

COMMONWEALTH OF MASSACHUSETTS

DEPARTMENT OF PUBLIC HEALTH

PUBLIC HEARING VIA CONFERENCE CALL)
)
RE: BERKSHIRE HEALTH CARE SYSTEMS, INC.)
DETERMINATION OF NEED PUBLIC HEARING)

BEFORE: Dennis Renaud, Director of the Determination
of Need Program

Lucy Clark, Department of Public Health

(All participants appeared by conference call.)

6:00 p.m.

Wednesday, October 25, 2023

I N D E X

	SPEAKER:	PAGE
1		
2		
3	Darlene Rodowicz	10
4	Jennifer Macksey	15
5	Paul Mark	17
6	John Barrett, III	19
7	Alec Belman	22
8	Tara Gregorio	25
9	James Birge	29
10	John Lipa	32
11	Richard Alcombright	36
12	Lou Ann Quinn	38
13	Jackie Felix	42
14	Patrick Borek	46
15	Jason Ogiste	50
16	Charles Redd	53
17	Amber Besaw	55
18	Scott St. George	57
19	Diane Spina	60
20	Marie Harpin	63
21	Bill Jones	66
22	Ryan Cuthbertson	70
23	John Meaney	74
24	Elizabeth Daley	77

I N D E X

SPEAKER:	PAGE
Jodi Ouimette	78
Michelle Byron	82

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24

P R O C E E D I N G S

THE OPERATOR: I would now like to turn the call over to Dennis Renaud. You may begin.

MR. RENAUD: Thank you. Good evening. My name is Dennis Renaud. I represent the Massachusetts Department of Public Health, and I am the Director of the Determination of Need Program.

For clarification, you will hear me refer to the Determination of Need Program as the DoN program and the Department of Public Health as the DPH.

Joining me today from the department is my colleague Lucy Clarke. On behalf of the department's commissioner, Dr. Robert Goldstein, and our bureau director, Elizabeth Kelley, I want to thank you for taking the time this evening to participate in this hearing.

The Department is holding this hearing virtually by conference call in order to promote public access. The hearing has been called pursuant to an application submitted

1 by Berkshire Health Systems, Inc.

2 Upon receipt of the application, DoN
3 staff reviewed the application and after
4 finding it to be in compliance with the DoN
5 statute and regulations filing assigned it a
6 filing date of September 1, 2023. This DoN
7 application is for Berkshire Health Systems,
8 Inc.

9 The enabling statute for the DoN
10 program requires that any person or
11 government agency intending to obtain an
12 original license as defined in the DoN
13 regulations must apply for DoN approval
14 before engaging in such a project.

15 I will now provide an overview of the
16 project description. The proposed project
17 will return 18 inpatient beds to the North
18 Adams Community. In addition to returning
19 inpatient services to the Northern Berkshire
20 community, the applicant will convert
21 certain Berkshire Medical Center satellite
22 services including the BMC satellite
23 emergency facility to the North Adams
24 Regional Hospital license as part of the

1 proposed project.

2 The re-imagined North Adams Regional
3 Hospital will have 18 medical surgical beds
4 which will also be certified for use as
5 swing beds for subacute care, a four-room
6 mixed inpatient/outpatient surgical space
7 comprised of existing open and closed
8 operating and endoscopy rooms from the prior
9 hospital and current satellite facility as
10 well as imaging, emergency services and
11 other outpatient services. The total value
12 of the proposed project based on the
13 national capital expenditure is \$2,850,000.

14 In accordance with the statute and
15 regulations governing the DoN process, the
16 DoN program is analyzing Berkshire Health
17 Systems' application for compliance with a
18 set of standards and criteria including, but
19 not limited to, a justification of the need
20 for the project, its planning process,
21 financial feasibility, environmental
22 impact, and the reasonableness of costs and
23 expenditures. These are the key criteria
24 which the DoN program will apply in its

1 analysis of the application.

2 This public hearing is an effort to
3 gather information and to hear the opinions
4 of interested parties about the proposed
5 project. It is not intended to be a
6 question and answer session. No questions
7 will be permitted.

8 The DoN program will take all relevant
9 information into account in preparing its
10 recommendation to the Massachusetts Public
11 Health Council, whose decision on whether to
12 improve the DoN for the proposed project
13 will be made at one of its upcoming monthly
14 meetings. We will accept written comments
15 on this application for 10 days following
16 this hearing.

17 As this is a virtual hearing, the
18 logistics are different from in-person
19 hearings. I will review our process for
20 today. We are learning the logistics of the
21 system as we go. We ask for your patience
22 if and when we encounter difficulties. We
23 will work to resolve any problems we
24 experience.

1 Our plan for tonight is as follows: We
2 are using a moderated conference call line,
3 so a moderator will manage the queue for
4 speaking. This meeting is being recorded
5 and transcribed. Press Star 1 if you would
6 like to testify. This will put you in the
7 queue. You will not be told where you are
8 in the queue nor will you get much notice
9 that you are about to testify.

10 When it is your turn to testify, you
11 will be told you are now the speaker and
12 will experience a short silence and then
13 will be the speaker. If you have muted your
14 phone, you may need to unmute.

15 Please begin by stating your name,
16 affiliation or town of residence. Please
17 speak clearly so that our transcriber can
18 record everything accurately.

19 Because we expect many speakers, we
20 will limit everyone to three minutes. I
21 will be timing people, and when you have 30
22 seconds left, you will hear this sound
23 (timer played). When your three minutes are
24 through, I will say "Time's up," and the

1 moderator will mute you and give the floor
2 to the next speaker. We may experience a
3 slight pause between speakers.

4 If testimony is lengthy, we suggest you
5 present a three-minute summary of those
6 remarks and submit a full text of your
7 comments in writing. If you have a written
8 copy of your comments, regardless of length,
9 please feel free to submit it to the
10 department by November 6 by email or via
11 postal service. Email us at
12 dph.don@state.ma.us.

13 Mail will get to us quickly if it is
14 sent to Determination of Need, Massachusetts
15 Department of Public Health, 67 Forest
16 Street, Marlborough, Massachusetts 01752.
17 Be assured that the department will consider
18 all comments whether presented orally or in
19 writing. Whether you comment or not, please
20 know the Department greatly values and
21 appreciates your participation in the DoN
22 process.

23 Before we open the line to the general
24 public, the applicant will go first and will

1 be allotted four minutes to present
2 information about the proposed project.
3 Following the presentation, we will provide
4 an opportunity for elected officials from
5 the community to comment and then begin
6 calling on those individuals who request to
7 speak this evening.

8 I would now like to invite Darlene
9 Rodowicz, President and CEO of Berkshire
10 Health Systems, to make a brief statement on
11 the proposed project. Welcome Darlene.

12 MS. RODOWICZ: Thank you, Dennis. Good
13 evening, I'm Darlene Rodowicz, President and
14 CEO of Berkshire Health Systems.

15 On behalf of all of us at BHS, I would
16 like to thank Commissioner Goldstein and the
17 Massachusetts Department of Public Health
18 for giving us this opportunity to discuss
19 our vision to bring inpatient care back to
20 North Adams and the Northern Berkshire
21 community counties.

22 Our goal is to expand access to health
23 care in the underserved region of Northern
24 Berkshire. However, to understand the full

1 implications of what this project really
2 means for the community, I'd like to share a
3 bit about North Adams and the overall health
4 care landscape in the area.

5 North Adams is a city that has worked
6 hard to transcend its identity as an aging
7 mill town. Despite advances in economic and
8 cultural redevelopment, North Adams remains
9 a community with significant health care
10 needs.

11 Many residents are seniors with
12 increasing health concerns and a large
13 portion of the community faces both
14 socioeconomic and health challenges relating
15 to substance use and limited opportunities
16 for economic advancement.

17 The abrupt closure of North Adams
18 Regional Hospital in 2014 didn't just result
19 in a loss of a hospital facility, it created
20 a region wide emergency that disrupted
21 access to fundamental health care and caused
22 a broader disruption in the community's
23 well-being and economic stability.

24 The story of hospital closures

1 impacting rural communities is not unique to
2 Berkshire County or even to Massachusetts.
3 Many national conversations around health
4 care link challenges in access with
5 increasing rates of health disparities
6 particularly in rural regions where
7 inequities are perpetuated by deeply rooted
8 and profoundly flawed historical systems and
9 processes.

10 In 2020, a federal report underscored
11 the need for policy driven solutions to
12 achieve health equity, and it was against
13 this backdrop that changes to the CMS
14 criteria for critical access hospitals or
15 CAH designation emerged. The CAH
16 designation with its cost-based
17 reimbursement helps to ensure the
18 continuation of essential health services in
19 rural and underserved areas across the
20 country. It is a lifeline for rural
21 communities like ours and the reason why we
22 have brought this project forward.

23 I'd like to direct your attention to
24 the three core elements of our proposal to

1 help explain why the re-emergence of North
2 Adams Regional Hospital Corporation under
3 BHS leadership is so critical to our region.
4 First, Clinical Care: Returning inpatient
5 beds to North Adams under a CAH designation
6 will have clear impact on the accessibility
7 of care for patients, which in turn can
8 directly lead to improved health outcomes.

9 Our BHS physicians are excited about
10 the ways that a critical access hospital can
11 offer unique and flexible options for rural
12 patient care and focus much needed resources
13 on addressing the health challenges in our
14 community's most vulnerable residents.

15 Second, Social and Economic
16 Opportunities: For North Adams the
17 possibility of opening a critical access
18 hospital is a chance to help revitalize a
19 community. Our health system administrators
20 and community partners are eager to continue
21 enhancing our programs for education,
22 employment and health equity in ways that
23 will support growth and opportunities for
24 residents of North Adams and the surrounding

1 area.

2 And the overwhelming community support
3 we've received including numerous letters
4 following our public meeting this past
5 summer underscores the shared community
6 understanding of the profound potential of
7 this project.

8 Third, Stewardship and Sustainability:
9 As you'll see from the data submitted with
10 our proposal, our Northern Berkshire
11 community needs an inpatient hospital. This
12 need was made clear at the time of the
13 hospital closure 10 years ago in the
14 Stroudwater report commissioned by the state
15 and remains true today.

16 Each facet of our proposal underscores
17 our commitment to addressing the public
18 health priorities of the Commonwealth of
19 Massachusetts, including ensuring that the
20 health care we provide is accessible,
21 sustainable, and of high value to the
22 public. BHS is committed to collaborating
23 with local, state and federal entities to
24 ensure the sustainability of health care in

1 the region.

2 I hope you will agree that this project
3 offers us an exceptional opportunity to
4 address barriers to patient care, promote
5 social and economic improvement, and advance
6 the health and wellness of the Northern
7 Berkshire region and our entire community.
8 Thank you for your time and consideration.

9 MR. RENAUD: Thank you. We will begin
10 now by taking comments from invited elected
11 officials. Our first speaker will be Mayor
12 Jennifer Macksey, Mayor of North Adams.

13 MS. MACKSEY: Thank you, Dennis. Can
14 everyone hear me okay?

15 MR. RENAUD: Yes.

16 MS. MACKSEY: Okay. Good evening. My
17 name is Jennifer Macksey. I am a lifelong
18 resident of North Adams and the city's
19 mayor.

20 As mayor, I'm deeply committed to the
21 growth and well-being of North Adams, and I
22 strongly believe that the reopening of
23 inpatient care by BHS will have a positive
24 overall impact on the future of our region.

1 Healthcare is a cornerstone of any
2 thriving community. Beyond treatment, it's
3 about understanding accessibility and the
4 assurance that every resident's well-being
5 is prioritized. The revival of North Adams
6 Regional Hospital exemplifies this vision
7 and will help to make widespread access to
8 essential health care services a reality,
9 especially for many aging residents who face
10 challenges accessing timely medical care due
11 to distance and transportation. Reopening
12 our local hospital is a practical solution
13 to ensure that medical care is within reach
14 for everyone.

15 I'm very optimistic about the economic
16 opportunities for employment and education
17 that the hospital will provide to our
18 residents. Our hospital return represents
19 more than a medical facility. It symbolizes
20 our collective commitment to health,
21 progress, and community resilience.

22 I fully support this initiative as a
23 key step towards a brighter and healthier
24 future for the city of North Adams. Thank

1 you very much.

2 MR. RENAUD: Thank you. Our next
3 speaker will be Massachusetts Senator Paul
4 Mark.

5 MR. MARK: (Inaudible) state senator
6 for North Adams and Northern Berkshire
7 County and a total of 57 cities and towns
8 that make up the Berkshire, Hampden,
9 Franklin and Hampshire senate district. I'm
10 pleased to be here tonight to support the
11 proposed project and to reintroduce
12 inpatient care in North Adams.

13 I want to acknowledge Mayor Macksey, my
14 colleague Representative John Barrett, who's
15 also here tonight and shares representation
16 of North Adams and the surrounding
17 communities with me at the statehouse and
18 recognize his support along with that of
19 Massachusetts 1st District Congressman
20 Richard Neal. I'm honored to be working
21 with them every day to advocate for our
22 constituents and highlight the issues that
23 uniquely impact the rural communities of the
24 Berkshires and Western Massachusetts.

1 We all know that the revitalization of
2 a hospital in Northern Berkshire County will
3 have many benefits for patients, but I want
4 to emphasize the significant economic
5 opportunities it will offer for our
6 residents, new jobs as doctors, nurses,
7 clinicians, support service professionals
8 and technicians, not to mention the
9 multiplier effect that having a vibrant
10 professional organization in the heart of
11 North Adams will have on other businesses in
12 the city and the surrounding region.

13 I'm also particularly grateful that
14 Berkshire Health Systems has committed to
15 upholding the union agreements for
16 bargaining unit positions at the new North
17 Adams Regional Hospital campus, which is an
18 important recognition of the rights of our
19 dedicated healthcare workers.

20 I'm optimistic about the profound
21 impact this project will have both on our
22 community's health and its economic
23 landscape, and I'm glad to be able to
24 endorse the project here tonight.

1 I will also be sending along my written
2 comments, and I want the Commission to feel
3 free to follow up with me directly if there
4 are any questions or if I can offer any
5 further guidance. Thank you very much.

6 MR. RENAUD: Thank you. Our next
7 speaker will be Massachusetts Representative
8 John Barrett, III.

9 MR. BARRETT: Good evening. This is
10 John Barrett, and I reside in the city of
11 North Adams, a community which I served 13
12 terms as mayor. I now serve as state
13 representative from the 1st Berkshire
14 District, which comprises of 13 communities
15 in the Northern Berkshire area.

16 My tenure in public service is
17 prolonged, and it has provided me with a
18 unique opportunity to offer a perspective on
19 the importance of the North Adams campus and
20 its reopening in being designated a critical
21 access hospital. The impact of the North
22 Adams Regional Hospital since closing its
23 doors 10 years ago can best be illustrated
24 by these following facts: The population

1 has dropped by double digits in the 10 year
2 period. MCLA, Massachusetts College of
3 Liberal Arts, has half the students today
4 than it did 10 years ago, and our local
5 newspaper closed after 150 years.

6 Even after Berkshire Health Systems
7 reopened a satellite operation, we have
8 struggled, and we've not yet recovered. A
9 large detriment to those looking to relocate
10 to Northern Berkshire County is not having a
11 critical access hospital. We have two
12 colleges, 3300 students less than eight
13 minutes away from this campus site. There
14 are several hundred athletes competing in
15 events over the course of the school year,
16 which raises concerns to those parents in
17 choosing the college for their children.

18 I was mayor when the administration of
19 the former North Adams Regional Hospital
20 decided not to move forward in seeking a
21 permanent designation as a critical access
22 hospital in 1988. If they hadn't made that
23 terrible decision, how much different would
24 the face of Northern Berkshire be today,

1 especially in regards to our economy.

2 Through the hard work of so many,
3 especially Congressman Richard Neal,
4 Berkshire Health Systems has invested over
5 -- along with Berkshire Health Systems has
6 invested over millions of dollars in the
7 North Adams campus. Northern Berkshire is
8 now on the cusp of having stable health care
9 in the region and being a catalyst in
10 reinvigorating the area economy.

11 I've made it a priority to champion the
12 needs of our community over the years
13 especially when it comes to health care. It
14 was one of the primary reasons that I
15 returned to elective office. I've worked
16 alongside the Berkshire delegation with
17 great success. We made our voices heard on
18 the state level as we fought to save
19 community hospitals throughout this area.

20 I want to acknowledge again U.S. Rep.
21 Richard Neal for his significant role in
22 bringing about federal changes to the
23 critical access hospital program that has
24 paved the way for this project to move

1 forward.

2 I've been passionately fighting for the
3 return of this hospital for many years, and
4 I can assure you that this project isn't
5 just about health care. It's about
6 employment, economic growth, restoring the
7 heart of our community. I urge everyone to
8 support this project for a brighter future
9 for North Adams and the Northern Berkshire
10 area. Thank you.

11 MR. RENAUD: Thank you. Congressman
12 Richard Neal has submitted written testimony
13 and that will be made available.
14 Massachusetts Representatives Committee,
15 Karen Kelly, intends to submit written
16 testimony as well.

17 We will now be taking comments from the
18 public. If you wish to speak at this time,
19 please hit Star 1 and follow the
20 instructions of the operator. Operator, may
21 we have our first speaker now please.

22 THE OPERATOR: The first speaker is
23 Alec Belman. Your line is open.

24 MR. BELMAN: Good evening, members of

1 the Department of Public Health and fellow
2 attendees. I'm Dr. Alec Belman, resident
3 and chief of staff at Fairview Hospital,
4 Berkshire Health Systems critical access
5 hospital in Great Barrington. I'm also an
6 ex officio member of the BHS Board of
7 Trustees.

8 The rural communities across Berkshire
9 County from north to south face distinct
10 challenges in ensuring access to health
11 care. However, these challenges have always
12 presented us with opportunities to innovate.
13 This type of flexibility is at the core of
14 the critical access hospital program, which
15 was designed to provide various types of
16 short-term care for rural patients close to
17 home.

18 One of the flexible program elements
19 provided for by the federal government is a
20 swing bed program, which allows critical
21 access hospitals to provide skilled nursing
22 level care to patients who do not need
23 hospital level of care but still have high
24 acuity conditions. Patients benefit from

1 staying in a familiar environment surrounded
2 by a consistent care team. This not only
3 enhances their care experience, but does so
4 without imposing additional costs on the
5 system.

6 In my experience at Fairview, swing
7 beds have been an invaluable resource for
8 patients to have a convenient transitional
9 care option that is close to home. This
10 project will be able to offer similar value
11 to North County patients and will be
12 especially helpful to those with a high
13 level of health and social need who can
14 receive continuous care in one location that
15 spans both their acute and post-acute care
16 needs.

17 Additionally, at Berkshire Medical
18 Center, we routinely have patients with
19 delayed discharge due to the various
20 barriers to placement at a local post-acute
21 facility. Having the flexibility of swing
22 beds will enable us to continue providing
23 short-term care for those patients who are
24 eligible, getting them the right level of

1 care at the right time.

2 Being able to shift appropriate
3 patients to swing-bed status at a critical
4 access hospital also helps preserve the
5 availability of acute inpatient resources at
6 Berkshire Medical Center for those with
7 higher level needs, an approach that CMS and
8 DPH supported during the height of the COVID
9 crisis.

10 I wholeheartedly support this project
11 for creating a critical access hospital in
12 North Adams and appreciate your
13 consideration. Thank you for your time.

14 MR. RENAUD: Thank you. Operator, may
15 we have the next speaker, please.

16 THE OPERATOR: The next speaker is Tara
17 Gregorio. Your line is open.

18 MS. GREGORIO: Thank you. Good
19 evening. My name is Tara Gregorio, and on
20 behalf of the Mass. Senior Care Association,
21 we want to thank you for the opportunity to
22 testify.

23 Firstly, we support the intent of the
24 application as has been described by you,

1 the director, and later by Darlene to
2 increase the availability of acute-care
3 services for residents of Northern Berkshire
4 County. However, we are concerned that this
5 project will have unintended negative
6 consequences that will threaten both choice
7 and access to long-term care services in
8 Berkshire County just as demand for these
9 vital services is growing.

10 Specifically, we are concerned that
11 permitting the applicants to use all of its
12 18 acute-care beds as so-called swing beds
13 will put the 13 Berkshire County nursing
14 facilities at a disadvantage and may result
15 in nursing facility closures. Swing beds is
16 the term used to describe a hospital room
17 that can switch from inpatient acute-care
18 status to skilled nursing care status.

19 The use of swing beds has the practical
20 result of keeping patients who need skilled
21 nursing facility level of care in the
22 hospital instead of discharging to a local
23 nursing facility. This is sometimes
24 necessary when there are no nearby skilled

1 nursing facilities, but that is simply not
2 the case in Berkshire County.

3 Typically, this nursing facility level
4 of care is funded by Medicare, which is
5 exactly the resident that nursing facilities
6 rely on to offset severely low Medicaid
7 underfunding. The irrefutable data and
8 facts are that nursing facilities with less
9 Medicare revenue are more likely to close,
10 experience lower staffing levels, and poorer
11 outcomes.

12 To add to this, we are concerned that
13 our already scarce and invaluable clinical
14 ancillary staff will be recruited away from
15 Berkshire County long-term care facilities
16 to work at this newly established acute-care
17 center. We learned together with the
18 Department as well as Health and Human
19 Services during the COVID-19 pandemic that
20 the single biggest barrier to building
21 additional acute and post-acute capacity is
22 hiring the workforce necessary to staff
23 these facilities.

24 Since North Adams Regional Hospital

1 through its critical access designation will
2 have unlimited access to government funding
3 to offer competitive wages that are well
4 above the pay rates at nursing facilities
5 and potentially all other employers in the
6 region, we believe that Berkshire County
7 nursing facilities are acutely disadvantaged
8 and at severe risk for being unable to
9 retain the staff necessary to maintain
10 operations.

11 This alarming inequity is due to two
12 key reasons. One, both Medicare and
13 Medicaid reimburse critical access hospitals
14 at their full cost plus a profit. And
15 secondly, and by stark contrast, the state's
16 Medicaid program, according to the federal
17 agency MACCAP, vastly underfunds by \$47 per
18 resident per day the cost of quality nursing
19 facility care, which means that Berkshire
20 Health Systems will have an advantage over
21 all other (timer played) -- I understand
22 that my time is at the end.

23 I have many, many more comments that
24 will be submitted in writing, but we do ask

1 that DPH use its authority to appropriately
2 impose conditions to the approval of the DoN
3 that seeks to preserve vital long-term care
4 services in Berkshire County while also
5 supporting this new project. Thank you.

6 MR. RENAUD: Thank you. Operator,
7 could we please have the next speaker.

8 THE OPERATOR: The next speaker is
9 James Birge. Your line is open.

10 MR. BIRGE: Good evening, and thank
11 you. My name is James Birge, and I'm a
12 resident of North Adams. I also serve as
13 president of Massachusetts College of
14 Liberal Arts, a nationally recognized public
15 four-year college located in North Adams.

16 I'm here to share more about our
17 transformative partnership with Berkshire
18 Health Systems and express our full approval
19 for the proposed return of inpatient care
20 and the opening of a new North Adams
21 Regional Hospital.

22 As the nation experiences a healthcare
23 staffing shortage on a wide scale, MCLA has
24 intentionally worked to implement a

1 comprehensive health sciences program with
2 the capacity and the advanced technology
3 necessary to train the next generation of
4 health care workers in Berkshire County.

5 We have been fortunate to be able to
6 partner with Berkshire Health Systems in
7 this endeavor to help strengthen the college
8 career pipeline for healthcare professionals
9 in Berkshire County. We are grateful for
10 the health system support in everything from
11 providing financial support, teaching space,
12 clinical instructors, staff, student lab
13 space, clinical equipment, and even PPE.

14 We are incredibly proud of our new
15 Bachelor of Science in Nursing Program, the
16 first of its kind in the region which
17 launched earlier this fall with support from
18 Berkshire Health Systems. Rooted in the
19 liberal arts tradition, we are training
20 students to be not only adept clinicians,
21 but compassionate caregivers and informed
22 community members.

23 This integrated approach is made
24 possible by the real-world training

1 opportunities provided by a Berkshire Health
2 Systems facility offering our students a
3 direct bridge from classroom learning to
4 practical application.

5 The reopening of North Adams Regional
6 Hospital aligns perfectly with our mission.
7 The facility would not only serve as an
8 essential health care hub for the community
9 but also as a learning ground for our
10 students. This hospital offers them real-
11 life experiences, natural pathways for
12 clinical training, and a promising avenue
13 for future employment right in their
14 backyard.

15 Furthermore, the presence of a top-
16 tier hospital in our community is a
17 significant draw for prospective college
18 students. For families considering MCLA,
19 knowing that quality care is readily
20 accessible brings invaluable peace of mind.
21 The hospital's reopening will bolster our
22 recruitment efforts, assuring families that
23 their loved ones have immediate access to
24 comprehensive health care during their

1 college journey.

2 In summary, MCLA wholeheartedly
3 supports the project to reopen North Adams
4 Regional Hospital. In a partnership with
5 Berkshire Health Systems, we are not just
6 reshaping the healthcare leaders of
7 tomorrow, we're ensuring the well-being of
8 our students in the larger Northern
9 Berkshires community for years to come.
10 Thank you for your time this evening.

11 MR. RENAUD: Thank you. Just as a
12 reminder, the comments are allotted for
13 three minutes. And when you hear the chime,
14 it means that you do have 30 seconds left
15 for your comments. Operator, could we
16 please have the next speaker.

17 THE OPERATOR: The next speaker is John
18 Lipa. Your line is open.

19 MR. LIPA: Hi, my name is John Lipa.
20 One month from today 78 years ago, I was
21 born at the North Adams Regional Hospital,
22 "the Reg." I was raised, grew up and have
23 been active in North Adams. I was chair of
24 the following organizations: The North

1 Adams Redevelopment Authority, Northern
2 Berkshire Industrial Park Commission,
3 Northern Berkshire United Way, Berkshire
4 Regional Employment Board and the
5 Massachusetts Workforce Board. I worked for
6 31 years for General Dynamics in Pittsfield
7 and retired as the head person of human
8 resources.

9 Thank you for this opportunity to share
10 my thoughts and supportive of Berkshire
11 Health Systems Determination in Need and
12 intent to reopen the North Adams Regional
13 Hospital known to locals as "The Reg" to a
14 critical access hospital designation.

15 It would be wonderful knowing that
16 there is hospital not only in my community,
17 North Adams, but also in my neighborhood.
18 It would mean I would not have to take a
19 long bumpy ride on a two-lane road to a
20 hospital in either Bennington, Vermont, or
21 Pittsfield, Massachusetts, in an ambulance.
22 It would only be a two-minute ride from my
23 house in North Adams.

24 The reopening would be a huge

1 psychological boost to the community knowing
2 a semblance of The Reg is back in operation
3 providing quality health care locally. It
4 would mean the younger generations would be
5 able to say as I do, my wife, three sisters-
6 in-law, a mother-in-law, many cousins and
7 friends worked there and had rewarding
8 careers.

9 It would mean that employers, including
10 two local colleges, would have an easier
11 time recruiting faculty, staff, and
12 students. It would be an additional vital
13 and robust asset to help those in need of
14 medical and behavioral health treatment. It
15 would mean northern Berkshire County would
16 join central Berkshire County and southern
17 Berkshire County with their own local
18 hospital. It would mean Berkshire County
19 would have a seamless integrated hospital
20 system.

21 It would mean more opportunities for
22 doctors, nurses, aides and other healthcare
23 specialties. It would mean Berkshire
24 Community College, Massachusetts College of

1 Liberal Arts, and our outstanding vocational
2 technical school, McCann's, would be able to
3 train students for real jobs in the
4 healthcare field locally. It would mean
5 more disposable income for residents to
6 support local businesses, buy homes and
7 renovate.

8 It would mean more young people would
9 have not have to relocate to find a good
10 job. It would mean more young families
11 wanting to have children here and raise them
12 in our community. In short, only good
13 things will happen when the North Adams
14 Regional Hospital, The Reg, is reopened as a
15 critical access hospital under the guidance
16 of Berkshire Health Systems.

17 Thank you for listening, and please
18 make a decision to make the rebirth of the
19 North Adams Regional Hospital a reality.
20 Thank you.

21 MR. RENAUD: Thank you. Operator,
22 could we please have the next speaker.

23 THE OPERATOR: The next speaker is
24 Richard Alcombright. Your line is open.

1 MR. ALCOMBRIGHT: Thank you, and good
2 evening, everyone. My name is Richard
3 Alcombright, and I'm a resident of North
4 Adams. I'm currently a volunteer member of
5 the BHS Board of Trustees, and I served as
6 the mayor of North Adams for eight years,
7 including during the unexpected closure of
8 North Adams Regional Hospital in 2014.

9 I'm pleased beyond words to see our
10 hospital, North Adams Regional, bringing
11 back inpatient care. The abruptness of the
12 hospital's closure took us all by surprise.
13 In leadership you often have procedures and
14 guidelines for various challenges, but
15 nothing prepared me for the sudden loss of
16 the community's medical lifeline. Our
17 hospital provided both health care and
18 economic stability, and its sudden closure
19 was a major blow to our identity in so many
20 ways.

21 I maintain that we are incredibly
22 blessed to have Berkshire Health Systems
23 there to sustain and rebuild our services.
24 I'm incredibly proud to serve on the board

1 of the Berkshire Health Systems and can
2 wholeheartedly say that this project is a
3 tremendous step in advancing the
4 organization's strategic efforts to improve
5 health care access as part of our mission to
6 advance and expand health and wellness for
7 everyone in the community.

8 Bringing inpatient care to North Adams
9 will help to address major barriers for care
10 for our residents and will help create
11 connections to the many individuals -- the
12 many individuals and families in this region
13 struggling with poverty and poor health
14 outcomes.

15 I was particularly pleased to learn
16 about BHS's proposed focus on supporting
17 local efforts to address opioid addiction
18 through the Community Health Initiative.
19 There's hardly a family in the region that
20 hasn't been touched in some way by the
21 addiction of a friend or a loved one.

22 On a deeply personal note, my family's
23 own journey with substance use has cemented
24 my belief in the necessity of local support

1 and resources. And I'm optimistic that the
2 revival of our hospital with a focus on
3 reducing health disparities and supporting
4 the most vulnerable in our community will be
5 instrumental in bolstering our fight against
6 substance use disorders.

7 Thank you all so much for your time and
8 your consideration.

9 MR. RENAUD: Thank you. Operator, may
10 we have the next speaker, please.

11 THE OPERATOR: The next speaker is Lou
12 Ann Quinn. Your line is open.

13 MS. QUINN: Good evening. My name is
14 Lou Ann Quinn, and my town of residence is
15 North Adams, Massachusetts. I was the
16 former site director of the North Campus as
17 well as the clinical manager of the
18 satellite emergency facility since 2014
19 after the closure of North Adams Regional
20 Hospital. Prior to this, I was a nursing
21 director for NARH from 1976 to 2014.

22 The 2014 closure of NARH was
23 heartbreaking for me, and the recent
24 opportunity to apply for a CAH designation

1 and reopen inpatient services provides an
2 amazing opportunity for us to promote better
3 health outcomes for patients in our
4 community. Though I just recently retired
5 on September 30, I will do everything in my
6 power to support and promote the center.

7 Inpatient care in our community means
8 that patients can get essential care close
9 to home. Patients with pneumonia, heart
10 failure, COPD and chest pain, among other
11 diagnoses could receive care right here in
12 North Adams rather than being stabilized in
13 our satellite emergency department and then
14 transported for inpatient care to another
15 facility.

16 With family, friends and community
17 resources close by, patients are more likely
18 to experience positive outcomes. Providing
19 care close to home helps reduce the impacts
20 of social challenges, like lack of available
21 transportation to go home after discharge.

22 Further, limited ambulance transport
23 resources will now be reserved for patients
24 who need to go to our main campus or a

1 tertiary facility for a higher level of care
2 that can be provided at our CAH. This will
3 decrease delays in transfer and promote
4 better access to critical care.

5 Additionally, the comfort and
6 convenience of a local inpatient facility
7 makes it easier for patients to seek care
8 when they need it instead of waiting until
9 their symptoms are worse. I've personally
10 observed that patients in North County tend
11 to avoid or defer care due to lack of
12 transportation and financial resources or
13 available social support.

14 By offering hospital-level care close
15 to home, BHS will be able to deepen its
16 relationship with patients so that the North
17 County patient population will be less
18 likely to defer timely important care and
19 therefore will be more likely to experience
20 positive health outcomes.

21 I'd like to share a quick story about a
22 patient who delayed care and presented to
23 the staff after days of increasing chest
24 pain. The patient was markedly hypertensive

1 and short of breath on arrival.
2 Fortunately, the patient anginal symptoms
3 were rapidly managed and an impending
4 myocardial infarction or MI warded off, but
5 they needed further observation and
6 explained that the major reason for not
7 coming to the hospital was that a family
8 member needed care at home, and the patient
9 would be unable to do this from Pittsfield.

10 By having beds here at North Adams, the
11 patient acknowledged they would have been
12 more willing to come at the onset of their
13 pain and would have found it easier to
14 navigate the additional required days of
15 observation.

16 By improving access to care this
17 project can support our most vulnerable
18 residents. It helps create a -- (timer
19 played) culture for North Adams and the
20 whole northern Berkshire region. I strongly
21 support this project, and thank you for your
22 consideration.

23 MR. RENAUD: Thank you. As a reminder,
24 if you would like to testify, please press

1 Star 1. Operator, may we have the next
2 speaker, please?

3 THE OPERATOR: The next speaker is
4 Jackie Felix. Your line is open.

5 MS. FELIX: Good evening. My name is
6 Jackie Felix. Thank you for allowing me the
7 opportunity to share with you my testimony
8 at this public hearing. I reside in North
9 Adams, and my husband, Bob, is a resident of
10 Williamstown Common Nursing and
11 Rehabilitation Center.

12 Bob and I have been married for 25
13 years. We're both in our 70s and have lived
14 in the Williamstown, North Adams, area for
15 most of our lives. As we aged, it became
16 clear that Bob was struggling with a number
17 of health-related issues. He was a vibrant
18 and engaged man who enjoyed outdoor
19 activities as well as time with friends and
20 family.

21 When his Alzheimer's disease
22 progressed, I became increasingly concerned
23 about his safety and how I would be able to
24 care for him. He would run away or elope

1 from our home, and keeping him safe began to
2 be my biggest priority. I tried for a long
3 time to keep him at home with me, but
4 eventually it became more than I could
5 handle.

6 I also told myself I would never put
7 Bob in the nursing home. I think many
8 people tell themselves that. In fairness,
9 it isn't where people aspire to be. As
10 humans, we convince ourselves that we're
11 invincible. We don't want to accept our
12 aging or infirmity or reliance on others.
13 We convince ourselves that we can take care
14 of it all and make it all work. I'm here to
15 say that this way of thinking can be flawed.
16 We don't do ourselves any favors when we
17 deny that we may need help along the way,
18 and we may need help for an extended period
19 of time like months, years, instead of a few
20 days.

21 Much as I would love to care for my
22 husband in our own home, it was not
23 possible. His care needs were too great,
24 and his safety was a constant risk. When he

1 suffered in late 2021 on top of Parkinson's
2 and Alzheimer's, it became evident that Bob
3 needed more care and a team of caregivers.
4 At the time, he had just gotten discharged
5 from the hospital to be sent to a nursing
6 home in Pittsfield 26 miles away from where
7 we live and 50-minute drive one way.

8 I visited him each day. The drive was
9 not only very time consuming, but I returned
10 every evening exhausted. I could not
11 continue with that, that's when with a lot
12 of help, I worked to get Bob moved to
13 Williamstown Commons Nursing and
14 Rehabilitation. This nursing home is five
15 minutes from home, ten minutes away for me.
16 I can get to him easily, and I'm able to see
17 him whenever I like or need to.

18 I can't say enough about this local
19 health care resource. I've been so happy
20 with our experience at Williamstown Common.
21 The staff there treats the residents and
22 family like their own family.

23 The residents of Northern Berkshire
24 County, including myself, are happy to know

1 that North Adams Regional Hospital will be
2 returning services to our region. That's
3 truly good news.

4 What I wonder about is if the community
5 understands the impact the reinvigoration of
6 the hospital will have to other health care
7 services in this region. This includes
8 nursing homes. The ability of the hospital
9 to swing medical surgical beds to nursing
10 home beds has the potential to destabilize
11 nursing homes in this area.

12 If these facilities cannot sustain
13 themselves to swing beds, it will create an
14 access issue for residents of Northern
15 Berkshire County. It will require them to
16 travel almost an hour away to see their
17 loved ones. I worry that most people won't
18 realize the importance of nursing home
19 access until it's too late and the services
20 are significantly reduced or not present at
21 all in our community.

22 We need these centers to survive and
23 thrive. The thought of not being able to
24 see my husband is devastating, but I know

1 that I don't want to go back to what I went
2 through in 2021. I ask you to reconsider
3 measures designed to help stabilize all
4 parts of healthcare services in Northern
5 Berkshire county, including nursing homes.
6 Please do not put these important vital
7 centers at risk.

8 MR. RENAUD: Thank you. Operator, may
9 we have the next speaker, please.

10 THE OPERATOR: The next speaker is
11 Patrick Borek. Your line is open.

12 MR. RENAUD: Good evening. I'm Pat
13 Borek. I'm a resident of Dalton,
14 Massachusetts. As the Vice President for
15 Human Resources for Berkshire Health
16 Systems, I'm well aware of the challenges
17 and opportunities inherent in maintaining
18 our healthcare workforce in our region.

19 The decision to reopen the North Adams
20 Hospital as a critical access hospital
21 offers our community an exciting opportunity
22 for economic growth and career advancement.
23 We have estimated that the North Adams
24 critical access hospital project will create

1 between 60 and 70 new positions on the North
2 Adams campus. This is a significant boost
3 to our local employment landscape and
4 represents a growth of about 37 percent on
5 the North Adams campus.

6 These positions span a range of roles,
7 many of which are included in SEIU and MNA
8 bargaining units. I'm pleased to share that
9 we are in full agreement with both unions,
10 that the existing bargaining units and
11 associated labor agreements will remain in
12 place.

13 Therefore, we'll continue to honor the
14 existing labor agreements at this campus
15 with respect to new staff and new positions
16 in these bargaining units. We have been
17 meeting with both unions to discuss changes,
18 provide information and gain input and
19 suggestions on the transition as we move
20 forward.

21 One of the great benefits of this
22 project is the opportunity it presents for
23 our employees. We expect that a number of
24 current employees who live in North

1 Berkshire and previously worked for the
2 North Adams Regional Hospital will apply for
3 internal transfers in order to work closer
4 to home. This type of transfer will help
5 ensure that BHS high standards will be
6 reflected throughout our system. Working
7 closer to home not only reduces commute
8 times, but enhances work-life balance.

9 We've also seen former employees drawn
10 by the prospect of serving their community
11 consider coming out of retirement or
12 postponing their retirement plans. This not
13 only augments our workforce, but also brings
14 a wealth of experience back into our fold.

15 Furthermore, our commitment to the
16 community goes beyond immediate health care
17 needs . We're incredibly proud of our
18 portfolio of career pathway programs that
19 are designed to reduce barriers to
20 employment by helping to recruit and train
21 the region's skilled healthcare workforce
22 from within our very own community.

23 Conducted in partnership with local
24 educational institutions, specifically

1 Berkshire Community College, the
2 Massachusetts College of Liberal Arts, and
3 the McCann Technical School, the career
4 pathway programs are working to train
5 nursing assistants, registered nurses who
6 are trained to deliver a hospital level of
7 care rather than a skilled nursing facility
8 level of care, LPNs, medical assistants,
9 imaging technologists, respiratory
10 therapists, and more.

11 These programs not only develop a
12 pipeline of skilled healthcare workers, but
13 give trainees access to an entire career
14 path in healthcare, one that is accompanied
15 by strong opportunities for advancement,
16 competitive wages, which are set at the
17 market median, and robust benefits.

18 By creating employment opportunities
19 and strengthening educational partnerships
20 through the North Adams critical access
21 hospitals project, we're investing in both
22 the sustainability of health care and the
23 economic growth of Berkshire County. Thank
24 you.

1 MR. RENAUD: Thank you. As a reminder,
2 if you would like to testify, please press
3 Star 1. Operator, may we have the next
4 speaker, please.

5 THE OPERATOR: The next speaker is Dr.
6 Jason Ogiste. Your line is open.

7 MR. OGISTE: Thank you. Good evening.
8 This is Dr. Jason Ogiste, resident of
9 Cheshire and urologic surgeon at Berkshire
10 health systems. I'm also the medical
11 director of surgical specialty practices for
12 the BHS Medical Group.

13 The absence of a dedicated health care
14 facility in North Adams and the Northern
15 Berkshires has had tangible repercussions.
16 One of the most evident is in the realm of
17 surgical care. Without a local facility,
18 our community members have often found
19 themselves going undiagnosed or untreated
20 for long periods of time because they don't
21 want to travel for care or putting off
22 surgery due to the complicated and
23 inconvenient travel arrangements necessary
24 when scheduling an out-of-town procedure.

1 As a surgeon, I have seen firsthand the
2 clinical toll lack of access takes on many
3 rural patients and their families. I have
4 experienced patients from rural communities
5 like ours arriving septic, clinically
6 unstable, or without -- or with acute bleeds
7 and becoming sicker by the minute. The BHS
8 proposal aims to address these issues
9 directly. With a reintroduction of the
10 North Adams facility, BHS can offer expanded
11 surgical services right at the community's
12 doorstep.

13 More importantly, these services will
14 be complemented by backup inpatient care,
15 ensuring a comprehensive approach. This not
16 only facilitates timely interventions but
17 also ensures that patients have necessary
18 post-surgical care immediately available.

19 The efficiency that this project
20 promises is significant. Having the
21 capability to provide inpatient and
22 outpatient surgical care in North Adams for
23 surrounding communities, streamlines both
24 the patient's journey and the clinical

1 provider's experience. It reduces wait
2 times, ensures continuity of care, and
3 fundamentally transforms the health care
4 experience for both community members and
5 the healthcare professionals who serve them.

6 Furthermore, it has the potential to
7 help recruit and retain surgeons to our
8 area. As a surgeon myself, I can attest
9 that we always prefer to operate in the same
10 location where our patients can receive
11 inpatient surgical care, which allows for
12 optimal care coordination. This project is
13 a step towards a more proactive, efficient,
14 and patient centric health care model for
15 North Adams and Northern Berkshires as a
16 whole.

17 I stand firmly behind this vision and
18 urge you to consider its profound impact on
19 our community's health. Thank you for your
20 time and attention.

21 MR. RENAUD: Thank you. Operator, may
22 we have the next speaker, please.

23 THE OPERATOR: The next speaker is
24 Charles Redd. Your line is open.

1 MR. REDD: Good evening, everyone. My
2 name is Charles Redd. I'm a resident of
3 Butler, Massachusetts, and I am proud to
4 serve as Berkshire Health System's first
5 officer of Diversity, Equity and Inclusion.

6 Our BHS mission, which was adopted by
7 our board in 2021, is at its core a
8 commitment to DEI to advance health and
9 wellness for everyone in our community. Our
10 commitment to the Northern Berkshire
11 community with its high level of poverty and
12 an aging population with many chronic
13 illnesses is unwavering.

14 While we understand that a signal
15 initiative won't dissolve the deep-rooted
16 health disparities overnight, the reopening
17 of North Adams Regional Hospital as a
18 critical access hospital is an integral step
19 to this journey.

20 We plan to use the hospital as a touch
21 point for screening and addressing social
22 determinants of health, the broader
23 socioeconomic and environmental factors that
24 impact health, such as housing, economic

1 stability, and transportation. This
2 proactive step can guide our community
3 members to the resources they need, thereby
4 enhancing the overall well-being.

5 We have also committed to collecting
6 and analyzing patient data at the new North
7 Adams Regional Hospital. By doing so, we
8 will be better equipped to recognize
9 patterns, understand the unique health
10 challenges of our community and tailor our
11 interventions accordingly. This data will
12 serve as the foundation for our targeted
13 health equity initiatives.

14 Lastly, the hospital will be a catalyst
15 for extending our reach into the community.
16 By fostering partnerships and rolling out
17 education and outreach programs, we aim to
18 address the most pressing health challenges,
19 especially in areas like chronic disease and
20 substance use disorder.

21 The North Adams project is a testament
22 to our dedication to expanding access to
23 care, especially in regions like North Adams
24 that face heightened challenges. It is a

1 chance to address barriers, enhance access,
2 and take another step on our long journey
3 towards health equity. Thank you.

4 MR. RENAUD: Thank you. If you are
5 having difficulty getting into the queue,
6 you can try hanging up and calling back in
7 and that might allow you to enter the queue.
8 And as a reminder, if you would like to
9 testify, please press Star 1.

10 Operator, can we have the next speaker
11 please. Thank you.

12 THE OPERATOR: The next speaker is
13 Amber Besaw. Your line is open.

14 MS. BESAW: Hello, everyone. I'm Amber
15 Besaw, the Executive Director of the
16 Northern Berkshire Community Coalition and
17 resident of North Adams.

18 At NBCC health and wellness is one of
19 our central areas of focus in our work to
20 achieve our mission of empowering the
21 members of our Northern Berkshire region to
22 enhance the quality of their lives. We are
23 encouraged by the possibility of an
24 inpatient care once again being available in

1 a new North Adams Regional Hospital, a place
2 that would be welcoming and accessible to
3 all members of our community.

4 This project would be a significant
5 step by Berkshire Health Systems towards
6 bridging health care gaps and providing
7 essential support for families and
8 individuals in our community across the life
9 span who struggle with generational poverty,
10 systemic barriers to health care,
11 transportation issues, food insecurity,
12 homelessness, substance use disorder, and
13 domestic violence.

14 Additionally, for members of our
15 community who are living into the later
16 years of their lives, access to health care
17 in their home community can mean so much for
18 them and their families, extending the
19 continuum of care that they can find close
20 to home. For these families and individuals
21 having access to local quality health care
22 can be often life changing.

23 Berkshire Health Systems' commitment to
24 community partnership aligns with our

1 mission, and we look forward to working even
2 more closely together to create a cohesive
3 supportive environment for our community
4 members.

5 On behalf of the Northern Berkshire
6 Community Coalition, we look forward to
7 collaborating with Berkshire Health Systems
8 and other community partners to support the
9 project to open the new North Adams Regional
10 Hospital and strive to make our shared
11 vision of a thriving Northern Berkshire
12 region become a reality. Thank you for your
13 time and consideration.

14 MR. RENAUD: Thank you. Operator, may
15 we have the next speaker, please.

16 THE OPERATOR: The next speaker is
17 Scott St. George. Your line is open.

18 MR. ST. GEORGE: Yes, hi, good evening.
19 This is Scott St. George. I'm a resident of
20 Richmond, Massachusetts, and I serve as
21 Chief Financial Officer at Berkshire Health
22 Systems.

23 As we move forward with a proposal to
24 reestablish North Adams Regional Hospital, I

1 want to highlight the dedication BHS has
2 shown in ensuring both the viability and
3 sustainability of health care in our region.
4 This initiative is a testament to our
5 commitment to stewardship, ensuring we
6 utilize resources wisely and effectively for
7 the betterment of our community.

8 For the past 10 years since the
9 bankruptcy and closure of the former North
10 Adams Hospital, we have consistently worked
11 in a proactive, creative manner to ensure
12 that the residents of North County have
13 access to high quality care right at their
14 doorstep.

15 We have done this through the North
16 County Campus of BMC where we have provided
17 24/7 emergency care and other outpatient
18 services since shortly after North Adams
19 closed. And now recent changes in the
20 critical access hospital designation have
21 opened a door for us making inpatient beds
22 in North Adams a new reality.

23 The opportunity to implement the
24 critical access hospital designation would

1 enable us to be self-sufficient and provide
2 the full continuum of care. Based on the
3 community demographics and our understanding
4 of the current patient panel in Northern
5 Berkshire, we estimate that a significant
6 portion of the patients we expect to serve
7 in North Adams would be beneficiaries of
8 Medicare and Medicaid.

9 Our commitment to these especially
10 vulnerable populations is unwavering. By
11 bringing inpatient care closer to them, we
12 aim to improve health outcomes, reduce re-
13 admissions and prevent adverse health
14 events. This approach not only enhances the
15 quality of care our patients receive but
16 also offers higher value care in the long
17 run.

18 In conclusion, at BHS, our focus has
19 always been on balancing the immediate needs
20 of our community with the long-term
21 sustainability of health care in the region.
22 This project exemplifies our commitment to
23 that goal, and I'm confident that with the
24 support of this community and the hard work

1 of our BHS team, we will continue to elevate
2 the standard of care in North Adams and the
3 broader Northern Berkshire area. Thank you
4 very much.

5 MR. RENAUD: Thank you. Operator, may
6 we have the next speaker, please.

7 THE OPERATOR: The next speaker is
8 Diane Spina. Your line is open.

9 MS. SPINA: Hi, yes, hello. My name is
10 Diane Spina. I'm the union delegate of the
11 former North Adams Hospital, and I'm also a
12 phlebotomist there in the lab.

13 Opening this hospital is very vital to
14 prevent suffering and provide faster
15 treatment with physicians on hand with the
16 experience needed that you cannot get at
17 other agencies. I had to experience this
18 nightmare firsthand with my own mother in
19 respiratory failure.

20 Please take a moment to reflect and
21 remember this closing of the hospital was
22 not the community's choice. There are
23 numerous reasons people refuse to go to
24 another hospital a distance away from home

1 even if those reasons don't seem clear to
2 those of us who do not agree. Please
3 consider the following in the case of a
4 patient having to travel to another hospital
5 not close by, each mile traveled is a mile
6 of suffering chest pain, abdominal pain,
7 respiratory issues from serious injuries.
8 Imagine the horror of this pain.

9 The amount of drug addiction in
10 Berkshire County is overwhelming, and a
11 close-by hospital could save lives.
12 Suicidal patients, mentally depressed,
13 special needs will benefit from overnight
14 observation and receive immediate attention
15 without the delay of communications to
16 another hospital.

17 Many patients will and do refuse
18 treatment further away from their home
19 because they have a pet they cherish and
20 will not leave that pet because they have no
21 one to turn to or trust to care for their
22 pet companion. Likewise, they don't have
23 anyone to care for perhaps a special needs
24 adult that they are carrying for.

1 Many patients refuse because of the
2 fear that they are a distance too far away
3 from immediate family members to get them --
4 to get to them if there's a problem at the
5 hospital and not if they need -- to get to
6 the hospital right away, family members
7 can't also when they have a loved one a
8 distance away.

9 Insurances, too, sometimes also a
10 person can afford is an expensive insurance.
11 This is a serious issue. An ambulance ride
12 to North Adams Regional and an ambulance
13 ride to Pittsfield are very different costs,
14 and money owed can cause financial ruin for
15 the patient.

16 Community Services, such as our EMTs,
17 our policemen, our firemen, while they're
18 serving the community may become injured.
19 They should not have to travel all the way
20 to Pittsfield either. We should have a
21 place where they can go immediately for
22 treatment.

23 Approval of this application will
24 provide more employment opportunities. It

1 will better serve the large population of
2 elderly that we have in the community.
3 Elderly living in the area nursing homes and
4 elderly housing will receive treatment
5 without all the delays of going to another
6 facility further away, including delays with
7 documentation, communication from one person
8 to many others. Thank you.

9 MR. RENAUD: Thank you. Operator, may
10 we have the next speaker, please.

11 THE OPERATOR: Yes, the next speaker is
12 Marie Harpin. Your line is open.

13 MS. HARPIN: Hello, everyone. My name
14 is Marie Harpin. I'm a resident of North
15 Adams and also a North Adams city councilor.
16 I would like to share some of my personal
17 experiences with accessing health care in
18 our area and emphasize how valuable it is to
19 have health care close to home.

20 My mom, Mimi Harpin, is 85 years old.
21 She is a native of North Adams and very
22 involved in the community as a leader
23 throughout her life. Over the years, she
24 has had various health issues, and my

1 siblings and I have taken on the role of
2 caregivers. North Adams Regional Hospital
3 was the only hospital where my mom had ever
4 received care. And when it closed in 2014,
5 it felt like it was detrimental to her well-
6 being.

7 Over the past 10 years, she has
8 experienced several emergencies that have
9 required trips to the emergency room and
10 hospital stays. And it is honestly been
11 very difficult to get her to agree to go for
12 care since North Adams Regional Hospital
13 closed.

14 At first she protested and said she was
15 simply not going. She eventually agreed to
16 getting the care she needed because she knew
17 she had to, but it definitely took her time
18 to adjust. This past August, mom went to
19 the emergency department on the North Adams
20 campus. She received great care there, but
21 ended up needing to be admitted for a few
22 days, so she was transferred to Berkshire
23 Medical Center in Pittsfield.

24 For my siblings and me, it's really

1 difficult to get down to BMC. I work for
2 Avangrid, an energy company, and I work at
3 two different sites in Northern Berkshire
4 and Southern Vermont. To visit my mom in
5 the hospital in Pittsfield, I typically need
6 to take a day off of work or at least a half
7 a day off of work, which is really
8 challenging to me.

9 The prospect of having inpatient care
10 right in North Adams would be amazing for me
11 and my siblings. It would be a lot easier
12 to visit my mom, bring her the things that
13 she needs, and coordinate with her doctors
14 and her care team. Being in a familiar
15 environment would also help to relieve some
16 of the anxieties that she feels when dealing
17 with her health challenges. It will be
18 comforting both to her and to us to know
19 that she was nearby.

20 My mom wanted me to mention having beds
21 in North Adams will give better health
22 access to the elderly because transportation
23 to Pittsfield is a major problem for many of
24 us in Northern Berkshire. Northern

1 Berkshire is an aging community, and I
2 strongly believe that our experience is not
3 unique. There are a lot of people out there
4 like me, and there are a lot of people like
5 my mom, and for some, traveling to
6 Pittsfield is not an accessible option due
7 to transportation, winter weather or other
8 challenges.

9 Bringing inpatient beds back to North
10 Adams means that more families like mine can
11 be present both physically and emotionally
12 during some of life's most challenging
13 moments. Thank you for considering the deep
14 impact this project will have on families
15 throughout our community.

16 MR. RENAUD: Thank you. Operator,
17 maybe we have the next speaker, please.

18 THE OPERATOR: The next speaker is Bill
19 Jones. Your line is open.

20 MR. JONES: Good evening, Director
21 Renaud. My name is Bill Jones, and I'm the
22 President and CEO of Integritus Healthcare.
23 We are the largest not-for-profit provider
24 of senior living nursing home and hospice

1 services in the Commonwealth, and we're
2 based here in Berkshire County. Our mission
3 statement speaks to the commitment
4 purposeful work we do each day, and I've had
5 the privilege of being part of this
6 organization for 35 years.

7 We, too, support the reopening of the
8 hospital. Yet, we also know that health
9 care policy often comes with nuances that
10 are invariably complex. That is certainly
11 the case here. We have concerns for the
12 unintended consequences the CAH designation
13 will have on nursing homes.

14 To recap, the complexities that reveal
15 themselves in the DoN filing and in critical
16 access policy pertain to the use of nursing
17 home swing beds, reimbursement for those
18 swing beds at cost plus a profit, and that
19 other nursing homes in Northern Berkshire
20 are not entitled to this reimbursement
21 benefit. In fact, in contrast, nursing
22 homes are not reimbursed fully by Medicaid.

23 In 2022, the shortfall was \$4.7 million
24 in Northern Berkshire alone. Think about

1 that for a minute. One nursing home will be
2 reimbursed at cost plus a profit while the
3 other two in the same market will be
4 reimbursed less than their costs. This
5 disparity must be addressed and corrected.
6 Absent that, the combination of this
7 enhanced reimbursement coupled with the
8 ability to swing bed use as a nursing home
9 presents a real threat to the viability of
10 nursing homes in Northern Berkshire.

11 Williamstown and North Adams Commons
12 are high-quality providers serving their
13 communities for over 59 years. They are
14 home to 225 frail, medically complex
15 residents from our community. They don't
16 want to travel outside of Northern Berkshire
17 for their nursing home care. Access to this
18 part of the continuum is critical for this
19 rural part of Massachusetts.

20 As noted, Medicaid under funds costs
21 for long-term care in nursing homes.
22 Medicare revenues fund that shortfall. We
23 believe that the swing-bed policy will shift
24 Medicare revenues from our nursing homes and

1 undermine the safety net provided for long-
2 term care residents. In conjunction with
3 the swing-bed reimbursement disadvantage,
4 I'm concerned about our ability to maintain
5 access to nursing homes in Northern
6 Berkshire.

7 An associated concern is the shortage
8 of nursing and ancillary staff. Current
9 vacancy rates suggests the need to recruit
10 up to 250 nurses and aides in our Berkshire
11 County nursing homes. While we're making
12 considerable investments in the pipeline for
13 aides and licensed staff, these efforts will
14 take time and money to bear fruit.

15 We are concerned about our ability to
16 recruit and retain staff in an environment
17 that includes critical access designation
18 only to the new acute-care hospital. This
19 labor attrition coupled with the revenue
20 deficit will likely undermine our ability to
21 deliver high-quality nursing care that the
22 community has relied on for so many years.

23 Thank you for your time this evening
24 and for the opportunity to testify. It is

1 our hope that this process will lead to
2 further discussion and solutions that ensure
3 the broader continuum is not destabilized as
4 a result of critical access policies. Thank
5 you.

6 MR. RENAUD: Thank you. Operator, may
7 we have our next speaker, please.

8 THE OPERATOR: The next speaker is Ryan
9 Cuthbertson. Your line is open.

10 MR. CUTHBERTSON: Good evening. I'm
11 Ryan Cuthbertson of Hooper, Lundy and
12 Bookman speaking on behalf of the
13 Massachusetts Senior Care Association.

14 We've now heard from some long-term
15 care operational experts and families
16 voicing great concern over the impact that
17 the proposed project will have on the
18 regional long-term care system. We have not
19 heard, and I doubt that we will hear, anyone
20 opposing the project in its entirety or
21 diminishing its necessity. What we have
22 heard is that the project parameters as
23 described in the DoN application will
24 jeopardize access to critical long-term care

1 services for the region's residents and
2 family members.

3 In the applicant's community engagement
4 presentation, it says that healthcare is a
5 balancing act, balancing the needs of the
6 community against financial sustainability.
7 The applicant stressed to the community that
8 it is, quote/unquote, "always working to
9 maintain this balance so that we can advance
10 health and wellness for our whole
11 community." Had the applicant's community
12 engagement efforts included other key
13 stakeholders such as local long-term care
14 providers, we would have received valuable
15 insight into the role of those providers in
16 maintaining that community-wide balance.

17 It is clear that Berkshire County
18 contains an ever increasingly sick and aging
19 population whose needs extend beyond just
20 acute care. Long-term care is another
21 critical and irreplaceable function on the
22 healthcare continuum for these residents.
23 Though it is clear that maximizing the
24 number of lucrative swing beds addresses the

1 applicant's financial sustainability, it
2 would come at a cost of sacrificing the
3 needs of the community by hampering access
4 to critical long-term care services.

5 The Massachusetts Senior Care
6 Association on behalf of its members is
7 therefore respectfully requesting that this
8 project be approved only with certain
9 important conditions aimed to sustain the
10 balance of the healthcare ecosystem in
11 Berkshire County. These conditions are
12 intended to address both of the major issues
13 that would exacerbate the long-term care
14 access problem, financial impact and
15 staffing.

16 To address the financial harm to the
17 local long-term care facilities, we request
18 that the number of beds authorized for
19 swing-bed designation be capped at two beds.
20 This would mitigate harm to the local post-
21 acute and long-term care infrastructure
22 while still allowing the ability to provide
23 adequate post-acute care at the hospital
24 location.

1 To address the seemingly inevitable
2 impact to the already strained staffing
3 resources at area SNFs, we request that the
4 applicant agree not to actively solicit
5 clinical or ancillary staff in skilled
6 nursing facilities located within a 25-mile
7 radius of the hospital effective from the
8 date of DoN approval and continuing for two
9 years after the hospital commences
10 operations.

11 This will provide a reasonable
12 transition period for the SNFs to plan for
13 and mitigate staffing impact and avoid a
14 devastatingly abrupt staff exodus that would
15 immediately threaten SNF's capacity in the
16 area.

17 The hospital would still have access to
18 existing staff and the use of fixed contract
19 staffing arrangements, which are now common
20 among healthcare facilities given unabated
21 staffing shortages, but are more challenging
22 for SNFs to use with noted financial
23 disparity.

24 Additionally, we request that the

1 Health Policy Commission conduct a cost of
2 impact market review in connection with the
3 proposed project. It seems that everyone
4 can agree on the merits of the underlying
5 need of the project.

6 We are just asking you consider in your
7 analysis the factors one and two related to
8 the Commonwealth's broader objectives for
9 improving public health outcomes and
10 continuity and coordination of care and the
11 potential inadvertent upset to the community
12 health care infrastructure in Berkshire
13 County as a whole by imposing these
14 conditions on the proposed project.

15 Thank you very much for your time and
16 attention.

17 MR. RENAUD: Thank you. Operator, may
18 we have the next speaker, please.

19 THE OPERATOR: The next speaker is John
20 Meaney. Your line is open.

21 MR. MEANEY: Good evening. My name is
22 John Meaney. I'm a resident of North Adams,
23 and I have the privilege of serving the
24 community as the chief and general manager

1 of Northern Berkshire EMS, the sole provider
2 of emergency medical services for 10
3 municipalities in the Northern Berkshire,
4 Southern Vermont region.

5 As someone who's dedicated his life to
6 ensuring the timely and effective delivery
7 of emergency care, I can't overstate the
8 significance of having care resources close
9 to home, both for our emergency medical
10 service providers, and for our community as
11 a whole.

12 In my role, I see firsthand our EMS
13 teams working tirelessly to respond to
14 emergencies. Our goal is always to provide
15 the best care as quickly as possible. With
16 a critical access hospital right here in
17 North Adams, we can drastically reduce
18 transport time ensuring that patients
19 receive care faster and more efficiently.
20 This not only improves outcomes, but also
21 allows our EMS teams to be ready for the
22 next call sooner, bolstering our community's
23 overall safety and system status management
24 of our resources.

1 The opportunity that the local
2 inpatient hospital offers for increased
3 efficiency of our operation has the
4 potential to make a significant impact on
5 Northern Berkshire EMS and our ability to
6 serve the community. Fewer hour-and-a-half
7 to two-hour round-trips to connect patients
8 to inpatient care at Berkshire Medical
9 Center in Pittsfield will reduce wear and
10 tear on our vehicles and equipment, keep
11 staff and patients safer during poor winter
12 weather conditions, and allow us at Northern
13 Berkshire EMS to instead direct our
14 resources to ongoing systems improvement.

15 We are also excited about how the
16 availability of inpatient care at a critical
17 access hospital in North Adams would better
18 support patients requiring IV therapy and
19 other treatment. At present we are
20 responsible for transporting patients with
21 certain diagnoses from their nursing home to
22 a hospital facility by ambulance to receive
23 their treatment.

24 Being able to care for these patients

1 in swing beds onsite at the hospital would
2 be a game changer both for the patient and
3 for Northern Berkshire EMS. Instead of
4 transporting patients back and forth, they
5 would receive continuous care in a single
6 familiar location and free up Northern
7 Berkshire EMS to respond to acute
8 emergencies more quickly.

9 I wholeheartedly support this project,
10 and I urge everyone to recognize the immense
11 benefit it will bring to our EMS services in
12 the broader Northern Berkshire community. I
13 thank you for your time and consideration.

14 MR. RENAUD: Thank you. Operator, may
15 we have the next speaker, please.

16 THE OPERATOR: The next speaker is
17 Elizabeth Daley. Your line is open.

18 MS. DALEY: Thank you. My name is
19 Elizabeth Daley. I'm a resident of Lynn,
20 Massachusetts, which since the closure of
21 Union Hospital has become the largest
22 municipality in Massachusetts without a
23 local hospital.

24 I'm a member of the 1199 SEIU Ten

1 Taxpayer Group and a member of SEIU, and
2 SEIU 1199 has represented the workers of the
3 former North Adams Regional Hospital, and we
4 have continued to represent the workers at
5 the North Campus since North Adams closed.

6 We will submit additional comments in
7 writing, but I just want to say tonight that
8 we are fully in support of the reopening of
9 North Adams Regional Hospital and are glad
10 to see that workers will continue to have a
11 seat at the table and a voice on the job in
12 this new venture. Thank you.

13 MR. RENAUD: Thank you. Operator, may
14 we have the next speaker, please.

15 THE OPERATOR: The next speaker is Jodi
16 Ouimette. Your line is open.

17 MS. OUIMETTE: Hi, thank you for taking
18 the time for letting us take the time to
19 speak. I am the administrator at Mount
20 Carmel Care Center which is a skilled
21 nursing facility in Berkshire County, and I
22 have worked in Northern Berkshire County as
23 well.

24 I want to say that I do support the

1 efforts of providing surgical care and
2 services to those with opioid disorders and
3 that I do recognize the transportation
4 issues with not -- with having a closure in
5 North Adams, so I fully support the cause
6 itself. I just ask that we do have some
7 consideration for other impacts on the
8 community and in particular with swing beds.

9 Speaking on behalf of Mount Carmel Care
10 Center, we're a 69-bed faith-based nonprofit
11 facility in Berkshire County, and we really
12 pride ourselves on our emphasis and
13 determination and drive and mission to
14 deliver compassionate loving care at the
15 highest standards of level -- level of care
16 with wise stewardship of our resources and
17 our mission and core values.

18 Dignity, compassion, shared
19 commitment, and sanctity of life are not
20 just the words that we put on a wall or on a
21 marketing site. They're really the values
22 that we hold dear in our hearts and that we
23 emphasize daily. And to sustain and grow
24 our mission value, we must ensure that the

1 resources needed to carry through our
2 mission are available. It is not about
3 making a profit. It's about sustainability
4 and providing high quality of care to those
5 we serve.

6 We provide a service to this community
7 that many desire. In this there are both
8 physical and spiritual -- both physical and
9 spiritual needs. Our concern with this
10 current DoN is they include the labor
11 necessary to provide the quality of care
12 that our residents deserve, the ability to
13 achieve a (inaudible) that has been
14 mentioned before Medicare, Medicaid, private
15 insurance, to fund fair wages, and to
16 attract quality staff, and fund the many
17 expenses associated with maintaining a long-
18 term care facility and offering choices to
19 our residents who need post-acute care.

20 Since the onset of the COVID-19
21 pandemic, staffing has become a challenge,
22 not just in Berkshire County but also across
23 the Commonwealth. While the challenge
24 exists across the state, our labor pool and

1 our resident population in Berkshire County
2 is limited in comparison to Central and
3 Eastern Massachusetts.

4 Given the reimbursement rates of
5 skilled nursing facilities in comparison to
6 hospitals and other health care
7 environments, it is extremely difficult to
8 provide a wage that both attracts and
9 retains quality caregivers in the long term,
10 so limiting swing beds we believe would help
11 even the playing field.

12 We also are concerned about resident
13 choice, and much of our census comes from
14 word of mouth community experience and
15 spiritual -- and spiritual needs, and
16 providing patients with the same beds at the
17 hospital so that they can receive similar
18 care at nursing facilities is a challenge
19 for us nursing facilities.

20 The thought of a hospital provides a
21 higher level of acuity of care. In reality,
22 we are all providing subacute care, so we
23 ask that you have consideration for the
24 number of swing beds available as we are

1 already working under budget and under
2 census stability.

3 So I thank you for the opportunity to
4 speak tonight and hope you consider some of
5 those efforts to make it an even playing
6 field while serving the entirety of the
7 community. Thank you.

8 MR. RENAUD: Operator, we have the next
9 speaker, please.

10 THE OPERATOR: The next speaker is
11 Michelle Byron. Your line is open.

12 MS. BYRON: Thank you. Good evening.
13 My name is Michelle Byron. I was born and
14 raised in North Berkshire County, and I am
15 currently a resident of Adams.

16 Both of my children were born at the
17 Old North Adams Regional Hospital, but the
18 most amount of time I've spent in our local
19 health care facilities has been in caring
20 for my elderly parents.

21 After the hospital closed, the biggest
22 problem was that we had to go to BMC in
23 Pittsfield for inpatient care. It would
24 have been so much more convenient to have a

1 hospital right nearby, and what was more
2 important, it was comforting to my parents
3 to be in a hospital they were familiar with.

4 Needing to go to the hospital is hard
5 enough, but when they faced the knowledge
6 that a hospital stay meant a trip to
7 Pittsfield, it was even more overwhelming.
8 Whether it was a urinary tract infection or
9 a respiratory virus, traveling to BMC put a
10 lot of extra stress on both them and us.

11 My parents are now in a nursing home,
12 but I myself am almost 72, and personally I
13 would like to know that if I need hospital
14 care, I could be taken care of in North
15 Adams so that it would be easier on my
16 family. I strongly support BHS's proposal
17 to bring inpatient beds back to North Adams.

18 Thank you for recognizing the value
19 that reestablishing this care will have on
20 our rural community. Thank you.

21 MR. RENAUD: Thank you. Operator, can
22 I confirm that there are no other speakers
23 in the queue?

24 THE OPERATOR: There are no other

1 speakers in the queue at this time.

2 MR. RENAUD: Okay. It has been 35
3 minutes since a speaker has signed -- a
4 speaker has signed up to testify. We will
5 keep the line open for a another five
6 minutes, and if no one joins the queue, I
7 will just have some closing statements at
8 that time. Thank you.

9 (Pause)

10 MR. RENAUD: Good evening again. We
11 have not had anyone now join the queue in 45
12 minutes, so we will end the public hearing.
13 As a reminder, written comments will be
14 accepted through Monday, October 2 (sic),
15 2023. Thank you for participating in the
16 public hearing.

17 Hold on one second, please. Operator,
18 could you please let the next speaker in?

19 (Pause)

20 MR. RENAUD: Okay, this will officially
21 end the public hearing again, and reminder,
22 written comments will be accepted through
23 Monday, October 2, 2023, and we appreciate
24 your participation in the hearing. The

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24

hearing is now closed. Thank you.

THE OPERATOR: This concludes today's
conference. All participants may disconnect
at this time.

(Whereupon, public hearing was
concluded at 7:33 p.m.)

C E R T I F I C A T E

COMMONWEALTH OF MASSACHUSETTS

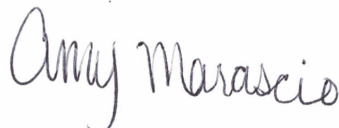
NORFOLK, SS.

I, Amy Marascio, a Professional Court Reporter and Notary Public in and for the Commonwealth of Massachusetts, do hereby certify that the foregoing telephonic public hearing was taken before me on October 25, 2023.

The said telephonic public hearing was taken audiographically by myself and then transcribed under my direction. To the best of my knowledge, the within transcript is a complete, true and accurate record of said telephonic public hearing.

I am not connected by blood or marriage with any of the said parties, nor interested directly or indirectly in the matter in controversy.

In witness whereof, I have hereunto set my hand this 30th day of October 2023.



Amy Marascio, Notary Public

My Commission Expires:

May 31, 2030

0	2023 1:20 5:6	5	30:5 34:5 35:2
01752 9:16	84:15,23 86:9	50 2:15 44:7	40:15 42:23
1	86:19	53 2:16	44:16 45:23
1 5:6 8:5 22:19	2030 86:24	55 2:17	76:24
42:1 50:3 55:9	22 2:7	57 2:18 17:7	above 28:4
1-86 1:2	225 68:14	59 68:13	abrupt 11:17
10 2:3 7:15	24/7 58:17	6	73:14
14:13 19:23	25 1:20 2:8	6 9:10	abruptness
20:1,4 58:8	42:12 73:6	60 2:19 47:1	36:11
64:7 75:2	86:9	63 2:20	absence 50:13
1199 77:24 78:2	250 69:10	66 2:21	absent 68:6
13 19:11,14	26 44:6	67 9:15	accept 7:14
26:13	28366 86:21	69 79:10	43:11
15 2:4	29 2:9	6:00 1:19	accepted 84:14
150 20:5	3	7	84:22
17 2:5	30 8:21 32:14	70 2:22 47:1	access 4:23
18 5:17 6:3	39:5	70s 42:13	10:22 11:21
26:12	30th 86:19	72 83:12	12:4,14 13:10
19 2:6 27:19	31 33:6 86:24	74 2:23	13:17 16:7
80:20	32 2:10	77 2:24	19:21 20:11,21
1976 38:21	3300 20:12	78 3:3 32:20	21:23 23:4,10
1988 20:22	35 67:6 84:2	7:33 85:6	23:14,21 25:4
1st 17:19 19:13	36 2:11	8	25:11 26:7
2	37 47:4	82 3:4	28:1,2,13 31:23
2 84:14,23	38 2:12	85 63:20	33:14 35:15
2,850,000 6:13	4	a	37:5 40:4
2014 11:18 36:8	4.7 67:23	abdominal 61:6	41:16 45:14,19
38:18,21,22	42 2:13	ability 45:8	46:20,24 49:13
64:4	45 84:11	68:8 69:4,15,20	49:20 51:2
2020 12:10	46 2:14	72:22 76:5	53:18 54:22
2021 44:1 46:2	47 28:17	80:12	55:1 56:16,21
53:7		able 18:23	58:13,20,24
2022 67:23		24:10 25:2	65:22 67:16
			68:17 69:5,17
			70:4,24 72:3,14

73:17 75:16 76:17 accessibility 13:6 16:3 accessible 14:20 31:20 56:2 66:6 accessing 16:10 63:17 accompanied 49:14 accordance 6:14 account 7:9 accurate 86:13 accurately 8:18 achieve 12:12 55:20 80:13 acknowledge 17:13 21:20 acknowledged 41:11 act 71:5 active 32:23 actively 73:4 activities 42:19 acuity 23:24 81:21 acute 24:15,15 24:20 25:5 26:2,12,17 27:16,21,21 51:6 69:18 71:20 72:21,23 77:7 80:19	acutely 28:7 adams 5:18,23 6:2 10:20 11:3 11:5,8,17 13:2 13:5,16,24 15:12,18,21 16:5,24 17:6,12 17:16 18:11,17 19:11,19,22 20:19 21:7 22:9 25:12 27:24 29:12,15 29:20 31:5 32:3,21,23 33:1 33:12,17,23 35:13,19 36:4,6 36:8,10 37:8 38:15,19 39:12 41:10,19 42:9 42:14 45:1 46:19,23 47:2,5 48:2 49:20 50:14 51:10,22 52:15 53:17 54:7,21,23 55:17 56:1 57:9,24 58:10 58:18,22 59:7 60:2,11 62:12 63:15,15,21 64:2,12,19 65:10,21 66:10 68:11 74:22 75:17 76:17 78:3,5,9 79:5	82:15,17 83:15 83:17 add 27:12 addiction 37:17 37:21 61:9 addition 5:18 additional 24:4 27:21 34:12 41:14 78:6 additionally 24:17 40:5 56:14 73:24 address 15:4 37:9,17 51:8 54:18 55:1 72:12,16 73:1 addressed 68:5 addresses 71:24 addressing 13:13 14:17 53:21 adept 30:20 adequate 72:23 adjust 64:18 administration 20:18 administrator 78:19 administrators 13:19 admissions 59:13 admitted 64:21	adopted 53:6 adult 61:24 advance 15:5 37:6 53:8 71:9 advanced 30:2 advancement 11:16 46:22 49:15 advances 11:7 advancing 37:3 advantage 28:20 adverse 59:13 advocate 17:21 affiliation 8:16 afford 62:10 aged 42:15 agencies 60:17 agency 5:11 28:17 aging 11:6 16:9 43:12 53:12 66:1 71:18 ago 14:13 19:23 20:4 32:20 agree 15:2 61:2 64:11 73:4 74:4 agreed 64:15 agreement 47:9 agreements 18:15 47:11,14 aides 34:22 69:10,13
---	---	---	--

aim 54:17 59:12 aimed 72:9 aims 51:8 alarming 28:11 alcombright 2:11 35:24 36:1,3 alec 2:7 22:23 23:2 aligns 31:6 56:24 allotted 10:1 32:12 allow 55:7 76:12 allowing 42:6 72:22 allows 23:20 52:11 75:21 alongside 21:16 alzheimer's 42:21 44:2 amazing 39:2 65:10 amber 2:17 55:13,14 ambulance 33:21 39:22 62:11,12 76:22 amount 61:9 82:18 amy 86:5,22 analysis 7:1 74:7	analyzing 6:16 54:6 ancillary 27:14 69:8 73:5 anginal 41:2 ann 2:12 38:12 38:14 answer 7:6 anxieties 65:16 appeared 1:17 applicant 5:20 9:24 71:7 73:4 applicant's 71:3,11 72:1 applicants 26:11 application 4:24 5:2,3,7 6:17 7:1,15 25:24 31:4 62:23 70:23 apply 5:13 6:24 38:24 48:2 appreciate 25:12 84:23 appreciates 9:21 approach 25:7 30:23 51:15 59:14 appropriate 25:2 appropriately 29:1	approval 5:13 29:2,18 62:23 73:8 approved 72:8 area 11:4 14:1 19:15 21:10,19 22:10 42:14 45:11 52:8 60:3 63:3,18 73:3,16 areas 12:19 54:19 55:19 arrangements 50:23 73:19 arrival 41:1 arriving 51:5 arts 20:3 29:14 30:19 35:1 49:2 asking 74:6 aspire 43:9 asset 34:13 assigned 5:5 assistants 49:5 49:8 associated 47:11 69:7 80:17 association 25:20 70:13 72:6 assurance 16:4 assure 22:4 assured 9:17	assuring 31:22 athletes 20:14 attendees 23:2 attention 12:23 52:20 61:14 74:16 attest 52:8 attract 80:16 attracts 81:8 attrition 69:19 audiographic... 86:11 augments 48:13 august 64:18 authority 29:1 33:1 authorized 72:18 availability 25:5 26:2 76:16 available 22:13 39:20 40:13 51:18 55:24 80:2 81:24 avangrid 65:2 avenue 31:12 avoid 40:11 73:13 aware 46:16 b bachelor 30:15 back 10:19 34:2 36:11
---	---	--	---

46:1 48:14 55:6 66:9 77:4 83:17 backdrop 12:13 backup 51:14 backyard 31:14 balance 48:8 71:9,16 72:10 balancing 59:19 71:5,5 bankruptcy 58:9 bargaining 18:16 47:8,10 47:16 barrett 2:6 17:14 19:8,9,10 barrier 27:20 barriers 15:4 24:20 37:9 48:19 55:1 56:10 barrington 23:5 based 6:12 12:16 59:2 67:2 79:10 bear 69:14 becoming 51:7 bed 23:20 25:3 68:8,23 69:3 72:19 79:10	beds 5:17 6:3,5 13:5 24:7,22 26:12,12,15,19 41:10 45:9,10 45:13 58:21 65:20 66:9 67:17,18 71:24 72:18,19 77:1 79:8 81:10,16 81:24 83:17 began 43:1 behalf 4:15 10:15 25:20 57:5 70:12 72:6 79:9 behavioral 34:14 belief 37:24 believe 15:22 28:6 66:2 68:23 81:10 belman 2:7 22:23,24 23:2 beneficiaries 59:7 benefit 23:24 61:13 67:21 77:11 benefits 18:3 47:21 49:17 bennington 33:20 berkshire 1:8 5:1,7,19,21 6:16 10:9,14,20	10:24 12:2 14:10 15:7 17:6,8 18:2,14 19:13,15 20:6 20:10,24 21:4,5 21:7,16 22:9 23:4,8 24:17 25:6 26:3,8,13 27:2,15 28:6,19 29:4,17 30:4,6 30:9,18 31:1 32:5 33:2,3,3 33:10 34:15,16 34:17,18,23 35:16 36:22 37:1 41:20 44:23 45:15 46:5,15 48:1 49:1,23 50:9 53:4,10 55:16 55:21 56:5,23 57:5,7,11,21 59:5 60:3 61:10 64:22 65:3,24 66:1 67:2,19,24 68:10,16 69:6 69:10 71:17 72:11 74:12 75:1,3 76:5,8 76:13 77:3,7,12 78:21,22 79:11 80:22 81:1 82:14	berkshires 17:24 32:9 50:15 52:15 besaw 2:17 55:13,14,15 best 19:23 75:15 86:12 better 39:2 40:4 54:8 63:1 65:21 76:17 betterment 58:7 beyond 16:2 36:9 48:16 71:19 bhs 10:15 13:3 13:9 14:22 15:23 23:6 36:5 40:15 48:5 50:12 51:7,10 53:6 58:1 59:18 60:1 bhs's 37:16 83:16 biggest 27:20 43:2 82:21 bill 2:21 66:18 66:21 birge 2:9 29:9 29:10,11 bit 11:3 bleeds 51:6 blessed 36:22
---	--	---	--

blood 86:15 blow 36:19 bmc 5:22 58:16 65:1 82:22 83:9 board 23:6 33:4,5 36:5,24 53:7 bob 42:9,12,16 43:7 44:2,12 bolster 31:21 bolstering 38:5 75:22 bookman 70:12 boost 34:1 47:2 borek 2:14 46:11,13 born 32:21 82:13,16 breath 41:1 bridge 31:3 bridging 56:6 brief 10:10 brighter 16:23 22:8 bring 10:19 65:12 77:11 83:17 bringing 21:22 36:10 37:8 59:11 66:9 brings 31:20 48:13 broad 11:22 53:22 60:3	70:3 74:8 77:12 brought 12:22 budget 82:1 building 27:20 bumpy 33:19 bureau 4:17 businesses 18:11 35:6 butler 53:3 buy 35:6 byron 3:4 82:11,12,13	capital 6:13 capped 72:19 care 1:8 6:5 10:19,23 11:4,9 11:21 12:4 13:4,7,12 14:20 14:24 15:4,23 16:8,10,13 17:12 21:8,13 22:5 23:11,16 23:22,23 24:2,3 24:9,14,15,23 25:1,20 26:2,7 26:12,17,18,21 27:4,15,16 28:19 29:3,19 30:4 31:8,19,24 34:3 36:11,17 37:5,8,9 39:7,8 39:11,14,19 40:1,4,7,11,14 40:18,22 41:8 41:16 42:24 43:13,21,23 44:3,19 45:6 48:16 49:7,8,22 50:13,17,21 51:14,18,22 52:2,3,11,12,14 54:23 55:24 56:6,10,16,19 56:21 58:3,13 58:17 59:2,11 59:15,16,21 60:2 61:21,23	63:17,19 64:4 64:12,16,20 65:9,14 67:9 68:17,21 69:2 69:18,21 70:13 70:15,18,24 71:13,20,20 72:4,5,13,17,21 72:23 74:10,12 75:7,8,15,19 76:8,16,24 77:5 78:20 79:1,9,14 79:15 80:4,11 80:18,19 81:6 81:18,21,22 82:19,23 83:14 83:14,19 career 30:8 46:22 48:18 49:3,13 careers 34:8 caregivers 30:21 44:3 64:2 81:9 caring 82:19 carmel 78:20 79:9 carry 80:1 carrying 61:24 case 27:2 61:3 67:11 catalyst 21:9 54:14 cause 62:14 79:5
	c		
	c 4:1 86:1,1 cah 12:15,15 13:5 38:24 40:2 67:12 call 1:6,17 4:3 4:22 8:2 75:22 called 4:24 26:12 calling 10:6 55:6 campus 18:17 19:19 20:13 21:7 38:16 39:24 47:2,5,14 58:16 64:20 78:5 capability 51:21 capacity 27:21 30:2 73:15		

caused 11:21 cemented 37:23 census 81:13 82:2 center 5:21 24:18 25:6 27:17 39:6 42:11 64:23 76:9 78:20 79:10 centers 45:22 46:7 central 34:16 55:19 81:2 centric 52:14 ceo 10:9,14 66:22 certain 5:21 72:8 76:21 certainly 67:10 certified 6:4 certify 86:7 chair 32:23 challenge 80:21 80:23 81:18 challenges 11:14 12:4 13:13 16:10 23:10,11 36:14 39:20 46:16 54:10,18,24 65:17 66:8 challenging 65:8 66:12 73:21	champion 21:11 chance 13:18 55:1 changer 77:2 changes 12:13 21:22 47:17 58:19 changing 56:22 charles 2:16 52:24 53:2 cherish 61:19 cheshire 50:9 chest 39:10 40:23 61:6 chief 23:3 57:21 74:24 children 20:17 35:11 82:16 chime 32:13 choice 26:6 60:22 81:13 choices 80:18 choosing 20:17 chronic 53:12 54:19 cities 17:7 city 11:5 16:24 18:12 19:10 63:15 city's 15:18 clarification 4:10 clark 1:15	clarke 4:15 classroom 31:3 clear 13:6 14:12 42:16 61:1 71:17,23 clearly 8:17 clinical 13:4 27:13 30:12,13 31:12 38:17 51:2,24 73:5 clinically 51:5 clinicians 18:7 30:20 close 23:16 24:9 27:9 39:8 39:17,19 40:14 56:19 61:5,11 63:19 75:8 closed 6:7 20:5 58:19 64:4,13 78:5 82:21 85:1 closely 57:2 closer 48:3,7 59:11 closing 19:22 60:21 84:7 closure 11:17 14:13 36:7,12 36:18 38:19,22 58:9 77:20 79:4 closures 11:24 26:15	cms 12:13 25:7 coalition 55:16 57:6 cohesive 57:2 collaborating 14:22 57:7 colleague 4:15 17:14 collecting 54:5 collective 16:20 college 20:2,17 29:13,15 30:7 31:17 32:1 34:24,24 49:1,2 colleges 20:12 34:10 combination 68:6 come 32:9 41:12 72:2 comes 21:13 67:9 81:13 comfort 40:5 comforting 65:18 83:2 coming 41:7 48:11 commences 73:9 comment 9:19 10:5 comments 7:14 9:7,8,18 15:10 19:2 22:17 28:23 32:12,15
--	---	--	--

78:6 84:13,22 commission 19:2 33:2 74:1 86:23 commissioned 14:14 commissioner 4:16 10:16 commitment 14:17 16:20 48:15 53:8,10 56:23 58:5 59:9,22 67:3 79:19 committed 14:22 15:20 18:14 54:5 committee 22:14 common 42:10 44:20 73:19 commons 44:13 68:11 commonwealth 1:3 14:18 67:1 80:23 86:2,6 commonweal... 74:8 communication 63:7 communicati... 61:15 communities 12:1,21 17:17 17:23 19:14	23:8 51:4,23 68:13 community 5:18,20 10:5,21 11:2,9,13 13:19 13:20 14:2,5,11 15:7 16:2,21 19:11 21:12,19 22:7 30:22 31:8,16 32:9 33:16 34:1,24 35:12 37:7,18 38:4 39:4,7,16 45:4,21 46:21 48:10,16,22 49:1 50:18 52:4 53:9,11 54:2,10,15 55:16 56:3,8,15 56:17,24 57:3,6 57:8 58:7 59:3 59:20,24 62:16 62:18 63:2,22 66:1,15 68:15 69:22 71:3,6,7 71:11,11,16 72:3 74:11,24 75:10 76:6 77:12 79:8 80:6 81:14 82:7 83:20 community's 11:22 13:14 18:22 36:16 51:11 52:19	60:22 75:22 commute 48:7 companion 61:22 company 65:2 comparison 81:2,5 compassion 79:18 compassionate 30:21 79:14 competing 20:14 competitive 28:3 49:16 complemented 51:14 complete 86:13 complex 67:10 68:14 complexities 67:14 compliance 5:4 6:17 complicated 50:22 comprehensive 30:1 31:24 51:15 comprised 6:7 comprises 19:14 concern 69:7 70:16 80:9	concerned 26:4 26:10 27:12 42:22 69:4,15 81:12 concerns 11:12 20:16 67:11 concluded 85:6 concludes 85:2 conclusion 59:18 conditions 23:24 29:2 72:9,11 74:14 76:12 conduct 74:1 conducted 48:23 conference 1:6 1:17 4:22 8:2 85:3 confident 59:23 confirm 83:22 congressman 17:19 21:3 22:11 conjunction 69:2 connect 76:7 connected 86:15 connection 74:2 connections 37:11
--	---	--	--

consequences 26:6 67:12 consider 9:17 48:11 52:18 61:3 74:6 82:4 considerable 69:12 consideration 15:8 25:13 38:8 41:22 57:13 77:13 79:7 81:23 considering 31:18 66:13 consistent 24:2 consistently 58:10 constant 43:24 constituents 17:22 consuming 44:9 contains 71:18 continuation 12:18 continue 13:20 24:22 44:11 47:13 60:1 78:10 continued 78:4 continuing 73:8 continuity 52:2 74:10 continuous 24:14 77:5	continuum 56:19 59:2 68:18 70:3 71:22 contract 73:18 contrast 28:15 67:21 controversy 86:17 convenience 40:6 convenient 24:8 82:24 conversations 12:3 convert 5:20 convince 43:10 43:13 coordinate 65:13 coordination 52:12 74:10 copd 39:10 copy 9:8 core 12:24 23:13 53:7 79:17 cornerstone 16:1 corporation 13:2 corrected 68:5 cost 12:16 28:14,18 67:18 68:2 72:2 74:1	costs 6:22 24:4 62:13 68:4,20 council 7:11 councilor 63:15 counties 10:21 country 12:20 county 12:2 17:7 18:2 20:10 23:9 24:11 26:4,8,13 27:2,15 28:6 29:4 30:4,9 34:15,16,17,18 40:10,17 44:24 45:15 46:5 49:23 58:12,16 61:10 67:2 69:11 71:17 72:11 74:13 78:21,22 79:11 80:22 81:1 82:14 coupled 68:7 69:19 course 20:15 court 86:5 cousins 34:6 covid 25:8 27:19 80:20 create 37:10 41:18 45:13 46:24 57:2 created 11:19 creating 25:11 49:18	creative 58:11 crisis 25:9 criteria 6:18,23 12:14 critical 12:14 13:3,10,17 19:20 20:11,21 21:23 23:4,14 23:20 25:3,11 28:1,13 33:14 35:15 40:4 46:20,24 49:20 53:18 58:20,24 67:15 68:18 69:17 70:4,24 71:21 72:4 75:16 76:16 cultural 11:8 culture 41:19 current 6:9 47:24 59:4 69:8 80:10 currently 36:4 82:15 cusps 21:8 cuthbertson 2:22 70:9,10,11 d d 2:1 3:1 4:1 daily 79:23 daley 2:24 77:17,18,19 dalton 46:13 darlene 2:3 10:8,11,13 26:1
--	---	--	--

data 14:9 27:7 54:6,11 date 5:6 73:8 day 17:21 28:18 44:8 65:6,7 67:4 86:19 days 7:15 40:23 41:14 43:20 64:22 dealing 65:16 dear 79:22 decided 20:20 decision 7:11 20:23 35:18 46:19 decrease 40:3 dedicated 18:19 50:13 75:5 dedication 54:22 58:1 deep 53:15 66:13 deepen 40:15 deeply 12:7 15:20 37:22 defer 40:11,18 deficit 69:20 defined 5:12 definitely 64:17 dei 53:8 delay 61:15 delayed 24:19 40:22	delays 40:3 63:5,6 delegate 60:10 delegation 21:16 deliver 49:6 69:21 79:14 delivery 75:6 demand 26:8 demographics 59:3 dennis 1:12 4:3 4:6 10:12 15:13 deny 43:17 department 1:4 1:15 4:7,12,14 4:21 9:10,15,17 9:20 10:17 23:1 27:18 39:13 64:19 department's 4:16 depressed 61:12 describe 26:16 described 25:24 70:23 description 5:16 deserve 80:12 designated 19:20 designation 12:15,16 13:5	20:21 28:1 33:14 38:24 58:20,24 67:12 69:17 72:19 designed 23:15 46:3 48:19 desire 80:7 despite 11:7 destabilize 45:10 destabilized 70:3 determinants 53:22 determination 1:9,12 4:8,11 9:14 33:11 79:13 detriment 20:9 detrimental 64:5 devastating 45:24 devastatingly 73:14 develop 49:11 diagnoses 39:11 76:21 diane 2:19 60:8 60:10 different 7:18 20:23 62:13 65:3 difficult 64:11 65:1 81:7	difficulties 7:22 difficulty 55:5 digits 20:1 dignity 79:18 diminishing 70:21 direct 12:23 31:3 76:13 direction 86:12 directly 13:8 19:3 51:9 86:16 director 1:12 4:8,17 26:1 38:16,21 50:11 55:15 66:20 disadvantage 26:14 69:3 disadvantaged 28:7 discharge 24:19 39:21 discharged 44:4 discharging 26:22 disconnect 85:3 discuss 10:18 47:17 discussion 70:2 disease 42:21 54:19 disorder 54:20 56:12
--	---	--	--

disorders 38:6 79:2 disparities 12:5 38:3 53:16 disparity 68:5 73:23 disposable 35:5 disrupted 11:20 disruption 11:22 dissolve 53:15 distance 16:11 60:24 62:2,8 distinct 23:9 district 17:9,19 19:14 diversity 53:5 doctors 18:6 34:22 65:13 documentation 63:7 doing 54:7 dollars 21:6 domestic 56:13 don 4:12 5:2,4 5:6,9,12,13 6:15,16,24 7:8 7:12 9:21 29:2 67:15 70:23 73:8 80:10 door 58:21 doors 19:23 doorstep 51:12 58:14	double 20:1 doubt 70:19 dph 4:13 25:8 29:1 dph.don 9:12 dr 4:16 23:2 50:5,8 drastically 75:17 draw 31:17 drawn 48:9 drive 44:7,8 79:13 driven 12:11 dropped 20:1 drug 61:9 due 16:10 24:19 28:11 40:11 50:22 66:6 dynamics 33:6	36:18 46:22 49:23 53:24 economy 21:1 21:10 ecosystem 72:10 education 13:21 16:16 54:17 educational 48:24 49:19 effect 18:9 effective 73:7 75:6 effectively 58:6 efficiency 51:19 76:3 efficient 52:13 efficiently 75:19 effort 7:2 efforts 31:22 37:4,17 69:13 71:12 79:1 82:5 eight 20:12 36:6 either 33:20 62:20 elderly 63:2,3,4 65:22 82:20 elected 10:4 15:10 elective 21:15	elements 12:24 23:18 elevate 60:1 eligible 24:24 elizabeth 2:24 4:18 77:17,19 elope 42:24 email 9:10,11 emerged 12:15 emergence 13:1 emergencies 64:8 75:14 77:8 emergency 5:23 6:10 11:20 38:18 39:13 58:17 64:9,19 75:2,7 75:9 emotionally 66:11 emphasis 79:12 emphasize 18:4 63:18 79:23 employees 47:23,24 48:9 employers 28:5 34:9 employment 13:22 16:16 22:6 31:13 33:4 47:3 48:20 49:18 62:24
	e 2:1 3:1 4:1,1 86:1,1 eager 13:20 earlier 30:17 easier 34:10 40:7 41:13 65:11 83:15 easily 44:16 eastern 81:3 economic 11:7 11:16,23 13:15 15:5 16:15 18:4,22 22:6		

empowering 55:20 ems 75:1,12,21 76:5,13 77:3,7 77:11 emts 62:16 enable 24:22 59:1 enabling 5:9 encounter 7:22 encouraged 55:23 endeavor 30:7 ended 64:21 endorse 18:24 endoscopy 6:8 energy 65:2 engaged 42:18 engagement 71:3,12 engaging 5:14 enhance 55:1 55:22 enhanced 68:7 enhances 24:3 48:8 59:14 enhancing 13:21 54:4 enjoyed 42:18 ensure 12:17 14:24 16:13 48:5 58:11 70:2 79:24 ensures 51:17 52:2	ensuring 14:19 23:10 32:7 51:15 58:2,5 75:6,18 enter 55:7 entire 15:7 49:13 entirety 70:20 82:6 entities 14:23 entitled 67:20 environment 24:1 57:3 65:15 69:16 environmental 6:21 53:23 environments 81:7 equipment 30:13 76:10 equipped 54:8 equity 12:12 13:22 53:5 54:13 55:3 especially 16:9 21:1,3,13 24:12 54:19,23 59:9 essential 12:18 16:8 31:8 39:8 56:7 established 27:16 estimate 59:5 estimated 46:23	evening 4:5,19 10:7,13 15:16 19:9 22:24 25:19 29:10 32:10 36:2 38:13 42:5 44:10 46:12 50:7 53:1 57:18 66:20 69:23 70:10 74:21 82:12 84:10 events 20:15 59:14 eventually 43:4 64:15 evident 44:2 50:16 ex 23:6 exacerbate 72:13 exactly 27:5 exceptional 15:3 excited 13:9 76:15 exciting 46:21 executive 55:15 exemplifies 16:6 59:22 exhausted 44:10 existing 6:7 47:10,14 73:18	exists 80:24 exodus 73:14 expand 10:22 37:6 expanded 51:10 expanding 54:22 expect 8:19 47:23 59:6 expenditure 6:13 expenditures 6:23 expenses 80:17 expensive 62:10 experience 7:24 8:12 9:2 24:3,6 27:10 39:18 40:19 44:20 48:14 52:1,4 60:16,17 66:2 81:14 experienced 51:4 64:8 experiences 29:22 31:11 63:17 experts 70:15 expires 86:23 explain 13:1 explained 41:6 express 29:18
--	--	--	---

extend 71:19 extended 43:18 extending 54:15 56:18 extra 83:10 extremely 81:7 <hr/> f <hr/> f 86:1 face 16:9 20:24 23:9 54:24 faced 83:5 faces 11:13 facet 14:16 facilitates 51:16 facilities 26:14 27:1,5,8,15,23 28:4,7 45:12 72:17 73:6,20 81:5,18,19 82:19 facility 5:23 6:9 11:19 16:19 24:21 26:15,21 26:23 27:3 28:19 31:2,7 38:18 39:15 40:1,6 49:7 50:14,17 51:10 63:6 76:22 78:21 79:11 80:18 fact 67:21 factors 53:23 74:7	facts 19:24 27:8 faculty 34:11 failure 39:10 60:19 fair 80:15 fairness 43:8 fairview 23:3 24:6 faith 79:10 fall 30:17 familiar 24:1 65:14 77:6 83:3 families 31:18 31:22 35:10 37:12 51:3 56:7,18,20 66:10,14 70:15 family 37:19 39:16 41:7 42:20 44:22,22 62:3,6 71:2 83:16 family's 37:22 far 62:2 faster 60:14 75:19 favors 43:16 fear 62:2 feasibility 6:21 federal 12:10 14:23 21:22 23:19 28:16 feel 9:9 19:2	feels 65:16 felix 2:13 42:4 42:5,6 fellow 23:1 felt 64:5 fewer 76:6 field 35:4 81:11 82:6 fight 38:5 fighting 22:2 filing 5:5,6 67:15 financial 6:21 30:11 40:12 57:21 62:14 71:6 72:1,14,16 73:22 find 35:9 56:19 finding 5:4 firemen 62:17 firmly 52:17 first 9:24 13:4 15:11 22:21,22 30:16 53:4 64:14 firsthand 51:1 60:18 75:12 firstly 25:23 five 44:14 84:5 fixed 73:18 flawed 12:8 43:15 flexibility 23:13 24:21	flexible 13:11 23:18 floor 9:1 focus 13:12 37:16 38:2 55:19 59:18 fold 48:14 follow 19:3 22:19 following 7:15 10:3 14:4 19:24 32:24 61:3 follows 8:1 food 56:11 foregoing 86:7 forest 9:15 former 20:19 38:16 48:9 58:9 60:11 78:3 forth 77:4 fortunate 30:5 fortunately 41:2 forward 12:22 20:20 22:1 47:20 57:1,6,23 fostering 54:16 fought 21:18 found 41:13 50:18 foundation 54:12
--	---	--	--

four 6:5 10:1 29:15 frail 68:14 franklin 17:9 free 9:9 19:3 77:6 friend 37:21 friends 34:7 39:16 42:19 fruit 69:14 full 9:6 10:24 28:14 29:18 47:9 59:2 fully 16:22 67:22 78:8 79:5 function 71:21 fund 68:22 80:15,16 fundamental 11:21 fundamentally 52:3 funded 27:4 funding 28:2 funds 68:20 further 19:5 39:22 41:5 61:18 63:6 70:2 furthermore 31:15 48:15 52:6 future 15:24 16:24 22:8	31:13	goldstein 4:17 10:16 good 4:5 10:12 15:16 19:9 22:24 25:18 29:10 35:9,12 36:1 38:13 42:5 45:3 46:12 50:7 53:1 57:18 66:20 70:10 74:21 82:12 84:10 gotten 44:4 governing 6:15 government 5:11 23:19 28:2 grateful 18:13 30:9 great 21:17 23:5 43:23 47:21 64:20 70:16 greatly 9:20 gregorio 2:8 25:17,18,19 grew 32:22 ground 31:9 group 50:12 78:1 grow 79:23 growing 26:9 growth 13:23 15:21 22:6	46:22 47:4 49:23 guidance 19:5 35:15 guide 54:2 guidelines 36:14
	g		h
	g 4:1 gain 47:18 game 77:2 gaps 56:6 gather 7:3 general 9:23 33:6 74:24 generation 30:3 generational 56:9 generations 34:4 george 2:18 57:17,18,19 getting 24:24 55:5 64:16 give 9:1 49:13 65:21 given 73:20 81:4 giving 10:18 glad 18:23 78:9 go 7:21 9:24 39:21,24 46:1 60:23 62:21 64:11 82:22 83:4 goal 10:22 59:23 75:14 goes 48:16 going 50:19 63:5 64:15		half 20:3 65:6 76:6 hampden 17:8 hampering 72:3 hampshire 17:9 hand 60:15 86:18 handle 43:5 hanging 55:6 happen 35:13 happy 44:19,24 hard 11:6 21:2 59:24 83:4 harm 72:16,20 harpin 2:20 63:12,13,14,20 head 33:7 health 1:4,8,15 4:7,13 5:1,7 6:16 7:11 9:15 10:10,14,17,22 11:3,9,12,14,21 12:3,5,12,18 13:8,13,19,22 14:18,20,24 15:6 16:8,20

18:14,22 20:6 21:4,5,8,13 22:5 23:1,4,10 24:13 27:18 28:20 29:18 30:1,4,6,10,18 31:1,8,24 32:5 33:11 34:3,14 35:16 36:17,22 37:1,5,6,13,18 38:3 39:3 40:20 42:17 44:19 45:6 46:15 48:16 49:22 50:10,13 52:3,14,19 53:4 53:8,16,22,24 54:9,13,18 55:3 55:18 56:5,6,10 56:16,21,23 57:7,21 58:3 59:12,13,21 63:17,19,24 65:17,21 67:8 71:10 74:1,9,12 81:6 82:19 healthcare 16:1 18:19 29:22 30:8 32:6 34:22 35:4 46:4,18 48:21 49:12,14 52:5 66:22 71:4,22 72:10 73:20	healthier 16:23 hear 4:10 7:3 8:22 15:14 32:13 70:19 heard 21:17 70:14,19,22 hearing 1:6,9 4:20,21,23 7:2 7:16,17 42:8 84:12,16,21,24 85:1,5 86:8,10 86:14 hearings 7:19 heart 18:10 22:7 39:9 heartbreaking 38:23 hearts 79:22 height 25:8 heightened 54:24 hello 55:14 60:9 63:13 help 13:1,18 16:7 30:7 34:13 37:9,10 43:17,18 44:12 46:3 48:4 52:7 65:15 81:10 helpful 24:12 helping 48:20 helps 12:17 25:4 39:19 41:18	hereunto 86:18 hi 32:19 57:18 60:9 78:17 high 14:21 23:23 24:12 48:5 53:11 58:13 68:12 69:21 80:4 higher 25:7 40:1 59:16 81:21 highest 79:15 highlight 17:22 58:1 hiring 27:22 historical 12:8 hit 22:19 hold 79:22 84:17 holding 4:21 home 23:17 24:9 39:9,19,21 40:15 41:8 43:1,3,7,22 44:6,14,15 45:10,18 48:4,7 56:17,20 60:24 61:18 63:19 66:24 67:17 68:1,8,14,17 75:9 76:21 83:11 homelessness 56:12	homes 35:6 45:8,11 46:5 63:3 67:13,19 67:22 68:10,21 68:24 69:5,11 honestly 64:10 honor 47:13 honored 17:20 hooper 70:11 hope 15:2 70:1 82:4 horror 61:8 hospice 66:24 hospital 5:24 6:3,9 11:18,19 11:24 13:2,10 13:18 14:11,13 16:6,12,17,18 18:2,17 19:21 19:22 20:11,19 20:22 21:23 22:3 23:3,5,14 23:23 25:4,11 26:16,22 27:24 29:21 31:6,10 31:16 32:4,21 33:13,14,16,20 34:18,19 35:14 35:15,19 36:8 36:10,17 38:2 38:20 40:14 41:7 44:5 45:1 45:6,8 46:20,20 46:24 48:2 49:6 53:17,18
---	---	---	--

<p>53:20 54:7,14 56:1 57:10,24 58:10,20,24 60:11,13,21,24 61:4,11,16 62:5 62:6 64:2,3,10 64:12 65:5 67:8 69:18 72:23 73:7,9,17 75:16 76:2,17 76:22 77:1,21 77:23 78:3,9 81:17,20 82:17 82:21 83:1,3,4 83:6,13 hospital's 31:21 36:12 hospitals 12:14 21:19 23:21 28:13 49:21 81:6 hour 45:16 76:6,7 house 33:23 housing 53:24 63:4 hub 31:8 huge 33:24 human 27:18 33:7 46:15 humans 43:10 hundred 20:14 husband 42:9 43:22 45:24</p>	<p>hypertensive 40:24</p> <p>i</p> <p>identity 11:6 36:19 iii 2:6 19:8 illnesses 53:13 illustrated 19:23 imagine 61:8 imagined 6:2 imaging 6:10 49:9 immediate 31:23 48:16 59:19 61:14 62:3 immediately 51:18 62:21 73:15 immense 77:10 impact 6:22 13:6 15:24 17:23 18:21 19:21 45:5 52:18 53:24 66:14 70:16 72:14 73:2,13 74:2 76:4 impacting 12:1 impacts 39:19 79:7 impending 41:3 implement 29:24 58:23</p>	<p>implications 11:1 importance 19:19 45:18 important 18:18 40:18 46:6 72:9 83:2 importantly 51:13 impose 29:2 imposing 24:4 74:13 improve 7:12 37:4 59:12 improved 13:8 improvement 15:5 76:14 improves 75:20 improving 41:16 74:9 inadvertent 74:11 inaudible 17:5 80:13 include 80:10 included 47:7 71:12 includes 45:7 69:17 including 5:22 6:18 14:3,19 34:9 36:7 44:24 46:5 63:6</p>	<p>inclusion 53:5 income 35:5 inconvenient 50:23 increase 26:2 increased 76:2 increasing 11:12 12:5 40:23 increasingly 42:22 71:18 incredibly 30:14 36:21,24 48:17 indirectly 86:17 individuals 10:6 37:11,12 56:8,20 industrial 33:2 inequities 12:7 inequity 28:11 inevitable 73:1 infarction 41:4 infection 83:8 infirmity 43:12 information 7:3,9 10:2 47:18 informed 30:21 infrastructure 72:21 74:12 inherent 46:17 initiative 16:22 37:18 53:15</p>
--	---	---	--

58:4 initiatives 54:13 injured 62:18 injuries 61:7 innovate 23:12 inpatient 5:17 5:19 6:6 10:19 13:4 14:11 15:23 17:12 25:5 26:17 29:19 36:11 37:8 39:1,7,14 40:6 51:14,21 52:11 55:24 58:21 59:11 65:9 66:9 76:2 76:8,16 82:23 83:17 input 47:18 insecurity 56:11 insight 71:15 institutions 48:24 instructions 22:20 instructors 30:12 instrumental 38:5 insurance 62:10 80:15 insurances 62:9	integral 53:18 integrated 30:23 34:19 integritus 66:22 intended 7:5 72:12 intending 5:11 intends 22:15 intent 25:23 33:12 intentionally 29:24 interested 7:4 86:16 internal 48:3 interventions 51:16 54:11 invaluable 24:7 27:13 31:20 invariably 67:10 invested 21:4,6 investing 49:21 investments 69:12 invincible 43:11 invite 10:8 invited 15:10 involved 63:22 irrefutable 27:7 irreplaceable 71:21	issue 45:14 62:11 issues 17:22 42:17 51:8 56:11 61:7 63:24 72:12 79:4 iv 76:18 j jackie 2:13 42:4,6 james 2:9 29:9 29:11 jason 2:15 50:6 50:8 jennifer 2:4 15:12,17 jeopardize 70:24 job 35:10 78:11 jobs 18:6 35:3 jodi 3:3 78:15 john 2:6,10,23 17:14 19:8,10 32:17,19 74:19 74:22 join 34:16 84:11 joining 4:14 joins 84:6 jones 2:21 66:19,20,21 journey 32:1 37:23 51:24 53:19 55:2	justification 6:19
			k
			karen 22:15 keep 43:3 76:10 84:5 keeping 26:20 43:1 kelley 4:18 kelly 22:15 key 6:23 16:23 28:12 71:12 kind 30:16 knew 64:16 know 9:20 18:1 44:24 45:24 65:18 67:8 83:13 knowing 31:19 33:15 34:1 knowledge 83:5 86:12 known 33:13
			l
			lab 30:12 60:12 labor 47:11,14 69:19 80:10,24 lack 39:20 40:11 51:2 landscape 11:4 18:23 47:3 lane 33:19 large 11:12 20:9 63:1

larger 32:8 largest 66:23 77:21 lastly 54:14 late 44:1 45:19 launched 30:17 law 34:6,6 lead 13:8 70:1 leader 63:22 leaders 32:6 leadership 13:3 36:13 learn 37:15 learned 27:17 learning 7:20 31:3,9 leave 61:20 left 8:22 32:14 length 9:8 lengthy 9:4 letters 14:3 letting 78:18 level 21:18 23:22,23 24:13 24:24 25:7 26:21 27:3 40:1,14 49:6,8 53:11 79:15,15 81:21 levels 27:10 liberal 20:3 29:14 30:19 35:1 49:2 license 5:12,24	licensed 69:13 life 31:11 48:8 56:8,22 63:23 75:5 79:19 life's 66:12 lifeline 12:20 36:16 lifelong 15:17 likely 27:9 39:17 40:18,19 69:20 likewise 61:22 limit 8:20 limited 6:19 11:15 39:22 81:2 limiting 81:10 line 8:2 9:23 22:23 25:17 29:9 32:18 35:24 38:12 42:4 46:11 50:6 52:24 55:13 57:17 60:8 63:12 66:19 70:9 74:20 77:17 78:16 82:11 84:5 link 12:4 lipa 2:10 32:18 32:19,19 listening 35:17 live 44:7 47:24	lived 42:13 lives 42:15 55:22 56:16 61:11 living 56:15 63:3 66:24 local 14:23 16:12 20:4 24:20 26:22 34:10,17 35:6 37:17,24 40:6 44:18 47:3 48:23 50:17 56:21 71:13 72:17,20 76:1 77:23 82:18 locally 34:3 35:4 locals 33:13 located 29:15 73:6 location 24:14 52:10 72:24 77:6 logistics 7:18 7:20 long 26:7 27:15 29:3 33:19 43:2 50:20 55:2 59:16,20 68:21 69:1 70:14,18,24 71:13,20 72:4 72:13,17,21 80:17 81:9	look 57:1,6 looking 20:9 loss 11:19 36:15 lot 44:11 65:11 66:3,4 83:10 lou 2:12 38:11 38:14 love 43:21 loved 31:23 37:21 45:17 62:7 loving 79:14 low 27:6 lower 27:10 lpns 49:8 lucrative 71:24 lucy 1:15 4:15 lundy 70:11 lynn 77:19
m			
maccap 28:17 macksey 2:4 15:12,13,16,17 17:13 made 7:13 14:12 20:22 21:11,17 22:13 30:23 mail 9:13 main 39:24 maintain 28:9 36:21 69:4 71:9			

maintaining 46:17 71:16 80:17 major 36:19 37:9 41:6 65:23 72:12 make 10:10 16:7 17:8 35:18,18 43:14 57:10 76:4 82:5 makes 40:7 making 58:21 69:11 80:3 man 42:18 manage 8:3 managed 41:3 management 75:23 manager 38:17 74:24 manner 58:11 marascio 86:5 86:22 marie 2:20 63:12,14 mark 2:5 17:4 17:5 markedly 40:24 market 49:17 68:3 74:2 marketing 79:21	marlborough 9:16 marriage 86:15 married 42:12 mass 25:20 massachusetts 1:3 4:7 7:10 9:14,16 10:17 12:2 14:19 17:3,19,24 19:7 20:2 22:14 29:13 33:5,21 34:24 38:15 46:14 49:2 53:3 57:20 68:19 70:13 72:5 77:20,22 81:3 86:2,7 matter 86:17 maximizing 71:23 mayor 15:11,12 15:19,20 17:13 19:12 20:18 36:6 mccann 49:3 mccann's 35:2 mcla 20:2 29:23 31:18 32:2 mean 33:18 34:4,9,15,18,21 34:23 35:4,8,10 56:17	meaney 2:23 74:20,21,22 means 11:2 28:19 32:14 39:7 66:10 meant 83:6 measures 46:3 median 49:17 medicaid 27:6 28:13,16 59:8 67:22 68:20 80:14 medical 5:21 6:3 16:10,13,19 24:17 25:6 34:14 36:16 45:9 49:8 50:10,12 64:23 75:2,9 76:8 medically 68:14 medicare 27:4 27:9 28:12 59:8 68:22,24 80:14 meeting 8:4 14:4 47:17 meetings 7:14 member 23:6 36:4 41:8 77:24 78:1 members 22:24 30:22 50:18 52:4 54:3 55:21 56:3,14	57:4 62:3,6 71:2 72:6 mentally 61:12 mention 18:8 65:20 mentioned 80:14 merits 74:4 mi 41:4 michelle 3:4 82:11,13 mile 61:5,5 73:6 miles 44:6 mill 11:7 million 67:23 millions 21:6 mimi 63:20 mind 31:20 mine 66:10 minute 9:5 33:22 44:7 51:7 68:1 minutes 8:20 8:23 10:1 20:13 32:13 44:15,15 84:3,6 84:12 mission 31:6 37:5 53:6 55:20 57:1 67:2 79:13,17 79:24 80:2 mitigate 72:20 73:13
---	---	--	---

mixed 6:6 mna 47:7 model 52:14 moderated 8:2 moderator 8:3 9:1 mom 63:20 64:3,18 65:4,12 65:20 66:5 moment 60:20 moments 66:13 monday 84:14 84:23 money 62:14 69:14 month 32:20 monthly 7:13 months 43:19 mother 34:6 60:18 mount 78:19 79:9 mouth 81:14 move 20:20 21:24 47:19 57:23 moved 44:12 multiplier 18:9 municipalities 75:3 municipality 77:22 mute 9:1 muted 8:13	myocardial 41:4 n n 2:1 3:1 4:1 name 4:6 8:15 15:17 25:19 29:11 32:19 36:2 38:13 42:5 53:2 60:9 63:13 66:21 74:21 77:18 82:13 narh 38:21,22 nation 29:22 national 6:13 12:3 nationally 29:14 native 63:21 natural 31:11 navigate 41:14 nbcc 55:18 neal 17:20 21:3 21:21 22:12 nearby 26:24 65:19 83:1 necessary 26:24 27:22 28:9 30:3 50:23 51:17 80:11 necessity 37:24 70:21 need 1:9,13 4:9 4:11 6:19 8:14	9:14 12:11 14:12 23:22 24:13 26:20 33:11 34:13 39:24 40:8 43:17,18 44:17 45:22 54:3 62:5 65:5 69:9 74:5 80:19 83:13 needed 13:12 41:5,8 44:3 60:16 64:16 80:1 needing 64:21 83:4 needs 11:10 14:11 21:12 24:16 25:7 43:23 48:17 59:19 61:13,23 65:13 71:5,19 72:3 80:9 81:15 negative 26:5 neighborhood 33:17 net 69:1 never 43:6 new 18:6,16 29:5,20 30:14 47:1,15,15 54:6 56:1 57:9 58:22 69:18 78:12	newly 27:16 news 45:3 newspaper 20:5 nightmare 60:18 nonprofit 79:10 norfolk 86:3 north 5:17,23 6:2 10:20 11:3 11:5,8,17 13:1 13:5,16,24 15:12,18,21 16:5,24 17:6,12 17:16 18:11,16 19:11,19,21 20:19 21:7 22:9 23:9 24:11 25:12 27:24 29:12,15 29:20 31:5 32:3,21,23,24 33:12,17,23 35:13,19 36:3,6 36:8,10 37:8 38:15,16,19 39:12 40:10,16 41:10,19 42:8 42:14 45:1 46:19,23 47:1,5 47:24 48:2 49:20 50:14 51:10,22 52:15 53:17 54:6,21 54:23 55:17
--	---	---	--

56:1 57:9,24 58:9,12,15,18 58:22 59:7 60:2,11 62:12 63:14,15,21 64:2,12,19 65:10,21 66:9 68:11 74:22 75:17 76:17 78:3,5,5,9 79:5 82:14,17 83:14 83:17 northern 5:19 10:20,23 14:10 15:6 17:6 18:2 19:15 20:10,24 21:7 22:9 26:3 32:8 33:1,3 34:15 41:20 44:23 45:14 46:4 50:14 52:15 53:10 55:16,21 57:5 57:11 59:4 60:3 65:3,24,24 67:19,24 68:10 68:16 69:5 75:1,3 76:5,12 77:3,6,12 78:22 notary 86:6,22 note 37:22 noted 68:20 73:22 notice 8:8	november 9:10 nuances 67:9 number 42:16 47:23 71:24 72:18 81:24 numerous 14:3 60:23 nurses 18:6 34:22 49:5 69:10 nursing 23:21 26:13,15,18,21 26:23 27:1,3,5 27:8 28:4,7,18 30:15 38:20 42:10 43:7 44:5,13,14 45:8 45:9,11,18 46:5 49:5,7 63:3 66:24 67:13,16 67:19,21 68:1,8 68:10,17,21,24 69:5,8,11,21 73:6 76:21 78:21 81:5,18 81:19 83:11	86:19 offer 13:11 18:5 19:4,18 24:10 28:3 51:10 offering 31:2 40:14 80:18 offers 15:3 31:10 46:21 59:16 76:2 office 21:15 officer 53:5 57:21 officially 84:20 officials 10:4 15:11 officio 23:6 offset 27:6 ogiste 2:15 50:6 50:7,8 okay 15:14,16 84:2,20 old 63:20 82:17 once 55:24 ones 31:23 45:17 ongoing 76:14 onset 41:12 80:20 onsite 77:1 open 6:7 9:23 22:23 25:17 29:9 32:18 35:24 38:12 42:4 46:11	50:6 52:24 55:13 57:9,17 60:8 63:12 66:19 70:9 74:20 77:17 78:16 82:11 84:5 opened 58:21 opening 13:17 29:20 60:13 operate 52:9 operating 6:8 operation 20:7 34:2 76:3 operational 70:15 operations 28:10 73:10 operator 4:2 22:20,20,22 25:14,16 29:6,8 32:15,17 35:21 35:23 38:9,11 42:1,3 46:8,10 50:3,5 52:21,23 55:10,12 57:14 57:16 60:5,7 63:9,11 66:16 66:18 70:6,8 74:17,19 77:14 77:16 78:13,15 82:8,10 83:21 83:24 84:17 85:2
	o		
	o 4:1 objectives 74:8 observation 41:5,15 61:14 observed 40:10 obtain 5:11 october 1:20 84:14,23 86:9		

opinions 7:3 opioid 37:17 79:2 opportunities 11:15 13:16,23 16:16 18:5 23:12 31:1 34:21 46:17 49:15,18 62:24 opportunity 10:4,18 15:3 19:18 25:21 33:9 38:24 39:2 42:7 46:21 47:22 58:23 69:24 76:1 82:3 opposing 70:20 optimal 52:12 optimistic 16:15 18:20 38:1 option 24:9 66:6 options 13:11 orally 9:18 order 4:22 48:3 organization 18:10 67:6 organization's 37:4 organizations 32:24 original 5:12	ouimette 3:3 78:16,17 outcomes 13:8 27:11 37:14 39:3,18 40:20 59:12 74:9 75:20 outdoor 42:18 outpatient 6:6 6:11 51:22 58:17 outreach 54:17 outside 68:16 outstanding 35:1 overall 11:3 15:24 54:4 75:23 overnight 53:16 61:13 overstate 75:7 overview 5:15 overwhelming 14:2 61:10 83:7 owed 62:14 own 34:17 37:23 43:22 44:22 48:22 60:18	pages 1:2 pain 39:10 40:24 41:13 61:6,6,8 pandemic 27:19 80:21 panel 59:4 parameters 70:22 parents 20:16 82:20 83:2,11 park 33:2 parkinson's 44:1 part 5:24 37:5 67:5 68:18,19 participants 1:17 85:3 participate 4:19 participating 84:15 participation 9:21 84:24 particular 79:8 particularly 12:6 18:13 37:15 parties 7:4 86:16 partner 30:6 partners 13:20 57:8 partnership 29:17 32:4	48:23 56:24 partnerships 49:19 54:16 parts 46:4 passionately 22:2 past 14:4 58:8 64:7,18 pat 46:12 path 49:14 pathway 48:18 49:4 pathways 31:11 patience 7:21 patient 13:12 15:4 40:17,22 40:24 41:2,8,11 52:14 54:6 59:4 61:4 62:15 77:2 patient's 51:24 patients 13:7 18:3 23:16,22 23:24 24:8,11 24:18,23 25:3 26:20 39:3,8,9 39:17,23 40:7 40:10,16 51:3,4 51:17 52:10 59:6,15 61:12 61:17 62:1 75:18 76:7,11 76:18,20,24 77:4 81:16
	<p>p</p> <p>p 4:1 p.m. 1:19 85:6 page 2:2 3:2</p>		

<p>patrick 2:14 46:11</p> <p>patterns 54:9</p> <p>paul 2:5 17:3</p> <p>pause 9:3 84:9 84:19</p> <p>paved 21:24</p> <p>pay 28:4</p> <p>peace 31:20</p> <p>people 8:21 35:8 43:8,9 45:17 60:23 66:3,4</p> <p>percent 47:4</p> <p>perfectly 31:6</p> <p>period 20:2 43:18 73:12</p> <p>periods 50:20</p> <p>permanent 20:21</p> <p>permitted 7:7</p> <p>permitting 26:11</p> <p>perpetuated 12:7</p> <p>person 5:10 7:18 33:7 62:10 63:7</p> <p>personal 37:22 63:16</p> <p>personally 40:9 83:12</p> <p>perspective 19:18</p>	<p>pertain 67:16</p> <p>pet 61:19,20,22</p> <p>phlebotomist 60:12</p> <p>phone 8:14</p> <p>physical 80:8,8</p> <p>physically 66:11</p> <p>physicians 13:9 60:15</p> <p>pipeline 30:8 49:12 69:12</p> <p>pittsfield 33:6 33:21 41:9 44:6 62:13,20 64:23 65:5,23 66:6 76:9 82:23 83:7</p> <p>place 47:12 56:1 62:21</p> <p>placement 24:20</p> <p>plan 8:1 53:20 73:12</p> <p>planning 6:20</p> <p>plans 48:12</p> <p>played 8:23 28:21 41:19</p> <p>playing 81:11 82:5</p> <p>please 8:15,16 9:9,19 22:19,21 25:15 29:7 32:16 35:17,22 38:10 41:24</p>	<p>42:2 46:6,9 50:2,4 52:22 55:9,11 57:15 60:6,20 61:2 63:10 66:17 70:7 74:18 77:15 78:14 82:9 84:17,18</p> <p>pleased 17:10 36:9 37:15 47:8</p> <p>plus 28:14 67:18 68:2</p> <p>pneumonia 39:9</p> <p>point 53:21</p> <p>policemen 62:17</p> <p>policies 70:4</p> <p>policy 12:11 67:9,16 68:23 74:1</p> <p>pool 80:24</p> <p>poor 37:13 76:11</p> <p>poorer 27:10</p> <p>population 19:24 40:17 53:12 63:1 71:19 81:1</p> <p>populations 59:10</p> <p>portfolio 48:18</p> <p>portion 11:13 59:6</p>	<p>positions 18:16 47:1,6,15</p> <p>positive 15:23 39:18 40:20</p> <p>possibility 13:17 55:23</p> <p>possible 30:24 43:23 75:15</p> <p>post 24:15,20 27:21 51:18 72:20,23 80:19</p> <p>postal 9:11</p> <p>postponing 48:12</p> <p>potential 14:6 45:10 52:6 74:11 76:4</p> <p>potentially 28:5</p> <p>poverty 37:13 53:11 56:9</p> <p>power 39:6</p> <p>ppe 30:13</p> <p>practical 16:12 26:19 31:4</p> <p>practices 50:11</p> <p>prefer 52:9</p> <p>prepared 36:15</p> <p>preparing 7:9</p> <p>presence 31:15</p> <p>present 9:5 10:1 45:20 66:11 76:19</p> <p>presentation 10:3 71:4</p>
---	--	---	--

<p>presented 9:18 23:12 40:22</p> <p>presents 47:22 68:9</p> <p>preserve 25:4 29:3</p> <p>president 10:9 10:13 29:13 46:14 66:22</p> <p>press 8:5 41:24 50:2 55:9</p> <p>pressing 54:18</p> <p>prevent 59:13 60:14</p> <p>previously 48:1</p> <p>pride 79:12</p> <p>primary 21:14</p> <p>prior 6:8 38:20</p> <p>priorities 14:18</p> <p>prioritized 16:5</p> <p>priority 21:11 43:2</p> <p>private 80:14</p> <p>privilege 67:5 74:23</p> <p>proactive 52:13 54:2 58:11</p> <p>problem 62:4 65:23 72:14 82:22</p> <p>problems 7:23</p> <p>procedure 50:24</p> <p>procedures 36:13</p>	<p>process 6:15,20 7:19 9:22 70:1</p> <p>processes 12:9</p> <p>professional 18:10 86:5</p> <p>professionals 18:7 30:8 52:5</p> <p>profit 28:14 66:23 67:18 68:2 80:3</p> <p>profound 14:6 18:20 52:18</p> <p>profoundly 12:8</p> <p>program 1:13 4:9,11,12 5:10 6:16,24 7:8 21:23 23:14,18 23:20 28:16 30:1,15</p> <p>programs 13:21 48:18 49:4,11 54:17</p> <p>progress 16:21</p> <p>progressed 42:22</p> <p>project 5:14,16 5:16 6:1,12,20 7:5,12 10:2,11 11:1 12:22 14:7 15:2 17:11 18:21,24 21:24 22:4,8 24:10 25:10 26:5 29:5 32:3</p>	<p>37:2 41:17,21 46:24 47:22 49:21 51:19 52:12 54:21 56:4 57:9 59:22 66:14 70:17,20,22 72:8 74:3,5,14 77:9</p> <p>prolonged 19:17</p> <p>promises 51:20</p> <p>promising 31:12</p> <p>promote 4:23 15:4 39:2,6 40:3</p> <p>proposal 12:24 14:10,16 51:8 57:23 83:16</p> <p>proposed 5:16 6:1,12 7:4,12 10:2,11 17:11 29:19 37:16 70:17 74:3,14</p> <p>prospect 48:10 65:9</p> <p>prospective 31:17</p> <p>protested 64:14</p> <p>proud 30:14 36:24 48:17 53:3</p> <p>provide 5:15 10:3 14:20</p>	<p>16:17 23:15,21 47:18 51:21 59:1 60:14 62:24 72:22 73:11 75:14 80:6,11 81:8</p> <p>provided 19:17 23:19 31:1 36:17 40:2 58:16 69:1</p> <p>provider 66:23 75:1</p> <p>provider's 52:1</p> <p>providers 68:12 71:14,15 75:10</p> <p>provides 39:1 81:20</p> <p>providing 24:22 30:11 34:3 39:18 56:6 79:1 80:4 81:16,22</p> <p>psychological 34:1</p> <p>public 1:4,6,9 1:15 4:7,13,23 7:2,10 9:15,24 10:17 14:4,17 14:22 19:16 22:18 23:1 29:14 42:8 74:9 84:12,16 84:21 85:5 86:6,8,10,14,22</p>
---	---	---	--

purposeful 67:4 pursuant 4:24 put 8:6 26:13 43:6 46:6 79:20 83:9 putting 50:21	range 47:6 rapidly 41:3 rates 12:5 28:4 69:9 81:4 rather 39:12 49:7 reach 16:13 54:15 readily 31:19 ready 75:21 real 30:24 31:10 35:3 68:9 reality 16:8 35:19 57:12 58:22 81:21 realize 45:18 really 11:1 64:24 65:7 79:11,21 realm 50:16 reason 12:21 41:6 reasonable 73:11 reasonableness 6:22 reasons 21:14 28:12 60:23 61:1 rebirth 35:18 rebuild 36:23 recap 67:14 receipt 5:2	receive 24:14 39:11 52:10 59:15 61:14 63:4 75:19 76:22 77:5 81:17 received 14:3 64:4,20 71:14 recent 38:23 58:19 recently 39:4 recognition 18:18 recognize 17:18 54:8 77:10 79:3 recognized 29:14 recognizing 83:18 recommenda... 7:10 reconsider 46:2 record 8:18 86:13 recorded 8:4 recovered 20:8 recruit 48:20 52:7 69:9,16 recruited 27:14 recruiting 34:11 recruitment 31:22	redd 2:16 52:24 53:1,2 redevelopment 11:8 33:1 reduce 39:19 48:19 59:12 75:17 76:9 reduced 45:20 reduces 48:7 52:1 reducing 38:3 reestablish 57:24 reestablishing 83:19 refer 4:11 reflect 60:20 reflected 48:6 refuse 60:23 61:17 62:1 reg 32:22 33:13 34:2 35:14 regardless 9:8 regards 21:1 region 10:23 11:20 13:3 15:1,7,24 18:12 21:9 28:6 30:16 37:12,19 41:20 45:2,7 46:18 55:21 57:12 58:3 59:21 75:4 region's 48:21 71:1
q			
quality 28:18 31:19 34:3 55:22 56:21 58:13 59:15 68:12 69:21 80:4,11,16 81:9 question 7:6 questions 7:6 19:4 queue 8:3,7,8 55:5,7 83:23 84:1,6,11 quick 40:21 quickly 9:13 75:15 77:8 quinn 2:12 38:12,13,14 quote 71:8			
r			
r 4:1 86:1 radius 73:7 raise 35:11 raised 32:22 82:14 raises 20:16			

regional 5:24 6:2 11:18 13:2 16:6 18:17 19:22 20:19 27:24 29:21 31:5 32:4,21 33:4,12 35:14 35:19 36:8,10 38:19 45:1 48:2 53:17 54:7 56:1 57:9 57:24 62:12 64:2,12 70:18 78:3,9 82:17 regions 12:6 54:23 registered 49:5 regulations 5:5 5:13 6:15 rehabilitation 42:11 44:14 reimburse 28:13 reimbursed 67:22 68:2,4 reimbursement 12:17 67:17,20 68:7 69:3 81:4 reintroduce 17:11 reintroduction 51:9 reinvigorating 21:10	reinvigoration 45:5 related 42:17 74:7 relating 11:14 relationship 40:16 relevant 7:8 reliance 43:12 relied 69:22 relieve 65:15 relocate 20:9 35:9 rely 27:6 remain 47:11 remains 11:8 14:15 remarks 9:6 remember 60:21 reminder 32:12 41:23 50:1 55:8 84:13,21 renaud 1:12 4:3,5,6 15:9,15 17:2 19:6 22:11 25:14 29:6 32:11 35:21 38:9 41:23 46:8,12 50:1 52:21 55:4 57:14 60:5 63:9 66:16,21 70:6 74:17 77:14	78:13 82:8 83:21 84:2,10 84:20 renovate 35:7 reopen 32:3 33:12 39:1 46:19 reopened 20:7 35:14 reopening 15:22 16:11 19:20 31:5,21 33:24 53:16 67:7 78:8 rep 21:20 repercussions 50:15 report 12:10 14:14 reporter 86:5 represent 4:6 78:4 representation 17:15 representative 17:14 19:7,13 representatives 22:14 represented 78:2 represents 16:18 47:4 request 10:6 72:17 73:3,24	requesting 72:7 require 45:15 required 41:14 64:9 requires 5:10 requiring 76:18 reserved 39:23 reshaping 32:6 reside 19:10 42:8 residence 8:16 38:14 resident 15:18 23:2 27:5 28:18 29:12 36:3 42:9 46:13 50:8 53:2 55:17 57:19 63:14 74:22 77:19 81:1,12 82:15 resident's 16:4 residents 11:11 13:14,24 16:9 16:18 18:6 26:3 35:5 37:10 41:18 44:21,23 45:14 58:12 68:15 69:2 71:1,22 80:12,19 resilience 16:21 resolve 7:23 resource 24:7 44:19
---	---	---	--

resources 13:12 25:5 33:8 38:1 39:17,23 40:12 46:15 54:3 58:6 73:3 75:8 75:24 76:14 79:16 80:1 respect 47:15 respectfully 72:7 respiratory 49:9 60:19 61:7 83:9 respond 75:13 77:7 responsible 76:20 restoring 22:6 result 11:18 26:14,20 70:4 retain 28:9 52:7 69:16 retains 81:9 retired 33:7 39:4 retirement 48:11,12 return 5:17 16:18 22:3 29:19 returned 21:15 44:9 returning 5:18 13:4 45:2	reveal 67:14 revenue 27:9 69:19 revenues 68:22 68:24 review 7:19 74:2 reviewed 5:3 revitalization 18:1 revitalize 13:18 revival 16:5 38:2 rewarding 34:7 richard 2:11 17:20 21:3,21 22:12 35:24 36:2 richmond 57:20 ride 33:19,22 62:11,13 right 24:24 25:1 31:13 39:11 51:11 58:13 62:6 65:10 75:16 83:1 rights 18:18 risk 28:8 43:24 46:7 road 33:19 robert 4:16 robust 34:13 49:17	rodowicz 2:3 10:9,12,13 role 21:21 64:1 71:15 75:12 roles 47:6 rolling 54:16 room 6:5 26:16 64:9 rooms 6:8 rooted 12:7 30:18 53:15 round 76:7 routinely 24:18 ruin 62:14 run 42:24 59:17 rural 12:1,6,19 12:20 13:11 17:23 23:8,16 51:3,4 68:19 83:20 ryan 2:22 70:8 70:11	save 21:18 61:11 says 71:4 scale 29:23 scarce 27:13 scheduling 50:24 school 20:15 35:2 49:3 science 30:15 sciences 30:1 scott 2:18 57:17 57:19 screening 53:21 seamless 34:19 seat 78:11 second 13:15 84:17 secondly 28:15 seconds 8:22 32:14 see 14:9 36:9 44:16 45:16,24 75:12 78:10 seek 40:7 seeking 20:20 seeks 29:3 seem 61:1 seemingly 73:1 seems 74:3 seen 48:9 51:1 seiu 47:7 77:24 78:1,2 self 59:1
		s	
		s 4:1 sacrificing 72:2 safe 43:1 safer 76:11 safety 42:23 43:24 69:1 75:23 sanctity 79:19 satellite 5:21,22 6:9 20:7 38:18 39:13	

semblance 34:2 senate 17:9 senator 17:3,5 sending 19:1 senior 25:20 66:24 70:13 72:5 seniors 11:11 sent 9:14 44:5 september 5:6 39:5 septic 51:5 serious 61:7 62:11 serve 19:12 29:12 31:7 36:24 52:5 53:4 54:12 57:20 59:6 63:1 76:6 80:5 served 19:11 36:5 service 9:11 18:7 19:16 75:10 80:6 services 5:19 5:22 6:10,11 12:18 16:8 26:3,7,9 27:19 29:4 36:23 39:1 45:2,7,19 46:4 51:11,13 58:18 62:16 67:1 71:1 72:4 75:2 77:11	79:2 serving 48:10 62:18 68:12 74:23 82:6 session 7:6 set 6:18 49:16 86:18 several 20:14 64:8 severe 28:8 severely 27:6 share 11:2 29:16 33:9 40:21 42:7 47:8 63:16 shared 14:5 57:10 79:18 shares 17:15 shift 25:2 68:23 short 8:12 23:16 24:23 35:12 41:1 shortage 29:23 69:7 shortages 73:21 shortfall 67:23 68:22 shortly 58:18 shown 58:2 siblings 64:1,24 65:11 sic 84:14 sick 71:18 sicker 51:7	signal 53:14 signature 86:21 signed 84:3,4 significance 75:8 significant 11:9 18:4 21:21 31:17 47:2 51:20 56:4 59:5 76:4 significantly 45:20 silence 8:12 similar 24:10 81:17 simply 27:1 64:15 single 27:20 77:5 sisters 34:5 site 20:13 38:16 79:21 sites 65:3 skilled 23:21 26:18,20,24 48:21 49:7,12 73:5 78:20 81:5 slight 9:3 snf's 73:15 snfs 73:3,12,22 social 13:15 15:5 24:13 39:20 40:13 53:21	socioeconomic 11:14 53:23 sole 75:1 solicit 73:4 solution 16:12 solutions 12:11 70:2 sooner 75:22 sound 8:22 south 23:9 southern 34:16 65:4 75:4 space 6:6 30:11 30:13 span 47:6 56:9 spans 24:15 speak 8:17 10:7 22:18 78:19 82:4 speaker 2:2 3:2 8:11,13 9:2 15:11 17:3 19:7 22:21,22 25:15,16 29:7,8 32:16,17 35:22 35:23 38:10,11 42:2,3 46:9,10 50:4,5 52:22,23 55:10,12 57:15 57:16 60:6,7 63:10,11 66:17 66:18 70:7,8 74:18,19 77:15 77:16 78:14,15 82:9,10 84:3,4
--	---	---	---

84:18 speakers 8:19 9:3 83:22 84:1 speaking 8:4 70:12 79:9 speaks 67:3 special 61:13 61:23 specialties 34:23 specialty 50:11 specifically 26:10 48:24 spent 82:18 spina 2:19 60:8 60:9,10 spiritual 80:8,9 81:15,15 ss 86:3 st 2:18 57:17,18 57:19 stability 11:23 36:18 54:1 82:2 stabilize 46:3 stabilized 39:12 stable 21:8 staff 5:3 23:3 27:14,22 28:9 30:12 34:11 40:23 44:21 47:15 69:8,13 69:16 73:5,14 73:18 76:11 80:16	staffing 27:10 29:23 72:15 73:2,13,19,21 80:21 stakeholders 71:13 stand 52:17 standard 60:2 standards 6:18 48:5 79:15 star 8:5 22:19 42:1 50:3 55:9 stark 28:15 state 14:14,23 17:5 19:12 21:18 80:24 state's 28:15 state.ma.us. 9:12 statehouse 17:17 statement 10:10 67:3 statements 84:7 stating 8:15 status 25:3 26:18,18 75:23 statute 5:5,9 6:14 stay 83:6 staying 24:1 stays 64:10 step 16:23 37:3 52:13 53:18 54:2 55:2 56:5	stewardship 14:8 58:5 79:16 story 11:24 40:21 strained 73:2 strategic 37:4 streamlines 51:23 street 9:16 strengthen 30:7 strengthening 49:19 stress 83:10 stressed 71:7 strive 57:10 strong 49:15 strongly 15:22 41:20 66:2 83:16 stroudwater 14:14 struggle 56:9 struggled 20:8 struggling 37:13 42:16 student 30:12 students 20:3 20:12 30:20 31:2,10,18 32:8 34:12 35:3 subacute 6:5 81:22 submit 9:6,9 22:15 78:6	submitted 4:24 14:9 22:12 28:24 substance 11:15 37:23 38:6 54:20 56:12 success 21:17 sudden 36:15 36:18 suffered 44:1 suffering 60:14 61:6 sufficient 59:1 suggest 9:4 suggestions 47:19 suggests 69:9 suicidal 61:12 summary 9:5 32:2 summer 14:5 support 13:23 14:2 16:22 17:10,18 18:7 22:8 25:10,23 30:10,11,17 35:6 37:24 39:6 40:13 41:17,21 56:7 57:8 59:24 67:7 76:18 77:9 78:8,24 79:5 83:16
---	--	--	--

supported 25:8 supporting 29:5 37:16 38:3 supportive 33:10 57:3 supports 32:3 surgeon 50:9 51:1 52:8 surgeons 52:7 surgery 50:22 surgical 6:3,6 45:9 50:11,17 51:11,18,22 52:11 79:1 surprise 36:12 surrounded 24:1 surrounding 13:24 17:16 18:12 51:23 survive 45:22 sustain 36:23 45:12 72:9 79:23 sustainability 14:8,24 49:22 58:3 59:21 71:6 72:1 80:3 sustainable 14:21 swing 6:5 23:20 24:6,21 25:3 26:12,15,19 45:9,13 67:17	67:18 68:8,23 69:3 71:24 72:19 77:1 79:8 81:10,24 switch 26:17 symbolizes 16:19 symptoms 40:9 41:2 system 7:21 13:19 24:5 30:10 34:20 48:6 70:18 75:23 system's 53:4 systemic 56:10 systems 1:8 5:1 5:7 6:17 10:10 10:14 12:8 18:14 20:6 21:4,5 23:4 28:20 29:18 30:6,18 31:2 32:5 33:11 35:16 36:22 37:1 46:16 50:10 56:5,23 57:7,22 76:14	69:14 78:18 taken 64:1 83:14 86:8,10 takes 51:2 tangible 50:15 tara 2:8 25:16 25:19 targeted 54:12 taxpayer 78:1 teaching 30:11 team 24:2 44:3 60:1 65:14 teams 75:13,21 tear 76:10 technical 35:2 49:3 technicians 18:8 technologists 49:9 technology 30:2 telephonic 86:8 86:10,14 tell 43:8 ten 44:15 77:24 tend 40:10 tenure 19:16 term 23:16 24:23 26:7,16 27:15 29:3 59:20 68:21 69:2 70:14,18 70:24 71:13,20 72:4,13,17,21	80:18 81:9 terms 19:12 terrible 20:23 tertiary 40:1 testament 54:21 58:4 testify 8:6,9,10 25:22 41:24 50:2 55:9 69:24 84:4 testimony 9:4 22:12,16 42:7 text 9:6 thank 4:5,18 10:12,16 15:8,9 15:13 16:24 17:2 19:5,6 22:10,11 25:13 25:14,18,21 29:5,6,10 32:10 32:11 33:9 35:17,20,21 36:1 38:7,9 41:21,23 42:6 46:8 49:23 50:1,7 52:19,21 55:3,4,11 57:12 57:14 60:3,5 63:8,9 66:13,16 69:23 70:4,6 74:15,17 77:13 77:14,18 78:12 78:13,17 82:3,7 82:12 83:18,20 83:21 84:8,15
	t 86:1,1 table 78:11 tailor 54:10 take 7:8 33:18 43:13 55:2 60:20 65:6		

85:1 therapists 49:10 therapy 76:18 things 35:13 65:12 think 43:7 67:24 thinking 43:15 third 14:8 thought 45:23 81:20 thoughts 33:10 threat 68:9 threaten 26:6 73:15 three 8:20,23 9:5 12:24 32:13 34:5 thrive 45:23 thriving 16:2 57:11 tier 31:16 time 4:19 14:12 15:8 22:18 25:1,13 28:22 32:10 34:11 38:7 42:19 43:3,19 44:4,9 50:20 52:20 57:13 64:17 69:14,23 74:15 75:18 77:13 78:18,18 82:18 84:1,8 85:4	time's 8:24 timely 16:10 40:18 51:16 75:6 timer 8:23 28:21 41:18 times 48:8 52:2 timing 8:21 tirelessly 75:13 today 4:14 7:20 14:15 20:3,24 32:20 today's 85:2 together 27:17 57:2 told 8:7,11 43:6 toll 51:2 tomorrow 32:7 tonight 8:1 17:10,15 18:24 78:7 82:4 took 36:12 64:17 top 31:15 44:1 total 6:11 17:7 touch 53:20 touched 37:20 towards 16:23 52:13 55:3 56:5 town 8:16 11:7 38:14 50:24 towns 17:7 tract 83:8	tradition 30:19 train 30:3 35:3 48:20 49:4 trained 49:6 trainees 49:13 training 30:19 30:24 31:12 transcend 11:6 transcribed 8:5 86:11 transcriber 8:17 transcript 86:13 transfer 40:3 48:4 transferred 64:22 transfers 48:3 transformative 29:17 transforms 52:3 transition 47:19 73:12 transitional 24:8 transport 39:22 75:18 transportation 16:11 39:21 40:12 54:1 56:11 65:22 66:7 79:3	transported 39:14 transporting 76:20 77:4 travel 45:16 50:21,23 61:4 62:19 68:16 traveled 61:5 traveling 66:5 83:9 treatment 16:2 34:14 60:15 61:18 62:22 63:4 76:19,23 treats 44:21 tremendous 37:3 tried 43:2 trip 83:6 trips 64:9 76:7 true 14:15 86:13 truly 45:3 trust 61:21 trustees 23:7 36:5 try 55:6 turn 4:2 8:10 13:7 61:21 two 20:11 28:11 33:19,22 34:10 65:3 68:3 72:19 73:8 74:7 76:7
---	--	---	---

type 23:13 48:4 types 23:15 typically 27:3 65:5	unexpected 36:7 unintended 26:5 67:12 union 18:15 60:10 77:21 unions 47:9,17 unique 12:1 13:11 19:18 54:9 66:3 uniquely 17:23 unit 18:16 united 33:3 units 47:8,10 47:16 unlimited 28:2 unmute 8:14 unquote 71:8 unstable 51:6 untreated 50:19 unwavering 53:13 59:10 upcoming 7:13 upholding 18:15 upset 74:11 urge 22:7 52:18 77:10 urinary 83:8 urologic 50:9 use 6:4 11:15 26:11,19 29:1 37:23 38:6 53:20 54:20	56:12 67:16 68:8 73:18,22 used 26:16 using 8:2 utilize 58:6	visit 65:4,12 visited 44:8 vital 26:9 29:3 34:12 46:6 60:13 vocational 35:1 voice 78:11 voices 21:17 voicing 70:16 volume 1:1 volunteer 36:4 vulnerable 13:14 38:4 41:17 59:10
u	u.s. 21:20 unabated 73:20 unable 28:8 41:9 under 13:2,5 35:15 68:20 82:1,1 86:11 underfunding 27:7 underfunds 28:17 underlying 74:4 undermine 69:1,20 underscored 12:10 underscores 14:5,16 underserved 10:23 12:19 understand 10:24 28:21 53:14 54:9 understanding 14:6 16:3 59:3 understands 45:5 undiagnosed 50:19	v	v
		vacancy 69:9 valuable 63:18 71:14 value 6:11 14:21 24:10 59:16 79:24 83:18 values 9:20 79:17,21 various 23:15 24:19 36:14 63:24 vastly 28:17 vehicles 76:10 venture 78:12 vermont 33:20 65:4 75:4 viability 58:2 68:9 vibrant 18:9 42:17 vice 46:14 violence 56:13 virtual 7:17 virtually 4:22 virus 83:9 vision 10:19 16:6 52:17 57:11	w
			wage 81:8 wages 28:3 49:16 80:15 wait 52:1 waiting 40:8 wall 79:20 want 4:18 17:13 18:3 19:2 21:20 25:21 43:11 46:1 50:21 58:1 68:16 78:7,24 wanted 65:20 wanting 35:11 warded 41:4 way 21:24 33:3 37:20 43:15,17 44:7 62:19

ways 13:10,22 36:20	wisely 58:6	written 7:14 9:7 19:1 22:12 22:15 84:13,22
we've 14:3 20:8 48:9 70:14	wish 22:18	x
wealth 48:14	witness 86:18	x 2:1 3:1
wear 76:9	wonder 45:4	y
weather 66:7 76:12	wonderful 33:15	year 20:1,15 29:15
wednesday 1:20	word 81:14	years 14:13 19:23 20:4,5 21:12 22:3 32:9,20 33:6 36:6 42:13 43:19 56:16 58:8 63:20,23 64:7 67:6 68:13 69:22 73:9
welcome 10:11	words 36:9 79:20	young 35:8,10
welcoming 56:2	work 7:23 21:2 27:16 43:14 48:3,8 55:19 59:24 65:1,2,6 65:7 67:4	younger 34:4
wellness 15:6 37:6 53:9 55:18 71:10	worked 11:5 21:15 29:24 33:5 34:7 44:12 48:1 58:10 78:22	
went 46:1 64:18	workers 18:19 30:4 49:12 78:2,4,10	
western 17:24	workforce 27:22 33:5 46:18 48:13,21	
whereof 86:18	working 17:20 48:6 49:4 57:1 71:8 75:13 82:1	
wholeheartedly 25:10 32:2 37:2 77:9	world 30:24	
wide 11:20 29:23 71:16	worry 45:17	
widespread 16:7	worse 40:9	
wife 34:5	writing 9:7,19 28:24 78:7	
williamstown 42:10,14 44:13 44:20 68:11		
willing 41:12		
winter 66:7 76:11		
wise 79:16		