>> We got to iron out our problems and iron out our quarrels and try to live as brothers.
>> And try to find a piece of land without stepping on one another.
>> And do respect the women of the world.
Remember you all have mothers.
We got to...
>> Make this land a better land than the world in which we live.
>> And we got to help each man be a better man with the kindness that we give.
>> I know we can make it.
>> I know that we can.
>> I know darn well we can work it out.
>> Good morning, Virgin Islands.
Yes, we can.
Here we are on St. Patrick's Day.
And I'm here, Archie Jennings, with...
>> I'm in my green.
Julien Henley.
>> ...Julien Henley, advocate, Virgin Islands, as well as Dr. Luis Amaro.
>> Good morning.
>> Good morning.
And it's St. Patrick's Day, of all days.
It's a great day.
And he was a great saint, but, you know, there was also another great saint.
There was a guy named Alexius of Edessa.
He became Alexius of Rome.
And during the Middle Ages, when they had plagues, there were people who were called Alexians who went and serviced the sick.
Dr. Amaro, welcome.
And you are from...?
>> I am actually from here, St. Thomas, Virgin Islands.

>> Oh, okay.
>> I am here representing Schneider Regional Medical Center.
I am the Chief Medical Officer at Schneider, working under the C.E.O., Dr. Bernard Wheatley.
And thank you very much for having me this morning.
>> Oh, thank you for coming.
It's kind of early, but we're all here.
Well, tell us a little bit about yourself, and like I was sort of hinting before, for the youth of the community, how did you become a doctor?
>> What prompted you?
Did you wake up one morning and say, "Oh, I'm gonna be a doctor?" or you dreamed about it or how did it come about?
>> Thank you.
You know, it has been, from a very young stage in life, a dream of mine to be able to learn the human body, its physiology, how it works, and actually be able to have the knowledge and what to do to be able to treat it.
Folks have, and I can remember myself having, ailments, illnesses, that sort of stuff, and it was amazing to be able to go to someone and they were able to give you something or do something to make you feel better.
So that has always been something that I admired and aspired to be able to become one of those individuals.
>> Who were your inspiration here in the community?
>> There was an internist that I went to.
He's actually over in Puerto Rico now.
His name is Dr. Gorrochategui,

Dr. G.
And I just admired the way that he took care of me when I saw him.
I was a senior in high school at that time and just amazed as far as what he did.
Folks like Dr. Alfred Heath was around and treated me at that time for just general illnesses and so forth and just amazed in the things that they could do and the knowledge that they had that actually came out, after everything else, feeling better.
>> Oh, okay.
>> But I am a product of the public-school system.
I attended the former Nisky Elementary School, Ulla F. Muller Elementary School, Addelita Cancryn, a product of Charlotte Amalie High School, and then went on to undergrad in Ohio, as well as worked on my medical schooling by training at Jackson Memorial Medical Center at the University of Miami in Miami, Florida.
>> Oh. Great. Great.
Tell us a little bit, what is a medical director?
Can you explain to the public your role in the hospital?
>> Absolutely.
So, basically, I am the administrator in charge of organizing how to handle the hospital in terms of the medical staff.
So, I do the hiring and organization of all the physicians in the hospital, what services we are trying to provide and financially capable of providing here in the Virgin Islands and try to set that based on what our needs are, what the population of the territory requires and needs to

be treated for.
It's not an easy job for the mere reason that we live on 32 square miles in the middle of the Caribbean.
And while it may be an excellent vacation spot, it's something more of a challenge to get folks to know how to come down here -- it is under the U.S. flag -- but to live on it and work on it and convince them that they can be happy here is not the easiest job in the world, but it's something that we have to do to be able to get the services here and we're not flying out for everything.
>> All right.
And when did you become medical director?
>> So, the Chief Medical Officer --
>> Yeah.
>> I obtained the position January of 2015.
>> Okay.
And sort of give us a brief overview of what your day is like as a chief medical officer.
>> So, it's well described.
It's a day.
It's almost 24/7.
It's constantly attending to the needs as far as the medical staffing is concerned, as far as the needs of the care of the hospital from the physicians' standpoint.
I come in.
It's several meetings of committees and planning and organization of, primarily, where we want to go.
What do we want to be able to provide and what do we want to make the hospital as far as the hospital of the future?
But given our environment, given this scenario that we live on

this island and the financial standpoint, a great deal of time is spent putting out fires, so, you know, occurrences happening, be it one problem or the next. I work as part of an excellent team that Dr. Wheatley has put together where we come together, we address any scenarios that may come up on a day-to-day basis, and we try to make sure that the public is being served in a most excellent manner.
>> And, like, who's on the team with you?
>> So, we have myself. We have the Chief Nursing Officer, Ms. Darice Plaskett, the Chief Information Officer, Mr. Cameron Aust, we have our Chief Compliance and Legal Officer, our attorney, Ms. Tina Commissiong, our chief --
I'm gonna slip on some of these names now, but Ms. Delphine Olivacce is in charge of quality and assurance.
I'm sure I'm missing on some names, and I'll bring them up as we move along.
>> Okay.
And, as you stated, the hospital being in the middle of the Atlantic, one of the things is supply and medicine and the beds and all that.
What are the requirements for a hospital?
'Cause I know I used to hear about JCAHO coming down for compliance issues, and I know the feds, Center for Medical Services, comes down.
What sort of compliance issues? Give the public some idea of what you go through to make sure the hospital stays up and running.
>> So, this is one of the chief things that we do as a team and

trying to make sure that we remain certified in these organizations, with these bodies, Centers for Medicaid & Medicare Services, CMS, and Joint Commission is the arm that is contracted by CMS as a continual certifying body to make sure that we are in compliance with all regulations across the nation as far as the hospital is concerned, and it's our everyday mission to remain in compliance, because it not only provides a key that we are a center of excellence but it's also being able to continue to be participants in the Medicare program that provides the hospital funding to care for many of the individuals that are currently under Medicare.
So, we have rigorous standards to continue to look up to to be able to provide.
Every three years, we go under a full survey by Joint Commission for CMS for them to know that the facility is meeting all standards, that the physicians and their credentialing are meeting all standards, that the nursing care and all the things that they do are meeting all the standards that you would get in hospitals across the U.S.
And that assures the public that they're able to receive care not unlike anywhere else they may choose to go because we are under the same certifying bodies.
I forgot to mention our facilities director, Mr. Darryl Smalls, as well.
These names will come back to me as we're talking.
But I'm proud to say this team has maintained full accreditation, full

certification, and has not been under any provisions or any requirements since we've come together.
We have done an admirable job of being able to remain certified.
>> Okay.
>> You do number one, and I'll do number -- Sorry.
>> Go ahead.
Go ahead.
>> Okay. All right. Sorry.
Good morning.
This is Julien, and, once again, what is the background of the guest -- the short bite or the experiences?
>> [Speaks indistinctly]
>> Okay. All right.
So, we want to go into one of the areas of care.
What's the protocol in place for with sickle cell in the territory?
>> So, with sickle cell, as with any particular disease or medical issues that may come in, the first thing we're gonna do -- most of these patients, if they're in trouble, they're gonna come to the emergency department.
So first thing our mission is is to make sure that we're stabilizing the patient.
So, in all things, we don't have a Level I trauma center right down the road.
We are it, and that's a huge undertaking and something that you, you know --
For all things that may be said or looked at with the hospital, you won't see a like hospital anywhere in the U.S., because anywhere you go in U.S., you can just drive to the next hospital that can provide any care that is needed.
In our hospital, we need to be

able to provide care to all patients without the thought that we have a nearby hospital but with the thought that if the patient needs further care, they will go and be transported elsewhere.
With sickle cell, with any of these diseases, when patients come in, they're gonna be stabilized.
Our medical team is gonna address their most concerning and life-threatening issues and get them to a point of treatment.
From there, then, if it's within the capacity of the hospital's abilities, we admit them to the hospital if that's what's required, and we continue their care until their treatment course, their acute treatment course, is completed, and we then go ahead and discharge them.
We have on staff a hematologist, oncologist who are specialists for these individuals, and so, if need be, they are consulted.
They attend to the care.
We get in a pain care team as needed for the administration of their medications, to maintain their pain crisis, or whatever else may come up, be it infections or issues to their lungs or whatever the situation is, so we address this in sickle cell patients the same as we address any other patient.
>> And I know nationally there's a lot of care and a lot of things being done for individuals with sickle cell, and is there any of those programs connected as far as funding, federal funds, that assist the hospital at this

point?
>> As far as I know, we don't receive any special funding. We have organizations that, for sickle cell associations and that sort of stuff, not related, necessarily, to the hospital, but no specified, allotted funding specifically for sickle cell patients.
>> Okay. And I want to change gears a little bit because, as an individual and with Disability Rights, we represent a lot of individuals throughout the territory with disabilities. And one of the concerns is with the deaf or hard of hearing. What's the protocol at the hospital when someone who's deaf or hard of hearing is seeking services, whether it be emergency or it be care? What's the protocol in place to deal with those patients?
>> I'll just sort of generalize. We have a number of services for the disabled that we have to make sure that we're meeting the standards for.
Disabilities of hearing and vision fall under translation services, making sure the patient is understanding what is being said, making sure we're understanding what they're being said, and so we try to meet all translation services with interpreters and making sure that they have full understanding of the language that we're speaking, be it because they speak a foreign language or because they can't hear.
We offer visual aids for them to be able to know and be able to write what needs to be said if that's what's necessary, or if we have an interpreter to

provide translation services in signage, we do the best we can to provide that, as well.
>> I know within the community, there's different emergency signage that you could have for individuals like that.
And I think that would be something that would be sought out for the hospital, especially when it comes to trauma, because in a trauma situation, that person might not be able to do all the things, but you could probably point to something on that board and that person could probably communicate.
Is there anything in place like that?
>> That's correct.
As a need arises, we certainly will provide.
We have tools for that communication to be able to go forward, and we have signage of information for pain, we have signage for information where we can provide for medications, so we do provide that.
>> Okay.
>> And just as a follow-up with regard to the deaf and hard of hearing, one of the things we don't have is a lot of interpreters here on island.
Has the hospital bought in to what they call video-relay, telemedicine, type of services, where a person can see on a screen an interpreter or a doctor who has a signage hookup?
I know there's been talk about more telemedicine, so I didn't know if you wanted to go into that, as well.
>> We don't have specific video relay as far as it relates to the deaf and hard of hearing.
We do have a language line, again, for other interpretive

services but not specifically video relay.
>> Okay. What about telemedicine?
Has your hospital considered or taken any steps toward that aspect of providing services?
>> Quite recently, it's been on our table as far as where we would receive assistance or provide assistance for telemedicine.
Particularly one of the bigger things has been for Department of Behavioral Medicine, or psychiatry.
We are fortunate enough to have acquired two excellent psychiatrists in our department, and so there's not particularly a shortage, but it is something that we may be able to assist, on a case-by-case scenario, say, our sister hospital in St. Croix or any other departments that may need help from that standpoint.
We are also trying to establish telemedicine services in particularly what's under my hat, particularly in specialties in pediatrics.
We would like to try to expand services to be able to invite in services in pediatric specialties like cardiology, pulmonary, that sort of stuff.
We are vastly deficient in that here, partly because we don't run in to a lot of need for pediatric diseases to that extent.
You need quite a large population to host pediatric specialists in any specific thing.
We don't have a lot of that here, but the need arises.
And so it's a perfect avenue and venue for trying to get

telemedicine services in that circumstance.
>> Speaking of pediatrics, being involved with assisting children, I have a goddaughter. She had a spinal stenosis type of disease.
And what I thought about was if, when she was younger, if she would have been able to see a doctor earlier.
She ended up going to Shriners. Worked out through the Department of Medical Services for Childhood Healthcare.
But the follow-up had to go between first here in the Virgin Islands, Springfield, Massachusetts, back to the Virgin Islands, then Philadelphia.
Wouldn't telemedicine --
Is that what you're looking at, to try and bring some of that to the island on a consistent basis?
>> Certainly, that would be helpful.
>> Right.
>> That's something that's akin to what I try to accomplish as far as, when I get these providers to come on island, is to prevent those sort of hardships.
And so, certainly, if we had telemedicine, you probably would not have seen certain challenges that you met there.
Now, that being said, telemedicine goes so far.
At some point in time, you as a patient or the mother of a patient or the father of a patient -- you want the physician to be able to lay eyes on that patient, lay hands on that patient, to make sure that the care is going forward appropriately.

But, yes, I mean, you know, that's an example or many other examples where, if we can get something established for services we don't have on island through telemedicine, we would be able to establish care without the hardships of traveling and the expenses and the inconveniences related to it.
>> Well, the initial travel was for the doctor, 'cause we were waiting for Shriners for like four months.
>> Yeah.
>> That's mainly closing that gap when the doctor gets to, a specialist doctor, gets to see, hear the information and actually see the patient and then go up to Massachusetts or Philly, wherever that specialist is, and, also, as a follow-up. During a hurricane, after a hurricane, certain services weren't available.
I had hip surgery in California, and for follow-up, I don't have to go back to California.
I can see him over the Skyping or whatever telemedicine that's going on, which would also help people, as well.
And that's why I'm wondering how far the hospital may be moving in that direction.
>> Right. I mean, we're working with the Department of Health and trying to establish how we're gonna put this forward.
I know that they have initiatives in their own department, particularly with behavioral medicine, but with other services, as well, and so we're right now in the throes of trying to put that together.
>> Oh, okay.
Now, I think that's also called

Health Services Group?
>> Correct.
>> That's the quality care --
What organization is that?
>> They are working through, I believe, I think -- I don't want to misspeak -- but they're working through the Department of Health to try to establish that.
>> Okay. All right.
Well, as we go along, I wanted to remind the general public that we have a call-in number. It's 779-1079.
779-1079.
If you have any questions for Dr. Amaro as we proceed this morning, feel free to call in.
Again, this is "Ability Radio." I'm Archie Jennings with Julien Henley.
>> Yes. Well, you know, Doc, one of the things -- and I call you "Doc" because, personally, you're my doctor.
>> [Chuckles]
>> [Chuckles] You know, we look at some of the challenges you went through with the hospital being compromised through the storms, and I know, probably, you've done drills of how this would work, and now you're living it not just for a day of emergency drill, but now you've been living this for almost six months.
A lot of patients who came in to your hospital seeking services were, because of no rooms, either airlifted out or some were discharged.
And maybe some were early discharged because you felt, throughout time, they would recover.
What was the protocol for those patients, as far as especially those who were here on island,

discharged, but still needed a little bit more medical care? Was there a program in place for those individuals?
>> So, yes.
Over the past six months, we definitely had a lot to deal with, a lot of challenges that the storms have laid on the community on the whole -- the entire community that accesses health by some shape or some form or another.
And as many challenges as we were seeing in the hospital as we, too, had our own devastations facility-wise, our doors never closed.
And so as patients came in, we did all that we needed to do to stabilize them.
Early on, right after the storm, we had the assistance of the federal government with the different agencies -- the Department of Defense, FEMA, and the like -- assisting us with moving those patients to facilities that would be able to extend further care because we still had a lot to do to secure our facility, given the extensive damages that had occurred.
As that's progressed now, we've been able to get the facility back to a functioning facility, to not be back to 100% of the services of the abilities or the care we were able to provide before, in the realm of capacity, but definitely provide the same level of medical care that we were able to provide for in the realm of personnel, medical staff, nursing.
And so to the ability that we have, nursing-wise and our therapists, our techs, our medical staff, we provide same

care and we assess each patient, and as we assess those patients, we try to decide, is this a patient we can care for here, whether related to whether we have the capacity to do it or because they may need specialists that we don't have on the island?
Those are folks that we have to go ahead and let go.
If we're able to provide the care, then we do that.
We discharge them.
We let them go to the community with expectations that they will have follow-up care with the providers that have remained here, and I can say the vast majority of providers have remained on the island, and can continue their care outside of the acute care the hospital provides.
>> It seems like we have a caller.
Are they on yet?
>> Good morning.
>> Good morning.
>> Good morning.
>> Good morning, Archie and Julien and Doc.
Doc, we're on St. Croix, and after Hugo, we got a tent hospital set up here.
We had babies delivered and surgeries done.
We had heard that, in St. Thomas, that the hospital there was so badly damaged that the United States brought in floating hospitals.
Were they able to handle all the surgical and other needs, and are we still using them?
>> Thank you for your question.
So, initially, in the first phases after the storm, we did have tent structures that were brought in.

We never actually had to utilize them as it stood out.
There were some tents that were put up right after the first storm that were quickly taken down when Irma came.
I'm sorry -- when Maria came.
So, right after Irma, we had tents put up.
We were establishing how we were gonna be utilizing them, and then, as you know, two weeks afterwards was the arrival of Maria, and then they were taken down.
And a couple other versions that were done -- what we realized is, well, two things.
First, to answer your question, is, yes, we were able to continue care in the hospital.
Our facilities and our personnel did a tremendous job, and you'll hear me say that over and over again.
What our staff on the whole -- those from the facilities department, those members, even some family members of employees, did to mop up, clean up, restore the hospital back to a standpoint that it's functioning, it was a tremendous job.
And so we were able to get our O.R. back up and running.
We had CMS come in, basically put their stamp of approval on the operating room that it can function and is functioning and is functioning to be able to provide care.
We're not back to the point where we're able to have all the operating rooms open that we did before, but we have been able to maintain services to provide C-sections, provide child care, and elective surgeries, as well.
So we are functioning in the

hospital.
We are not utilizing anything outside of the hospital.
Those temporary modules that are now vetted to be able to withstand a longer, 3-to-5-year period because of the plans for the restoration of the hospital, those are on its way.
Those plans have been put forth.
We're putting that together so that those will be on its way, and then, at some point in time, we will move out to those structures in some fashion to be able to work outside the hospital for the hospital's restoration.
>> So, there's no plans to level the hospital building but just to restore it?
>> Well, I'll say that's a highly charged question.
[Laughter]
That's one that I, you know, will have some hesitation to answer in a sense of those plans are in the central government.
They will do what is best for the hospital.
They are having that assessment done right now by the FEMA group to see how much damage was done and what will the cost be in either repairing or leveling it and rebuilding.
And right now, you know, Governor Mapp is, I'm sure, awaiting that answer so that he can make that wise decision on what the hospital and the community needs all in all.
As you know, we've had several visitors from the federal department come in.
They have seen our hospital and have been integral in making recommendations for what needs to be done.
And so I'm sure at the end of it

all, the best decision will be made for not only what we need to do to get back up and running but what we do to have a facility that's up to date, that can provide the services that we need to provide, that we'll be able to move forward with providing the community long years of service without interruption with storms again and that sort of stuff.
>> Okay. I don't know if the caller's still there or not. Got any follow-up questions?
>> Yeah, no.
The part of the question that I didn't think I heard an answer on was whether the hospital ship or ships that we heard about being brought in to St. Thomas -- whether that ever actually happened and whether they were used to treat people on St. Thomas after Maria and up until the present or at all.
>> Well, just from the standpoint, I mean, we have several areas of care happening after Maria, and you'll have to let me know if I'm still not answering your question.
We had several --
>> Yeah, no.
I'm talking specifically about the hospital ships that were supposed to be pulled into Charlotte Amalie Harbor and used -- at least we heard about that on St. Croix, that they were bringing hospital ships into St. Thomas to treat patients until the hospital could get back up and running.
Did that happen?
>> Okay. So, to my knowledge, we did have one vessel, one of the Department of Defense's, that was in the area affected by the storm, but we did -- not

necessarily from St. Thomas, but I know that we did have some patients affected over in St. John.
As you know, Myrah Keating Community Health Center is one of the three arms of Schneider Regional Medical Center, and so we did have care that was transported from St. John over to one of those ships, but we didn't have an array of ships come in that assumed the care of the community here in St. Thomas.
The hospital was able to and did continue care here, and the only other aspect was really just transportations that we could not care for in the aftermath.
>> Thank you very much.
>> They were evacuated?
>> They were evacuated. Correct.
>> Okay.
>> Thank you so much.
>> Thank you.
>> Thank you, caller, for your question.
And, you know, when you talk about evacuations of patients, what's the assistance that the patients or family members who traveled with that patient receive from the local government as to housing, or what's the package that's given to a patient who came in to the hospital, based on the structure damage, was airlifted out, and who patient had a family member that needed to travel with them? Were provisions being made as as package for those family members?
>> Yeah. So, there were several phases of provisions that were being done initially, mostly, if not close to 100%, by the federal government.
Certain disaster services and

FEMA would be able to furnish the movement of patients that needed to get out over to identified facilities that they were managing.
And probably a little too many to name right now, but it really came in phases of the storm, so there was the immediate movement of patients right after Irma, there were the immediate movement again of patients as needed to be right after Maria. That then continued until it melded with dealing with patients that were specifically unable to manage funding, such as the uninsured or the underinsured.
That was taken over, and hospitals and facilities over in Georgia, in Atlanta, were identified, and those patients were taken over there, and that was funded, again, by the federal government.
And there were deadlines that have passed now as far as how much they were going to fund or continue to fund, and that has now turned over to what the local government has to be able to afford with, hopefully, some ability to be recompensated for that.
And those things right now are being worked through the offices and so forth, knowing what our shortcomings may be related to that, just in the community on the whole.
>> Okay. And, you know, I'm glad to hear that, because, as you know, there were EPAP programs that came to the end date of March 14th, and you had almost 1,500 residents who didn't have any insurance and was seeking those services as far as getting medication.

Initially, after the hurricane, the hospital did get medications where patients who didn't have medication can come through and get medication.
Now that the EPAP program has come to an end, what's the process for those patients?
I know that that probably might be in a different department, but if you can, can you expand on where and what does those patients do now?
>> Right. So, I mean, from the hospital's standpoint and the acute medical care, they will receive the same level of medications if they come in to the hospital for care.
If they come in to the emergency room or need to be admitted, there will be no interruption based on insurances or anything for the medications that they require.
Schneider Regional Medical Center is an acute-care hospital, and we must provide care for anyone that comes in to the level of stabilizing them and giving them whatever services or, in the question you asked, medications that they need.
Within the community, it is under the Department of Health to see what needs to be done, as the EPAP service has expired, and how much more assistance the community may need.
I think that the insurance program on the island is something on the whole, storm or not, that needs to be addressed. That's probably one of the biggest issues that we have on the island as it relates to healthcare, is the lack of insurance -- insurances, private insurances, the ability

to get insurance if you're not working for a big corporation or company.
That's a huge shortfall and one that I am expecting and am looking for central government, whoever takes office, whoever has remained in office, whatever the situation is, to address.
That helps the hospital.
That helps the patients.
That helps the community on the whole and is a huge problem right now that, you as an individual, if you work in a private office or private store or whatever the situation is, and that place does not offer health insurance, you are unable to have health insurance, private health insurance, and that's a problem.
>> Now, as you mentioned about the patient coming in to the hospital and the hospital being responsible for them during the time of acute care, I think the public needs to know there's two things.
One is that they're covered just while they're in the hospital.
And my understanding -- the discharge plan sort of gives them the papers to go out and get services through either Medicaid, Medicare, or their private doctor or public.
And there's two laws people should know about -- Emergency Medical Treatment and Active Labor Act so that once you get your discharge plan, you are no longer going to get free medicine from the hospital.
Also, that's the same thing under the Virgin Islands law called the Virgin Islands Caregiver Advise, Record, and Enable Act, which also concerns discharge plans and making sure

you have discharge plans so you know what the next step is.
And I think they even just, on a national level, enacted a caregiver act that's gonna be coming effective fairly soon.
And tell me if I'm wrong.
Those are the laws that basically cover the scenario you just described.
>> Right.
So, the Emergency Act, known as EMTALA, is basically an act that stipulates for patients who are Medicare patients, they have to be seen, they have receive an emergency medical evaluation if they present to a facility that is under CMS, and they have to receive some level of stabilization, either by that facility or, if that facility is unable to stabilize them, then they would be transferred to a facility that can stabilize them.
And so it governs pretty much -- enacted in 1986 -- patients being able to receive care regardless of their ability to pay.
Now, while I say that, the hospital functions on funding, on money.
[Laughter]
But I don't want to make it sound or in any way intimate that medications are free.
I do want to say that you will receive the care you need, and it's based on that EMTALA Act.
It's based on the fact that you must receive care to stabilize your condition and to be able to receive care.
>> All right.
Well, we'll have a word from our sponsors and get right back to Dr. Amaro and Julien, and this is "Ability Radio -- You and

Your Life."
>> ...than the world in which we live.
>> And we got to help each man be a better man with the kindness that we give.
>> I know we can make it.
>> I know that we can.
>> Oh, when there's a will, there's got to be a way, y'all.
>> I know we can make it.
>> I know that we can.
>> I know darn well we can work it out.
>> Welcome back to "Ability Radio -- You and Your Health." I'm here with Julien.
How's it going, Julien?
>> It's going great, Archie. I think our guest has been giving the public a lot of information, and I'm hoping individuals are out there taking notes, and, remember, this is a call-in show.
If you have a question, you can call 779-1079.
And if you have questions for our doctor, Dr. Luis Amaro, that's here as our guest, please call in.
There's a lot that has been done, and I think he's shared a lot of great information today, so, with that...
>> All right.
Well, we're just talking a little bit about the Virgin Islands Caregivers Act.
That's only new to the law in the Virgin Islands, and I know at one point in time, when we were doing ADA, sort of sensitivity training with the hospital, I was hoping we could do some more and we can maybe have, like, an ethics committee for the doctors.
And I did a presentation over at the cardiac center -- not

cardiac center but oncology center.
So, that'd be one way to share information and we at the Disability Rights Center can share what we hear from our clients as well as go over what they meant by the Virgin Islands Caregivers Act and see how that's coming along being implemented.
But, again, getting back to some of the issues with regard to the services at the hospital, you mentioned you have, like, a director of nursing.
Explain what her position is in regard to services at the hospital so they can understand.
Versus you're medical director with the doctors, there's also one for the nurse, right?
>> That's correct, and so our chief nursing officer -- she manages, of course, the procurement of staffing, which is probably one of the bigger challenges that exists right now.
If there's one thing that's a key issue after the storm is -- and this is hurting us all throughout the island -- the loss of our local individuals and working staff and so forth, and that's affected nursing quite heavily, as well.
And so Ms. Darice Plaskett has a huge task in not only trying to retain those who are here but to also try to bring in any staffing that we can to maintain what one could say, arguably, is the backbone of any hospital, which is the nursing aspect of things.
And so we have to, to a certain extent, because of many losses, have to rely on emergency nursing services to come in and

fortify our nursing staff and be able to give them rest, give them support, be able to provide adequate numbers of ratios of nurses to patients.
And her central role, as well, is to make sure the quality of nursing remains at a high level.
She works with Ms. Delphine Olivacce, the V.P. of Quality Assurance, to be able to maintain very high levels of nursing care so that you make sure that, when you're getting care in the hospital, you're receiving quality care.
>> Okay.
>> And as we talked about in nursing, what is in place as far as -- you know, it seems like you have a high attrition level as far as turnover.
Is there something that we're not offering?
I know we're on an island, and sometimes we forget because we live here.
We think it's so large.
But what do you think is one of the areas of leakage, why we're having such a high turnover of nurses that's leaving our hospital.
>> It's a four-letter word -- C-A-S-H.
[Laughter]
>> And that came long before Dr. Amaro.
>> Yes, absolutely.
You know, it's a challenge.
The folks have to survive, but, more than that, they have to be adequately compensated for their level of education, their professional abilities, and want to be compensated along the same standards as if they were living in California or some other place.
Now, obviously, even from state

to state, the compensation is not necessarily the same, but you want to be at least within range, given whatever circumstances, and so it's just one of the things, but I would probably say one of the main things is just our ability to compensate our nurses to prevent the obvious, which is they can look at another hospital and know that they can be compensated much better.

Now, home is home, and so those that we have here want to be home, and they want to care for our folks and know they feel like this is where they want to be and they don't want to be anywhere else, and so they have that constant challenge with how much they're paid and where they want to be.

We, as an administration, challenge with multiple issues of finances, including --

I mean, our budget has been reduced time and time again, and it's left us almost bare bones to be able to function.

But within those bare bones, we have to find a means to be able to provide the cash, provide the funding, to keep our nurses.

And once we can keep our nurses, that maintains and provides an ability to get more nurses, because they have to be able to work in an environment where they feel safe at work as far as ratios, as well.

They want to be able to take care of the ratios that they were trained to take care of, and when you have shortages, that gets challenged.

And so one domino affects the next, and, certainly, we want to stress to our legislators and to the central government the

hospitals aren't gonna function without money, without cash. It's not, and so we have to be able to get the funding to be able to do these very basic things.
>> Do you have grant writers at the hospital?
>> We don't have a specific grant writer, again, because we can't afford one.
It's kind of chicken and eggs. I mean, if we had a grant writer, we could afford us more money, but we have to have enough money to afford a grant writer.
[Chuckles]
So, we're betwixt and between the ability to afford things that would even help us get further, and when we're struggling to pay the light bills and struggling to buy medical supplies and struggling to make sure we have all the things, and we do -- we make miracles happen -- but it doesn't come easy.
It's hard for us to think on even the most sensible investments, like grant writer because we just don't have the ability to float any further funding.
>> So you need some angels out there to help these miracles come about, right?
>> Absolutely. Absolutely.
>> Well, again, we're at a breaking point.
You'll hear from our sponsors, and then we'll get back with Dr. Amaro.
"You and Your Life" -- Julien Henley, Archie Jennings, Luis Amaro.
Hang in there, Virgin Islands.
>> Yes. Please do.
[Instrumental break]

>> I know we can make it.
>> I know we can.
>> I know darn well we can work it out.
Oh, yes, we can.
I know we can, can.

>> I know we can make it.
>> I know we can.
>> I know darn well we can work it out.
>> Now's the time for all the people to come together and love one another.
>> Welcome back to "Ability Radio -- You and Your Life."
Julien Henley, Dr. Luis Amaro, and Julien had one last question for you, Doctor.
>> Yes. Well, Doc, you know, I know we don't want to listen to these numbers, but we're actually 10 weeks away from our hurricane season, and I know you're still in an emergency mode at the hospital.
Are you starting to make plans or have conversations of what you need to have in place before that season comes upon us?
>> Yes. I mean, we have to.
One thing we've always done is learn from what we've been through.
Every hurricane, major ones especially -- Hugo, Marilyn -- there have been constant improvements, constant strategies to make sure that the next time around, we can see where could we have improved, what could we have done a little better?
And so we are constantly, in our sessions, going over the things that went right and the things that could have been done a little better.
And so you're right, you know?

It's hard to fathom, but that 10 weeks away is no time at all, and we're right back in it again in the period, and so we are trying to sure up the facility staffing, make sure we talk to our partners on the federal level, make sure that things are being done so that we are able to be as prepared as we can.
We know that we're not gonna have these temporary modules that we're looking at for this hurricane season for us to move into.
I mean, it's not gonna be there.
We're gonna be in the very same facility.
But we're functioning.
We're able to care for folks.
It's funny because sometimes we talk in the community and some folks don't even know that we're operating, that we're open, or things that we're doing.
We are doing surgeries.
We are able to do surgeries.
We're able to do it in a safe way, CMS-certified and given us their stamp of approval.
We're doing dialysis.
We're doing all the things that we used to do.
Even if on a smaller level, we are able to continue to maintain, so we are gonna make sure that's maintained even in the next storm period.
>> So, I want to ask an offensive question.
What do you think you need to have in place as far as receiving funding?
Is there things that's lacking, like patient paying?
Is there things that would help you to get to a point where you'll be in a much better position?

>> One of the biggest things we talked about on a higher level is trying to get the island insured, okay?
Whether that comes in a similar affair of individual mandates or whatever, that's one thing.
We do need our patients to pay.
It's not, as I had said before, a free hospital, and it's not free medicine.
We need each and every individual to be responsible and put back in the system that they want to care for them in the future.
And then, you know, quite directly, we need a message from the central government and our legislators to say healthcare is a priority in the territory.
And by that priority, priorities are known by what you fund.
And so we need to be funded accordingly to meet all costs and to be able to continue our services.
>> Thank you.
Thank you, Doctor.
>> Thank you, Dr. Amaro.
And, again, this has been "Ability Radio -- You and Your Health."
Julien?
>> Guys, have a great day.
It's been fun having our doctor and our guest in.
>> Thank you for having me.
>> And thank you for coming.
>> Yes.
>> We got a lot of good information, and, Virgin Islands, enjoy your St. Patrick's Day.
Enjoy your weekend and have a good weekend.
>> Take care.
>> Take care. Bye-bye.
[Instrumental break]
>> I know we can make it.

>> I know that we can.
>> I know darn well we can work it out.
Oh, yes, we can.
I know we can, can.
Yes we can, can.
Why can't we?
If we want to, yes, we can, can.
>> I know we can make it work.
I know that we can make it if we try.
>> Oh, yes, we can.
I know we can, can.
Yes, we can.
>> Great gosh almighty.
>> Oh, yes, we can.
I know we can, can.
>> We can make it, y'all.
>> This is WLDV, 107.9 FM, transmitting from Blue Mountain, St. Croix, broadcasting from downtown Christiansted, St. Croix.