The Virgin Islands Consortium

Cost of Healthcare Restricting Babies From Being Born on St. John; Schneider Hospital, Like JFL, Facing Severe Staff Shortages

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The Myrah Keating Smith Community Health Center on St. John. **By. THE V.I. OFFICE OF DISASTER RECOVERY.**

St. John residents are no closer to witnessing their babies being born on the island than they were about 40 years ago, when the only midwife on the island, Myrah Keating Smith, delivered the last baby in the 1980s.

For almost two decades, she was noted as the only healthcare provider on St. John and was able to successfully deliver more than 500 children in her midwifery career. But since her departure, no babies have been born in a medical facility on St. John, while the cost of birthing care continues to act as a deterrent to setting up a birthing center on the smallest of the three main U.S Virgin Islands.

Schneider Regional Medical Center CEO, Tina Comissiong, told lawmakers at a budget hearing on Monday that such a facility would cost the hospital an estimated $1 million a year to maintain and may still create complications that cannot be dealt with on the island.

“The birthing process may start off as a completely safe, completely scheduled, everything going great birth and then in the middle of it, in 20 seconds, it turns completely different and become an emergency situation where you need highly trained surgeons, OBGYN physicians," Ms. Comissiong explained. "To actually start a C-section, you need a neonatologist afterwards or pediatrician afterwards to immediately tend to the baby when it comes out. So, those things require a total team and specialized equipment to successfully and safely handle.”

Ms. Comissiong said that even with such a significant investment, there is no way to ensure a safe delivery process for the mother or the baby.

Instead, she proposed finding a legal way to have babies registered on St. John instead of at the hospital on St Thomas. She posited, “Maybe we can look at other ways creatively as a territory to see if your parents live in St. John and you're immediately born and you go back to St. John, maybe you get a designation of St. John as your birth place on your birth certificate.”

However, Senator Angel Bolques argued that the practice was displacing babies of their rightful title as being a descendant of the island. “I’m of the particular belief that St. Johnians are becoming extinct and I believe that we really need to see what we can do to make that a possibility. It is a right of every person in this territory to have access to good healthcare and also have their children birthed here,” he stressed.

Birthing rights is among one of the many challenges that SRMC will have to contend with going into the new budget year in October. The hospital has asked the Legislature to appropriate $28.75 million of the $88.5 million dollars it needs to operate in 2023.

Projecting that nursing shortage will continue to intensify over the next 16 months, SRMC has set aside 46 percent of its operating budget to pay salaries and wages for 2023.

Providing a representation of the extent of the shortage, Ms. Comissiong said that in 2021, SRMC lost 80 full time employees, 21 of whom were registered nurses (RNs), and thus far, for 2022 they have lost 34 full time employees, 11 of which were RNs.

“For 2021, SRMC’s staff turnover rate was 15 percent, slightly below the rising national average of 17 percent. It is costly to replace the permanent staff members we lose with temporary staff, and the training associated with turnover impacts the organization on average by about $20,000 per nurse," the CEO explained. "SRMC requires 186 RNs to support our 75-bed inpatient occupancy and outpatient and emergency room services. Currently, SRMC only has 72 permanent full-time RNs, five permanent part-time RNs and 26 permanent per diem RNs. We are only 39 percent staffed with permanent full-time RN staff. We supplement our permanent staff with approximately 17 PAFFORD RNs and 32 contract/travel agency RNs. We also contract 10 Allied Health Technicians. Our permanent staffing is at a critically low level."

As a result of the nursing shortage, the hospital pays out $92,000 biweekly in overtime on average, spending approximately $2 million so far for 2022.

Meanwhile, the contract for nurses on staff at SRMC, the Juan F. Luis Hospital (JFL), and nurses at the Department of Health (DOH) expired 18 months ago which means they are currently working without salary increases. Ms. Comissiong said the hospital is waiting on word from the Office of Collective Bargaining (OCB) to begin closing the negotiations.

In addition, SRMC owes $1.75 million to the Water and Power Authority (WAPA), accrued from a recurrent outstanding monthly balance of $75,000. “SRMC’s average monthly invoice from WAPA is $350,000. Our current outstanding payable to WAPA is $1.7 Million. We pay $275,000 monthly to WAPA as a direct allocation from our budget,” Ms. Comissiong outlined.

Furthermore, the hospital has a $1.79 million legal judgement against it that has been attracting interest and has written off almost $11 million in bad debt for the year which Ms. Comissiong said the hospital has no hope of recovering.

SRMC is, however, hoping to collect millions owed to it by a few government agencies in order to pay off some of its expenses in the next fiscal year.

According to Ms. Commisiong, “Currently, Workman’s Compensation owes SRMC $3,714,290, the Bureau of Corrections owes $693,796, Department of Health owes $234,283, Department of Human Services owes $131,256, and the Department of Education owes $7,520. There is also a significant amount of money owed to the hospital by Medicaid due to claims not crossing over and therefore not being processed and paid.”

She said the payment of those funds would be a major help to SRMC.