



Committee on Health, Hospitals and Human Services II

Legislature USVI

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- 0:00:00 For a year and a month, one year and a month with a situation. That affects our business, business over there, business over there, and nobody come and help us with a situation. Please. Thank you, thank you, thank you.
- 0:00:30 Okay, so the water quality, of course, is important, and I thank all the testifiers for the interesting comments here. I wanted to go real quickly to WAPA with the brain discharge, and specifically with seven Cs. So right now, WAPA has a long-term agreement with seven Cs. When you say a long-term agreement, what is the timeline?
- 0:01:03 It was a 20-year agreement established in 2011. We have a 15-year contract with the option for a five-year extension. Okay. So now the brain now has some byproducts, right? You use chlorine, acids, antifeulants, none of that is included in the discharge of the brine? No, the brine material is just the pure concentrated salt water. So we only inject chlorine in the actual portable water itself when it goes out into our distribution system. Okay, so no chlorine is going in the discharge? No chlorine, no by-product. So do you reuse the salt? Do you do anything with the salt? You store it? You dispose of it separately? It just goes back into the ocean? It just goes back into the ocean. Okay. So St. Croix, you said, has the capacity for 3.7 million gallons, and St. Thomas is 3.3 million gallons? That's correct. And St. Thomas, you're discharging it down by Limburg Bay Beach or by the Crown Bay facility? Which one of those two areas?
- 0:02:22 That would be Limburg Bay. Limburg Bay Beach. So where are you discharging it? close to the beach or out by the the area where the propane tank is the propane facility closer out to the point okay okay good so I wanted to go quick to waste management authority the legislature appropriated 340 35th Let's say it's appointed, appropriated \$340,000, and it was with the intention to buy the new pumps down at the Wayne Aspinall, at Alita Cancran, you know, right back at Banco Popular.
- 0:03:07 And you were buying three pumps, and the pump was going to assist with the situation with Mr. Hosello here. What is the status of that? Because as you can see, it's still there. And also, the other question is, I've seen Sleepy Diploma there pumping it out, but it never, ever goes away. So give us an explanation on when we're going to get that problem fixed. I'll

start, and then I'll hand it over to my engineers. But this is Darrell Griffith, Waste Management Authority.

0:03:43 The issue that, well, the first issue, we never received the funds, unfortunately. But we did purchase the pumps. So we purchased the pumps for Can Crying. I think we purchased three pumps or four? We purchased three pumps for Can Crying. We had to readjust funds. Unfortunately, there were contractors we did not pay because it was an emergency. So we had to buy those pumps. And those pumps were installed at Can Crying. But so the issue surrounding Charlotte and Mali is not just the pumps but underground it's the where the pipes are those pipes are collapsing and failing so on each instance it's like a roadway on the ground that no one can see and in those instances where it fails our team jump into action where you see them pumping and also replacing those pipes and that's why when FEMA went in there and looked at our pipes underground they wanted to give a couple of million dollars initially to just fix some that were damaged by the hurricanes but when they looked in they said this whole thing has to be replaced so that's what's currently occurring in the virgin islands is that we're working on replacing the entire underground roadway of sewage in the virgin islands because it is an awful bad situation Okay. I can understand that, right? But the business owner here gave testimony, Asilmo gave testimony that that situation has existed for one year and how long? One year and a month. So that's 14 months. So they have to be a solution to that. You cannot have that condition for 14 months.

0:05:34 We're going to have to go in that area again and see if we can replace those lines underneath. But what's going to happen is that when we replace one line, like we're in front of Banco Popular, if you drive past there right now, you're going to see what we call bypass lines. That actually puts the sewage on top. And we had to cut a hole on the roadway that goes from the bypass to Banco Popular because that line underneath there also collapsed. And the team jumped into action where you couldn't see it in the roadway, but we actually jumped in and had to bypass that line so that it could make its way to the pumps so that it doesn't go into the ocean. So the same thing is we're going to take a look at his business area, too, as well, because I know we were over there a couple of months ago, and I thought that situation was looked at. And I know the team was putting together a scope of work for that, too, as well. So we'll take a look at that and see how we can put that to an end. But the reality is this is going to be occurring, unfortunately, for the next three, four years in the Virgin Islands because the entire system has to be replaced. And while we're replacing parts of it, other parts are simply just crawling, falling apart.

0:06:59 Okay. So, Ms. Anselmo, good afternoon. How are you doing today? Good afternoon. Media, can you recognize the mic of Senator Novel? France is this? Good afternoon, my name is Anselmo Lea. Everybody know me like Josello. I would like to get help with the situation we have behind Wilbur Passage Hotel because this problem is like a year and a month. It affects us and our customers. A lot of tourists come and fall. Like 50 people fall into this thing. They're drinking, and when they think they're going to walk in free, and they fall into this thing, it's very dangerous. Yeah, I was by there the other day. I go there to cut my hair, and I saw you guys look like you were cleaning it up.

0:08:01 you guys were actually cleaning out the sewage and so you know we can't have that there so I'd like to get that done so you mentioned that there's a 42 inch main that runs on veteran drive and there's a 24 inch so that the 42 inch main is what you have to fix or the 24 inch or both of them both of them is what the the team was working they were working on some of that over the weekend so You should have seen the work being done by Banco Popular over the weekend, and basically that's what they were doing.

0:08:33 And you're going to see that all throughout the territory, is that the team is going to be responding to those breaks. And my engineering team are working with the contractors and the Office of Disaster Recovery to do the planning, the design to replace all of these, because it's a very bad situation. FEMA did not want to come to the Virgin Islands and give us over \$3 billion. They came here and then when they saw the situation they understood what the Waste Management Authority was talking about and concurred and then obligated those funds just this year. So it's this year that we finally have access to the funds for St. Thomas to be able to address those issues. So the first thing we're doing is, like we did in St. Croix, purchase the pumps so that we can have all working pumps. Bruni fights with me on that one because he wants us to do all of the designs first and then purchase the pumps. But I said we have to take immediate action though because we might end up having to switch out one or two pumps because of a change in design but it's not going to be a substantial amount of pumps changed. And then after the designs are done, then we go in at the same time that WAPA goes in and we replace our lines and they replace their water lines. so it's done with a one-dig approach and then where so so you'll see that happening throughout throughout the the years coming and in the next coming months you'll see you're going to keep seeing work being done on these um sewer lines um i wish there was a better answer that i could give that could make could make the public feel better but the the reality is that the sewer lines are collapsing and failing and we're moving as quickly as possible to design them and to replace them so that we keep these waters pristine and beautiful thankful to the Department of Health and to the EPA within 24 hours when something occurs we are we we inform them and everyone jumps into action so that we we make

- 0:10:37 sure that we keep the environment safe okay in that particular area by and and Silmos Bar. I know they have that old swale, that open swale, which was a blue-bit stone design they had, and it goes over by Harris-Colwood Road, and then it goes in, it drains into the ocean there, underneath the highway. I took a good look at it. So a couple months ago, Public Works went, you know, in front of the Labor, Department of Labor. They built an underground culvert, and there's never any more flooding there.
- 0:11:19 I understand the difference between the drain and the sewage, but can you cooperate with Public Works? Because that's also a drainage, and apparently it's a sewage. So it seems like there's no drainage there anymore. it's just sewage or it's drainage sewage what is it there in that channel that goes behind windward passage it comes down how risk all road drive and it goes out into the ocean that's a that's a swale right the old time swale i'll ask mr alex bruni our engineer if he is aware of it to um to speak on that to say what the difference is what's happening there good afternoon alex bruni engineering manager of waste management authority I'm not too familiar with the storm drain system in that area. I do know that there's a separation between the storm drain and the wastewater system. What's occurring in that area right now, I know that because of the blockage that we had at the Cancrine pump station, it has caused it back up throughout the system up in the downtown area. Once that system is pumped down, then we should be able to send our crews out and do an investigation in that area try to unblock any blockage or any situation within that area if that's not resolved immediately then we have to do more internal investigation to figure out where the blockage is if there's a collapse in that area and then move forward into rectifying the problem. And what the teams are doing now is I assume because we fixed that one area they're going to each and every manhole to check the level of sewage in them and see and to determine if there's still a blockage anywhere down the line okay colleagues uh we're gonna go to around five minutes um oh i'm sorry oh i'm so sorry um would like to i must recognize the presence of our rules committee chair senator carla joseph welcome senator joseph yes um senator blighton
- 0:13:21 you recognize thank you mr. chair and good afternoon to all of the testifier that thank you so much for your testimony testimonies we have challenges and all in respect to the system over 3 billion dollar that's gonna be invested in the system as we get there we're gonna be it's like riding a bike and fix it at the same time you know it's gonna be difficult there's going to be challenges one thing i must say you need to do though um your marketing and advertising and media campaign need to be out there 24 7 because it's going to be a lot of destructions you know and we need to coordinate moving forward but let me ask quickly um in respect to the testimony because i know you stated um director griffith um that is 4.5 million million with gallons that flows through the system daily with water but let me actually in terms of leaks do we have any estimator as of how much leaks do we have or how much amount of sewage that leaks throughout the system have you done an analysis do you have any idea from what my team has told me there speak into the mic oh i'm sorry so what my team has told me there are currently over 10 locations in the territory where i said in the testimony that's deemed catastrophic failure so those are the those are the ones that i would say uh are the problem issues in which they're simultaneously trying to address what we're trying to fix again i understand and i never said in the testimony my question have you have an estimate of how much actually oh gallons yes toward the territory from those areas that affected I don't have that information I don't know if Mr Bruni would be able to answer that one in terms of the estimated amount
- 0:15:13 of gallons that leaks out Alex Bruni no we don't have that those numbers that require us having portable meters and we do not have any of that within the authority okay very well because i know you guys also spoke to um etc but um have anyone of any of the agencies reach out to the marine advisory service at uvi that actually does research in that area on a daily basis full time have anyone reached out to them to see what effect affects our author from their perspective because they're the expert, that's what they do. Have anyone in the agency reach out to them? Department of Health, Waste Management, and AWAPA when it comes to water quality, et cetera? Do you have a question, yes or no? Health?
- 0:16:03 I know the Dr. Sims, Department of Health, Assistant Commissioner. The Department of Health, I don't know what the intricate relationship is, but definitely because we have such a manpower shortage, so we try our best to collaborate with areas like UVI. We work with UVI, for example, right now they're working with us on the solid waste section, but on the wastewater section, our primary area of expertise that we rely on is both DPNR and the EPA. Okay, very well. And also, I was also wondering in terms of our ecosystem, what effects it does have on the system, but nonetheless, let me move on. We spoke to the collapse lines, right?
- 0:16:47 And you attack them as soon as it happens, which is understandable because they're all over the place and you don't know because you can't see it, it's on the ground. Another situation behind, we want passage close to this gentleman business and other businesses. I know since they fixed the line, since Public Works fixed the line by labor, they had a heavy rain and the whole street again was flooded behind there. So I was wondering what the issue is, because it surely isn't that, because it really doesn't flood in that area anymore, but that whole area was full of water again and sewage on water. So there is something bigger going on there that you need to look into.

- 0:17:27 There is something, and this is what I asked my engineers a similar question to that. And it's because, this is my layman's understanding of it, But the stormwater and the sewage lines are connected in some places. There's leaks. No, leaks and connected. So what we're doing, just like the city of New York is doing, is they're disconnecting that connection everywhere through the city of New York. Because that was done throughout the United States, unfortunately. It's not just a Virgin Islands problem. So whenever you have extreme rainfall events, it overflows into those sewer lines. So we're cutting those connections so that no longer occurs, just like the city of New York and all over the United States.
- 0:18:21 Okay, let me ask you quickly before my time run out. What's the timetable for all three islands in respect to procurement in the investment that was made? because I know you said you ordered the equipment for St. Croix. You're about to order the equipment for St. Thomas. Have you procured one for St. Thomas? So St. Thomas. I want about St. John. You're too quick on the job. And then what about St. John? For St. Croix, like you said, we've ordered those and we've purchased those. So we're just waiting for the shipment of that to St. Croix. For St. Thomas, the procurement is going to go out this month. and the following month for St. John for the pumps. And what other timetable you have from your team plan and perspective in terms of getting the work done?
- 0:19:07 So, for example, for installing the pumps, it takes about three months for the pumps just to arrive on island, unfortunately. And that's for the small pumps. The bigger pumps sometimes take six months for them to build and to ship on island. So then after that, it takes about a month for us to be able to install. So that's the time frame. And then the actual sewer lines, that's years. So in closing, Mr. Chair, so let me ask you, so basically you're saying within a year time for the pumps itself and then several years down the road to build the system out?
- 0:19:45 Yes, sir. We're talking about close to a decade to build the entire system. Wow. And while we're getting there, like Mr. Booney was telling you, in terms of doing it separately, so it's a challenge. And I guess, like I said, you have to really invest in your marketing and your outreach to people, to us, to let us know what's going on. Because it's going to be a lot of going pains, I can tell you that much. But it needs to happen. And we need to do a we are doing a decent job in communications, but we need to do a much better job and just spreading the word out and giving more informative communications too as well so that the public knows exactly and knows what we're doing.
- 0:20:23 Look forward to seeing that happen. Thank you so much, Mr. Chair, for the time. Thank you for your responses. Thank you, Senator Blyden. Real quick, I want to do a mic check video, audio. Mr. Smith, I understand you're now online. Can you acknowledge and give your name and position? Yes, sir. Good afternoon. Okay, yeah, we can see you.
- 0:20:51 My name is Keith Smith. I'm the Territorial Manager of Wastewater Operations. Okay, thank you. We got you. Senator Alma-Francis Heiliger, you're recognized for your five minutes. Good afternoon to my colleagues. Good afternoon to the people of the territory, the testifiers, everybody. I watched the video, I was downstairs in my office working before I came back upstairs and I watched the video. Well, my neighbor over here, he didn't share with you, I'm actually his neighbor. Literally the property next to his. I bought that property in, I think I bought it in 2010, put up a building.
- 0:21:39 I've been tortured ever since. And that's 2010 to, what year is this, 2025? Yes, ma'am. So about 14, 15 years that problem has existed. So while I'm here listening to y'all with this whole long, we're doing this, we're doing that, it's been going on for years. This is not something that has just happened. And I became a senator in 2021, and I'm not one of those people that because I have a I like to push it in people.
- 0:22:13 I don't do that. I kept calling like a regular constituent. I kept bringing it to their attention. I kept spending my money to clean up the ditch. That's what we were doing in that neighborhood for years. So when I'm hearing coulda, woulda, shoulda, this is what we gonna do, it's like going in one ear and out the next, to be honest with you. Because in this territory, nobody can't convince me that for 15 years the same identical problem exists it got to the point i couldn't even get to my building how it was flooded behind there for so long i couldn't even get to my own property but they want me to pay property taxes they want me to do what you want me to do as a government but what needs to be done so i can even access my property i couldn't even get to it that's how high the water was you could literally take a boat and just drive behind there and that went on consistently there is no reason even if we have to make adjustments to that ditch behind by windward there's no reason that it should be looking like that current it just shouldn't be looking like that and and we talk about tourism this is right next to a hotel where you have all of these tourists looking out their balconies, and this is what represents the Virgin Islands, a nasty, dirty, sewage-ridden ditch. That for some delusional reason, we cannot get sorted out.
- 0:23:49 And my argument is, even if you have to redo structures and pipes and all these things, why basic maintenance isn't part of your daily agenda? And you just let it back up to that level, let it sit there so don't you guys have something where people just come and clean it up and i'm not gonna sit here and pretend that some of it is not the neighbors because they need trash and dumping that ditch and that is what helps blocks it up i'm not even gonna sit here and pretend that don't

happen i personally think they need to put video cameras behind there they need to send more people out to hand out tickets because that aids in part of the problem i used to have the the neighbor right next door to me before they ultimately moved and the fireman mr masaki passed away his wife an elderly lady because they it used to get so flooded she would go and be there trying to take the dirt from the little drainage area, try to clean it up.

0:24:58 This is a lady that was in her 70s, 80s, just trying to survive. And we sit here with all the logistics under the sun, but in 15 years since I bought that property, nothing has been fixed. So I don't really believe nothing that's happening here. I really don't. And when you talk about investments and businesses thriving, that you want to get taxes done, you damage this man's business, too? This is crazy.

0:25:32 And then we want to know why the Virgin Islands do not progress. We want to know why so many things happen, why tourism is going down, why all of these little elements are happening. Somebody isn't doing their job. And at the least, basic maintenance. If you see that ditch gets to that level, what is stopping waste management or anybody from coming in, whether it's weekly, bi-weekly, whatever, and making sure that ditch is clean?

0:26:04 Until y'all sort out the rest of it. But everybody? Time. I'm going to wrap up. Proceed. I'm gonna wrap up, I just get to the point that I'm in a position as an elected official that I see things not only from the perspective of the consumer, from the resident, but also from a leader in this community. And I'm gonna be honest with you, I don't know if people are just lazy, people just like collecting a paycheck, people just like to go along to get along, but we as a community have to do better and as a government in cleaning up this territory. That's just the long and short of it. I don't like coming here and running my mouth, but you're affecting a lot of people. That whole place was stink. I'm not gonna lie to you, it was bad. It's something as simple as basic maintenance, come on. We have to do better. And I'm gonna finish listening to you guys like I was, but you can't convince me after 15 years, this can't get fixed. And that's just, this was happening before I purchased my property right next to him, literally.

0:27:20 So I can't imagine how long it's been going on. So I just wanted to put that on the record. You know, we have to do better. And that's just my thoughts on this. Thank you. Thank you, Senator Francis Heiliger, for those powerful words. You know, who feels it, knows it. Mr. Griffith, have you ever visited that area? Are you familiar with that area?

0:27:47 Numerous occasions, yeah. So would you agree that at least the whole thing needs to at least power wash and clean up and at least look safe, sanitary, and decent? It's a real, real SHIT hole right now. It looks bad, and it is bad, and I wish it was the worst area in the territory, but unfortunately it's not. But I'm going to commit the team to go in there and take a closer look to see what we can do to address this situation and have it stop. But that's what's being done on a daily basis. and there's so many areas where the team has to jump in with the pump trucks and put it into the sewer lines and while the other team is repairing the line that it's a reoccurring battle that we're up against. But that area is bad, so we'll take a look at it.

0:28:51 We'll have the engineers look at it and see what we can do to stop the debris from going in there too as well because what happens is that the debris comes into the sewer lines and hits the pumps and then the pumps stop working and then so we have to repair the pumps we have to move the debris for example this week I just got off the phone with Mr. Smith and told him move send a crew from St. Croix to St. Thomas to help unclog one of the lines because it has so many rocks and debris in it that we actually have to clean all of those things out and you have to have specialized equipment and training to do it and the team in St. Croix has all that already so we're going to come here and assist. So all of those things are being done on a regular basis but we're going to pay, I'm going to put some more attention on that situation that Senator Eiliger was talking about just behind Windward Passage and see if there's anything we can do to address that and to stop it. So you have our commitment on that.

0:29:52 Okay. Thank you. Mr. Griffin, can I add some clarity to windward passage? Yes. Is that okay, Senator Fronseca? Go ahead, Mr. Smith. Yes. Yes. Windward passage, we have a two-prong problem in windward passage. First, the storm drain itself is blocked. So that's when we have storm water and stuff like that. That's why the place always have water. Whether it's storm water, it's always because it's blocked. And going on the west side, that storm drain, that empties, that gut is blocked.

0:30:32 So that needs to be repaired. And another problem we have is if you have Windward Passage, if you stand on the road and you have Windward Passage on your right, on the left side of the road, we have customers that have old cast iron pipe coming out of their residence. and a lot of the cast iron pipes that come out of the customer's residence they're rotting so what happened that water from those residents from the lateral is running into the storm drain so one thing that happened back there is we did with the first clear clear that um that blockage for that storm for that storm that cover and second thing we need to do is we have to have all those old cast iron lines from those regions coming into that go into our system repair okay I understand that that's a major problem I understand that but since you know what you need to do at

least you know go and clean it sanitize it on Department of Health we're going to go to Senate President Potter have you tested and you you test in every place have you tested our water behind of Windward Passage in front of Mo Salo's business have you tested our water I I don't believe that we have I'm gonna go over to AC Malloy to see if he has anything to add to that AC Malloy good afternoon Ruben Malloy assistant Commissioner Virgin and Department of Health I don't believe that we test that tested that water our testing primarily is done at the pump stations okay test that water because people live there people work there people walk the street

0:32:30 and like we receive testimony it's been going on for a very very long time Senator Milton Potter, you're recognized for your five minutes. Thank you very much, Mr. Chair. Good afternoon, colleagues. A special good afternoon to the testifiers who are before us today. Director Griffith, I don't envy you. I think clearly the Territory's wastewater system is in a state of crisis. That's just, can't even argue that point. I think FEMA, you didn't have to persuade FEMA a whole lot. They came in, they did their assessment, and they awarded us \$3.2 billion. So, futuristically, we see some help on the horizon, futuristically. I wanted to get a sense from you as to how much of what we're experiencing with our deteriorating wastewater system, how much of that is deferred maintenance versus just the realities of an aging system?

0:33:31 I think it's a combination of both you know I said at this hearing I'm not gonna come and beg for money but I'm always gonna I'm gonna bring it up too as well it's and I'll explain why the legislature gives us about a little bit over a million dollars from the sewer tax funds that's generated I had a part in the testimony that I took out that acts because we've added more people to the sewer lines the amount collected should be closer to four million dollars so I'm gonna ask the Senate to take a look at that to see if they can increase the the us to the full amount that's that's um that's that's brought in so that we can address the maintenance issues so part of the problem we have is maintenance issues that's about maybe 40% of the problem the other 60% of the problem is just the lines are just simply deteriorating because they're past their useful life one issue that we're fighting with FEMA about is the laterals that mr. Bruni spoke about what those laterals mean it's that's that it's that connection from your house to the sewer line so that connection is deteriorating tremendously in the downtown Charlotte and Marley area but for all of the entire sewer system the three three billion dollars that they've given us is just to do the public roadway of the underground sewage the private laterals where it connects from your house to that line they don't give money to do that so we're argue we're not arguing but we're trying to convince FEMA that they have to give us the money to do that because all hundred something thousand citizens of the Virgin Islands or what 30 40,000 homes can't afford to connect so we're asking them why we build these lines you have to give us the money to connect from the house to the individual because when

0:35:27 they get that new line and a new pressures coming it's gonna just fall apart so the 3.2 billion really isn't sufficient to solve the problem the residents will have to connect from their residents to the public sewer yeah And if the old sewer, when the old laterals are connected, some of them are simply going to fail because they're not a custom. Okay. With the 10-plus catastrophic failures that you mentioned in your testimony, how many residents are currently without wastewater service because of those 10-plus catastrophic failures that you mentioned?

0:36:14 Is there a number you can put it? I don't think any, but I'm going to ask Mr. Smith, who is over wastewater, to answer that question, just to make sure that I'm not missing anything. Mr. Smith? Well, I don't know exactly how many residents, because what happened is they're not experiencing issues in terms of backups, because a lot of it is on mains, and a lot of those mains are either concrete, clay, or cast iron. So it's leaving the house, yes, but it's affecting sometimes, the roadway is affecting sometimes the neighbors.

0:36:55 We have certain situations where, because of the hillside, because of the terrain, it leaves the homes fine but it comes to the cast iron pipe that's deteriorated and go over into the neighbor's yard and stuff like that so we have like for instance on St Thomas we have about eight locations on St Thomas um that I can see with issues with with uh either concrete pipe that's um that doesn't collapse and and a lot most of them is a cast iron pipe and one of the things that we experience too with the cast iron pipe is we will we will dig out 10 feet to repair us that that what we call a point repair and do a point repair and when we try to connect to the piece of pipe that we cut it's so brittle it breaks off in our hands time and then we have to we have to expand five more feet or ten more feet just to find a good piece of the pipe that we could connect to so a 10 a 10 foot excavation turning to 30 foot excavation just to repair One, one thing.

0:37:57 Thank you, Mr. Smith. Mr. Chair, if I may just wrap up. Yes, yes. And I definitely want you to continue because I think the information that you're really talking about is very important for the general public to be aware of. I wanted to just pivot a little bit to Dr. Sims to ask if you're aware of any documented cases of illnesses due to sewage exposure. So that's going to be a little difficult to really say, because it's not a one-to-one system if you understand. So someone smells something, it's not directly reported that this is what made me ill. We would say that of course as epi tests and as EH tests, certain things matriculate and develop that lead to sickness, so yes. But to say that there's a one-to-one testing system, we won't really be able to confirm that.

- 0:38:51 okay so maybe it's affecting folks maybe not but we don't have any system in place to specifically link the illness to the sewage exposure but what we do what we do is once there are reports of illnesses especially in a concentrated area we do begin testing we begin you know doing all of the research so we ensure that we can trace back and figure out what's happening that is absolutely part of our our system. Okay final question so I don't totally abuse my time. One of the actions of Griffith to director Griffith to sort of understand who will have oversight is it VI Waste Management Authority that has oversight over this whole rebuilding process or role does ODR play or is this is this you do you have the subject matter capacity the subject matter experts oversee this 3.2 billion dollar initiative. It's a combination approach so what's happening for So all of the underground work, it's the Office of Disaster Recovery that leads that charge for anything that's underground. So where it's connected with us, WAPA, all of that's being done with the Office of Disaster Recovery where our engineers put together the scope of work and give that scope of work to them for the RFP. And then we'll have engineers there too as well as the construction is being done and also as the plans are being developed. So our team will be intricately involved. For everything above ground, we're doing that ourselves. So all of the pump stations, the treatment plants, those things are being done by waste management staff.
- 0:40:26 Thank you for your response. Thank you for your flexibility, Mr. Chair. Thank you. Thank you, Mr. President. Director Griffith sent Alma Francis that asked you that question, or she mentioned it, how much is it gonna cost? you got the three point something billion, that's the mean, then you're saying the lateral connections need to be done. If you can't get the whole thing connected, then it's still not fixed. So do you have any idea what that would cost?
- 0:40:59 If my memory serves me right, and Mr. Brunio or Mr. Smith, correct me if I'm wrong. I think that the last estimates we got were close to six to \$800 million for those. Wow, so that's about \$4.1 billion to replace that whole structure. Well, let me get to some small numbers. Last year we paid your WAPA bill, that was a few million, and just recently the 36th legislature appropriated \$5 million to the waste management.
- 0:41:34 Did you receive that money? We received that and received it thankfully. Those funds were immediately transferred to contractors that we owed funds for. And I remember how happy my finance team was to be able to actually pay these contractors. They were in the halls talking. It was a great day for us to be able to pay those contractors who do work for us. And that's why on the solid waste side, I'm asking for fees too as well. But I'll not dive into that on the wastewater side of discussions today.
- 0:42:06 okay thank you senator vice chair you herbert fredericks hubert fredericks you're recognized for your five minutes thank you very much mr chair uh pleasant good afternoon everyone testifiers colleagues listening and viewing audience mr griffith director griffith if you would this is a series of questions so if you could as quickly and succinctly answer them i'd appreciate i know time is of the essence um first question are you are all of your pump station online are all the pump stations online i think the answer to that is no and um if you'd like mr smith can tell you which ones are not online we have we have we have we have 31 pump stations um right now we have um uh and in-house capacity we have three three pump stations on and st croix with issues as offline and we have uh two pump stations on st thomas that is um offline uh we are basically using bypass pumps right now so for them to operate but the in-house pumps the electrical pumps that's in house they're not online we're currently using what you call bypass diesel pumps thank you very much um i assume these bypass pumps are the ones that uh the vendor was owed some money to the other day is that correct yes so i think so okay good i'm i'm glad that's straightened out.
- 0:43:52 We were getting some ugly calls about that. What is the issue with the Sugar Estate area? Real quick. We have the same issue in terms of collapse lines. We have car sign lines, O lines in the ground that's given us issues in those areas. We have one location that we have to go every single day pump because 200 feet of cast iron pipe is collapsed so um that's it that's the situation age okay um what's the status of the lbj garden sewer situation right lbj right now the pump we're using that that's another one that we're using in st quarters bypass we're using a diesel bypass from a new pump that we a new pump that we purchased and it's a diesel pump that we have to man and manage and that's the situation with lbj we ordered a house pump for that for that facility but that pump is that it's a 250 horsepower pump and that pump uh takes like six months um right now i think we have about two and a half months left before that pump is here okay so we're renting the pump that we're using right now that's our pump that's The pump that we're using right now belongs to us.
- 0:45:10 Okay, awesome. All right. Does anyone know how many releases of untreated sewage we've had in the past year? What I could say is in the past year so far, I don't know the quantity, but I know how much what we call sanitary sewer overflows. We have 153 territory-wide sanitary sewer overflows we had to address so far to this date 153 how many on st croix how many on st thomas um i'll have to i can get up for you but we have me tracking this one i'll have to get into the system please um do we have any of this problem in st john by the way yes we do have something yes we do okay please please forward st john's number as well um yes what's the average time it takes to resolve a pump failure not replace the pump but to get something in there before this issue doesn't exacerbate like my colleague's property and it takes a

business we have three types of stations we have a small pump station medium pump station and large pump stations um the small pump station will take a couple of hours to do that um to address it the larger pump stations and the more difficult usually take pretty much um say eight dollars to get that result okay so before we got all this beautiful money from fema um we've had these issues with failing sewer like sewer lines over the years what was the approach that waste management had in trying to resolve these issues because it you know my colleague just mentioned 15 14 15 years owning a property and it wasn't fixed we were appropriating money to waste management throughout that period of time and we still have the same issue today well mr smith has only been with the authority

0:47:07 for a little bit over two years i've been there for three years so i'm gonna ask mr alex bruni who's been there for the life of waste management to just address some of the ways that we that we addressed those situations in the past and one of the things that the territory has to understand is that with the new hurricanes and the number of storms that we've been getting that's made the situation even worse for the underground so mr bruni if you could just explain to them how we go about addressing those situations in the past good afternoon again um time mr chair if i can Yes proceed. Thank you.

0:47:49 Usually in the past when we have a blockage or a bypass in the system, engineering will be notified about it and we would immediately do an assessment and do what we have to do to make sure that we rectify that particular issue, whether it be call it a contractor and repair it or do it ourselves. ourselves it all depends on the severity of the the um the situation but usually i would say within less than 24 hours we we get on it and just a matter of couple hours a couple days we'll be able to alleviate that problem depends again on the severity of the problem um there are several issues that we've had in the past from blockages right out here the legislature to issues um where we had collapse line leading to the treatment plan by the airport here in St. Thomas or in St. Croix where we have collapse lines near the LBJ pump station and other places, some of those issues was rectified in less than 24 hours. It depends on severity, depends on what we have in stock, and it depends on how fast engineering can get out there to resolve the problem. Okay, thank you very much. This is my final question in this round. As it relates to the laterals that we talked about these are the adjacent private property line feeding into the main sewage sewage line are we gonna build these property owners separately for access to the main line like we currently do because we're getting pushback on people not wanting to pay because they don't currently use the line but truth be told they might have a sewage line that's failing that is impacting the neighborhood so what are we going to do to resolve this issue that we're actually

0:49:40 putting a peel into fema right now we submitted it last week to ask fema to reconsider and to pay for the laterals for um for individuals i'm not talking about fema i'm saying about waste management charging the private property owners an access fee to the sewer line yeah we charge that access fee of a hundred and I think ten dollars for for everyone who was within how many within 60 feet of the sewer lines and the reason it's it's done is because of course the there's the maintenance issue of being able to maintain the system and as soon as someone connects we we have to be able to maintain that system so it can keep flowing um could you repeat the it the question again because i don't think i'm truly answering it okay so we have those lateral laterals in place right now that are failing and some private property owners are being charged this access fee that they feel it's unfair because they have not connected to it they're right adjacent to the sewer line but they don't use it but we know some of the older properties have laterals going to the line how do we address that issue Rudy help me out here because so the lateral is connected to the lines yeah the lateral is connected to the line so so if the laterals fail what FEMA is telling us is that well you said don't address FEMA but it's it's the private person's responsibility for that lateral line that connection to um to the sewage line so they actually pay to connect to that line to the boundary um and then anything after that we take care of but i i i feel like i'm not understanding your question because that's one line is actually uh the responsibility of the homeowner when they we we maintain the the means but the laterals is the homeowner responsibility right

0:51:55 and that's one of the problems we have behind windward passage as well because most of the laterals coming into the coming back there is the prop the is owned by the by the individual owners and it's most of it is gone so we have to figure out how we address that um because if we put it if we put in some burden on the homeowners yeah because some of those property owners had some alternative sewage system put in that's why they're like i'm not paying for this lateral because we don't use it now so i'm just wondering how we're going to deal with that because it's going to be a problem thank you very much mr chair for the time you could answer in the chair's time if you'd like Yes so I just want to clarify that Mr. Smith the laterals is primarily the responsibility of the homeowner or is it the government? It's my understanding is the homeowner is responsible for installing that lateral to connect to the main but you go ahead explain it Yes sir you're right So similar to WAPA Right, with the water line It's a homeowner's responsibility from the home to the boundary line From the boundary line to the main is our responsibility So with the issue with FEMA They don't have a problem paying for it from the boundary line to the main The issue is you can't utilize federal money to install the lateral and private property And that's what they have an issue with Okay, point of information Thank you. I heard earlier you gave an overall synopsis of \$6 to \$800 million. Could you, how did you come up with that number? And could you give me a

specific number breakdown as it relates to each household? Because I'm trying to get an idea how you came up with this number versus what it would cost each individual if they have to come up

0:53:57 with the funding to attach from the the line to their home so that cost differs from property to property for example there are some homes that have retaining wall fence line structures that was built over the lateral and the distance between the lateral and sewer line differs again so you have to make an assessment on a house by house basis to accomplish that number is it every single household that uses this system for example um every single household uses this sewer system no no uh sixty percent about sixty percent of the houses use it oh because i i've been at my property since i was two years old and we have our own septic tank we've never yeah i have a septic tank too so so you made so you're saying that this 600 to 800 million is only going to be for but that was roughly 60% of the people that actually utilize the system. It's not even all the homes. Correct. Oh, you didn't explain that too well because I was under the assumption with that number was everybody, but it's only 60%.

0:55:08 Hmm, well, calculate and give me a number individually, potentially. Thank you so much. Thank you, Senator Frances Helga. I want to follow up on the question with Sugar Estate, Specifically, 1st Avenue. Public Works have a contract there. I noticed they replaced, they put a new box culvert under the road, down by 1st Street area where the head start is, the constituent called me and said she can't even eat breakfasts. What happened there?

0:55:41 Because everything there is brand new. What happened there? Mr. Smith? Everything is brand new except for the sewer system. wish that we were able to coordinate with public works when they did that work with wapa so hold on let me just let me just sorry for the reply at the same time so you're saying that public works did that work there and they didn't cooperate with waste management i i think that was i'm new but i think that was in the making long before um before me i was that was in the making before but what would have been ideal is that when the contractor opened up the road we had the opportunity to change the solar line at the same time because that solar line some of that solar light in in sugar state is concrete pipe and some of it is cast iron pipe and all of those pipes long overdue is life expectancy so we have to eventually go back in there and change joined all that line on the perimeter replacement so what's happening in certain parts of we have partial cut we have partial collapse especially on the car cyan line in there we have partial collapse and that's why if if the sewage is stagnant for under 24 hours in in um sugar state for any reason at all it get blocked so we have to go in there and unblock it so we have to keep it flowing all the time uh in in sugar state that's a problem that we have right now well sapopa you know that's incredible and amazing public works replace all of those there and i'm assuming the waste management line is below the public works line right yeah a lot of it is that is like so they're gonna have to dig that up again

0:57:29 We'll have to go back in there again on a full replacement, and replace those lines. Okay. Senator Carla Joseph, you're recognized for your five minutes. Thank you so much, Mr. Chairman. A pleasant good afternoon to you, our colleagues, as well as the viewing and listening audience, and all of our testifiers who are here and present with us today. I want to take this moment, really, to recognize that Mr. Darrell Griffith, who is an accountant, I keep saying it by trade, that's your profession, is in an acting capacity of a very technical position as the executive director of the waste management authority typically you have persons who are engineers and the like who would stand in in that position i must say you and your team are carrying this very heavy burden this is a major issue that we're experiencing this authority not as much as WAPA, I'm going to tell you, is really in a crisis mode. You don't bring in sufficient monies, generate sufficient monies to be self-sustaining, and this government has to continuously provide funding from the general fund to support the operation.

0:59:10 And not only that, we had the Public Services Commission, which I am an ex-officio member here, who indicated that you owe them millions of dollars. Okay, so we have your authority in itself is in a crisis mode. Mr. Griffin, tell me how long you've been in this acting position. I've been, surprisingly, because my assistant told me just this morning, next month we'll make a year. so it's been 11 months in this acting position so i've definitely learned a lot from the cfo desk you know i was only looking at the money um now looking at it from the broader perspective i've definitely learned a lot and appreciate the work that our team is doing and your team is trying really you are are there swimming against a riptide which is both sewer and waste water so we have to see how we can send you some help have you uh has the board started to make any um overtures to get a permanent replacement have they interviewed any candidates they have this They've interviewed six candidates so far, and two came to the Virgin Islands.

1:00:37 Well, I won't get into the log story. Okay, just make it to the extent, because I have some questions. They have interviewed, and they're looking at another candidate now, too, as well. So we're staying up to date with them on finding out. Okay, I hope you'll be able to go back into your position, which is your primary profession. but I'm glad that you are learning so that's a good thing and that we have you here now I wanted to ask you a question and it's on page three of your testimony Mr. Griffith you stated and I'm going to just summarize that the 42 inch gravity main and the 24 inch

force main on veterans drive are failing which result in restricting flows east of the cancrime pump so all that we are discussing here including the property that one of my colleague own and Mr. Alseldo they are being affected by this is that correct yes okay now you went on to say that you have looked at resolving it by having hiring a contract right now you didn't go into details so I'm going to ask you who is the contractor that you have signed a contract with to read to address this issue the this issue that we addressed and Mr. Spiff jumping if I say anything incorrectly it was SDNC that we hired to do the bypass and that was completed already okay that was completed but But we're still seeing that these areas including PMP as well Harris Court is still being affected.

1:02:25 So what Mr. Smith told me today is that the team is going to every single manhole, opening it up and looking to see where the sewer levels are and then addressing the situation from there. So we're going through every single manhole on that line right now. How long do you think that project is going to take Mr. Smith for you to complete? So what happened is we have two collapse on that line and the last collapse happened on Sunday.

1:03:01 Mr. Chairman, may I? Sunday last week. Yes, you may. Go ahead, Mr. Smith. And we just repaired, was repaired with a bypass on Sunday, this Sunday they're gone, and we started up. So right now we're trying to do, we have the pump starting, we're running the pump, and we're trying to get the levels down. Because we were back up for so long, it take at least 26 to 48 hours before we could actually see all the levels down in the east part of Shardsmani. So the guys right now are currently going from manhole to manhole, starting from conquering, the way to um to cave in sight checking all the manholes checking the levels and updating me on what's going on there right now um the the permanent fix though however will be 800 feet of line from the bridge close to conquering the bank of popular all the way to the pump station and that line is 42 inch line and it's 20 to 25 feet down in the ground so you're talking about we have to engage a contractor to do that work it's going to be a lot of dewatering and stuff because that's that's filling land and stuff like that so we don't have the capacity in-house to do that work so we have to get a contractor to do it but that's the situation right now right now it's just a temporary fix it's a pump bypass that we did okay um mr chairman i know my time was called but i have uh two questions i would like to to wrap up on now and it's based on what mr smith uh indicate mr smith um relative to this 800 feet of line that you mentioned is that covered in your the costs for fema with a prudent replacement because then you know we might be putting in something and then we have to take it out again yes yes that's unfortunate uh the thing about the the fema the fema stuff is that you want to design it uh first you want to do especially when it comes to gravity systems you

1:05:11 need to have a full design um before you start work because they might say the design might show that that pipeline doesn't have to be there i might say that it probably need to be a smaller size or bigger size or stuff like that so that's that's a risk but right now because of the urgency of the situation um we have to use some type of funding mechanism um to do that work and that work is going to be extensive work okay and finally mr chairman i wanted to ask assistant commissioner craigwell sims and i want to thank you assistant commissioner for your providing a very detailed and comprehensive testimony relative to the critical public health and environmental health hazards associated with the discharge of raw sewage onto our streets and roadways But my question would be, have you or do you have any data of any businesses that have closed because of waste water that is running by their establishment and that you have had to come in, environmental health, have had to come in and close that establishment due to waste water issues?

1:06:34 No, we haven't had any that's closed. Our primary goal is really to provide education and support because, as mentioned in the testimony, it's not always a result of the business itself. So we try to support by presenting high risk and how to mitigate. Okay, so no businesses you have had to force to close because of wastewater. Thank you so much, Mr. Chairman, for the leeway. I appreciate it. Thank you, Senator Carla Joseph. Okay, so I wanted to ask, right, This has been burning me, because you know I went to Eudorakian High School, right, and I don't recall the odor then as it is now.

1:07:16 So they said it's the sargassum and the lagoon and stuff, so I want you to answer my question. The Nazareth sewage empties where? That empties, that empties in the Nazareth treatment plant, the universal based treatment plant right at the corner of, right across from the African school, across from the food plant. So the sewage is going down there and it also has the lagoon and the sargassum.

1:07:49 So that scent that you smell when you're over in Nazareth, that's sargassum and sewage or just sargassum? That's just sargassum. As a matter of fact, when you look at the effluent coming out of that plant, it's very, very clean water coming out of that plant. I understand, Senator, because in St. Croix, I was driving in Princess, and I was smelling this scent. And I was like, what in the world is going on? Is our pump station down? So I drove to LBJ. Everything was working perfectly. And then it occurred to me, I saw all the sargassum there, and I was like, ha, ha, it's the sargassum. that scent is horrific. It smells like sewage, but it's not. And it's not just on St. Thomas, it's on St. Croix too as well. Okay, I'm going to take your word for it. So let me ask you now, when was the last time you upgraded the capacity of that plant over there? Because there's a lot more homes over there that's going into that sewage than it was a few years ago. Has that plant been

upgraded or you have the same capacity you had 20 years ago that plan is slated to be replaced um we're having some issues with no that's not my question i'm sorry it hasn't been upgraded it hasn't been upgraded in how long you can't remember i've been with authority for the past 20 something years and it has never been upgraded during that time frame okay what you're saying is sarcasm i'm gonna take your word for it so the reason why you're gonna upgrade the plant you're going to increase the capacity as well because there's more sewage you know the school is built up there's a lot planned in that area so part of our procedure is to do a hydraulic analysis of the area to determine flow and capacity and then the plan will be designed based upon the capacity and

1:09:41 usage within that area okay and talking about flow that was my next question look like you read my my mind so the sewage in st thomas charlotte amali it flows from the east to the west or the west to the east how does this sewage flow combination of both okay if you're in estate thomas area it flows from the hospital from the hill goes down so it's going from east to west that's correct so it flows from haven site hospital ground area a portion of paddyburg to the Long Bay Pump Station. The Long Bay Pump Station pumps the sewage over Belgium Road Hill onto a gravity system near the District Court. And from there, it flows down to the Cancran Pump Station. However, there is flow collected in the sub-base area that is directed through the sub-base pump station. And that pump station now pumps eastward towards the Cancran Pump Station.

1:10:42 okay so the long bay pump station right in front of lucinda millen home we're talking about right correct that pumps the sewage up belgian hill correct and then it goes where it comes on the highway here or it goes main street area where does that flow it goes on veterans drive right by the boy scout building there's a transitional manhole on belgium road and there's a manhole down in the district court um yard and then from there it goes gravity fed down to the cancrane pump station okay so that mean when we upgraded the new highway the pomerade etc we we we replaced that there was there was never a line on the um under the old road it always went up belgium road okay so it goes from belgium road goes down by moravian church i'm trying to see how the sewage flow it's up on belgium road where does it go from belgium road there's a transitional manhole by the boy scout building the transitional manhole is where you you go from force main to a gravity line from that that transitional manhole there's a manhole in the district court parking lot and veterans drive side and that line goes from on on veterans drive straight down in between the fourth and the legislature down um on the right hand side in the parking area by the rolex area straight down to um windmill passage where it comes back onto the main road and down to the cancrime pump station okay so that's the reason why you need that big 42 inch main and veterans going down because everything is now carrying there hospital ground content altona savannah everything everything that goes onto that line and you just have one that's one main line one main line wow so right now prior to this morning when we did that bypass there was no flow in the system because the line was collapsed right by the bridge and I understand long time ago in 1953 or whatever when they were doing that maybe it was a reason for one line but since you have you know the three point something billion dollars you're going to still continue with just one main line going down because I assume everything goes out at the airport right?

1:12:55 That's correct. So \$3 billion seems like a lot of money, but it is not when it comes to redoing the whole entire sewer system territory-wide. So I still believe once we do our designs and our analysis, we may be a little short, but we have to do the designs first, we have to do an engineering estimate and then make the determination as far as what portions of the system we can and cannot do.

1:13:23 Okay. Well, you're the engineer. I just wanted to understand how the sewage flows. So then, finally now, when it gets down to Contant area, you've got to go up the hill again because Airport Road is another hill, so you've got to pump the sewage up that hill there again, right? Correct. So that's where the campfire pump station comes in. That's the pump station, pumps it over the Chinaman Hill or by Tema onto the Red Point Treatment Plant, located behind the airport. well you know we have a real complex sewer system a lot of pump lift stations etc etc it's a real complex system maybe in the new design you can you know I know that there's no gravity feed now in the line because the lands have been there for so many years I imagine they collapse so everything is a pressure feed It's a combination of both, both force, mean and gravity.

1:14:22 Okay, colleagues, we're gonna allow a burning question. If there's anyone with a burning question, we'll allow a burning question. Okay, yes, Senator Carla Joseph, you're recognized. Thank you so much, Mr. Chairman. chairman i'm not a member of this committee but i definitely found it necessary to come up here i wanted to ask um the rebuilding of the wastewater treatment line two questions um are you part of the super pmo part of the super pmo for for those lines yes okay for four of those lines Okay. And where are you right now with the design aspect, just for the St. Thomas and St. John, those two islands?

1:15:24 For St. Thomas, next week, the first RFP is going to go out July 15th. It's coming in, I'm sorry. It's coming in. July 15th, it's coming in. The RFP is coming in. You're going to get in bids now? The responses, yes. The responses. Okay, next

week. Okay, for St. Thomas. What about St. John? St. Thomas, and that's just the eastern portion of St. Thomas. So the other one is being developed, and then for St. John, that hasn't been put together yet. Okay. Okay, I do want to ask Mr. Chairman, if you would allow me.

- 1:16:01 Why are you focusing only on the eastern side? I mean, I love it because I live in the east, but we're having some major issues in the Midtown area. Why are you focusing on the East first? We had to break it down into sections. For example, St. Croix was broken down into two sections. So we put the St. Croix one out first and then St. Thomas second. And then right now we kind of have a fight with, not a fight, we're asking the Office of Disaster Recovery to actually move that section that we've been talking about today out of the bundle so that we already have the RFP specs for that. So we're asking them to allow us to just put that ourselves so we can start the design immediately.
- 1:16:45 And you're saying that that's for the Midtown area, which is being affected. You want to take that out of the bundle with the super PMO. OK, thank you so much, Mr. Chairman, for the leeway. I appreciate it. Thank you, Senator Joseph. So at this time, at a low closing, we're going to start with Mr. Salmo. You can give your closing remarks. Thank you for the invitation. I appreciate all the senators and all the gentlemen. Thank you.
- 1:17:20 Okay, thank you, thank you. Next we'll go to Mr. Darrell Griffith, Interim Executive Director. Thank you, I'm Senator Fonseca. Mr. Selmo and all of the residents of the Virgin Islands, going to work to address those issues because waste water is not something that we want to see on the streets or in our oceans and so our team immediately jumps on those things to take action and we continue doing that as we partner with the office of disaster recovery to rebuild the entire underground system and to also do with our pump stations so we will we'll make sure that we communicate to the public all that we're doing and to keep you informed and please do not hesitate to contact us when something occurs so that we can immediately jump on it because we know that situations are going to happen but we want to be able to immediately address it thank you so much for the time to come here and thank you for the Senate support your support has been fantastic to waste management and we ask just for your your continued presence and your continued support to us thank you so much sir thank you in Interim Director Griffith, Mr. Gregory from WAPA will entertain your closing remarks.
- 1:18:36 Yes, good afternoon again and just thank you for having us today and WAPA's goal obviously is to keep our environment as pristine as possible. We're going to continue to work with EPA and DPNR to make sure that when it comes to whatever we discharge into the Bay Area, both St. Claude and St. Thomas, that we do so in accordance of the law and we follow whatever guidelines and we'll just continue to operate as best that we can.
- 1:19:03 Thank you. Thank you. And Ms. Quigrell-Simms, AC. Thank you, Senator. On behalf of Commissioner Encarnacion and the entire Virginia Department of Health, we thank you for allowing us to testify today. We do remain steadfast in protecting public health as well as continued collaborations to ensure that not only the public is safe, but everything that is requested today goes all the way to fruition. Thank you. Thank you and at this time you release from your testimony the Committee on Health Hospital Human Services stands in recess for five minutes.
- 1:19:57 Thank you. Thank you. Thank you. Thank you. Thank you. Thank you.
- 1:22:57 Thank you. Thank you.
- 1:23:57 Thank you. Thank you.
- 1:24:57 ¶¶ Thank you. Thank you. ¶¶ Thank you. Thank you. do so so so so Thank you.
- 1:30:57 Thank you. Satsang with Mooji Oh, my God. Thank you. so Thank you. Thank you.
- 1:34:27 Thank you. Good afternoon, the Committee on Health Hospitals and Human Services is back on the record and We are now gonna ask Mr. Clerk, can you read Block 3 into the record?
- 1:35:33 Block 3. The committee will receive testimony from Roy Lester Snyder Hospital CEO Miss Tina Comision regarding the current status of kidney dialysis services and St. Thomas in light of the temporary closure of the Caribbean Kidney Center. The committee will also hear updates concerning the Virgin Islands Healthcare Foundation, based on St. Croix and the renal center's capacity to accommodate additional dialysis patients during this period. Invited testifiers, Ms. Tina M. Comision Esquire MPA, Chief Executive Officer, Snyder Regional Medical Center. Dr. Tassim Khan, MD, Nipporologist, the Virgin Islands Healthcare Foundation. Mrs. Amina Salim, Patient Advocate, Community Awareness, the Virgin Islands Healthcare Foundation. Mr. Chairman concludes the reading of Blacktree.
- 1:36:34 Thank you, Mr. Clerk. We wanted to do a mic check. We're gonna go to St. Croix first, testifier. It looks like Dr. Gardner, can you put your name and position on the record? Walter Gardner, Medical Director of Curving Center. Okay, and on St. Thomas, we have Tina Comision. Okay, and Dr. Olorachi, can you just say hello so we can get your name and address?

- 1:37:19 Yes, good afternoon. Dr. Delphine Olavachi, Chief Nursing Officer, Schneider Regional Medical Center. Okay, and Tina? Good day, Senator Fonseca. Tina Comisiung, Chief Executive Officer, Schneider Regional Medical Center. Okay, great. So, Ms. Director Comisiung, you can proceed with your testimony. Thank you, Senator Fonseca. Good afternoon, Honorable Senator Ray Fonseca, Chairman of the Committee on Health, Hospitals, and Human Services, other senators present, and good afternoon to the listening and viewing audience. My name is Tina Kamasyung. I am the Chief Executive Officer of Schneider Regional Medical Center, and with me today is Dr. Delphine Olavachi, the Chief Nursing Officer of Schneider Regional Medical Center, who has helped us with hands-on leadership through this hemodialysis crisis first I would like to thank this committee for the opportunity to provide testimony on the current status of dialysis services on Saint Thomas especially in light of the abrupt closure of the Caribbean kidney center otherwise known as CKC your attention to this critical issue is deeply appreciated I want to start my testimony today by extending my heartfelt gratitude to the incredible team of nephrologists hemodialysis nurses and technicians and our emergency room team our inpatient caregivers and all of the support staff at Schneider Regional Medical Center 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 do so to ensure that every person in our district gets the health care services they need even when we have an emergency, a natural disaster, or crisis. Recently our team
- 1:39:14 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. These 32 hemodialysis patients were being cared for at the Caribbean kidney center or CKC on July 1st 2025 at 3:47 p.m. SRMC received an email from Dr. Gardiner indicating that CKC would cease operations effective 5 p.m. that same day providing less than two hours notice and offering no plan for patient transition on the morning of July 2nd dialysis patients began arriving at SRMC emergency department as early as 4:30 a.m. 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 with them were incomplete many of them lacking critical information such as their current history and physicals critically no communication or clinical handoff was made to SRMC's interim chief medical officer director of hemodialysis services any of the attending nephrologists the ESRD program administrator or to our case management team this failure in coordination placed patients at risk and threatened to create operational instability at our facility these actions constitute violations of the CMS conditions for coverage for end-stage renal disease facilities which mandates the safe and orderly transition 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 in the Virgin Islands rules and regulations as well as the local certificate of need program 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, which is a serious ethical,
- 1:41:40 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. Early that morning of July 2nd, SRMC originally received a total of 15 dialysis patients who had previously received care at CKC. Then later that day, we received another five, and in the following day, we continued to treat those patients. In all, we treated all 32 patients. Our team mobilized very quickly early that morning 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 in varying states of medical need. Some were lacking basic critical information about their care, which is essential for us to have to allow for them to have safe and continuous dialysis. So our physicians assessed them or reassessed them, 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 that everyone got the care they needed without significant interruption. SRMC was able to absorb this huge surge in patients because we had proactively expanded our hemodialysis unit last year in October 2024 we opened our expanded unit with 12 additional treatment stations to be in a better position to care for all of the patients in the St. Thomas St. John district who would need dialysis SRMC was also able to absorb this huge surge because we had enough supplies on hand because we had our hurricane stock in. On site, every year we prepare for the
- 1:43:34 annual hurricane season and we ramp up our ordering of supplies in case we're not able to get fluids and dialysers and medications and other things. So because we had that in-house and because we had built out the space, we had the capacity to take care of the patients. What we didn't have and the most challenging part of this surge is needing additional staff members, specifically dialysis nurses and dialysis technicians to care for the additional patients at SRMC we manage productivity closely and we cannot afford to just keep extra nurses and techs on hand for just-in-case surges that's why we really have to commend our team who worked long hours and who 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 to avoid burnout of our current staff and we need to replenish our supplies we need to make sure that we have sufficient hurricane stock on

site now that it's hurricane season so we need an immediate release of funding to secure the necessary staffing and supplies we want to thank the legislature for passing act 8876 in the past which specifically appropriated 1 million dollars to shine a regional medical center for the support and expansion of hemodialysis services but And despite that legislative commitment, SRMC did not receive the release of any of those funds. So we have redirected from other projects and made it work with our limited funds to have accomplished the build out, but we really do need the funding now so that we can get the staffing that we need and we can restock our supplies.

1:45:16 Future budget allocations should also include additional funding considering these are additional patients that SRMC is caring for so that we can ensure that this care continues uninterrupted in the future and this is a permanent solution a permanent fix with having dialysis being provided by the government hospital we are always going to be there we are the people's hospital and we will take care of the patients the abrupt influx of patients did place significant and unanticipated strain on our personnel and our resources but our commitment to patient safety and our continuity of care never wavered and SRMC now has 28 CMS certified dialysis stations that are available for use we're fully committed to meeting the needs of our end-stage renal disease population SRMC provides the highest standard of dialysis care available in our territory we deliver comprehensive patient-centered and clinically excellent treatments 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 Ms. Justa Encarnacion, as well as the territorial board and all the federal partners who are involved for any assistance that they have provided or that they will provide through this critical period. Thank you so much.

1:46:37 Thank you Director Tina Comision. Next we'll receive testimony from Dr. Walter H. Gardner of Caribbean Kidney Center you may proceed with your testimony thank Thank you, Mr. Chairman, members of the committee, CEO, Commissioner Young, Noes McClatch. I want to again express my personal and CKC's gratitude for your tireless efforts and commitment to dialysis patients and our community.

1:47:30 I applaud your efforts and those of the U.S. Virgin Islands Legislature to always find ways to ensure the lives of our most vulnerable are a critical priority. On July 1, 2025, CKC, in communication with all relevant governmental and non-governmental agencies announced a temporary cessation of services at a systems facility for one reason only.

1:48:16 CKC's policy requires that it hires competent licensed registered dialysis nurses and dialysis patient care technicians to provide direct patient care for its dialysis patients. Unexpected family health emergencies for three of its critical staff members placed immense stress and pressure on the remaining clinical team, potentially exposing patients to unnecessary risk and contributing to stress and burnout of the remaining care team members. As a result, CKC no longer meets the patient ratio and staff mix necessary to deliver safe treatment. treatment. As the medical director, it is my responsibility to ensure that patients and staff are not exposed to unnecessary risk. CKC has been making its best efforts to recruit and retain qualified staff to continue providing quality care. However, circumstances have conspired to make effective staffing options untenable. CKC is aware that this decision to temporarily suspend services will have a significant impact on the overall healthcare system in the territory, but believes this action was the most prudent under the circumstances. CKC plans to resume services as soon as as it recruits adequate staff to provide safe and effective care for its patients and is working diligently to have this happen very quickly.

1:50:09 That is my testimony. Thank you, Dr. Gardner. Mr. Clerk, can you read the testimony from Tassim Khan, Medical Director of Roja Nance healthcare foundation renal renal center into the record 36 legislature of the u.s virgin islands committee on health hospital and human services wednesday july 7 2025 testimony tashim khan md medical director virgin islands healthcare foundation virgin islands healthcare foundation renal center good morning honorable chair senator fonseca honorable members of the 36th legislature and all present here and viewing public thank you for inviting me to testify thank you thank you for inviting me to give testimony on behalf of the virginals healthcare foundation vihcf regarding the availability and continuity of dialysis services and syncroy the virgin islands healthcare foundation is a 501 c3 non-profit organization and we reaffirm our commitment our commitment to ensuring uninterrupted access to life saving life sustaining dialysis care for our community We have the capacity to accommodate 78 dialysis patients and currently serve 31 patients six days a week with two shifts a day. We do not take our service to this community lightly. We understand that we serve our most vulnerable patients who depend on us to be there for them at all times. We have been gradually bringing on patients but we are prepared and fully capable of assuming the care of up to 47 additional dialysis patients should the need arise. In the event that we are called upon to observe 39 patients, we must emphasize that doing so under current staffing conditions would necessitate that we transition into our emergency plan, which is, one, we require full cooperation in obtaining patient's record immediately. Two, add an additional shift for each day. Three, assign our personnel to work 10 to 14 hour shift to uphold the required standard of care. Four, while we are prepared to act in the interest of patient safety and continuity of care we would have to immediately reach out to hire

displaced dialysis staff from close or damaged dialysis unit and hire additional trained dialysis staff if needed to prevent exhaustion reduce risk and preserve high quality treatment importantly The Virgin Islands Healthcare Foundation is not requesting financial assistance. We have structured our operation to sustain this expansion through revenue derived from patients insurance reimbursements and we are prepared to compensate any additional staff accordingly. However, should the foundation

- 1:53:43 observe patients previously served by the Caribbean Kidney Center, we respectfully request that we also be reimbursed by the Medical Assistance Program, MAP, in a manner consistent with the reimbursement arrangements provided to the Caribbean Kidney Center. This parity is essential to ensuring continuity of care for vulnerable vulnerable patients are sustaining the long-time viability of dialysis services and syncroy our foundation started operation in january 2025 following a successful completion of comprehensive survey conducted on behalf of medicaid Medicare. In our short time serving the public, we have already shown our commitment to excel, as noted by many Virgin Islands government and federal government officials who have visited our advanced dialysis unit. A testament to the strength of our team and the integrity of our care model. Our sincere hope is that we can put aside our differences, judgments, and agendas, and truly come together as a Virgin Islands community to address this ongoing issue. Let us not be disconnected from our fellow human beings because we may feel that it is not our suffering. unless someone lives with dialysis either personally as a family member or as a friend there is no understanding of the full extent of what is being endured the VHH the VIHCF have worked diligently to establish a permanent dialysis unit and synchro and we remain committed to serving as we have always stated we understand that is essential for patients to have a choice However, they need options that are reliable and permanent. We are only part of the solutions. Thank you for your time and consideration. Respectfully submitted, Amina Salim, Board Secretary, on behalf of the Virgin Islands Health Care Foundation. That concludes the reading of the testimony from the Virgin Islands Health Care Foundation Renal Center. Mr. Chair.
- 1:56:13 Thank you. Thank you, Mr. Clerk. so okay so there you have it um ckc um we received testimony they they closed with improper notice it should have been a more a longer period of notice but the good news is is that roy lester snyder hospital through its executive director miss tina commission they've stepped up and they are serving all of the patients. So I want to get to that now. Are any patients on St. Thomas unserved? Are you able to treat all of the patients? Tina Kamas-Young, CEO of China Regional. All of the patients in the St. Thomas St. John District are being served. Okay good and we've received testimony that the Sincroi, the Virgin Islands Health Care Foundation, is also able to treat all of the patients on Sincroi. However, CKC still is open on Sincroi. So I want to ask Dr. Gardner, at this time is there any possibility that the Sincroi operation is about to close?
- 1:57:36 I'm glad you used that word, Mr. President, Mr. Chairman. Close. You know, it's a word that's been used inappropriately as a concern of CKC. I want to remind everybody that CKC has been providing services, dialysis services, in the Virgin Islands for 22 years as of last March. We have been the supplemental service available when other agencies and other providers fell short for any reason at all.
- 1:58:17 Or when there were emergencies like hurricanes. I want to also remind everybody that CKC continued to operate fully immediately after the hurricanes of 2017. Excuse me, I'm going to have to interrupt you, our President has an important meeting and so Senate President Potter you're recognized for your six minutes. Thank you very much Mr. Chair, good afternoon colleagues, special good afternoon to the testifiers who are here before us today. I want to really just right out the gate commend and congratulate and say thank you to you, and your CEO, Kumis Yung, and your team for really stepping up to the plate and avoiding what could have been a real serious crisis, and a crisis involving life and death. So I want to really thank you for stepping up. I was very surprised when you mentioned in your testimony that you were provided with less than two hours' notice via email at 3.47 p.m. for a 5 o'clock p.m. shutdown. concerns me. I wanted to ask you whether or not you're aware of what was the medical condition of the 32 patients when they arrived at SRMC and were any of them in any immediate danger? Yes Senator Potter, thank you for the question and thank you for the compliments. I'm blessed to work with a great team of professionals the patients were in varying stages and varying conditions when they arrived most of them had received their treatments recently so this was their next due treatment so I don't think anybody really missed any treatments yet but they had to be assessed and reassessed and some orders were changed but then all the patients were started timely so they've all now received treatment we're up to treating a hundred and six patients now okay now
- 2:00:23 How does that impact you now that you're accommodating patients really now from two facilities, consolidating them into your facility? What's the long-term sustainability of that? What are you going to require in order to provide consistent long-term services to these patients?
- 2:00:49 Sure. Thanks, Senator Potter. We will need some ongoing support. Hemodialysis is a very critical service. It's not one that we make money on typically. We can get closer to breaking even, especially with having additional volume. Then

you can do a little better with the bottom line. But this is a sustainable service for us. We've built out the unit. We got the 12 additional stations now. So we have the capacity. We have a great water treatment center. Water quality is very, very important for dialysis. And so we can continue to take care of these patients moving forward. Now that we have incorporated them into our census, we're just going to need to add the staffing support.

2:01:28 Understood. Why hasn't the \$1 million from Act 8876 been released? And what bureaucratic barriers, if you're aware of, exist? I think there's probably... My guess is that it's probably due to cash limitation, cash flow challenges. but I'm hopeful that it can still be released because it would be extremely timely to receive that right now. Okay.

2:01:56 I mean, you're talking about life and death literally. Literally. So as far as priority in, you know, accessing available cash, I would think that that would be number one, you know, because this is life and death. What regulatory oversight changes are needed to prevent similar health care facility closures, in your view? Yeah, it's a great question, Senator Potter.

2:02:27 I think we have to really look at the laws that currently exist on the books and do a little bit more on the regulatory arm, probably through Department of Health as the entity that regulates health care facilities in the territory, also the Virgin Islands, the licensing, the medical licensing board. I know they regularly review providers But I think we have to look at the CON process and do a little bit more in terms of Visiting those facilities and ensuring that the care is Stable and up to par that the community gets the care to deserve Okay Thank you very much for that. Um I think that's all the questions that I have for now I have to rush to this appointment that it was at 5 o'clock. But I want to thank you again, Madam CEO, for stepping up to the plate and ensuring that this outcome was a lot more positive than it could have been.

2:03:24 Thank you very much for your generosity and flexibility, Mr. Chair. Thank you, Mr. President, and I hope we didn't make you late for your appointment. So, okay, so there you have it. um thanks again because you know we in this community if we remembered after hurricane irma and maria the mess the mess mess i can say that one senator alma franzith the mess this government was involved with when we had to transport kidney dialysis patients off island to the tune of millions of dollars and i'm hearing today now the 35th legislature approved a million dollars for roy lester snyder the governor signed it into act 88 76 on august 20th 2024 and today is july 7th 11 months later and roy lester snyder has not gotten a dime of that one million dollars and here it is now they went out and used their own resources to equip this new hemodialysis wing i think is on the second floor yes senator second floor so we We want to let everyone in St. Thomas know, we're going to get to St. Croix, everyone in St. Thomas know if you had been a patient of the Caribbean Kidney Center, you can report to the Roy Lester Snyder Hospital on the second floor, the kidney dialysis unit. They can treat you and provide quality care.

2:05:15 We've added 12 chairs, 12 dialysis chairs, so that we can be treated. So that's awesome. And, you know, we ought to take congratulations, the whole legislature, because we acted on this, and all senators voted for it. Senator Marvin Blyden, you're recognized for your six minutes. Thank you so much, Mr. Chair. Good afternoon again to my colleagues, and good afternoon, CEO. Hello, and thank you so much for your testimony. I first want to say thank you to you and your staff for stepping in and stepping up and doing what needed to be done. And as I stated earlier in this hearing for DJ and who we are the people, especially in time of crisis.

2:06:08 and we honestly care about each other and look out for each other so I thank you and your staff for stepping up to the plate and doing what's necessary now let me go to the testimonies I want to start with dr. Gardner's testimony first this two-page testimony which was just that he went into a worker and I must say honestly I was I am truly disappointed I know that um I I appreciate what he did after the hurricane, after the storms, in respect to many of our patients, dialysis patients, he did what needed to be done as a Virgin Islander and doing his specialty in terms of caring for those individuals.

2:06:49 But I must say, Dr. Gardner's letter to Chairman Fonseca request for information is a study in how not to provide details. There were no details in there. And what, my first question, what are these circumstances that conspire to make all staffing options untenable for the Caribbean Kidney Center and does this mark a permanent closure of the facility and how much money has been provided to CKC over the last few years to ensure that it would not that it would remain open As a matter of fact, Act No. 830, \$75,000, Act No. 8729, \$700,000, and Act No. 8875, \$2.1 million.

2:07:41 I am very, very, very concerned for our patients in respect to service being abruptly dismissed. an hour 13 minutes before 5 o'clock. That's not who we are. That's not who we are. And I think, I'm not going to say what I think, but that's not who we are, and it's not right, basically. But nonetheless, let me ask Dr. Gardner. I'm going to give you a chance to respond. Dr. Gardner, in respect to the Kidney Center, with the challenges you're facing, and you say you're glad Senator Fonseca spoke to not mentioning closure, and I also spoke to what will ensure that it would remain open. What is necessary in terms of the Caribbean's Kidney Center? What's the issue?

- 2:08:45 I'm going to give you a minute to respond, if you would like to. Thank you, Senator. First of all, we found ourselves in a situation, staffing-wise, that was not safe. When I realized that, I mean, I spoke to my staff, I realized that they put in long hours, And I decided that in the interest, that because we were unable to provide the level of care that we expect, that our policies demand, and that you and the people of the Virgin Islands deserve, we decided that we had to cease operation temporarily. Again, I want to emphasize, this was not a decision taken lightly.
- 2:09:38 If anything had gone wrong with any of our patients, we would have been crucified. If CMS came in and surveyed us and found that there were any things that were not adequate, for example staffing ratios, etc., etc., we were going to be criticized. It was therefore my decision and my decision alone to temporarily cease operation until we can provide the kind of care that we've been providing for the last 22 years the citizens of the territory. The urgency the urgency demanded that we act that way. We notified all the governmental non-governmental agencies by email, which was the fastest way you could have done it, explaining fully what the reasons were. We also provided our patients with adequate medical records and information in a letter form as well as verbally, suggesting that we would be referring them to the hospital in St. Thomas for here. Yes, the timing. I'm sorry. I have two minutes left and I need to ask the next question of why. I don't know if you have a next round, but if possible, I'll continue in the next round, okay? I appreciate your explanation thus far. CEO, let me ask you in my short time that's remaining, I have two quick questions for you. Number one, in terms of staffing that some in terms of staffing when you were not prepared for what hit you with this situation right how much staff do you have number one
- 2:11:33 and number two arm in terms of ratio how long will you be able to keep keep going to include over time etc and what are the funding necessary for you to continue because I know you say you did not receive the million dollars but what do we need to give you immediately or initially in our free to continue on the path you're on right now as we go forth with our people here in the territory who goes to the hospital for dialysis. Thank you for the question Senator Blyden. We have a team of about 22 people that work with us in our hemodialysis unit. We would need to add about three RNs, hemodialysis trained RNs. It's a specialty area and we'll need to add at least five to six hemodialysis text we have good relationships with temporary staffing agencies and so we can work with them to get the contract labor from them but they will require upfront payment for that labor i think you know if we got 500 000 or 300 000 at least initially released to us that would certainly get the ball rolling on being able to put in some supply orders and to make the first couple of payments for the staff and in respect to supplies what about the the emergency the emergency supply that you use how much would it cost to replace those replenish those supplies because they're gonna need to be put back how much would it cost for those also a total overall number so we can know what to focus on certainly senator bladden and I will send you back through the chair that detailed breakdown but I think at least the initial orders that 300,000 would get us an order of supplies, some meds, some medications, and a couple weeks of paying for the staff.
- 2:13:17 Well, I'm sure my colleagues and I would find a way to make it happen because we're talking about lives here in the territory, and we always do what's necessary on behalf of our people. Thank you so much, Mr. Chair, for the time, and thank you for your responses, testifiers. Thank you. Thank you, Senator Blyden. good pointed questions because you know lives are very important you know we cannot have under any circumstances where any clinic gives less than three hours notice and now you're presented with an additional 20-something patients that you had no idea was gonna come you know it's so good that you were able to treat them, you know, by adding those additional chairs. So now I want to go to St. Croix, Dr. Garner, because, okay, I'm not going to use the word closure. Say temporary suspension because we've gotten testimony from the Virgin Islands Health Care Foundation that there's about 39 patients that you treat now on St. Croix.
- 2:14:31 More or less, how many patients do you have on St. Croix? That number is about correct, Mr. Chairman. Mr. Chairman, could I add the following? Several years ago, the facility at Crong Bay closed and notified us·I'm not saying this to make an excuse. I'm just saying this is the way things happen and can happen in emergencies. They notified us at 5 o'clock in the evening on Sunday about their closure. We accepted all the patients at that time at CKC. Snyder Regional accepted none. Now I say that not to not to criticize Snyder. In fact I add to the compliment and the congratulations that they received for the services that they provided and the ability to respond to this emergency. We are deeply grateful on behalf of ourselves and the patients. However, emergencies happen in dialysis and when they do, this is the kind of thing that could happen. Now, are there better ways that it could have been done? Sure. If this was a situation where I thought we could function for additional days or weeks before having to do this, we would have done so. This, as you all have pointed out correctly, this is an emergency, patients lives are at stake and I was not willing to accept those risks. So I gave, I provided patients records to be taken to the hospital. I notified the hospital what happened, yes on short notice, but I did, and we proceeded to be as supportive as we could if necessary information was provided if there were additional information what number to call how to get additional information regarding the patients so i am not proud of uh of the way things have happened however i did them because i thought it was the correct way to do it given the state what was

at stake patients lives um i i i started earlier to say that we've been providing dialysis services as uh in the territory for 22 years

2:17:02 we would not have survived if we were reckless if we were not providing quality service and and if we were not caring about our patients the patient wouldn't have stuck with us this long if that were the case as well so i i i i make no apologies for for for what has happened And I wish and I regret we had more time to give the appropriate notices, which I think was reasonable, but this was an emergency situation and we did what we thought was right for the patient.

2:17:40 Before I go to the next senator, you know, Dr. Gardner, that pissed me off. You hear saying that you give no apologies for what happened. gave us two hours notice that you're closing this center on St. Thomas where patients many lives could be in jeopardy here and you're here giving testimony to the committee that you give no apology that's that's not acceptable you should be here telling this committee that it was unfortunate etc etc and you apologize for the late notice you can't come here telling us, you give no apology. That is not acceptable. Senator Alma-Francis Heiliger, you recognize. Mr. Secretary, Mr. President, I said I have no apology. I don't apologize for the decision I made. I thought it was the right decision to make under the circumstances. Yes, I apologize for the inconvenience, and I want to make that publicly clear. But the decision that I made, i believe was the correct one and that's why i made it okay that was a poor choice of word um senator alma francis heiliger you're recognized for your six minutes thank you good afternoon to my colleagues to the testifiers to the people the territory and staff um dr gardner i i need a little bit of clarity because i still have no clue why you closed um all of your responses have been going around and jumping all over the place but but I'm trying to fully understand what happened. Now, in your testimony, I heard something about conspiracy, or I don't understand. Did you have an issue with the nurses? Did they walk out? Was it an issue with funding? Do you feel they were getting recruited? What exactly happened? Because you're going all around it, and I have no idea what I'm dealing with.

2:19:41 Thank you for the question. Thank you for the question. It's very simple. We require certain patient ratios, certain patient-staff ratios, and we require certain classification of people to care properly for dialysis patients. Three of our critical people had family emergencies, health emergencies. One employee, mother, was in the ICU on life support and in fact has since died.

2:20:18 Two employees are receiving chemotherapy and radiation therapy for cancer. and they the employees related to those two people felt that they had to be there for the treatment with the with the with their family member and they therefore gave us very little notice and left so so based on based on the ratio you made a decision to shut the center down because you felt you could not give adequate service that that's basically what you're saying That's basically what I'm saying, yes.

2:20:54 Okay, I better understand what's happening now. Thank you. You know, I applaud you for serving the community for 22 years, but I hope you understand the sentiments of what me and my colleagues are feeling today because it just seems so abrupt and as representatives of the people, we're very concerned about the very people we do represent. and when several of them are calling us and they're panicking and they're scared and we understand that you said earlier that you gave them their records to go and you referred them to the Roy Snyder Hospital but the CEO in her testimony said that they didn't have adequate records and they had to go and reassess all these individuals again. So I am sitting here hearing two conflicting sets of information so could you please tell me exactly how you feel that you provided them with accurate records to take to the royal like Lester Snyder Hospital and then I would like to hear from the CEO maybe a response to that because I am literally hearing two completely opposite answers Senator, we treat patients who are visitors to the territory all the time. We CMS has prescribed a set of data that must accompany each patient. We complied with those requirements in terms of the data that we supplied the patients with.

2:22:39 The assessment of the patient when he or she presents the facility is mandatory. It has to be done. We do it all the time. Sending medical records by themselves does not necessarily communicate all the facts that may be applicable. You heard the CO says that none of the patients were in any extreme medical circumstance. None. had all been treated up to the day that they that they were discharged and that and the treatment schedule was was continued by by Schneider from from her testimony so so it is it is it is important to make those points okay the patients were the patients were not in any acute critical condition I I heard you, thank you so much.

2:23:38 CEO Commission, could you share your thoughts? Yes, Senator Frances Eiliger, thank you for the question. There should be, and it's prescribed by CMS, how facilities should discharge patients and hand off patients. Even in a temporary closure, you have to make sure that their receiving facility gets the medical records. Sometimes doc-to-doc communication is warranted and is appropriate. A lot of times we have our case management team or our social worker involved in transitioning the patient. So there really is an orderly way to do it and that's not what was done here. Handing the patients a part of their records or even handing the patients their records is not the prescribed way to transfer records. But I can also have Dr. Delphine Olavachi, who's an expert in quality assurance and quality management speak to that

because she understands and can speak to the CMS regulations around it.

- 2 : 24 : 30 Okay, go ahead. Yes, good afternoon. Delphine Olavachi, the chief nursing officer, Schneider Regional Medical Center. I would like to say, in addition to being the chief nursing officer, I was the vice president of quality and performance improvement at Schneider for 10 years. And I am fully aware of the ESRD conditions for coverage. And in the case of closure, or if you have to see services, there is a requirement that there is an organized handoff to the facility that you are transferring the patients to. Their medical records should have been sent by CKCI to our facility with all of their current dialysis prescriptions, their labs, their HMPs, and so forth. We did not get the HMP, which indicates to us what other core morbidities that a patient may have, what some of their other physical challenges that they may have. So we did not have that information. So our nephrologist interviewed each and every patient that came that started coming in at 4.30 in the morning.
- 2 : 25 : 54 There was no communication verbally, no contact with any of our medical providers, which should have been done. Dr. Gardner is correct that we do receive transient patients from other facilities. if they're coming here and they may need temporary dialysis, but that is also done in an organized way where those patients' medical records are sent to the facility. There is discussion with the facility staff. I've never known of an instance where a facility could send an email one hour before they are closing the business and then send the patients with their own medical records some of them who may not be knowledgeable, and some of them were stressed, and we had to help them through that process so they would be able to communicate with us themselves.
- 2 : 26 : 54 I will say we didn't even know how many patients were coming. It didn't say anything about those are things that need to be communicated by a CKC. I personally received a phone call at 4.58 in the morning that the patients have presented because we didn't know anything about these patients. I personally went to CKC myself to try to find out how many patients we would be receiving. And while I was there, a patient came for their dialysis treatment and was told that the center was closed and that he was given his medical records with the person who brought him for his treatment and told that he had to go to the hospital. The patient and the family member were so upset that they were like, can this actually happen? I personally escorted them. I had them follow me to the hospital.
- 2 : 27 : 55 I took them to the area where they could be received by our staff. That patient had no idea that the center had been closed or that the services were suspended temporarily. And so the patients, they have to be notified that they will not be receiving treatment. So, you know, while I understand there's a difference between a temporary suspension and a closure but there's still a process if the center was closing and i would like to say we professionally my professional opinion we're using semantics if we're closing there must be a 30-day written notification and an orderly transfer okay i asked how long Is the facility going to be closed? And I was told the staff didn't know.
- 2 : 28 : 55 Oh, okay. So, yes, that's not an orderly transfer of services. Well, you shed some light from a different perspective. I just want to ask one more question, and I'll be fine. Yes, yes. Dr. Gardner, I know as we've been discussing here the difference between a temporary suspension versus a closure and some of what you shared earlier was I know one of the staff members you said their family member have passed on have you had any meetings with them since to verify if you're going to be able to continue and potentially give some type of date as to the potential reopening or is it strictly staff issues versus other issues that that could have compounded along with dealing with the staff issues running a facility is a very complex process there there's there are several several factors that impinge on this institute making, but the main one was the staffing issue. Let me say that, you know, it's difficult to be in a position where you have full responsibility for 40 or almost 40 patients you do everything you can for them every day you judge you make a judgment it's a pure judgment call that you are that you are falling short in some in a specific area for reasons that will totally be on our control people do get
- 2 : 30 : 56 sick people's relatives do get sick and people do have to go people people's well they do get into ICU and they have to go home so for circumstances totally beyond our control I made the call I'm sorry dr. Gardner what you're saying you've told us about two or three times already I asked a specific question have you been in contact with the staff to discuss with them a potential reopening or is this a situation that is also not only compounded with staff or are there additional issues that might play a role into this temporary we're not going to use closed temporary suspension I am in contact with the staff almost daily we have staff come into the facility on a daily basis because we have to we start manage other issues. There are no other factors that directly led to my decision. It was solely a staff patient safety issue. Did I answer the question? Yes, the only part was a potential reopening have you guys discussed that the the the i'm sorry i i i omitted that part we um we are actively recruiting people uh personnel to replace these people in the event that they're not they don't come back quickly as you may know recruiting clinical staff is very difficult we have several people who have agreed to come. We are negotiating the terms of them coming.

- 2:32:50 We expect to have some definite word within the next day or two on most, if not all, the people we need to re-establish services. The other factors that you alluded to that may They impact the reopening of the facility, resumption of services. These people are all, for the most part, currently employed, and they have to move to the Virgin Islands.
- 2:33:19 They have to complete contracts that they may be on currently, et cetera, et cetera. So giving you a firm date today, I'm afraid I can't do that. however we're doing everything we can for obvious reasons to uh to still reopen and reestablish services as soon as possible okay it is it is possible that this could be within the next couple weeks uh but but i cannot i do not want to suggest a specific date until i know for sure and at this point in time i do not okay thank you so much mr chair for the additional time and thank you for your response dr garner thank you um senator i'm a francis heiliger point of information senator mother by okay um okay so well that's that's good news to hear that you're actively recruiting um staff dr gardner that makes me feel a whole lot better okay so senator herbert frederick vice chairman you're recognized for your six minutes hubert h-u-b-e-r-t thank you so much mr cheer uh a pleasant good afternoon everyone uh colleagues listening and viewing audience uh central staff and my awesome staff let me start off by saying i i was a little surprised thursday i was heading over to celebration to have a good time on saint john and then I got a call and I said oh this sounds serious and then I diverted and I headed to Caribbean Kidney Center and there after I went to Roy Lester Snyder Hospital and I got such a pleasant education from such a very
- 2:35:12 difficult situation something that could have turned out horrible but thank God everything turned out wonderful for the patients and I I must say I called Dr. Gardner and and he was quite supportive in the questions I had because I was confused as to you know what was going on and he told me go and visit his center and I went there and his staff was very cooperative and assisted me and and explained and showed me things and I said okay he has a staffing issue and then I went to the hospital and I I have to thank you Miss Commission CEO Commission for allowing me the opportunity to visit and and dr. well Delphine now that's what I call her but Olavisi was awesome she showed me and the dialysis unit the old and the new and and I met the staff and they were awesome people they were working hard and I immediately told my colleagues I said guys we're gonna have a staffing issue if we don't find a way to assist the hospital quickly because they've been inundated with a whole bunch of new dialysis patients and if you know people on dialysis every couple days they need to go and get dialysis. So these wonderful employees at Roy Lester Hospital, they're working around the clock to make sure they could take care of these patients with their unique needs. And I am not really happy with the way it was done in terms of the transfer of information. That would have got me really stressed out too if I was in their situation. But given the fact that
- 2:37:12 it seems like Dr. Gardner is saying he was given this information rather abruptly. It was pretty catastrophic to his business. So we have to now figure out what we need to do to get him back up because the bottom line is the patients. They're the ones that really need this service. They need options. You know right now we have the capacity to take care of them but at this level it's gonna be hard on the staff so at some point if we have another option on St. Thomas because on St. Croix we're okay but on St. Thomas we need to make sure we exercise this option to get another place for these patients just in case something catastrophic happens at the hospital which is always a possibility you know no matter how new and wonderful the staff is stuff happens and I don't like to be especially be the vulnerable patient with that kind of illness you want to be sure that you have options in case them happens to you so if if we could find a way to get in the Caribbean kidney center open again in some way form that would take a lot of the stress off the hospital and the staff that's what I see here this is an opportunity for us to come together just like when the the storm hit us we came together we need to come together right now and figure this out so we could make sure the patients don't end up you know being in a very tough situation this is not sustainable to just take on 32 new patients like that i mean they don't have the staff again miss commission ceo commission
- 2:39:04 yes senator frederick good afternoon what's the what is the current um hours your tip your staff is typically working right now our staff typically work 80 hours over two weeks um most of them work 12 hour shifts but they are putting in some overtime and some extra shifts right now to to get us through this period until we can get some additional contract nurses and contract techs on site. And is this sustainable in your opinion?
- 2:39:38 I think it's, yes, Senator Frederick. I think it's fully sustainable for us to continue to care for these 32 patients into the future, well into the future. It'll be a sustainable permanent service. We would have to add staff and we're gonna try to add permanent staff. We may have to add a little contract labor to get us there, but then we will try to add permanent staff and fully expand the census moving forward. And do you know what the financial impact of this will be on your hospital? We think it will have a bit of a financial impact.
- 2:40:10 I don't think it's going to be huge. We do provide the service and we bill and collect. Now we have to provide services to everyone who would need it, and so we have a payer mix that includes folks without the ability to pay. So we do lose a little bit on the service line, but with the volume, we should actually be able to do a little better on the bottom line for that

service. And so we will need some support somewhere probably in the range of a million dollars a year, 500,000 to a million dollars a year. But then you have a very secure, stable service for patients who really need that.

2 : 40 : 46 Time. Mr. Chair, if I may finish up. Yes, go ahead. SRMs now has to use its emergency, according to your testimony, its emergency hurricane supplies to deal with these new patients. What position are you in to replace that supply right now? Yes, Senator Frederick, we would need some funding to become available rather quickly so that we could put in order through our main suppliers. We have three, maybe, main suppliers that we will pay, as well as ordering some pharmaceutical products.

2 : 41 : 25 And is this supplier the one that we just heard in the news from Puerto Rico? They do provide some supplies that are used in that unit, but there's another main supplier that we use as well. Okay, just a follow-up, were they one of the vendors that we paid recently, we gave the money for? We have allocated money for that vendor in the list of vendors that were sent down to the legislature and to Government House. We are processing those payments of the \$6.5 million that we've received so far. Of the 10 million that was passed, we've only gotten 6.5. Of the 6.5, we've already disbursed close to 5 million. And there were a number of vendors that have been paid, so we are processing through that list. And we expect that within 30 days of having received the funds, it will be fully expended.

2 : 42 : 20 Thank you very much, Mr. Chair, for the additional time, appreciate it. Thank you, Senator Huberk-Frederick. Senator Marvin Blyden, you're recognized for your point of information. Thank you so much, Mr. Chair. As a member of this committee and as for this senator, I do not believe in giving another penny a private entity um in terms of funding we had we gave we already donated 2.9 million dollars and we have yet to see a comprehensive report of how that money was spent in respect to the patients of this territory so fast for me i don't know about the rest of you guys i'm not giving another dime to any private entity and we have a hospital we can invest in to get a return on investment and assure that they stay open no matter what because it's a government entity and is our hospital which is our only hospital in this district and i'm sure that we're going to do what we have to do to assure that the state remains open in terms of staffing funding and everything that's included in running that hospital thank you so much mr chair for the time yes thank you senator blyden and you know i'd like to say a little bit on that too because Because our hospitals, right, need to be able to receive and treat certain patients that are being taken up by the private providers normally, and I'm not saying that this is the case with CKC, I'm just speaking in general, the ambulatory surgical centers that take the best-paying patients that should be going to the hospital because that's the payer mix. So we need to do what we can to help our hospital first because our hospital can never close the door and can never refuse to treat any patient under any kind of circumstances. If any patient presents to the hospital, the hospital must treat them because the hospital is truly not for profit so I want to make that point real clear Senator Carla Joseph you're recognized for your six minutes and thank you so much mr.

2 : 44 : 35 chairman a pleasant good afternoon to you my colleagues as well as the viewing and listening audience and the testifiers before us mr. Gardner let me start first with you in august of last year this body passed 2.1 million dollars in act number 8875 have you received all of this money i have not received a penny your honor yeah so let me tell you i'm just asking it said it was um 2.5 million 2.1 million uh two for the fiscal year ending 2024 yeah september 30th 2024 hold one moment for me from the general fund to the Department of Health for arrearage owed and projected costs to Profford Services, for services rendered to your private Caribbean Kidney Center.

2 : 45 : 49 Did they or did they not get paid? Those nurses and technicians from Profford Medical Services, did they get that money to your knowledge? to my to the best of my knowledge yes yes you are yes thank you okay and in that same legislative session in that same legislative session we appropriated one million dollars to csrmc And it is your representation today, Ms. Kamis-Young, that you have not received any of that money.

2 : 46 : 34 Yes, Senator Joseph, Tina Kamis-Young for SRMC. Those funds have not been disbursed to SRMC as of yet. Thank you. We need to understand how is it that because typical, before I go on, because my mom, God rest her soul in peace, was a dialysis patient for 15 years. I know Dr. Olavachi, before she even became Dr. Olavachi, for many a years advocating for my mother's care. So, Mr. Dr. Gardner, is your facilities, are your facilities CMS certified? Yes, yes, yes, Senator. they'll be certified cms certified from the inception continuously so to the day thank you so were you not paying getting money from cms and billing medicare or even medicaid for the services rendered why would you have all of these costs that is running up because i know when i'm taking my mother off island to any facility throughout the united states i never used to have to worry about paying her no government agency to my knowledge was paying local government all of the money came from cms uh for payment were did you receive money from cms to pay for this cause that we paid for profit too senator it's a little more complicated i'm just asking you a direct question it's either yes please please please we have a stenographer here please just answer the question did you or did you not receive payment for medicare or medicaid for costs incurred for this period of time that pathford was providing medical services to your facility yes yes senator you receive payment and

- 2:48:36 what in the amount did you receive? I couldn't answer it, Senator. Okay. We received the usual payment that Medicare pays or the insurance company pays for services. However, however, do you recall, this was in the middle of the COVID situation, the federal government found it necessary to have a COVID emergency fund, which is what was used by the local government, I'm told, to supplement our cost. Because at that time, and still today, recruiting and finding staff was extremely difficult and extremely expensive.
- 2:49:25 When we bring people we have to hire, come from more fathers. We have to provide them. Please stop, please stop. This \$2.1 million was not COVID money. Okay, this was coming out of the taxpayers, them, of the Virgin Islands money. That's taxpayers, that was not COVID money, that was money from the general fund that we gave you, gave Pofford to cover costs that you had owed them. So I'm really thinking that we need to have inspector general come and audit you yeah and i'm going to tell you why i'm saying it we gave you seven hundred thousand seven hundred thousand dollars we have the ability to do that under right at this moment because there's something with your operation that is not uh there's curious things there's there's just things that are alarming and how you conduct uh dr delphine olavachi is correct when i am transferring my mother to any other place to receive treatment we're going on vacation i had to thank mr chairman i had to provide they would have a coordination but i understand that this was emergency so there is something with billing billing and paying that is happening here at ckc and um i definitely would be writing a letter to the inspector general to conduct an audit because we do need to understand especially how this 700 000 dollars that was appropriated to you in uh june of 2027 june 20 june 27 2023 was spent we don't know we haven't received any report have you reported to the legislature on how that money was spent or to the Department of Health? Dr. Gardner. Permit me to explain, Senator. First of all, we came to the city legislature because we were having
- 2:51:36 difficulty. We could not continue operation after the subsidy, the COVID funds were ended. The COVID funding started for us because of staffing issues that we presented to this legislature which in his wisdom agreed to give us some money to go forward. Subsequent to that I was I was an injunction was obtained by the government of the Virgin Islands forcing us to continue whether we were able to afford it or not. A condition of that was that the government will continue to provide service provide staffing for us because the Pofford contract, the contract amount that were being paid to these people was such that we could not afford to continue that service. In fact, let me give an example. For two-week services, Pofford billed \$75,000 for two-week services. That was not sustainable. We requested assistance and was given assistance by this legislature.
- 2:52:44 And when the government, the VI government, got an injunction forcing us to continue, they agreed to continue the Pofford subsidization. That's what the situation was. That's explained the situation. Now, the \$2 million that you said were funds and arrears, those arrears arose from the fact that PAFA was not paid on a timely basis and they insisted and they threatened to pull their employees which would have caused a situation not dissimilar from where we are right now and that was the basis on which the legislature approved those second funds. Okay and I understand that but you something is happening there with your operation because you can't uh you you're having challenges staffing up and when you're having challenges staffing up that either that something is happening there operationally um and finally mr chairman i want to ask i understand that you you don't like that word closed but to me you're closed because you ain't solving nobody at least in the saint thomas saint john district you're closed when when do you anticipate open up do you have a plan or set date to open or reopen and resume operation i'm sorry we have a we have a plan uh senator that that's that's in full full force right now i unfortunately cannot because of what i explained earlier cannot give you a firm
- 2:54:31 date yet but it is going to be very soon okay mr mr chairman i want to thank you for your leniency and allowing me to ask these questions but i i still have some more questions and i hope we're going to do just a quick lightning round for the second uh time thank you so much mr chairman yes thank you and those were some very good questions um and you know they got some other parts too um you know the government of the virgin islands at one time was looking into acquiring your ckc you know the commissioner of health um you know a lot of government officials appropriate government officials was trying to negotiate a purchase somehow how you guys could not come to an agreement. But even so, right, we've bent over to help you. In my first term in the legislature, the amount of time I spent with trying to get funding to your clinic, Dr. Gardner, I think I spent more time on that than anything else.
- 2:55:53 And you know, I gotta be honest, right? That's the reason why the 35th legislature came up with the plan to let's give this to the hospitals rather than a private clinic because Roy Lester Snyder Hospital is not gonna close. On St. Croix, of course, is different because Wang Louie just don't have the space. But Wang Louie is also leasing out. As a matter of fact, Daryl Smalls is doing the design for that. So Wang Louie is also going to be expanding chairs on St. Croix.
- 2:56:30 So on St. Croix, we have both the Kidney Foundation, Renal Center, and Wang Louie is going to expand to have the services. And, of course, Roy Lester Snyder Hospital expanded immediately. I got to congratulate you on that. I thought it would be December of last year, and you actually opened, I think it was around September, so you were actually ahead

of schedule, because we were afraid, right, that this day would come when the CKC would close again. And, you know, I got a hark on this, right, had Roy Lester Snyder Hospital not be able to take care of those patients, Dr. Gardner, with two hours notice, you would have put this whole government in deadlock.

2:57:23 You would have had us hanging with two hours notice for all of these patients, nowhere to go, no place on the island. So thank goodness that Tina Comision and her staff was able to get it done so we can treat these patients. And also on St. Croix, we got testimony right here from Ms. Amina Salim for the Virgin Islands Healthcare Foundation, where they are able to take your 39 patients and treat them, and they can, in fact, handle 46.

2:57:58 We should not be in a situation where none of us, you didn't even call me, Dr. Gardner. You call me all the time for everything else. You didn't call me and say, Fonseca, I'm going to close this afternoon. Okay, I had to find out about it. The news media called me. You didn't even call one senator, not the president. Nobody, no notice. You know, I'm not going to say that this was willful or negligent, but it was not professional. You know, I take this personally. This Committee on Health, Hospital and Human Services has worked hard, extremely hard, to deal with kidney dialysis and all the renal issues in this community. And for you to blindside this committee by not even informing no one, not even the vice chair on St. Croix.

2:58:50 Senator Frederick, who you know well, not even none of the other senators who served as, you know, assisting you. You know, so this is not good at all, you know. So I do hope that you reopen, like you say, you are going to open. But I know not one dime I'm going to vote to give you on St. Thomas. Not one dime. As a matter of fact, not one cent. Because the way how this was done, I have lost confidence to be able to put my vote on the line to commit government funds. Senator Avery Lewis, you're recognized for your six minutes.

2:59:29 Thank you, Mr. Chairman. Good afternoon, colleagues. It's been a long day. Good evening to the testifiers. Good evening. Good evening to the viewing and listening audience. Ms. Commissioner. Yes, Senator Lewis. Yes. Sorry about that. So much thing going on. Let's talk some business here.

2:59:57 Okay. Currently, what would it cost for, I think, you know, temporary staff? You know, give me the numbers again, what you think would be sufficient to augment what you have. Sure. So, I think to continue care through the end of the calendar year. Yeah. Let's look at that. Yeah, it's about \$500,000 in staffing alone. so that would be the three nurses and the six techs their temporary contract labor expense would be about 500 000 and then to replenish the supplies that we need i would estimate about 350 000 make sure we're good for hurricane stock for the full 106 plus or minus a couple of transients uh transient patients and then we'll need to add some drug purchases so 550 350 and i would say 200 for drug purchases one thing to one thing commission but you don't get close to the million but um so currently what type of overtime you're racking up i don't have the run rate on me right now but it's considerable it is considered and i heard you said that the staff is currently running the normal 12-hour shift but now we may have to extend yeah we are extending they're staying late and they're working extra shifts and so we really really appreciate them leaning in because we need their help to take care of the patients publicly i and i want to say thank you you know i went up there today uh had a little tour with you you know i'd like to say thank you to all the staff in there you know for whatever little bit they contribute or whatever lack they contribute i'd like to say thank you publicly to them and i'd also like to say that you know hopefully the people in the community would appreciate not just the dialysis unit but every part of the royal sister snyder hospital because i think everybody in there does their

3:01:42 part to make this community run thank you for saying that so i'll segue into saying this that i believe in having options so you don't want to go to the hospital you could go to the urgent care you don't want to go to our dialysis center you go across the street i believe in having options but i believe in doing things professionally as well now i sit down here good and i listen closely and you know i have to agree ms olavachi the semantics award but temporary and suspension and closure your clothes you pack up the people you send them cross the street and now i sitting on hearing saying it's something like you're saying that when you get up and running again you're coming across the street for the same patients to bring them back cross no sir miss commission you do what you have to do to make them comfortable treat them right i know you're going to treat them right yes we will let's bill accordingly and let the body help you in the best way we could no more the gone are the days when people taking advantage of this government if rlsh had did that to their patients miss one patient it would have been pandemonium there's a text floating around people coming to the hospital tomorrow to protest i know secretly wrong and wrong it on facebook it all over whatsapp everything but nobody talking about what ckc did roy lester snyder it's all fair when they you know it's okay let's cause the government all day when the government do wrong but when people do the government thing my people we need to speak up in this place so you know I am for that so I agree with my colleagues I this is a private entity all the people come across the street is paying people in yeah not one want to go to him campaign or these are paying people so let me make that crystal clear I am not saying he didn't

- 3:03:47 provide a good service when he did i am far from that i am saying you don't tell people listen 340 whatever it was 357 350 whatever it is i closing these doors and you're gonna go across the street and then hand them whatever file you have whatever no notification i had family members come here and cruise and so forth and plan it out way ahead for them to be dialyzed when they came here you know so we we we have to do things in an orderly manner you know not because it's a government you know a lot of them don't talk about what a hospital and I see the same very doctors when you go there oh you come for a colonoscopy could eat in my office no one do it at the hospital no do it my office know the hospital start going to the hospital they have a good facility there they're improving and again i am a firm believer in having options but things have to be done right and publicly i thank you and the entire staff at snyder regional medical center for all you do and we're going to try to work on this 500 350 is a million and 200 one million about 1.1 let me ask this quick question um this service is running on weekend on saturdays yes the only day that we're closed is on sundays we even open on holidays we have to open our holidays now right yes and the census is 106 in the dialysis now yes with the ckc time patients yes okay thank you very very much mr chairman thank you for the opportunity thank you
- 3:05:41 so much senator list chairman if you don't mind may i address one thing that senator lewis brought up because i think it's really important to clarify for the public and we put out a press release because we saw also what was circulating on WhatsApp and it's very unfortunate we were made aware of the false and we considered to be irresponsible message as circulating on WhatsApp and social media and it has inaccurate claims about the hospital's operation and standards of care speaks about babies dying because they didn't have the right equipment at SRMC and that is false it is not accurate and I want to clarify that for the public we do a lot to build the public's trust in the care that we give i want the community to feel comfortable coming to us for care we are working to improve things we got a great team really talented clinicians and so these types of false narratives that are out there really take away from all of the wonderful things that are happening at the hospital specifically i want to be clear there was no instances of babies dying due to lack of equipment at srmc as was claimed in that message there's no suspension of necessary medical procedures at SRMC as was claimed in that message and as we've talked about today in the hearing there is sufficient clinical space at SRMC to care for all of the hemodialysis patients in the district even with the closure of CKC so thank you chair for the opportunity to put that clarity on the record for the public and thank you senator Lewis and senator Frederick for coming to visit and the other senators that have come to visit because I think I've seen almost every senator come to the unit see the unit which we really really really appreciate it it means a lot to our staff and it shows that you really care and you're really in tune so thank you for coming to visit yes thank you senator Carla Joseph you're recognized for your
- 3:07:29 point of information thank you so much mr. chairman I really want to commend you again because I know where dialysis used to be okay I know where dialysis used to be until they had a core group of patients and their families to move it to where it is now that they are able to offer really high quality service. I could attest to it with my mother. I wanted to ask, what, because I wasn't getting it, I didn't ask this question before, what is the patient staff ratio that is dictated by CMS?
- 3:08:10 I'll defer to Dr. Olavachi. I think there is a standard, like an industry standard, more than a requirement, but Dr. O can speak to it. So the actual dialysis treatments are done by the technician. And so we try to have three or four dialysis technicians on each shift. And so a shift is 15 patients.
- 3:08:42 And that way we make sure that we can visualize all the patients all the time. And then we always have two registered nurses on for those patients. Depending on what's going on with the patients we may have three. So basically three technician to maybe five patients. I mean one technician to. technician to one to five one to five one technician to five patients yes okay but we never would have one technician on by themselves right even if it's we would always have enough for emergency if something okay so that's why you have four yes yes okay and then you have two nurses thank you so much mr. chairman thank you when we absorbed the CKCI patients we had to increase the number of staff that we had okay thank you so I wanted to just ask one question on the water for the dialysis you know kidney dialysis involves a lot of water so tell me what you do what type of water are you using in the kidney dialysis yes Senator Fonseca, great question. So water, as you stated, is a very, very important part of the treatment process. We have built out now with the new unit a totally new state-of-the-art water treatment plant. It's actually much more energy-efficient than the old plant, and it wastes a lot less of the water. So there are multiple stations that the water passes through and it goes through different levels of filtration. Things are removed, things are added, et cetera. But it's really a great-looking water treatment plant, and the testing of the water quality coming off of it is excellent. It has its own disinfection loop. So in the evenings when we're off, it disinfects itself and it's connected to all the machines.
- 3:10:40 It's really advanced. Thanks for the question. I just want to put on a record that you're using a new water filtration system for the kidney dialysis. Thank you. Senator Avery Lewis, you're recognized for your point of information. Point of information? Thank you, Mr. Chairman. Again, good afternoon to everyone. Good evening. Mr. Commissioner Young, I know in dialysis, you just can't pull people from anywhere. It has to be specific positions. And what I really wanted to

use.

3:11:19 Credentials, qualifications, training. Yeah, qualifications, the texts, and so forth, right? Yes. But the one part I want to tell you, let's see who we could pull to make sure that we're billing accurately and timely. Very important part of it is the billing and collecting. Like I said earlier, I know these will come across the street. Ping. So let's make sure that things in place with that. You know, you're gonna cost some overtime, or let's see how we could staff up. But along with our temporary employees where we may have to bring from away, Let's see how we could put some advertisements out here to see how we could bring people from home and staff, hire locally, train them up, and bring them in the fold.

3:12:08 Yes, Senator Lewis, I love that suggestion, and we definitely always want to employ Virgin Islanders. I keep them for six months, and then I got them for six years. No, no, we want permanent staff, yes. We phase them out, so we train one, okay, you go back home. Train, you go back home. Yes, I totally agree. And we actually have a really good history of training our own dialysis techs. We have brought up a number of employees who didn't even work in that area. We're not clinical initially into that training program, and they're doing well. Some of our best techs, we grew ourselves, and we plan to continue doing that. We actually have two students in training right now that are working right alongside the team. So exactly what you're suggesting, we're investing.

3:12:49 I'll call up on the skill center across the street, too. So let's see what they have in store for us to see how we could bring them in the fold as well. I don't want Ms. Olavachi to tell me, well, I bring six from the States and Texas and New York and Jersey. No, no. The whole meeting, please. So may I, Senator, please? Yes, you could answer the chair time. Thank you very much. So actually today we met with the administrative staff and they're looking at the charges and getting the insurance information for the patients that was transitioned over. So we do understand the charging in the billing. and I met with the administrative staff with that today we actually have 12 of our dialysis technicians now who are homegrown trained and pass their exam as CEO and I have to say we have an awesome see I just have to say we have an awesome CEO who's very supportive of the team and I mean just the whole hospital and you know it comes from the top so we actually have a list of our employees who want to be trained as hemodialysis technician we already have the list so as soon as things settle down and we get the patients settled in we'll have another class so i thank you for those responses but i also to come up and make sure that the 12 the 12 is homegrown they are they're homegrown they're homegrown okay thank you very much yes you're welcome thank you yes senator hubert frederick vice chair you're recognized for your point of information thank you very much mr chair um i just wanted to ask a couple of questions one is to dr gardner will cms allow you to reopen i see i don't see the using why not i i had that that issue has not been raised and i don't i don't

3:14:36 see that as a problem okay um secondly i wanted everyone to just keep in mind these patients have a right to go wherever they want to go for the care that they're receiving um for the last 22 years you know the caribbean kidney center have provided dialysis services for a lot of patients and some of them are happy with that um service so we don't know ultimately you know if this temporary closure is lifted we don't know how many will stay with snyder regional medical center but either way i am just happy for the patients so that they have whatever choice wherever they want to go that it's available to them and i like multiple systems because i will always say do not ever depend on any one system no matter how perfect it may seem anything could happen at any time and i don't want people to have this thing well this person is wrong or right or you know there's errors here understand but keep in mind ultimately we we want to have capacity that's just in case things happen and keep that in mind as one of the most important things we think about when we consider whether or not we're going to assist people to open up to provide more capacity or not that's that's my only point thank you very much mr. chair thank you vice chair frederick um senator colleagues joseph you're recognized for your burning question my burning question is this because i said my mother was on dialysis for 15 years and when we went to the states we use a privately operated dialysis service the vita is one of the biggest and well-known dialysis provider in the united states so dr olivachi and ceo commissioner do you know of

3:16:39 any privately operated entity that receive subsidy outside of medicare or medicare from the local government in your not to my knowledge for for-profit private entities like a davida or what used to be for seniors right i don't know them to receive government subsidies probably other not-for-profit government type providers of the service maybe that are taking care of indigent populations or payer mixes where they don't have good insurance they may get some subsidization but i'm not personally familiar with any dr olivachi uh senator not to my knowledge either none uh dr garner your ckc is a for-profit right yes it is yeah senator and you have you're familiar with davita and the other for-profit organizations who provide dialysis services nationally yes yes senator do you know of any of them ever receiving any subsidy to pay for patient care?

3:18:03 Senator, let me answer that question this way. Up until recently, there was a disparity between reimbursements for small facilities and large facilities. Nuvida and Fresenius are not comparable to CKC. They are huge. They are corporate

entities. And they've got many, many ways of multiplying their stuff. They manufacture their own supplies, manufacture their own machines, manufacture their own medications, et cetera, et cetera. So a comparison to those two facilities is not appropriate.

3:18:48 Now, there was a time when CMS, even CMS, paid small facilities, and they still do, it depends on the number of treatments you provide per year, small facilities, supplemental funds to make them succeed. And there were facilities like facilities in Guam, Alaska, Hawaii, they were getting differential rates for reimbursement. So, yes, small facilities in rural areas do get subsidies from governmental agencies. But from CMS, that's federal.

3:19:26 But I'm talking about local. And you aren't in this business to not turn a profit. You are in a for-profit business, and you entered this business because you knew. You did your business plan. you did your research to know that you would be able to make a profit from billing customers who and giving services to customers who are in who can in turn pay you through uh medicare or medicaid or their insurance so i i know differently i know differently and that you are supposed to be able to be self-sustaining i don't have any further question mr chairman and i want to again commend the team at roy lester schneider hospital i know nurse donna she took really great care of my mother and other technicians you had two technicians i just want to note if i can for point of personal privilege yet two technicians who were pinned as nurses this year and graduated from the university of the virgin islands i remember their faces very well but not their names but they came up through the ranks and were able to to become today registered nurses to become nurses and have completed the nursing program at the university of the virgin islands and i was there for their pinning ceremony so we see the transition and the investment of roy lester schneider hospital in their staff and specifically the dialysis staff thank you so much mr chairman yes thank you um

3:21:14 senator joseph and so i think we've exhausted our line of questioning so what i'll do is um i'll allow the testifiers to give their closing remarks um one minute dr gardner we'll we'll start with you you you may proceed with your closing Thank you, Mr. Chairman. I will continue to do my best to get CKC operational again from a staffing point of view as soon as possible. I will also thank the committee for this hearing I regret that the impression left is one of that with more more notice wasn't given etc etc but I continue to maintain that as a responsible physician my judgment to cease temporarily suspend services was correct and I would do it again. What I would not do is I would probably take a little more time to communicate and then to transfer the situation. But I deemed it an emergency. My patients, as testified by the CAO of Rhode Island Hospital, was a no. They were not an extremist. They were not, you know death was not inevitable on any of them and that the the transfer process that was used under the circumstances while not ideal was warranted and any inconvenience that was that result from it I apologize for publicly publicly but I did I still maintain I did what needed to be done in the on

3:23:24 behalf of the patients. Thank you for for this opportunity. Thank you Dr. Gardner and we're so glad you were able to come by to give testimony to the committee on the situation and we look forward to having you reopen your doors as soon as possible. Tina Commission will at this time entertain your closing. Yes Mr. Chairman thank you so much Senator Fonseca and to the entire committee thank you all senators for having this hearing on this very critical issue and really putting your attention to it definitely appreciate all the support that Schneider Regional gets over the years definitely appreciate our hard-working staff I really want to thank our physicians specifically the nephrologists Dr. Sobel Dr. LeCrem and Dr. Roloff for taking great care of these patients as long along with our director for our hemo dialysis unit Miss Fernester Hodge who was our employee of the year and truly fitting honor she's a wonderful employee and she's helping us manage through this crisis as well as Miss Casey who's one of our lead head nurses but really all of the staff of the hemo dialysis department and there are a lot of other team members that are part of what happens there the magic that happens that we don't always see so there are people in procurement like Mr. Brown who's going to order all of the supplies that we need all the dialysers and the fluids we have a biomedical team that takes care of the equipment services the machines make sure the water treatment plant is maintained etc we have case management staff we have environmental services housekeeping staff that clean the area make sure that everything is disinfected so it really takes an entire team and I'm blessed to lead them and it's been great sharing the wonderful work that happens at Schneider Regional and I'm glad that we had the foresight and the will and the commitment to building all that extra unit and developing that capacity so

3:25:27 that we could serve the community when it was needed so thanks again yes thank you thank you as we conclude today's hearing of the committee on health hospitals and human services I extend my sincere gratitude to my colleagues they invested invited testifiers central staff and my team for their thoughtful contributions and diligent efforts throughout today's proceedings. I also thank the listening and viewing public for staying engaged in the issues that impact the health and well-being of our community. Today's meeting featured productive and insightful discussions bill number 36-003 was forwarded to the Committee on Rules and Judiciary for further review and action this bill dealt with nursing homes

and assisted living facilities by establishing a new Chapter 76 to establish services for those indoors facility. We also address the pressing environmental and public health challenges caused by wastewater discharges in our territory. We closely examine the status of the dialysis services, receiving important testimony from Snyder Regional Medical center which has stepped up in a critical moment to ensure continuity of care for over a hundred dialysis patients 106 that's right to be exact that have been some of them had been displaced by the sudden temporarily closure of the caribbean kidney center i'd like to thank all who contributed their expertise and perspectives today your input informs the policies that safeguards the people of this territory as we move forward let us remain committed to health equity environmental responsibility and the strength of our health care infrastructure As always, we give thanks and praises to the Most High for life and guidance, and may we

3:28:02 continue to work together with purpose, compassion, and unity. With that, the meeting of the Committee of Health, Hospitals, and Human Services is now adjourned, and may God bless you all, and God bless the Virgin Islands. Satsang with Mooji We'll be right back.

3:29:25 ¶¶ Thank you. You [2 such phrases repeated 9 times · standby audio before the proceeding, transcribed by the recogniser as speech]

People named in this transcript

SUSPECTED, and a finding aid only. Names were matched by machine against the spellings used across all 426 of our transcripts, and the title is the one used in the room. Being named here is NOT evidence that a person attended or spoke · only that the name was said. Speech recognition mishears names, so a spelling may be wrong even where no alternative is offered.

- 10x **Senator Ray Fonseca**
heard in this transcript as: Fonseca, Fronseca
- 7x **Senator Carla Joseph**
the surname alone also matches: Clifford Joseph; Karla J. Joseph
heard in this transcript as: Joseph
- 6x **Senator Alma Francis-Heyliger**
the surname alone also matches: Alma Francis Heiliger
heard in this transcript as: Alma-Francis Heiliger, Eiliger, Frances Eiliger, Francis Heiliger
- 6x **Senator Marvin Blyden**
heard in this transcript as: Blyden
- 5x **Senator Avery Lewis**
heard in this transcript as: Lewis
- 5x **Senator Milton E. Potter**
heard in this transcript as: Milton Potter, Potter
- 4x **Senator Hubert Frederick**
heard in this transcript as: Frederick

Bills and acts referred to

Matched by number against our own acts corpus. The number is what the recognition heard, so it may be wrong; where it resolved, the title is the one the Legislature gave the act.

- Act 8876** Act 8876 · An Act appropriating the sum of \$1,000,000 from the General Fund of the Treasury of the Government of the Virgin Islands to the Roy L. Schneider Hospital and Medical Center to assist with the funding of construction, staff salaries, fringe benefits and for the purchase of home dialysis machines, hemodialysis chairs, a reverse osmosis water system, medicine and supplies --0
- Act 8729** Act 8729 · An Act appropriating \$700,000 from the General Fund of the Virgin Islands to the Department of Health for the Caribbean Kidney Center for the purpose of hiring dialysis nurses and other staff ---0
- Act 8875** Act 8875 · An Act appropriating the sum of \$2,111,507.10 from the General Fund of the Treasury of the Government of the Virgin Islands to the Department of Health for payment of services rendered by Pafford Medical Services to the Caribbean Kidney Center pant | ee

Referred to but not found in our acts corpus: Bill 36-0003