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**TESTIMONY TO THE 35TH LEGISLATURE OF THE VIRGIN ISLANDS
COMMITTEE ON HEALTH, HOSPITALS, AND HUMAN SERVICES**

Monday, July 7, 2025

Good afternoon, Honorable Senator Ray Fonseca, Chairman of the Committee on Health, Hospitals and Human Services, other Senators present, and the listening and viewing audience. My name is Tina M. Comissiong, Esq, MPA, and I am the Chief Executive Officer of Schneider Regional Medical Center (SRMC).

First, I would like to thank this Committee for the opportunity to provide testimony on the current status of dialysis services on St. Thomas, especially in light of the abrupt closure of the Caribbean Kidney Center (CKC). Your attention to this critical issue is deeply appreciated.

I want to start my testimony by extending my heartfelt gratitude to the incredible team of nephrologists, hemodialysis nurses and technicians, emergency room team, and support staff at SRMC for the amazing job they do every day in caring for members of our community who have end stage renal disease – and for always rising to the occasion when required to

ensure every person in our District gets the healthcare services they need when we have an emergency, natural disaster, or crisis.

Recently, our team was forced to step in to avert crisis and patient harm when 32 hemodialysis patients were left without any access to the life-sustaining treatments they need. On July 1, 2025, at 3:47 p.m., SRMC received an email from Dr. Gardiner indicating that CKC would cease operations effective 5:00 p.m. that same day—providing less than two hours' notice and offering no plan for patient transition.

On the morning of July 2, dialysis patients began arriving at SRMC's Emergency Department, reporting that they had been turned away from CKC and instructed to seek care at our facility. Many of these patients were unannounced, and the paper medical records they carried were incomplete—lacking critical information such as current history and physicals.

Critically, no communication or clinical hand-off was made to SRMC's Interim Chief Medical Officer, Director of Hemodialysis Services, attending nephrologists, ESRD Program Administrator, or Case Management team. This failure in coordination placed patients at risk and created operational instability at our facility.

These actions constitute violations of the CMS Conditions for Coverage for End-Stage Renal Disease (ESRD) Facilities which mandate safe and orderly transitions of care, the sharing of complete medical records, and

appropriate communication between outgoing and receiving providers. Additionally, CKC's conduct appears to violate key provisions of the Virgin Islands Rules and Regulations and the Certificate of Need Rules. Yet, CKC – a private entity - has repeatedly received several government bailouts and has been allowed to continue to operate. Despite receiving significant government funding, CKC still completely abandoned those patients at the end.

CKC's actions constitute patient abandonment—a serious ethical, clinical, and regulatory offense. The failure to ensure a safe and orderly transfer of care for vulnerable dialysis patients violates the standard of care and places lives at risk.

That morning of July 2, SRMC received a total of 32 dialysis patients who had previously received care at CKC. Starting as early as 4:30 a.m., our team mobilized to receive and care for those dialysis patients who had been turned away from CKC with little or no notice. Many of these patients arrived at our Emergency Department unannounced and in varying states of medical need. Some were lacking critical information such as current history and physicals, which are essential for safe and continuous dialysis care, so our physicians assessed them and wrote their orders and oversaw their treatments.

The professionalism, compassion, and dedication of the SRMC team ensured that patient care was delivered timely to those patients and everyone got the care they needed without significant interruption in their treatments.

SRMC was able to absorb this huge surge in patients because we had proactively expanded our hemodialysis unit in October 2024 with 12 additional treatment stations to be in a better position to care for all of the patients who need dialysis in the District. SRMC also had enough supplies on hand to take care of the surge because we had in our “Hurricane Stock” on site - every year, in preparation for the annual hurricane season, SRMC routinely ramps up supplies.

The most challenging part of this huge surge is needing additional staff members (dialysis nurses and dialysis technicians) to care for the additional patients. At SRMC, we manage productivity closely and we can not afford to keep extra nurses and techs on hand for just in case surges. That why we really have to commend our team who worked long hours and put in overtime and extra shifts to make sure the patients all got their treatments.

We need to supplement with additional staffing as quickly as possible, and we need to replenish our supplies – especially to ensure we maintain sufficient hurricane stock during hurricane season. We need an immediate release of funding to secure staffing and supplies.

We thank the Legislature for passing Act 8876 which specifically appropriated \$1,000,000 to SRMC for the support and expansion of Hemodialysis services. But, despite the legislative commitment, SRMC has not received any of these funds to date. The release of this funding will help to secure the immediate staffing and supplies we need to ensure the

continued safety and care of our dialysis patients. Future budget allocations should also include additional funding for SRMC, for this care to continue uninterrupted in the future.

The abrupt influx of patients placed significant, unanticipated strain on our personnel and resources, but our commitment to patient safety and continuity of care never wavered. SRMC now has 28 CMS-certified dialysis stations available for use. We are fully committed to meeting the needs of our End-Stage Renal Disease (ESRD) population. SRMC provides the highest standard of dialysis care available in our Territory - delivering comprehensive, patient-centered, and clinically excellent treatment in a fully accredited, state-of-the-art facility.

In closing, I again thank this Legislative Body, the Governor and the central government agencies that work closely with the hospitals – especially the Virgin Islands Commissioner of Health Justa Encarnacion, the Territorial Board, and all Federal partners who are involved for any assistance they have provided or will provide during this critical period.

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