

36th Legislature of the Virgin Islands Committee on
Health, Hospitals and Human Services
Bill No. 36-0086
Tuesday, October 28, 2025

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Thank you, Senator Fonseca for the invitation to testify today.

My name is Tracy Sanders. My husband, Dr. Herbert Sanders, and I have been full-time residents since 1995. Together, we founded Continuum Care Hospice in 2000. We were the first Medicare Certified hospice in the Territory. Currently, we provide home hospice care on all 4 islands and have maintained continuous Medicare certification. We also provide personal care assistance through the Department of Human Services Medicaid program. PCA or personal care attendants provide care to seniors in their home focusing on assistance with activities of daily living or what we call “ADLs” A goal of this program is to keep seniors in their homes and prevent unnecessary hospitalizations.

Thank you for this opportunity to testify before you today on the topic of caregivers.

The care giver is a difficult job. It is a 24/7 job that comes with little training and requires continuous flexibility and commitment.

“Caregiver” is described as someone who provides assistance in meeting the daily needs of another person. Responsibilities may range from bathing, dressing, feeding, transportation, grocery shopping, housework, managing incontinence, assisting with mobility, preparing meals, dispensing medicines, and communicating with medical staff. Caregivers can be paid caregivers who have had training and education in providing care. These may include services from home health agencies and other trained professionals. Family caregivers provide care usually without being paid and their training is best described as “on the job training” without any formal instruction.

“Serious illness” is a health condition that carries a considerable risk of mortality and either negatively impacts a person's daily function or quality of life or excessively strains their caregivers.

As an employer, I can attest to the difficulty of hiring competent and dependable caregivers. Many applicants do not possess the required skill set or reliable transportation to manage the most

vulnerable in our community – our aging seniors. Most families do not have the financial resources to purchase these services “out of pocket” so the burden falls on the family. Even within the family, caregiving usually falls on the shoulders of one designated person. Most often the designated family caregiver is thrown into a world that they never expected and are forced into a medical information quandary.

I see an especially important component of providing paid leave for caregivers is to accompany their loved one to medical appointments. The family caregiver needs to be able to be informed of any updates or changes in their medical condition, changes to medications and receive education from the practitioner. This cannot and should not be an assignment to a hired caregiver or transport person when essential information at a medical appointment must be transferred directly to the family.

It is our recommendation that the caregiver be designated as a member of the immediate family or next of kin and that the selection is based on the consensus of the family. Only one individual can serve as the designated caregiver at any one time. Having one family caregiver will afford the continuity of care that will be essential for care coordination.

Although this is being developed for government employees, it can open private businesses to follow suit. With funds being a premium for private businesses, perhaps other incentives could be analyzed such as a tax incentive. As our community ages, we need to look at how we can support our family caregivers.

Of course, with any new program, funding will be a central consideration.

We must establish clear safeguards and verification methods to ensure this program is used honestly and achieves measurable results.

Thank you for allowing me to testify before you today.