities, workers, and surrounding communities. The Division's role
24 includes identifying environmental health conditions that may present public health concerns and
25 coordinating compliance and enforcement activities with the appropriate territorial regulatory
26 partners where jurisdiction is shared or rests with another agency.

27 **Staffing and Operational Capacity**

28 The Division's ability to effectively regulate permitted establishments depends on adequate
29 staffing and operational resources. Environmental health personnel are responsible for routine
30 business inspections, complaint investigations, permitting, food-safety oversight, follow-up
31 inspections, community education and response to emerging environmental health concerns. Both
32 districts currently face vehicle limitations associated with government contracting issues, with two
33 vehicles in use per district.

1 Environmental Health also has vacancies in the Administrative Assistant, Director of
2 Environmental Health, and Health Inspector positions. These constraints affect inspection
3 scheduling, complaint response, and administrative work.

4 **Revenue and Program Activity**

5 In addition to its regulatory responsibilities, the Environmental Health Division generates revenue
6 through its permitting and related activities. During the first three quarters of FY2026, the Division
7 generated **\$529,326** in revenue. The Division remains focused on strengthening inspection
8 coverage, improving regulatory compliance, addressing outstanding inspections, supporting food-
9 safety certification, and ensuring timely response to environmental conditions that may threaten
10 public health.

11 **Childhood Immunization Compliance**

12
13 The Immunization Program continues to monitor childhood vaccine compliance and strengthen
14 vaccination efforts across the Territory. Data from January through September 2026 indicate that
15 coverage for several required childhood and adolescent vaccines remains below desired public
16 health targets, requiring continued outreach, education, and improved access. Vaccination
17 exemptions remain a significant concern.

18 From May through September 2025, the Territory recorded **214 religious, 85 personal, and four**
19 **medical exemptions**. St. Thomas school and daycare data from June through September 2026
20 identified **241 religious, 83 personal, and three medical exemptions**, highlighting continued
21 concern regarding exemption levels and the potential impact on community protection against
22 vaccine-preventable diseases.

23 Reporting accuracy is also affected by incomplete data from schools and childcare facilities.
24 Current kindergarten vaccination statistics reflect only schools that submitted student rosters,
25 reinforcing the need for legislation requiring public, private, and parochial schools to provide
26 enrollment data to strengthen surveillance, identify coverage gaps, and improve outbreak
27 preparedness.

28 The Division continues provider engagement, parent and community education, health-fair
29 outreach, and efforts to address vaccine misinformation. Mobile vaccination clinics for measles,
30 influenza, and respiratory syncytial virus (RSV) are also being planned for communities with low
31 vaccination coverage or limited healthcare access. Moving forward, priorities remain reducing
32 vaccination gaps, addressing increasing exemptions and misinformation, improving immunization

data, expanding vaccine access, and strengthening preparedness for vaccine-preventable disease outbreaks.

HIV Medications and Vendor Payments

During Fiscal Year 2026, the Centers for Disease Control and Prevention awarded the Communicable Disease Division **\$325,052 in supplemental HIV prevention funding** to expand routine HIV testing, access to pre-exposure prophylaxis, and community-based prevention. The Division continues to pair these prevention investments with treatment, surveillance, medication-access, and provider-engagement strategies designed to reduce new infections and maintain continuity of care for people living with HIV throughout the Territory.

The Virgin Islands AIDS Drug Assistance Program processed **2,567 prescription claims for 146 clients**, representing approximately **\$3.81 million in annual medication expenditures**. Approximately \$3.76 million, or 99 percent, supported antiretroviral therapy, while approximately \$39,000 supported treatment of co-occurring chronic conditions. Rising pharmaceutical costs and declining HIV medication rebate revenue continue to create fiscal pressure; however, the Division has maintained access to medically necessary medications through active coordination with its pharmacy benefit manager, pharmacies, Medicaid, pharmaceutical manufacturers, and federal partners.

Current Program Indicators

Indicator	Current Information
Clients currently receiving Virgin Islands AIDS Drug Assistance Program services	132
Clients receiving HIV-related services	191
People living with HIV/AIDS	851
New HIV cases - 2024	18
New HIV cases - 2025	15
Clients transitioned or eligible for transition to Medicaid	68
Clients receiving pharmaceutical/manufacturer patient assistance	46

Note: The 146 clients associated with the annual prescription-claims data reflect the reporting period for those claims; the 132 figure reflects the current Virgin Islands AIDS Drug Assistance Program service snapshot provided for this report.

Disease Surveillance

Reported sexually transmitted infection data show lower case counts in 2025 than in 2024 for the three conditions provided: chlamydia declined from 478 to 460 cases, gonorrhea from 97 to 62, and syphilis from 71 to 59. These data support continued surveillance, testing, prevention education, and linkage to treatment.

Condition	2024	2025
Chlamydia	478	460
Gonorrhea	97	62
Syphilis	71	59

Tuberculosis program data are pending confirmation in the source information provided.

Key sustainability actions include transitioning eligible clients to Medicaid and pharmaceutical manufacturer patient-assistance programs; reviewing formulary utilization and changes in treatment regimens; maximizing eligible pharmaceutical rebates; and maintaining direct engagement with pharmaceutical manufacturers and federal partners. The Division has also engaged industry leadership, including the United States HIV Business Unit Head at Merck, regarding medication access and available assistance opportunities. The Division also participated in targeted sessions at the United States Conference on HIV/AIDS addressing financing and expansion of pre-exposure prophylaxis, community-based delivery models, and integrated HIV care for women. Strategies from these sessions are being incorporated into the Division's broader prevention, treatment-access, and sustainability efforts.

Vendor Payments and Outstanding Obligations

The Department of Health and the Communicable Disease Division continue to reconcile pharmaceutical invoices and outstanding vendor obligations by validating invoices, confirming processed payments, identifying remaining balances, and coordinating with fiscal and vendor partners. The source information provided identifies an outstanding balance of **\$1,889,502 owed by the Virgin Islands AIDS Drug Assistance Program to Script Guide RX through August 31, 2026**, with obligations dating to September 2025.

Resolution of these obligations is being pursued as identified previously. The Department's overriding priority remains preventing administrative or fiscal challenges from disrupting medically necessary HIV treatment.

Prevention, Provider Education, and December 2026 Summit

The Department of Health's Communicable Disease Division, in collaboration with PROCEED, Inc. and the University of the Virgin Islands, is planning a prevention-focused HIV Summit for December 2-3, 2026, with follow-up activities on December 4. The initiative will strengthen education and training for prescribers, non-prescribers, healthcare professionals, and community partners in HIV testing, pre-exposure prophylaxis awareness and access, risk-reduction strategies, counseling, linkage to care, and reduction of new infections throughout the Territory.

Office of the Commissioner

Annual Wellness Fair and CREW Program

The Office of the Commissioner successfully hosted the 3rd Annual USVI Health & Wellness Fair, expanding access to comprehensive preventive health services across St. Croix, St. Thomas, and St. John. This year we served more than 1,500 residents territorywide. Services included women's and men's health screenings, including Pap smears, breast examinations and digital rectal examinations; behavioral health screenings; HIV/STI testing; biometric screenings; pediatric physicals; and adult and pediatric immunizations. Through collaboration with both of the territory's Federally Qualified Health Centers and community partners, including the Department of Human Services, residents also had access to additional health-related resources. Most importantly, the Fair emphasized linkage to ongoing care, connecting residents with VIDOH services including the Family Planning, Community Health, and Behavioral Health clinics.

The Cardiovascular Research Empowerment in the Workforce (CREW) Program is a five-year grant-funded initiative established through a partnership between the Virgin Islands Department of Health and the University of Miami. This year, CREW successfully completed its third cohort of 10 students, reaching a total of 30 participants over three years and filling the program's maximum capacity of 10 students each year. Two participants returned for a second year to continue their research, while applications have increased annually, making CREW an increasingly competitive summer research experience.

Students complete a two-week research boot camp at the University of Miami, followed by six weeks immersed in the USVI public health system, where they conduct cardiovascular research on topics relevant to the Territory's communities. The program is designed to strengthen research skills, prepare students for graduate and professional education, broaden awareness of healthcare and public health careers, and ultimately encourage participants to return and contribute to the Territory's healthcare workforce. To date, one CREW student's research has been accepted for

1 publication. The University of Miami is currently working toward opportunities to extend the grant
2 or secure similar initiatives that will further expand healthcare, research, training, and workforce
3 development opportunities in the Territory.

4 Senators, this concludes our update on the programs, services, operations and ongoing initiatives
5 of the Virgin Islands Department of Health. On behalf of the Department, I extend our sincere
6 appreciation to the members of this Committee and the 36th Legislature for your continued
7 collaboration, engagement and support of our public health mission. We are also deeply grateful
8 to Governor Albert Bryan Jr. and Lieutenant Governor Tregenza A. Roach, Esq., for their
9 continued support and commitment to strengthening healthcare and public health services
10 throughout the Territory. We value these partnerships as we work to protect and improve the
11 health and well-being of the people of the Virgin Islands.

12 Thank you for the opportunity to provide this update. My team and I stand ready to respond to
13 any questions you may have.