Good afternoon, Honorable Janelle K. Sarauw, Chairperson of the Committee on Disaster Recovery and Infrastructure and other members of the 34th Legislature present, fellow testifiers, members of the press, the viewing and listening audiences; I am Dr. Luis O. Amaro, Interim Chief Executive Officer of Schneider Regional Medical Center (SRMC). Seated alongside me is Mr. Darryl Smalls, Vice President of Facilities Management and Project Leader for the Territorial Hospital Redevelopment Team.

We thank you for the opportunity to provide testimony on the status of our post-hurricane recovery/rebuilding efforts at the Roy L. Schneider Hospital (RLSH), Myrah Keating Smith Community Health Center (MKS), and the Charlotte Kimelman Cancer Institute (CKCI).

My testimony today will be presented in three parts. First, I will discuss the damages, repairs, and relative costs to maintain our facilities. Then I will provide a progress update on our facilities' rebuilding/restoration efforts, and after that, I will give an overview of our COVID response efforts and related expenses.

In previous testimonies before this body, SRMC has provided detailed accounts of the extensive damages incurred to its three facilities, Roy L. Schneider Hospital (RLSH), Myrah Keating Smith Community Health Center (MKS), and the Charlotte Kimelman Cancer Institute (CKCI).
The Roy L. Schneider Hospital suffered severe damages to its roofing membrane, which led to interior damages from the fifth floor down to the first floor. We also lost major rooftop equipment, such as air-handlers and exhaust fans. Windows on the fourth floor were blown out, impacting patient care services on the medical unit. Areas on the third floor, such as the operating room, nursery, and maternal-child health unit, were also damaged by flooding or water intrusions. The second floor, which houses the emergency room, information system, the business and financial services offices, medical records, and administrative offices, also suffered extensive damages that rendered most of those areas unusable at that time.

On St. John, the Myrah Keating Smith Community Health Center (MKS) was declared inoperable following the storms. The facility suffered damage to its roofing system. It also lost its air-conditioning and exhaust systems, and the emergency/back-up generator failed. MKS's physical structure quickly became an environmental hazard and unsuitable for patient care services. MKS was relocated to the Morris DeCastro Clinic in Cruz Bay, where they continued to operate and provide services to the St. John community while alternative solutions were being developed.

The Charlotte Kimelman Cancer Institute (CKCI), which is adjoined to the hospital, also experienced significant damages to its roofing system and the southern wall of the facility became completely detached following Hurricane Irma. The damages to the exterior caused further and extensive damage to the interior of the building. Subsequently, the environment in CKCI was deemed unusable for patient care services.
Consistent with our mission to provide safe, comprehensive, quality care to residents and visitors of the Virgin Islands, SRMC leadership immediately sought to resume its services following the storms of 2017. Notwithstanding the damages to the building and the pressure to demolish and reconstruct the facilities, our leadership team and medical staff made the firm decision to continue to operate within the hospital structure. We determined that it was much safer, timelier, and more efficient to remain within the existing hospital structure than to construct and relocate operations to a temporary or modular hospital.

Our team was concerned about the level and quality of care we would be able to provide in a temporary or modular hospital structure and the long-term effect it would have on our already fragile healthcare system. We also considered the timeline it would have taken to procure and construct modular units and how that timeline would have left us severely compromised. Those operating conditions would have eroded the community’s trust in our ability to provide quality healthcare services and further encourage our patients to leave the territory for their most basic healthcare needs.

From 2017 to the present, SRMC has expended a total of $6,105,424.64 in operational funds to make temporary and emergency repairs to resume services at RLSH. This included, emergency and temporary repairs to the roofing systems, the flooring in the emergency room, and other temporary repairs to inpatient care areas such as the operating room, maternal child health unit, and the labor and delivery unit. We also repaired and replaced the damaged window systems and temporarily replaced portions of the air handling systems. Additionally, we made other critical, temporary repairs to patient care areas and personnel spaces to meet healthcare regulatory standards.
Unlike RLSH, the damages at MKS could not be remedied with temporary repairs. The MKS facility has been unusable since 2017. In 2019, the U.S. Army Corps of Engineers (USACE) completed the construction of a modular facility on the MKS Campus in Susannaberg, St. John. This modular facility has been accommodating MKS staff and services since its opening on March 21, 2019. The Army Corp spent approximately one million dollars to construct the modular facility, and SRMC spent $441,543.44 to outfit and furnish it.

CKCI remains closed to date. We have continued to provide IV infusion therapy and blood transfusions in-house, and outpatient medical oncology services (chemotherapy) are currently being provided through local providers. However, displacement from the CKCI facility prevents us from providing radiation oncology services currently, which is a much-needed treatment option in this community. We have been actively pursuing opportunities to restore this service.

As we continued with our recovery process, one of our key priorities is to maintain our compliance with regulatory bodies such as The Centers for Medicare and Medicaid Services (CMS) and The Joint Commission (TJC). SRMC has invested significant sums of money in maintaining its certification with CMS and TJC Accreditation. Each TJC survey can costs upwards of $49,000. These agencies are designed to monitor and enforce compliance with federal regulatory standards for hospitals. Complying with these organizations' standards ensures greater consistency of care, better processes for patient and staff safety, and thus higher quality of care for patients. CMS certification is also required for the Hospital to receive payment from federally funded programs such as Medicare and Medicaid.
It is important to understand the challenge our organization faces to balance our compliance with regulatory standards yet maintain enough evidence of destruction to meet FEMA’s qualifications for reimbursement. Each temporary repair made, wall painted, ceiling tile replaced gives the illusion that we no longer need funding or permanent repairs. However, to meet national healthcare quality standards and maintain a certified environment of care, we must continuously invest in these temporary repairs until a permanent structure is in place.

Over the past three and half years, our facilities were assessed and reassessed for damages by AECOM, FEMA, Witt O'Brien's, LLC (WOB), and SRMC personnel on numerous occasions. These agencies, along with VITEMA, conducted weekly collaborative meetings to deliberate the status of these facilities.

As of today’s hearing, SRMC’s consultant, Witt Obrien’s, LLC. (WOB), the Consolidation Resource Center (CRC), and the U.S. Virgin Islands FEMA Deputies Infrastructure Branch Director (IBD) have agreed on the modified 50% rule that will be calculated by WOB estimators and then reviewed and validated by the CRC as part of a collaboration effort for both the MKS and CKCI projects. The CRC essentially is the division within FEMA that develops the final cost estimate which precedes the final award.

Currently, the RLSH project is still under FEMA’s damage, description, and dimensions (DDD) review. Based on the initial preliminary damage assessment, it appeared that SRMC would not meet the 50% rule. However, as the hurricane damages and the cost estimates were reassessed to now include the Bipartisan Budget Act (BBA) and 428 rules, it was determined that SRMC could reach the 50% threshold.
As such, WOB and SRMC will review and re-submit an approved DDD to FEMA by February 19, 2021. Once submitted, the DDD will be validated and after favorable approval by both FEMA and SRMC, the project cost can be estimated, and an award made.

We have also made noteworthy progress as it relates to the first phase of the redesigning/rebuilding of our facilities. To date, we have completed the Request for Proposals (RFP) process for Architectural and Engineering (A&E) services. The Smith Group has been selected as the A&E firm to design and develop the future Myrah Keating Smith Community Health Center on St. John at the cost of $1,529,770.00. EYP has been selected as the A&E firm to design and develop the Roy L. Schneider Hospital Interim/swing space structure in addition to the permanent renovation of the Roy L. Schneider Hospital and the Charlotte Kimelman Cancer Center at the cost of $6,800,600.00. We eagerly await the start of this engagement and anticipate being under contract within the next 30 days.

While it seems prudent to start these projects simultaneously, it has been determined that in the best interest of our territory, we will begin with the immediate selective demolition of CKCI to expedite the restoration of that facility, which will be capable of housing the specialized equipment to perform much-needed radiation and other advance cancer treatment services.

Currently, a significant number of our cancer patients must travel off-island to receive care.

As we move forward with developing the future healthcare facilities for this territory, we are fully committed to engaging our community to solicit their input in creating and developing these structures.
COVID-19 UPDATE:

Most of 2020 we were consumed by the advent and response to COVID-19. As the only hospital serving our district, we took quick, decisive action to protect our patients and staff from spreading this deadly virus. To date, we have spent approximately $5,439,622.96 to purchase critical equipment and made temporary modifications to our facility and facility systems.

In February 2020, SRMC established a COVID Task Force, which includes stakeholders across the organization to lead all COVID preparation and response efforts. Through this task force and its subcommittees, we have:

- implemented new screening protocols and restricted access and visitation into the facility.
- educated and trained our staff on COVID prevention and treatment.
- employed supplementary cleaning services to ensure detailed cleaning of high-touch areas and deep cleaning of all patient care areas.
- constructed external triage units were built at RLSH and MKS to conduct evaluations and COVID-19 assessments.
- converted RLSH Fast-Track unit to a Respiratory/COVID negative pressure observation unit.
- successfully designed and engineered mechanical ventilation systems creating negative pressure environments.
- developed, equipped, and staffed a new Highly Infectious Disease Patient Care Unit (HID unit) for our most critically ill and COVID positive patients.
• increased our capacity to accommodate a surge of COVID positive patients by converting the entire fourth-floor medical unit and most of the fifth floor into two 50 bed inpatient units. In total, we have created space to safely accommodate up to 100 patients.

• purchased 83 additional critical care hospital beds, 40 monitors for the two new critical care monitoring system, and 25 additional ventilators to treat our most critical patients. Throughout the entire COVID period, we also ensured that we maintained an adequate supply of PPEs to protect our patients and staff.

• produced several COVID PSAs to advise the public on safety measures and what to do when visiting the hospital.

• We also implemented virtual visits to connect our patients with their loved ones. We understand how the restrictions and safety protocols make it difficult to connect and support family members who are admitted or are receiving services in our hospital and healthcare facilities. So, we have established a program where family members can schedule virtual visits using technology and smart devices to connect our patients with their family members and friends.

SRMC also received international recognition for its successful clinical management and care of Rolly Tolentino, also affectionately known as "Sam the Sailor."

As we continue our efforts to fight against COVID-19, SRMC is now actively engaged in promoting and administering the COVID-19 vaccination. To date, our hospital has administered 217 vaccinations, of which 178 were to SRMC employees and 39 to hemodialysis patients. We encourage all eligible persons to get vaccinated.
In closing, while our facilities have been severely impacted are still pending permanent repairs or reconstruction, we have continued to maintain a high-quality patient care service successfully. However, the success we have had in terms of patient care services is directly attributed to our employees' hard work and commitment at the Roy L Schneider Hospital, the Myrah Keating Smith Community Health Center, and CKCI. So, I want to humbly thank the entire staff of SRMC for your continued dedication and diligence.

We also take this opportunity to thank Governor Albert Bryan Jr. and his team, as well as the members of this Legislature, for your ongoing support of our facilities and interest in the healthcare services in the Virgin Islands. We also thank Chairman Christopher Finch and members of the Territorial Governing Board for their tireless contributions and commitment to our hospitals and healthcare facilities. We would also like to acknowledge and thank our community partners and donors who have contributed to our facilities financially or otherwise over the past few years. We are grateful for your support.

Lastly, to our community, we know you have a choice when it comes to your healthcare services, so we would like to thank our patients and their families for continuing to trust SRMC to provide your healthcare needs.

Honorable Chairwoman Sarauw, and members of the Committee on Disaster Recovery and Infrastructure, we again thank you for allowing us the opportunity to share our recovery efforts progress and challenges.

We are prepared to take your questions.

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