

March 15, 2018

Via Email (dph.don@state.ma.us)

Nora Mann, Esq.
Director, Determination of Need Program
Department of Public Health
250 Washington Street, 6th Floor
Boston, Massachusetts 02108

RE: DoN Project NEWCO – 17082413-TO
Written Comments to the Staff Summary Pursuant to 105 CMR 100.510(C)

Dear Attorney Mann:

On behalf of the Applicant parties to the above-referenced project we wish to thank the Department for your recognition of the value of the new integrated health care delivery system envisioned by the Applicant, and hereby submit the following comments on the proposed conditions contained in the Department's Staff Report to the Public Health Council dated March 5, 2018. Thank you in advance for your consideration of these proposed changes.

I. HSA TME (Other Condition #4):

While we understand the Department's focus on HSA TME as one indicator of system performance, as drafted the proposed condition does not take into account TME complexity as well as relative statewide market performance. Among others factors, TME is impacted by numerous forces that may be unique to and/or outside of the Holder's control, and further, may rise and fall over a period of years in response to internal factors, changes and investments that may take time to have a positive impact. What we believe is most relevant to the Commonwealth's interest, and what is consistent with the Holder's commitments, is the Holder's HSA TME performance in comparison to statewide provider performance measured over a reasonable period of time. Under the current language, by way of one example only, in a given year in which the statewide benchmark was 3.1, the Holder performed at 3.2 and the rest of the marketplace performed at 4.0, the Holder would be in violation of the DoN condition and therefore subject to the imposition of substantial financial penalties and revocation of the Notice of DoN, even though it had outperformed the rest of the marketplace to the benefit of the Commonwealth.

In order to provide for a more meaningful and robust understanding of the Holder's performance, we respectfully suggest that the HSA TME be used as the starting point from which a further review and evaluation would be commenced by the Department. If the Holder exceeds the HSA TME benchmark, the Department would first review the Holder's commercial average statewide relative price. If the Holder also does not demonstrate its high-value position pursuant to such additional measure, the Department would next commence an inquiry to review potential factors relevant to evaluating Holder's failure to meet either of these DoN conditions, including but not limited to factors unique to and/or out of the control of Holder; the Holder's performance on its other commitments; the Holder's performance in comparison to other market participants; and additional factors and metrics relevant to evaluating compliance with this condition.

We believe such a process better reflects the complex nature of HSA TME, ensures alignment with statewide performance, and allows for meaningful accountability.

The following (in bold) is proposed language for the Department's consideration:

"4. The Holder will ensure that the health status adjusted total medical expense (HSA TME) of the NewCo system does not exceed in any calendar year the health care cost growth benchmark established under M.G.L. c.6D, Section 9 for such year. If the Holder's HSA TME increase exceeds such benchmark, the Holder may instead demonstrate compliance with this condition if the Holder's commercial average statewide relative price (S-RP) does not exceed the commercial statewide average. If the Holder is unable to comply with either of such conditions, the Department shall conduct an inquiry to review factors relevant to an understanding and evaluation of the Holder's performance with respect to such conditions as are determined reasonable by the Department in its discretion and in consultation with Holder. Such factors shall include, without limitation: (i) factors unique to, and/or out of the control of, the Holder; (ii) the Holder's performance on its other commitments; (iii) HSA TME measured against other similar providers in the Massachusetts marketplace; (iv) HSA TME across years; and (v) additional factors and metrics relevant to evaluating compliance with this condition. The parties shall annually certify compliance with this section to the Department and provide any requested documentation to assess compliance."

II. Financial Penalties (Other Standard Condition 105 CMR 100.735(D)(3))

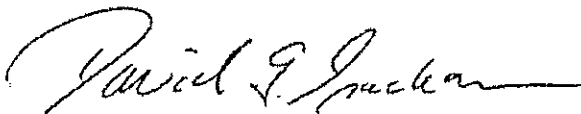
We propose that the Department set a reasonable, maximum penalty applicable to a proposed transfer of ownership consistent with the Department's May 12, 2017 Filing Fee Guidelines which provide a cap in connection with this category of applications. Without such interpretive guidance, the penalty calculation for a violation of the Department's proposed conditions would equal up to 5% of the agreed upon Total Value of \$5,323,154,000, or \$266,157,700.

We appreciate the Department's careful consideration of our application throughout this process and look forward to continued interactions in connection with the proposed project. Please contact us if you have any questions or if additional clarification is needed before the April 4, 2018 Public Health Council meeting.

Sincerely,



Jamie Katz
SVP and General Counsel
Beth Israel Deaconess Medical Center



David Spackman
SVP and General Counsel
Lahey Health

cc: L. Clarke
L. Conover

1199SEIU

United Healthcare Workers East
Massachusetts Division

108 Myrtle Street, 4th Floor • Quincy, Massachusetts 02171-1728
Phone: 617-284-1199 • Fax: 617-474-7150
Toll Free: 877-409-1199
www.1199SEIU.org

March 15, 2018

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Ms. Nora J. Mann, Director
Determination of Need Program
Department of Public Health
250 Washington St.
Boston, MA 02108

By email to nora.j.mann@state.ma.us

Dear Director Mann,

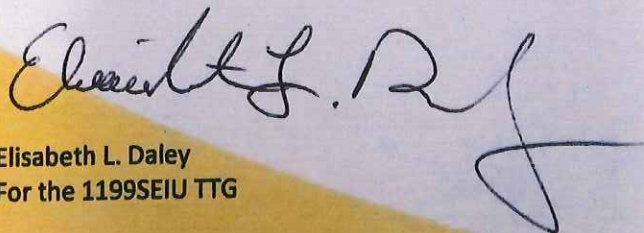
I am writing on behalf of the 1199SEIU TTG with some brief comments on the staff report to the Public Health Council related to DoN Project Number 17082413, the proposed affiliation of Lahey Health System, CareGroup, and Seacoast Regional Health System.

We are very disappointed that the staff report did not include any summary of the comments submitted by any of the four ten taxpayer groups that did not give testimony at the public hearings.

We would like to reiterate that we remain concerned about this transaction leading to higher prices and costs, and a loss of transparency and accountability due to consolidated reporting of financial information. In addition, we feel that the recommended conditions for approval have inadequate protections for community hospitals (particularly Anna Jaques and Addison-Gilbert) and have no provisions for structures and opportunities for the frontline workforce to be engaged and heard.

We would like to speak at the Public Health Council meeting on April 4 in order to bring these concerns to the attention of the Council. Thank you.

Sincerely,



Elisabeth L. Daley
For the 1199SEIU TTG

56 Washington Street
Gloucester, MA 01930
March 14, 2018

Nora Mann, Esq.
Director
Determination of Need Program
Massachusetts Department of Public Health
250 Washington Street, 6th floor
Boston, MA 02108

Re: Comments on **DON Staff Report on Application NEWCO-17082413-TO**
(Lahey Health System, Care Group, and Seacoast Regional Health System)
on **Public Health Council Agenda April 4, 2018**

Dear Ms. Mann,

I represent one of the Ten Taxpayer Groups in the above DON application and Partners for Addison Gilbert Hospital, a well-respected Cape Ann organization advocating since 1995 for the protection of essential services at AGH, the hospital upon which 36,000 residents of Gloucester and Rockport, and many more thousands of visitors, rely. Partners for AGH and most Cape Ann citizens who depend upon AGH were never consulted by the applicant as part of their "community engagement" process prior to the filing of their DON application. I am writing in response to the DON Staff Report on the above

The only opportunity Cape Ann residents had to express our views was the December 6, 2017 DON public hearing in Gloucester, requested by our Ten Taxpayer Group. On that night, local citizens turned out, sat in a cold auditorium awaiting their turn to speak after politely listening to comments of elected officials, the applicant's own managers, and leaders of many non-profit organizations, many of whom receive financial support from the applicant.

When their turn came, Cape Ann residents spoke in favor of the application provided DPH add one condition to its approval of the merger:

All eight essential services that DPH has ruled must be present at all times in the same hospital building as the Emergency Department in order to accept patients transported through the 911 emergency system will be guaranteed at AGH. These services include the 24/7 availability of emergency surgery and anesthesia.
(See attached.)

The reasons Cape Ann residents gave for this request included:

1. To assure the health and safety of the 40,000 people who live in this isolated area surrounded by water with only two bridges providing tenuous connection to emergency services further away;
2. To restore these essential services at AGH, particularly emergency surgery and anesthesia, which have eroded since 2015, the year in which a similar 3-year condition on the 2012 merger of Northeast and Lahey lapsed; and
3. To achieve equity of health services at our community hospital and those available at all seven of the other community hospitals in this merger, including Winchester Hospital, Beth Israel Deaconess/Plymouth, /Needham and /Milton, Anna Jaques Hospital, and Beverly Hospital, all communities not facing the barrier to care imposed by the geographical isolation of Cape Ann;

In the period allowed after the public hearing for submission of written comments to DON, nearly thirty written pleas to DON and the Commissioner of Public Health were sent by Cape Ann residents, most of whom had not been able to attend the hearing. Several were handwritten. One was an official request from the Rockport Board of Selectmen, others from individual members of the Gloucester City Council, nurses and many others. I urge you to read them. I've attached them here. They are difficult to find on the DON website buried among many form letters from officials and organizations.

With all due respect, the volume and intensity of requests and rationale presented by an array of Cape Ann residents that DON/DPH place one specific condition on its approval of this merger, protecting the most essential services at Addison Gilbert Hospital in Gloucester, are not reflected in the DON Staff Report.

We respectfully request that you bring the written comments submitted by Cape Ann residents (enclosed), and other testimony given in person on December 6, to the attention of the members of the Public Health Council to guide their deliberations and decision making on this application and our request for the one condition on its approval which will protect us. Thank you so much.

Sincerely,

Margaret (Peggy) O'Malley, RN
Chair, Partners for Addison Gilbert Hospital

Enclosures



The Commonwealth of Massachusetts

Executive Office of Health and Human Services

Department of Public Health

Division of Health Care Quality

10 West Street

Boston, Mass. 02111

William F. Weld

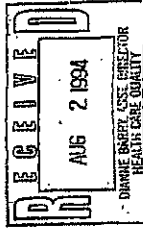
Governor

Charles D. Baker

Secretary

David H. Mulligan

Commissioner



CIRCULAR LETTER: DHCQ 8-94-348

TO: Hospital Administrators

FROM: Virginia C. Sullivan, Director *VS*

DATE: August 2, 1994

TOPIC: Definition of Emergency Services in 105 CMR 130.020

SUMMARY: The Department advises hospitals regarding the services that must be available in a hospital building in order to obtain a license for emergency services

The purpose of this circular letter is to reiterate the Department's established interpretation of the term "emergency services" set out at 105 CMR 130.020 of the Department's Hospital Licensure Regulations. The term emergency services is defined in the regulations as:

A service maintained primarily to provide care to outpatients who are in need of immediate medical care in order to prevent loss of life or aggravation of physiological or psychological illness or injury.

A hospital must be able to provide a full range of hospital services in order to support an emergency department that can provide emergency services as described above. To effectively treat patients transported by ambulance in need of immediate medical care and to prevent the loss of life or aggravation of illness of injury, a hospital must be capable of providing definitive care to patients who may be in need of inpatient hospitalization. The following services are the minimum services that must be available in a hospital building as a precondition for the authorized provision of emergency services at that site:

- 1) inpatient medical/surgical beds;
- 2) critical care beds with adequate monitoring and therapeutic equipment;
- 3) twenty four (24) hour availability of qualified physician and other appropriately qualified professional staff;

- 4) laboratory service with the capability of performing blood gas analysis and routine hematology and chemistry;
- 5) radiological services capable of providing the necessary support for the emergency service;
- 6) surgical services, including adequate operating room facilities, which are immediately available for life threatening situations;
- 7) post anesthesia recovery services; and
- 8) the readily available services of a blood bank. ..

If a hospital does not provide the services listed above, the hospital will not be licensed for emergency services and may not receive and treat patients transported by ambulance through the emergency response system (e.g. 911 system).

Please direct any questions regarding this interpretation to Kathleen Coyle, Assistant Director for Survey Operations, at 617-727-5860 x432.

DONALD J. CAMPBELL, JR.
PAUL F. MURPHY

SARAH J. WILKINSON, CHAIRPERSON

WILHELMINA SHEEDY MOORES
DENISE DONNELLY

BOARD OF SELECTMEN

TOWN OF ROCKPORT

MASSACHUSETTS 01966-1537

TOWN OFFICE BUILDING
34 BROADWAY

PHONE (978) 546-6786
FAX (978) 546-2881

LINDA SANDERS
TOWN ADMINISTRATOR

December 13, 2017

Ms. Monica Bharel, Commissioner
Massachusetts Department of Public Health
250 Washington Street, 2nd Floor
Boston, Massachusetts 02108

Re: Proposed Merger of the Lahey Health System with Beth Israel Deaconess Medical Center, New England Baptist Hospital, Mount Auburn Hospital, and the Seacoast Regional Health Systems

Dear Commissioner Bharel,

On behalf of the citizens of Rockport, we appeal to you to ensure that the Addison Gilbert Hospital, a member of the Lahey Health System, is required to continue to provide the eight essential services necessary to retain an emergency room at its site.

As your Department has ruled as pre-conditions, these services are:

1. Inpatient medical surgical beds;
2. Critical care beds with adequate monitoring and therapeutic equipment;
3. 24-hour availability of qualified physicians and other appropriately qualified professional staff;
4. Laboratory service with capability of performing blood gas analysis and routine hematology and chemistry;
5. Radiological services capable of providing the necessary support for the emergency services;
6. Surgical services including adequate operating room facilities which are immediately available to treat life threatening situations;
7. Post anesthesia recovery services; and
8. The readily available services of a blood bank.

Because Rockport is an island community connected to the mainland by only two bridges, one of which is a drawbridge, it is essential that emergency services at the Addison Gilbert Hospital remain viable for the safety of the Town's residents and visitors.

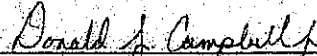
As a result of the will of our citizens and our own convictions this Board strongly supports and requests a requirement of this merger to be the continued provisions of all necessary services at the Addison Gilbert Hospital in Gloucester.

We thank you for seriously considering our appeal before you decide to approve an affiliation agreement among the above mentioned health care systems.

Respectfully,



Sarah J. Wilkinson, Chairperson
Rockport Board of Selectmen



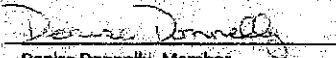
Donald J. Campbell, Vice Chair
Rockport Board of Selectmen



Wilhelmina Sheedy, Member
Rockport Board of Selectmen



Paul F. Murphy, Member
Rockport Board of Selectmen



Denise Donnelly, Member
Rockport Board of Selectmen

cc: Partners for Addison Gilbert Hospital
50 Washington Street, Gloucester, MA 01930

Congressman Seth Moulton
Senator Bruce E. Tarr
Representative Ann-Margaret Ferrante

12/5/2017

To Whom it may concern,

I had to bring my husband to the hospital 3 times in a 12 month period. He had never been to the hospital before. During the same period, I was also admitted 3 times staying an average of 7 days. Because it was Addison Gilbert my children could easily drop in & check on us or bring up what we needed. We were so thankful to start our hospital stay at Addison Gilbert and the sent to Leahy (3 times) when a bed became available.

I managed elderly housing in Rockford and my residents often when to AGH only to be treated and come back to their home the same day. It is very, very important we keep Addison open and functioning.

Mr. Douglas J. Ross

15 CHANDLER ST.
BROOKLYN
N.Y.

REGARDING THE
ADDISON WILBERT
MERVET -

I AM A SENIOR
CITIZEN AND
HAVE WITNESSED
WITH MRS. PERRY
O'MALLEY -


(1)

Noelene F. May Brown,

I am a long-time resident of
Gloucester, 63 yrs of age and wish to
say that the loss of ELL services
at Addison Village would complicate
and possibly result in drastic, and
in fact deadly, results if found down
the line was necessary. We are on
island - 2 roads access us. Don

REF APPLICATION #:

NEUCC-17082413-70

Wishing you a
joyous holiday season.

elderly population in particular needs
local services available particularly for
emergencies. We are, after all, a city
and not then eligible population is senior.
Please keep with Addison Alive. Thanks

A prior commitment prevents me from attending this most important meeting regarding the merger and I hope my voice will be heard.

Addison Gilbert Hospital is one of our most important assets. We are the "end of the line". There are two bridges off our island and a 20-30 minute ride to the next closest hospital, Lahey Beverly. Our census counts nearly 30,000 full time residents. In summer, this number swells with seasonal residents and visitors. It is important to be able to access easily emergency care, x-rays, scans, routine testing and hospital beds. Gorton's built a state of the art cancer center at AGH, making treatment for these residents so much easier. Our emergency room saves lives. If necessary, we can airlift critical patients from the O'Maley School field.

Over the years, we have seen an erosion of local services available at AGH transferred to Beverly. It would greatly enhance our city to see some of these services return. I personally know babies who were delivered in the breakdown lane on Route 128, so the return of full Maternity services would be a boon to our residents. Ambulance costs rise remarkably when cases that could be treated locally are driven "up the line", affecting the cost of personal medical insurance, Medicare, Medicaid and the like.

There are aspects of the merger that seem wonderful: having New England Baptist as part of our group would be a godsend. NEB is one of the top orthopedic facilities in the country and where I chose to have both of my Total Hip Replacements performed. Adding Anna Jaques does make sense and there should be a commitment to improving services at that facility as well.

The beauty of the Boston area and one of the reasons I am grateful to live here is access to some of the best medical care, medical schools and medical innovation available in the country. Access to quality healthcare enriches us individually and as a whole. My hope is that this merger strengthens our very local access to quality care instead of diminishing it.

Sincerely,
Roberta Ginda-Vrachos
861 Washington Street
Gloucester, MA 01930

Mass Department of Public Health
Public Hearing
December 6, 2017

Patti Page
3 Tidal Cove Way
Gloucester, MA

Under the proposed merger there will be a new corporation formed to deliver health care. Currently, it is referred to as NewCo - as in new company to be named later. Provisions of this merger should include a written commitment of services for AGH.

Once the merger is approved, AGH will be the weakest in the group of hospitals with the least services. This will create a need for equity in services. To achieve parity with other facilities in the group, I am advocating for restoration of services, particularly acute care, and investments be made in staffing levels and equipment upgrades at AGH. Non-profit hospitals post their yearly financials and although they cannot claim "profit", they list millions in "surplus" funds.

At previous meetings Administration officials have given assurances there has been an increase in services at AGH. That may be true in number, but not all services are weighted equally in importance with regard to patient safety. To loose services such as acute care surgical services and a maternity floor is far from equivalent to adding screening services or scheduled procedures, even if some these procedures are classified as surgical. Although these routine services are needed in the community, they alone do not make our community safer on a daily basis or during a disaster.

Presently, there is a lot of word-smithing representations with regard to availability of surgical services for AGH Emergency Room patients.

In order to retain ER services, a hospital is required to have the ability to conduct emergency surgery. Currently, there has not been an emergency surgery performed at AGH in years. The claims of "available" emergency surgical services, in that there is an available Operating Room, and if deemed necessary, a surgical team

can be called in to perform surgery, does not equate to actual onsite emergency services being performed. The staffing infrastructure is not in place. There is no medical consultant in residence to evaluate a patient and call in a surgical team. I believe there is no resident anesthesiologist. Additionally, surgical teams, being highly specialized, do not perform on the fly like a mash unit. They need to be familiar with the facility and have experience working with each other. They need to be in residence 24/7/365 to be an effective team.

There is also an issue with providing "emergency" surgery and emergency services regionally. By whose measure is "emergency" now defined? Patients that arrive at AGH are kept relatively comfortable until an **AVAILABLE** surgical room or other emergency service is identified at the nearest facility. Regional emergency service units are full and emergency patients are waiting in que for transport to care facilities. This can take several hours. Patients are being transported long distances in critical condition. This is dangerous for the patient and is taxing on the surgical teams and servicing emergency personnel. Not to mention the toll it takes on the patients' personal support system.

Although statistical outcomes are positive, the risk is transferred to patients and hospital staff.

Mentioned in the GDT, there is a plan to open an Urgent Care center off site of the AGH campus. There is concern if Urgent Care is located somewhere other than at AGH, this will contribute to a further erosion of services at AGH.

I ask the Mass Department of Public Health to objectively evaluate the community needs and reality of available regional resources.

With statistical outcomes in good standing and surplus funds there is solid basis to provide these requests. It would be prudent to include contractual commitments for equity of services, which include restoration of services, particularly acute care, and investments in staffing and equipment. These actions would strength services at AGH, provide relief within the regional system of facilities and create trust and peace of mind within the community.

12/08/17

To the Mass DPH Determination of Need Program
Regarding Application NEWCO-17082413-TO

I have worked as an RN for the last 35 years in the Gloucester community, initially at AGH and then as a community health nurse for the VNA for the last 30 years.

I have participated in the many dialogues about the provision of hospital care on Cape Ann. I've witnessed the local results of decisions that were made and allowed through two mergers and a rapidly changing health care environment.

It is amazing to me what a great institution Addison Gilbert has remained. The merger with Beverly Hospital was allowed to lay waste to the provision of services at AGH. The Lahey merger brought some hope of improvement, but AGH remains a shadow of its former self as a full-service hospital.

And yet, I still hear patients every week, on my job and in the community, who continue to applaud the services at AGH, say they never choose to go elsewhere for their care and convey their stories of how AGH is responsible for saving their lives.

I have long wished for an infusion of resources into Addison Gilbert that was commiserate with our population, its actual needs and the numbers who would happily use our local facility if the services were available there.

Gloucester is a community of 30,000 residents approximately and Rockport somewhere around 17,000. In the summer, this population

doubles. The combined communities therefore can have upwards of 100,000 people located here.

Singular ring roads characterize access to most of the Cape Ann population. The narrow street configuration of historic Gloucester and Rockport are primarily scenic byways, rather than efficient roads allowing for rapid medical transport. As a visiting nurse, I am particularly aware of the many residents located on remote side streets and spread across a broad land mass. Multiple issues such as beach traffic backups in East and West Gloucester and on Route 128, lack of alternate roadways, aging infrastructure and access issues with our bridges create special problems. We have no airstrip landing capacity allowing for more than singular helicopters should we become isolated from the mainland in a health or weather emergency.

The last census clearly showed that the population of Gloucester and Rockport are on a unique trajectory with a population that is aging far more rapidly than other locations. The last census predicted that it is not until 2040 that the US population will age to the point that over 20% of the population will be 65 years or older. This has already occurred in both Gloucester and Rockport. And the trend is accelerating in these two communities, rather than equalizing with other places.

We have long maintained an over 65 year old population that exceeded state and national averages, however, our percent of seniors is now outpacing other averages by a much greater percent. What unique services are engendered by populations, in the near future, with seniors amounting to 30-40 percent of the overall population. Certainly, you know the answer to this even better than I. This is our need here and a part of our unique community demographic.

Additionally, we have a disproportionate population that do not own cars, many who require interpreter services, those who might require

services related to the marine environment both commercial and recreational. In Gloucester, although median home prices are extremely high, the city has a large population that is economically challenged and this translates into obvious and predictable health care needs. We have many already in their 90's, primarily females, living on very limited fixed incomes, in a demographic area with rapidly increasing costs for all aspects of life. And this community has certainly seen more than its share of drug related deaths as well as successful resuscitations in our ER and a long-standing need for drug treatment services. The importance of locally based services, to these populations especially, cannot be over emphasized as it greatly impacts the resultant outcomes.

Strong local community health services are what is needed, in addition to a broad-based network of care. Our ER is essential to the provision of adequate care on Cape Ann. The 8 essential services that allow for the provision of emergency care must be promoted and maintained at AGH. Obviously, the need for surgery exists here, the provision of surgery at other small community hospitals within this merger discussion certainly exists, the logistical and institutional capacity for surgery exists at AGH and the residents would loyally support the use of surgical services should they be expanded to any reasonable level.

Loyalty, however, is a two-way street and a public trust requires the voice of the local community in decision making regarding its own special needs. In the wake of the low level of support showed the long standing venerable Addison Gilbert by its partners I have chosen to go to AGH for any services that still exist there and to take my business elsewhere for the services no longer provided there, with only one small concession. So, I go to MGH for pulmonary care, dermatology and to the Voice Center for my vocal cord cancer follow-up.

I do not feel we, as a contributing community, have been a partner in decisions affecting us and the playing field has not been level since the Beverly/AGH merger. After many attempts at engagement with AGH's merged "partners" I exercised the only power I have, to vote with my feet, as a consumer. When my local hospital has been shown some loyalty then I will return to the Lahey System. Why should AGH have the lowest array of acute care services in this hospital system constellation, especially given our needs, current and contributed assets and population numbers.

In a nutshell for me, I will support the parent company when reasonable surgical services return to AGH, signaling a real and concrete commitment to maintaining this institution.

I am convinced that the community would support surgical services and without them this dialogue is just a one-way street over the A. Piatt Andrew Bridge heading out of town. Not my idea of a partnership with Cape Ann residents.

I ask you to insist that the 8 essential services are strengthened at AGH and that AGH is again treated as a partner rather than a resource to be plundered. You are a part of the line of defense that keeps us all from becoming just numbers instead of the complicated community based individuals that we are.

Sincerely,

Marcia F Hart RN

Marcia F Hart RN
2 Fremont St
Gloucester, MA
01930

12/8/17

I was not allowed to complete my testimony at the DON meeting held in Gloucester on December 6th re: The proposed merger of Lahey health System that included Addison Gilbert Hospital. I enclose testimony here.

Sincerely,

Lee Swekla

9 Bertoni Rd.

Gloucester, Ma. 01930

Thank you for being here today. I am Lee Swekla, President of the Addison Gilbert Citizens Fund. The AGH Citizens Fund is a nonprofit, Citizen controlled, grass roots organization established in 2010. Our mission is to support Comprehensive in patient and out- patient care on site at AGH for the benefit of the Cape Ann community.

We have, over the course of the fund, contributed thousands of dollars for support of and equipment for general and orthopedic surgical services, the new cardiology suite and the endoscopy suite.

Our goal is and always has been to support the hospital and bring back surgical services to Gloucester.

Since the merger or take over by North East Health Systems we have suffered greatly. This community recognizes the importance of having a full-service hospital right here on Cape Ann.

Over the course of several months I have spoken to surgeons about returning to AGH O.R. One outright said that they would love that, one said he would consider it an honor to operate in the same community that he serves in his office, but said he was told he could only operate at Beverly or Lahey and one said simple

"absolutely, but its not allowed." And yet another said it will never happen unless those at the helm of AGH start acting on behalf of your community. He also stated that he would need the equipment and allowable block time to sustain the number of surgical cases he currently has at Beverly hospital where many of his patients are Cape Ann residents.

Not only are we in need of surgery, but surgical consultations as well. Recently, an 86-year-old woman who lives about some doors down from AGH, called me and asked if I would give her a ride to the hospital. When I asked why she said that she was having rectal bleeding. She had been bleeding for hours. I offered to call an ambulance for her and meet her at AGH as I knew she had no family in the area.

She quickly became alarmed and begged me not to do that as she feared she would be taken to Beverly Hospital. A quick assessment in my head told me I could safely get her there and I did. No one was available at the E.R. desk to assist us, but there was a phone and I dialed 0 which got me to an operator at Beverly Hospital. I explained our situation, and someone came to assist us and got her in a room. I stayed with her, helped

her undress and waited through her initial exam with the E.R. doc. I am not a doctor or a nurse, but I knew by what I was seeing on the monitor that she would not be going home that night.

When I felt she was in good hands, I left. A short time later she called and said she was being admitted and thanked me for my assist.

A short time after that she called again extremely agitated because although they had a bed for her, they had no GI specialist at AGH to examine her.

Weeks before, during a conversation with Ms.

Donnaldson she had assured me that a doctor would indeed come if a GI bleed needed attention. The doctor on call at Beverly refused to come and said send her by ambulance to Beverly hospital where he was. Both the patient and myself were frustrated, but when you need attention you go.

A short while later she called again in tears saying that they were sending her to lahey. The situation was this: WE HAD A BED AT AGH, BUT NO DOC. BEVERLY HAD A DOC, BUT NO BEDS.

Did I mention that she was 86 yrs. Old? Her biggest concern in that moment was how would she get back to

Gloucester from Lahey. No family, no transportation, no support.

This was not good patient care. This is not how our health care delivery system should work. Schlepping around the elderly like they are a sack of potatoes in a grocery cart is unacceptable.

Granted, in the aftermath at Lahey she was taken care of very well, as they are well trained in damage control.

In another incident, while visiting a patient in respiratory distress she was very unhappy with the shortage of nursing staff and the fact that they wouldn't change her bed sheets while she was sweaty and uncomfortable.

The nurse on duty said that the staff was told it was not necessary to change a patient's sheets daily. This practice was confirmed to me by a retired nurse who said she visited her aunt daily and the first thing she did for her was change her sheets. If you have ever spent time in a sweat or in pain in a hospital bed you can imagine what I am saying.

I asked the patient if she wished to address her situation with administration and she did. A member of the administration staff as well as the charge nurse came and

heard her complaint. Once all was rectified she was extremely happy with her care moving forward.

In my own case, my husband, while at the end of life, fell out of bed while at AGH. I asked for a specialist to look at his hip. I was told they could send him to Beverly for a consult and if no surgery was needed they could send him back to AGH. Would you put your dying spouse through that? Would you?

Over the years Cape Ann Resident have contributed thousands of dollars, if not millions to AGH. Monthly we receive letters seeking even more donations, saying matching gifts are available.

Its time for matching gifts, weather doubled or tripled to go to the direct care of Cape Ann Citizens in need of not only surgery, but surgical consult on site as well.

You cannot have a hospital without surgery and you can't provide basic medical care without surgery. I could say more, as I have much to say, but for now I'll thank you for being here and hearing our concerns.

Lee Swekla

David and Jane Beddus
23 King Street, Rockport MA 01966

Dec 10, 2017
Dept of Public Health,
Determination of Need Program,
250 Washington Street,
6th Floor,
Boston Mass 02108

Proposed Merger Lahey/Beth Israel et al. Addison Gilbert Hospital Gloucester

Ladies and Gentlemen,

Thank you for holding the public hearing at the Gloucester High School on Wednesday 6th December about this proposed merger.

We are Rockport residents and have many worries about this proposed merger.

1. We (the residents) have no idea what services are going to be kept or improved upon at AGH.


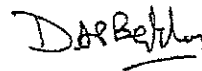
The Lahey CEO and paid Lahey workers, waxed lyrically about cost savings, beatification of it's workers etc. but not one word of substance about the services.

2. Any bad road condition (snow, summer traffic) slows emergency response time ... sometimes to a dead stop. In particular we need the Emergency Services to serve our fishing industry, young families, geriatrics and tourist industry.
3. Senator Bruce Tarr, Mayor Romeo Thaken (Gloucester) and Peg O'Malley all spoke eloquently about our worries at the public hearing.
4. Why are the services offered in Ipswich and Newburyport so much better than those that appear to be offered in Gloucester?

Please, on behalf of 36,000 all-year-round residents and the 20,000 summer residents, ask Lahey/Beth Israel just what services are going to be provided at AGH and ask them to write them down.

If we will receive service parity with the other hospitals, I think the merger will be good for our island.

We have faith that your Department will look after our health and safety.

David and Jane Beddus 23 King Street, Rockport, MA 01966. Beddus@aol.com Tel: 978-223-0340

December 10, 2017
Massachusetts Department of Public Health
Boston, Massachusetts

To Whom it May Concern:

My name is Martha Cooney. I am a retired teacher and live in Gloucester, which, with Rockport, makes up Cape Ann. This is the home of about 37,000 people year round, a number that doubles in summer. Public health data documents that our community has significantly older population and suffers from more serious chronic illnesses than state averages. We also have more residents without access to a car or other public transportation.

Most significantly, most of us in Gloucester, and everyone in Rockport, live on an island surrounded by the North Atlantic Ocean with just two bridges leading in and out. Both can and do become completely blocked due to weather conditions, bridge malfunctions, traffic conditions (especially in summer) and accidents. An ice storm can make the steep grade of the Route 128 Bridge impassable. Right after that bridge heading south, Route 128 falls to sea level, an area which regularly comes close to flooding with super high tides. Even greater storm surges and the inevitable rise in sea levels pose even greater risks that we will be completely isolated. We have to be self-sufficient, and so does Addison Gilbert Hospital, which can serve up to 70,000 people in the summer months. These are the reasons we say, without exaggeration, that our lives depend upon the DPH placing a binding condition on its approval of this merger stating that the new corporation be required, at a minimum, to guarantee in writing and indefinitely, what the DPH itself has ruled since 1984: that all eight "minimum services that must be in a hospital building as a precondition for the authorized provision of emergency services at that site" be provided at our hospital.

One of those services is "surgical services which are immediately available for life threatening situations". This has not been available at AGH for a long time. It is unconscionable that a Cape Ann resident with life-threatening injuries who should be in an operating room in Gloucester is instead in an ambulance trying to get to Beverly or Burlington, a trip that can take an hour even when it's not rush hour. Surgical teams cannot function appropriately in life-threatening emergencies if they do not work together on a routine basis. We need NewCo to recruit Gloucester-based surgeons and anesthesia staff, restore appropriate surgical equipment, and restore the array of services appropriate to a community hospital.

Another required service is critical care beds, physicians, and nurses. On a Friday afternoon this summer, nurses told me that managers planned to close the AGH ICU for the entire weekend because of lack of nurse staffing. Ultimately, the decision was reversed; they found nurses. We have a Cape Ann cardiologist/intensivist who staffs the AGH ICU 24/7. On the rare occasion when he needs to be away, it's difficult for him to get Beverly/Lahey to replace him.

If I were young and thinking of starting a family, I would not move here. The risk of losing a child, or a mother, or both, because of inability to reach a hospital and receive obstetrical and surgical services in a timely manner is just too high. I had a colleague at school to whom this happened, and although mother and child survived, the child will need 24 hour care forever. We had a thriving OB department for many years and I think we need it back.

This merger will include eight community hospitals. Every single one of them, even the smallest like BI/Deaconess Needham and BI/Deaconess Milton, has a broader array of acute care services, including routine surgery, than we have had at AGH for many years. At Needham, a hospital with a comparable number of beds as AGH and located closer to BI/Deaconess in Boston than AGH is to Beverly, a brand new inpatient wing is being constructed and routine surgery is performed. In Milton, even closer to Boston, BI Deaconess provides innovative robotics surgery and a state-of-the-art Spine Center. BI/Deaconess clearly sees the wisdom, both clinically and financially, of providing the highest quality care closest to where the patients live.


The owners of AGH have shown no such wisdom. All surgery and most other care, what the Health Policy Commission calls, "the relatively routine low-intensity care" best delivered in community hospitals, have been transferred out of AGH to Beverly and beyond.

This community deserves the same sense of safety that people who live in Needham, Milton, Newburyport, Winchester, and Plymouth, whose hospitals will also be in NewCo will enjoy. Consider that in every one of those communities, if access to one hospital is blocked, people can go in another direction to the next nearest facility. That is not possible for the people of Cape Ann. There's only one way out. (Those two aforementioned bridges.)

The protection and restoration of services at AGH will not be done without firm binding conditions placed on the merger by DON. As evidence of this, an AGH executive, after making assurances to a local reporter yesterday that "Services and patients will be returned to AGH", went on to say, "Hospital officials have not yet mapped out a plan for expanding services". Northeast and Lahey have had 20 years to do that and have done the opposite. Without a binding condition of approval of this merger by DON, AGH services will continue to decline and people will suffer unnecessary harm and death.

It seems to me that health care should be at the core of every community. We all need services at some time in our lives. I urge you to make sure that the residents of Cape Ann have access to those very necessary, often life saving services.

Sincerely,


Martha L. Cooney

12/11/2017

Merging with N.E. Deaconness

From: janem151 <janem151@aol.com>
To: janem151 <janem151@aol.com>
Subject: Merging with N.E. Deaconness
Date: Mon, Dec 11, 2017 2:45 pm

To: Department of Need Program.

I began employment at Addison Gilbert hospital in 1985 and started up the first C.T. scan for them. It was challenging, exciting and so needed for our small but excellent hospital. We finally began scanning in 1986 and became quite busy and many patients lives were literally saved and sent immediately to the Operating room for repairs such as aneurysms, burst appendix etc.. Needless to say when there was precious time available patients whom needed Boston were sent by ambulance and air lifted for the appropriate care needed.

I had always wanted to merge (if need be) with Massachusetts General Hospital but alas the vote was to Beverly hospital. I felt we were the "small fish" in this merge and when all was said and done after sixteen wonderful and challenging years at Addison Gilbert hospital, I decided to work at Massachusetts General hospital in the C.T. department with the finest radiologists.

When the merge occurred with Beverly Hospital, our departments slowly disappeared and we lost the pediatrics, the nursery, and many other departments. We had been told that we did not have the patient quota to endure as a full load for those areas. A radiologist from Beverly hospital commented negatively re: our A.G.H. and I asked him why did they want to merge with us and he blatantly remarked because of our endowments and the 56 million dollars. We also had paintings that were invaluable hanging all the on the walls of the hospital and eventually they seemed to disappear, only to have found some in an employees home whom worked at Beverly hospital. Many comments were made about our art collection and so unfortunate that it all disappeared or at least most that were painted by the "masters" I actually had to sign up to acquire paintings for my C.T. room. There was dedication from employees that slowly deteriorated with such a merge. We were indeed the little "fish".

There were so many "town meetings" in Gloucester and Rockport concerning this merge. As you have heard we have been "cut off" as an island when the blizzards have occurred. I fear that if we lose any existing modalities we will not survive to remain open at all. the Cape Ann citizens wanted assurance the A.G.H. would survive as a viable local hospital.

I move to the second merge with Leahy clinic and although I had already left A.G.H.. I had always had the best interest for the hospital and thought perhaps, with the larger hospital we could incorporate new physicians to our area. I spoke with the C.E.O., Dr Grant from Leahy hospital and he agreed that it would be an excellent move and that it would be up to the individuals to move their practice more locally to us. Unfortunately, it doesn't appear to have happened. Once again we move forward and I am indeed agreeable to this proposed merger with the Deaconness hospital without fear of more losses to A.G.H.. Perhaps there will be more open forums in our communities to assure us that this will be a positive decision.

Thankyou for the opportunity to speak on the behalf of our community. I attended the open forum meeting at the Gloucester High school and listened to over 50 speakers pro and con re: merge over a period of more than 3 hours.

Respectfully,

Jane Montecalvo

Granite Street

Rockport, Massachusetts, 01966

546-3128

92

978-

Determination of Need Program
Commonwealth of Massachusetts
Department of Public Health
250 Washington Street
Boston, MA 02108

Dear Massachusetts Department of Public Health,

On December 6, 2017 I attended the forum in Gloucester concerning the merging of Beth Israel Deaconess Medical Center and Lahey Health along with all affiliated hospitals. I had been on the list to speak but had to leave the forum after the State representatives, Mayor, President and CMO's presented. I would like to voice my approval of the merger and add some information about the needs of the population of Cape Ann.

I currently work as a Clinical Associate on Steele 1 at Addison Gilbert Hospital. I have been employed by Lahey Health since May 2016. It is such a privilege to provide care to the residents of Cape Ann, I can say that all departments at Addison Gilbert strive for the best quality patient care they can provide with the equipment we are provided. I am a solo parent of a 4-year-old and nursing student at University of Massachusetts Boston. I have been fortunate enough to have clinicals at Beth Israel and Winchester Hospital. The plan for increased care and access to services in Boston at BI would only improve the outcomes for patients of all the hospitals in the Lahey Health system.

I would also like to address the determination of need for Addison Gilbert Hospital. Addison Gilbert at one time was a full-service hospital. Currently the hospital provides services for emergencies, acute medical surgical care, ICU, senior adults, clinics, women's health, and oncology along with a small radiology department and individual practices. There is a need due to patient load at the hospital and the needs of the community to restore some services to Addison Gilbert.


I hope that with this merger Addison Gilbert will continue with renovations to the hospital and opening of closed areas to increase services to Cape Ann. Additional medical surgical/telemetry beds are needed. The radiology department should have certain MRI services restored to reduce costs to patients due to ambulance rides. The hospital needs at least 12 beds to house overnight pediatric patients. The pediatrician's office at Addison Gilbert is wonderful and provide the best care to my son, if he was sick enough for an overnight I would like his pediatrician responding. Operating services should be restored

similar perhaps to what is performed at Winchester Hospital. The ICU and cardiology services should be continued and enhanced. Additional cardiologist should be available at Addison Gilbert for services. I cannot speak higher of the care of Dr. Arsenian and coverage should be available for him or an increased team. The residents of Gloucester need this service at the hospital.

The need for Addison Gilbert Hospital is great, closing a community hospital would harm the residents of Gloucester and Rockport. Restoring and re-opening parts of the hospital to increased services is what the community needs. Not everyone in Gloucester owns a car, Addison Gilbert is convenient for hospital stays and emergencies in addition to housing primary care and pediatric offices. Seconds count in an emergency, some areas of Rockport and Gloucester are a half hour from 128 south. The consequences of time in emergencies is irreversible. Addison Gilbert needs to have some services restored and enhanced. Provider's need to be available at the hospital on a more regular basis to assist with the health needs specifically cardiac in this area. Pediatrics needs to be an option for an overnight stay.

Another factor in the determination of need is the industry of Gloucester. The plight of the fishing industry is well known, what remains is the need for an industrial venture to provide needed local jobs to the area. To have a safe workforce there needs to be local accessible hospital services in case of emergencies. Addison Gilbert serve's Gloucester industries such as Gorton's, Gloucester Engineering, Varián, and hotels. For Gloucester to be able to draw in a business, like Amazon for instance, there needs to be the assurance of emergency medical services close by for the workforce. Beyond being a major employer, Addison Gilbert can be a major factor in industry coming to Cape Ann. Increasing services and beds at the hospital will only improve the lives of the residents of Cape Ann.

I provide the best care I can to the residents of Cape Ann and visitors. Thank you for reviewing my reason's that there is a great need for Addison Gilbert on Cape Ann and the suggestions for restoring services.



Alexsandria Connolly

203 Washington St

Gloucester, MA 01930

alexsandriajan@gmail.com

R. Scott Memhard
Gloucester City Councilor - Representing Ward 1
9 Graystone Road, Gloucester MA 01930

December 11, 2017

Massachusetts Department of Public Health
Determination of Need Program
240 Washington Street, 6th Floor
Boston, MA 02108

RE: Addison Gilbert Hospital Consolidation/Merger

Dear Sir or Madam:

The discussion regarding Addison Gilbert Hospital's Consolidation into the Lahey Health System provides an occasion to again advocate for important Cardiac Rehabilitation Services being offered here on Cape Ann.

After a very successful term, our Cardiac Rehab at AGH was sadly closed in 2010. Please see the attached correspondence to our physicians, elected officials and the press about this unfortunate termination of important, life-sustaining cardiac rehabilitation services. The only remaining option for cardiac supervised rehab & exercise is a 30 - 40 minute drive to the Lahey Outpatient Clinic in Danvers.

Thank you for your consideration at this consolidation is explored.

Sincerely,



R. Scott Memhard
Gloucester City Council- Representing Ward 1

From: Bill & Gerrie Butman <butmanbg@comcast.net>
Date: December 14, 2017 at 9:40:41 AM EST
To: dph.don@massmail.state.ma.us
Subject: Lahey, Beth Israel, Anna Jacques, etc DON
Reply-To: Bill & Gerrie Butman <butmanbg@comcast.net>

Determination of Need Program

Commonwealth of Massachusetts

Department of Public Health

Dear Members,

We support the proposed combination of Lahey, New England Deaconess, etc, but with some reservation. We are afraid that it will be at the expense of the smaller institutions such as Addison Gilbert Hospital. We feel the current trend toward technological advances should allow the health care systems to retain smaller outlying institutions rather than attempting to combine all services in mega facilities. Current and future technology allows both paperwork and face to face communication to be available across geographical distances and potentially eliminating the need for patients to travel to large central facilities. It would also seem to allow many of the business services to combine to promote monetary savings while still allowing patient care to be available locally.

We hope whatever your decision may be will incorporate the insistence of continued local care through the current community hospitals such as Addison Gilbert.

Sincerely

William & Geraldine Butman

Concord Street

Gloucester, MA

From: cgconnelly@aol.com

Date: December 14, 2017 at 12:21:43 AM EST

To: dph.don@massmail.state.ma.us

Subject: Determination of Need Program for Addison Gilbert Hospital in Gloucester

Determination of Need Program
Commonwealth of Massachusetts
Department of Public Health
250 Washington Street
Boston, MA 02108

This letter is written to convey my personal thoughts concerning that once again after having just being brought under the wing of Lahey Health, Addison Gilbert Hospital again has to re-prove itself as to the need of our community hospital here on Cape Ann. People who do not live here think that we are "just a few minutes from Beverly" and that that lone fact makes the need for medical facilities are not needed or that the adequacy of care is no big deal. Route 128 is just a little trip up the highway...try it in a rain storm or winter ice and snow conditions and also realize that geographically, it takes anywhere from a few minutes to upwards of 15-20 minutes just to get to one of the entrances to 128 from Rockport, West Gloucester, Wingeersheek areas or East Gloucester areas and there are just two bridges to get off of the island. A fast trip just from Grant circle to Beverly takes a heavy 20 minutes and that is by normal transportation means. Which brings up my next point. There are more than a few family households that do not have vehicles and getting to Beverly can be problematic as direct transportation can only be done by taxi which is expensive. Train service is not a convenient option either. Cape Ann has a very convenient CATA Bus service that serves the community well and it makes it possible for family and friends to visit patients at Addison Gilbert.

As far as care is concerned, Addison Gilbert does a fine job even with the limitations forced on them by Beverly Hospital and I personally prefer Addison Gilbert rather than Beverly and if I need acute service I go to Boston.

I also feel that there are some services that need to be brought back to Gloucester that would serve the community better. There should be at least a small unit for pediatric care here locally. We have good pediatricians, Family Health office and Child Services all located right next to the hospital and having young patients able to stay in the community would enhance the overall services to our younger resident population. Having the doctors able to serve their young patients without having to travel to Beverly would

enhance services that they could offer their young patients and their families and help to sustain and attract future doctors to serve here on Cape Ann.

There is also a need for some type of a med/operating facilities to be returned to the hospital...again taken away to Beverly. At times, I deeply resent the fact that one hospital does all in their power to take away good care and essential services just to make themselves bigger and more important.

I have been a resident Gloucester for the past 42 years when I married into a Gloucester family and my husband and I raised our children and use Addison Gilbert Hospital when ever possible for all of our general medical needs and only when required do we use other hospitals. I am 71 and my husband is 74 and we have always received excellent and professional medical attention from the all facets of the medical and rehabilitation services affiliated with Addison Gilbert Hospital and hope to able to do so for not just ourselves but for the continuation of good health for the residents and summer tourists who come to Cape Ann.

Sincerely,

Candace Connelly
203 Washington Street
Gloucester, MA 01930

December 14, 2017

Determination of Need Program
Massachusetts Department of Public Health
250 Washington Street, 6th Floor
Boston, MA 02108-4603

Hello, my name is Susan Hall I am a resident of Gloucester and a Registered Nurse who has worked at Addison Gilbert Hospital. I recently went to the meeting at GHS regarding the merger being planned by Lahey. There were many management people and leaders of local programs urging that the merger be allowed, that it will be great for the community, but in no way were they able to tell us why.

I have worked at AGH since 1977 when it was a full service hospital over 130 beds multiple services. After the merger with Beverly hospital we lost obstetrics and pediatrics. Next with our merger with Lahey our surgical services have dwindled to occasional endoscopies on a monthly basis. We now only have one inpatient floor that holds 30 patients and a 4 bed ICU.

A lot of our patients are elderly with multiple issues and are in multiple times which means frequent admissions, with insurance restrictions there is financial loss in their care as repeat admissions are not covered. The more money making patients are sent up the line. Many times they are sent because they "may need" surgery but then many times they never do. This is what happened with my mother and more than once they attempted to send her up the line. This shuffling of patients makes us worry that our institution will be looked upon as unable to support its self and be closed.

I ask that any state approval of a merger between Lahey Health Systems and other health care organizations be conditional on a written condition that all eight services which must be present in the AGH building in order for it to operate a licensed emergency room must be protected and enhanced so that the people of Cape Ann and our hospital are safe in the future.

Thank you.

Sincerely,



Susan Hall, RN
43 Langsford Street
Gloucester, MA 01930

92 Granite Street
Rockport, Mass 01966
December 15, 2017

Determination of Need Program
Commonwealth of Massachusetts
Department of Public Health
250 Washington Street
Boston, MA 02108

To Whom it may Concern:

Please accept this letter in support of a proposed merger of Addison Gilbert Hospital in Gloucester Mass with Lahey Health Care System but contingent upon requiring all services provided at other comparable (i.e. community hospitals) parties to the merger be also available at Addison Gilbert.

I think it would be a miscarriage of our great constitutional system of equal protection under the law to do otherwise.

There is little need to add to the factual points detailed in the letter (enclosure 1) which I presume Peggy O'Malley will submit supplementing her oral testimony. It appeared in today's (Friday) Gloucester Daily Times, two days after my own (enclosure 2).

I understand other parties, Mass AG, and Federal Trade Commission are interested for the purpose of evaluating the competitive aspects of the proposed merger on a macro scale. That is as it should be, I think. However, the proponents of the merger seem to argue that our local hospital can only be competitive if merged into a larger entity. For those of us who stand to lose the most, indeed possibly our lives, competitiveness in both the the smaller and larger context is most assuredly a government obligation to regard.

As enclosure (2) suggests, I have held the findings of other state hearing and determination authorities in high regard, hope to do the same in future, and appreciate your diligent consideration in the matter.


Zenas B. Seppala

Encl: (1) P. O'Malley Letter to Editor
(2) Z. Seppala Letter to Editor

ENC1 (2) To DON
Letter to the editor
should have read
NON-WATER-DEPENDENT
COMMERCIAL DEVELOPMENT

Making a voice heard on hospital merger

DEC 15, 2017

To the editor:

At an informational forum in Rockport, two days before the state hearing concerning the proposed merger of the Addison Gilbert Hospital into the Lahey Health System, I became acquainted for the first time with Peggy O'Malley, Lee Swekla, Patti Page and a few other concerned citizens. As a result, two days later, I attended the state's 5 p.m. public hearing, grateful for the comfortable chairs of the Gloucester High School auditorium. I had signed the speaker sheets at the hearing, with every intention of commenting, but a prior commitment to attend the always interesting and informative Rockport Department of Public Works commissioners meeting in Rockport at 7 p.m. and the fact of being 41st in the speaker succession line with an estimated 8:15 p.m. speaking time precluded my opportunity to speak. I should mention that I appreciate the state's hearing procedures which truly facilitate individuals being able to estimate when they may speak, so you don't wait around for an opportunity that may never come.

I consider myself fortunate, however, to have been present when state Sen. Bruce Tarr spoke. Whatever the situation, I find his remarks thought-provoking and illustrative of a high-caliber public servant. In this instance, for example, he spoke of the economies of scale such a merger should provide as means of ensuring not just the survival of the local Addison Gilbert Hospital, but a strengthening of its services. He also suggested the community might be better informed by having the representatives of Lahey Health further detail what some of these economies might be

Living in Rockport, a home-rule town where a quest for even non-binding public opinion has less importance to elected decision makers than the recommendations of their sometimes questionably qualified appointed advisory committees, it's the extra step of inclusiveness that Bruce always seems so ready to facilitate that continues to impress me about him.

It will be up to an executive branch of the commonwealth to make the decision on the proposed merger in behalf of the citizens with overall lowered health care costs one desired result. During a similar state executive department (Department of Environmental Protection) hearing for the Chapter 91 approval for the Cape Ann Tool Company property, Sen. Tarr offered the use of his office in an attempt to get the long-stalled (now 30 years) project moving in some favorable direction. That was five or six years ago, was not pursued by the current owner or the town, and judging from the Rockport Board of Health meeting Tuesday night, it looks like the best we might remotely expect in the near future is the removal of the ugly lead-paint-encapsulating foam that has graced the walls for better than 15 years. All that, of course, while settling for a final project that some relevant studies show offer the least long-term comparative municipal tax revenues. Note: An impartial academic study performed for the city of Newport, R.I., showed it existing water-dependent uses for harbor areas typically returned three times as much municipal revenue per acre as residential housing; and nothing has been done to further consider Rockport zoning bylaws the more recently town-commissioned

and local taxpayer funded Economic Development Self Assessment Test report identified as harmful to any future water-dependent or non-commercial development.

In the case of the tool company, the only roadblock preserving those types of possibilities for future consideration have been rulings from the state agencies who have jurisdiction over portions of the tool company land. And their rulings depend in some part on the input of concerned citizens who hold them accountable to complying with the administrative regulations, they use to enact our laws.

Similarly, in regard to the proposed merger, most of us, including myself, have no expertise in hospital licensing, etc. In the normal routine of daily life, a hospital, after all, is a place most of us make every effort to avoid. But that can not undermine the real needs we have for their thriving existence and particularly emergency services when contingencies of fate might drive us to their doors.

After the oral hearing I contacted Peggy for a copy of the testimony she read at the public hearing, which I was unable to hear. It was a superb letter that I forwarded to one of our Rockport selectmen for official and/or personal consideration.

I'll be writing to add my comments. For others who wish to do the same, written testimony concerning the proposed merger will be accepted until 5 p.m. Monday, Dec. 18. The address is: Massachusetts Department of Public Health, Determination of Need Program, 250 Washington St., 6th Floor, Boston, MA 02108.

ZENAS SEPPALA
Rockport

From: CAMERON SMITH <camerons5@verizon.net>
Date: December 15, 2017 at 12:41:52 PM EST
To: <dph.don@massmail.state.ma.us>
Subject: Addison Gilbert Hospital

As a Rockport resident, I strongly support Nurse O'Malley's opinion piece in today's *Gloucester Daily Times*. I know local friends who have been taken to Addison Gilbert by ambulance with evidence of life-threatening conditions. The 10-minute ride would have been 45 minutes – or an indeterminate time – if one of our bridges had been icy, causing the other one to back up seriously.

Please do as Nurse O'Malley asks.

Cameron Smith

These are edited comments I delivered to the staff of the Massachusetts Department of Public Health at the Dec. 6 hearing on the proposed merger of Lahey with Beth Israel Deaconess and several other organizations;

I'm a registered nurse and live in Gloucester, which, with Rockport, makes up Cape Ann, the home of 37,000 people year-round, a number that doubles in summer. Our community is significantly older and suffers from more serious chronic illnesses than state averages. We also have more residents without access to a car.

Most significantly, most of us in Gloucester, and everyone in Rockport, live on an

actual island surrounded by the North Atlantic Ocean with just two bridges leading in and out. Both can and do become completely blocked due to weather conditions, bridge malfunctions, traffic conditions and accidents. An ice storm can make the steep grade of the Route 128 bridge impassable. Near that bridge, Route 128 falls to sea level, a stretch that comes close to flooding with super high tides. Storm surges and rise in sea levels pose even greater risks that we will be completely isolated. We have to be self-sufficient. And so does our hospital, Addison Gilbert.

These are the reasons we say, without exaggeration, that our lives depend upon the Massachusetts Department of Public Health placing a binding condition on its approval of this merger that the new corporation (called NEWCO in merger documents) be required, at a minimum, to guarantee in writing and indefinitely what the DPH has ruled since 1984: that all eight "minimum services that must be in a hospital building as a precondition for the authorized provision of emergency services at that site" will be at Addison Gilbert.

One of those is "surgical services which are immediately available for life-threatening situations." This has not been available at AGH for a long time. Surgical teams cannot function appropriately in life-threatening emergencies if they do not work together on a routine basis. We need NEWCO to recruit Gloucester-based surgeons and anesthesia staff, and restore surgical equipment at AGH. It is unconscionable that a Cape Ann resident with life-threatening injuries, who should be in an operating room in Gloucester, is instead placed in an ambulance to Beverly or Burlington.

Another of the eight services is critical care beds. Our Cape Ann cardiologist/internist is the only physician available to staff our ICU 24/7. On a Friday afternoon this summer, nurses reported that managers planned to close our ICU for the entire weekend because they couldn't find nurses to staff it. Ultimately the decision was reversed but it indicated another risk Beverly/Lahey was willing to take with our lives.

This proposed merger will include eight community hospitals. All of them, even

the smallest, have a broader array of acute care services, including surgery, than have been at AGH for many years. At Beth Israel Deaconess Needham, a hospital with a comparable number of beds as AGH and located closer to Beth Israel Deaconess in Boston than AGH is to Beverly, a new inpatient wing is being constructed and surgery is routine. In Milton, even closer to Boston, Beth Israel Deaconess provides innovative robotics surgery and a state-of-the-art spine center. Beth Israel Deaconess clearly sees the wisdom, both clinically and financially, of providing the highest quality care closest to where the patients live.

Cape Ann residents deserve the same sense of safety that people who live in Needham, Milton, Newburyport, Winchester, and Plymouth whose hospitals will also be in NEWCO enjoy. Consider that in every one of those communities, if access to one hospital is blocked, people can turn around and go in another direction to the next nearest facility. That's not possible for the people of Cape Ann. There's only one way out.

The protection and restoration of acute care services at AGH requires binding conditions placed by the Department of Public Health on the approval of this merger that guarantee that all eight services required to operate an emergency room be protected and restored at Addison Gilbert Hospital. Without that, AGH services will continue to decline and Cape Ann people suffer unnecessary harm and death.

Cape Ann residents should submit written comments to the state on this proposed merger. The deadline is 5 p.m. Dec. 18. Send them by mail to Massachusetts Department of Public Health, Determination of Need Program, 250 Washington St., 6th Floor, Boston, MA 02108. Or email to dph.don@state.ma.us.

Registered nurse Peggy O'Malley leads the nonprofit Partners for Addison Gilbert.



File photo

Gloucester's Addison-Gilbert Hospital is one of the North Shore facilities that would be affected by the merger of Lahey Health, Beth Israel Deaconess, New England Baptist, Mount Auburn and Seacoast Regional.

Lives depend on Addison Gilbert

Peggy O'Malley

These are edited comments I delivered to the staff of the Massachusetts Department of Public Health at the Dec. 6 hearing on the proposed merger of Lahey with Beth Israel Deaconess and several other organizations:

I'm a registered nurse and live in Gloucester, which, with Rockport, makes up Cape Ann, the home of 37,000 people year-round, a number that doubles in summer. Our community is significantly older and suffers from more serious chronic illnesses than state averages. We also have more residents without access to a car.

Most significantly, most of us in Gloucester, and everyone in Rockport, live on an actual island surrounded by the North Atlantic Ocean with just two bridges leading in and out. Both can and do become completely blocked due to weather conditions, bridge malfunctions, traffic conditions and accidents. An ice storm can make the steep grade of the Route 128 bridge impassable. Near that bridge, Route 128 falls to sea level, a stretch that comes close to flooding with super high tides. Storm surges and rise in sea levels pose even greater risks that we will be completely isolated. We have to be self-sufficient. And so does our hospital, Addison Gilbert.

These are the reasons we say, without exaggeration, that our lives depend upon the Massachusetts Department of Public Health placing a binding condition on its approval of this merger that the new corporation (called NEWCO in merger documents) be required, at a minimum, to guarantee

in writing and indefinitely what the DPH has ruled since 1984: that all eight "minimum services that must be in a hospital building as a precondition for the authorized provision of emergency services at that site" will be at Addison Gilbert.

One of those is "surgical services which are immediately available for life-threatening situations." This has not been available at AGH for a long time. Surgical teams cannot function appropriately in life-threatening emergencies if they do not work together on a routine basis. We need NEWCO to recruit Gloucester-based surgeons and anesthesia staff, and restore surgical equipment at AGH. It is unconscionable that a Cape Ann resident with life-threatening injuries, who should be in an operating room in Gloucester, is instead placed in an ambulance to Beverly or Burlington.

Another of the eight services is critical care beds. Our Cape Ann cardiologist/intensivist is the only physician available to staff our ICU 24/7. On a Friday afternoon this summer, nurses reported that managers planned to close our ICU for the entire weekend because they couldn't find nurses to staff it. Ultimately, the decision was reversed but it indicated another risk Beverly/Lahey was willing to take with our lives.

This proposed merger will include eight community hospitals. All of them, even the smallest, have a broader array of acute care services, including surgery, than have been at AGH for many years. At Beth Israel Deaconess Needham, a hospital with a comparable number of beds as AGH and located closer to Beth Israel Deaconess in Boston than AGH is to Beverly, a

new inpatient wing is being constructed and surgery is routine. In Milton, even closer to Boston, Beth Israel Deaconess provides innovative robotics surgery and a state-of-the-art spine center. Beth Israel Deaconess clearly sees the wisdom, both clinically and financially, of providing the highest quality care closest to where the patients live.

Cape Ann residents deserve the same sense of safety that people who live in Needham, Milton, Newburyport, Winchester, and Plymouth whose hospitals will also be in NEWCO enjoy. Consider that in every one of those communities, if access to one hospital is blocked, people can turn around and go in another direction to the next nearest facility. That's not possible for the people of Cape Ann. There's only one way out.

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Registered nurse Peggy O'Malley leads the non-profit Partners for Addison Gilbert.

From: Patricia Johnson <patriciajancjohnson@gmail.com>
Date: December 15, 2017 at 8:09:19 AM EST
To: dph.don@massmail.state.ma.us
Subject: Addison Gilbert Hospital

Dear Sir,

I am writing to ask the Department of Public Health, on the approval of the Leahy/Beth Israel merger, guarantee that all eight services required to operate an emergency room be protected and restored at Addison Gilbert Hospital. My husband and I are residents of Gloucester nearing retirement age, and believe it is essential to provide a full range of health care including full emergency services to the aging and easily-isolated (by weather, traffic and tides) population of Cape Ann, as well as the large tourist population that arrives each summer.

Sincerely yours,

Patricia Johnson
Way Road, Gloucester

Sent by PJJ mobile

SAT. 12/16/17



Lou Zimon
10 Dale Ave Apt 508
Gloucester, MA 01930

TO THE MASS. DEPT. OF
PUBLIC HEALTH:

DO NOT ABANDON ADDISON
GILBERT HOSPITAL IN GLOUCESTER IN
YOUR UPCOMING MERGER.

I AM A 67 YEAR OLD MALE
RESIDENT OF GLOUCESTER. ON A FIXED
INCOME (WITHOUT A CAR).

WHEN I NEEDED SURGERY,
I HAD TO PAY FOR A TAXI TO
BEVERLY HOSPITAL.

THIS WAS A NEEDLESSLY
STRESSFUL AND EXPENSIVE SITUATION
ON TOP OF THE SURGERY ITSELF.

PLEASE DO THE RIGHT THING.
DON'T THROW US UNDER THE BUS.

SINCERELY

Lou Zimon

LOU ZIMON

12-16-2017

Massachusetts Department of Public Health,
Determination of Need Program
250 Washington Street
6th Floor
Boston, MA 02108

I'm a concerned Cape Ann resident, living in Gloucester, and I presently use Lahey Health, through Addison Gilbert Hospital and their clinic in Peabody.

My concerns are as follows; often my experience with healthcare provider mergers cause me great anxiety, because the bean counters only look at what's good for them, not what's necessarily good for the community. If the community is to benefit at all, it's usually by happenstance not by design. After the last merger North shore Healthcare with Lahey, several years ago, Lahey's CEO promised that Addison Gilbert would be made stronger, and he for the most part delivered on that promise. However that was because we in Gloucester had to insist through our primary care providers that we be allowed to receive procedures available at Addison Gilbert, at Addison Gilbert, rather than being sent to Beverly, Peabody or Burlington. You see during that merger all of a sudden simple things like a blood test were being scheduled out of town even though Addison Gilbert had it's own Lab. Then when Lahey started scaling back services that were always available locally, they (Lahey), justified it by saying everyone was going to Beverly, Peabody and Burlington. It was only because they were scheduling these procedures out of town for patients with no input from the patient, or advising the patient those services were available locally. Only talking with and complaining to my doctor did I find out that I could request the procedures locally, that information was never given voluntarily.

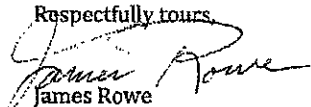
We have no bus service off the Cape to Beverly, Peabody or Burlington hospitals; we have no trains or subways that bring you to those locations. This Cape is total gridlock in the summer months, one bridge the Blyman Canal Bridge, is a draw bridge and priority is given to boat traffic by federal regulation. The 128 Bridge over the Annisquam River is impassable sometimes even in the winter. The Blyman Bridge is out for hours a lot, and on one occasion recently the Blyman Bridge was broken, all traffic was routed over 128, and that bridge caught fire and no one could get on or off the island. Does it make sense to diminish services for an Island community?

Often no consideration is given to the transportation hardships, financial stress or other factors as it relates to the patients, yes the customers of these hospitals. This is a mega merger, I would hope and I will most certainly pray that you people in a position to represent we the people during this review process, will offer due diligence on our behalf, and place restrictions, conditions or other remedies to ensure our community hospital remains viable, and services are continued and enhanced should you allow this merger.

We here on Cape Ann deserve no less than what Boston has to offer. Look around and you can only be mystified, and mesmerized by the concentration of services, as it relates to our Health care. There seems to be little diversification of services and locations as these mergers continue to shutter doors of hospitals and clinics so vital to the wellness of our communities.

Thank you for your time and thank you for taking our comments, serious.

Respectfully yours,


James Rowe
58 Cherry St
Gloucester M.A.

From: Andy Matlow [mailto:andymatlow@gmail.com]
Sent: Saturday, December 16, 2017 9:12 AM
To: DPH-DL - DoN Program
Subject: Addison Gilbert

I am writing to strongly urge you to enforce binding conditions regarding the Addison Gilbert merger.

37,000 lives literally depend on it!

In 1984, DPH ruled "minimum services must be in a hospital building as a precondition for the authorized provision of emergency services" at AGH.

Having proper medical--especially emergency--treatment is a right, not a privilege to our citizens.

You can require binding conditions on this merger. Please make sure to hold the parties in this merger responsible.

Thank you very much.

~Andy

*Don't believe everything you think.
Believe your dreams
www.dreamsandthesoul.com*

From: Peggy Cullen Matlow [mailto:peggycullenmatlow@gmail.com]
Sent: Saturday, December 16, 2017 2:40 PM
To: DPH-DL - DoN Program
Subject: Fwd: Addison Gilbert

Sent from my iPhone

Begin forwarded message:

Date: December 16, 2017 at 9:11:30 AM EST
To: dph.don@state.ma.us
Subject: Addison Gilbert

I am writing to strongly urge you to enforce binding conditions regarding the Addison Gilbert merger.

37,000 lives literally depend on it!

In 1984, DPH ruled "minimum services must be in a hospital building as a precondition for the authorized provision of emergency services" at AGH.

Having proper medical--especially emergency--treatment is a right, not a privilege to our citizens.

You can require binding conditions on this merger. Please make sure to hold the parties in this merger responsible.

Thank you very much.

Peggy Matlow

January 8, 2018

To: Determination on Needs Review Team – MPH

From: Patricia Baressi

Re: Lahey/BIDMC Merger

A long time consumer of the Lahey/Cape Ann Medical system, I attended the December 6, 2017 public hearing at Gloucester High School and listened to both support of and concerns for the pending merger and concur with many of the speakers including: Mayor Sefatia Romeo Theken's passionate voice addressing concern for the specific needs of Gloucester's senior population; and Senator Tarr's critical request for detailed and more thorough information regarding the intended outcomes of the merger and how it would impact Cape Ann and North Shore residents. All would have to agree with Nurse O'Malley's critical plea for updating regulatory code for Addison Gilbert Hospital's (AGH) emergency room.

Many of us have experienced and understand the insurmountable burdens of a broken healthcare system. As a family in the Lahey system, we experienced and felt the painful limits in the areas of senior and complex care patients. While creating a big medical care brand through multiple mergers intends to increase service efficiencies and revenue benefits all around, improved efficacy in care and services in the community hospitals is not always the outcome.

My first-hand experience comes from over a decade as a healthcare advocate and caregiver for a parent who lived on Cape Ann. Expectedly, our mother's needs became more complex as she aged. Over the years, our family experienced a series of unfortunate and harmful gaps in the direct clinical care, communication and services provided by Lahey Health-managed community hospitals, AGH and Beverly Hospital (BH). The impact was devastating to us all and our confidence in this system died.

As an aging consumer in the system with a wide network of personal and professional associates, I feel the merger with BIDMC should occur only if it can guarantee reachable economic services and improved quality of care for all community members, including the often neglected complex elderly, a large ever-growing demographic for both AGH and BH. To achieve the stated missions at the meeting, it would be imperative for Cape Ann residents to be assured of the following:

- Establish AGH - Emergency Room services to meet regulatory code
- A full range of on-site specialists and surgeons at AGH
- A choice of preferred location of care: Cape Ann, North Shore, Boston
- Effective Case Coordination Services for complex care patients and seniors; with high capacity trained practitioners for geriatric and complex care needs persons.
- Integrative in-home "medical/physician" care services
- "Medication" and "patient safety" education programs for all hospital practitioners
- "Person" centered compassionate care
 - i.e. - care that is not dependent on Electronic Health Records. EHR systems have been built, at large, to meet the needs of payers and payees and do not capture nor state an accurate integrative story of the person, their health status and needs.

No Man is an Island

Massachusetts Department of Public Health

Dear concerned people:

I would like to express my thoughts about the proposed hospital mergers on the North Shore. I have been a Family Physician for more than 40 years, all of it in NY State. I moved to Gloucester in 2015. My experience in New York may help guide our plans moving forward.

I started my own practice in Trumansburg, NY in 1979. Tburg is a rural village of 2000 people, 10 miles from Ithaca NY. There is only one hospital serving Ithaca and the surrounding area. The closest larger, teaching hospitals are in Binghamton and Rochester.

When I first moved, I obtained hospital admitting privileges. At that time, the hospital was called Tompkins County Hospital. It was a public hospital, owned and operated by Tompkins County and administered by the Public Health Department. At some point, perhaps 5 years later, it was privatized, changed it's name to Tompkins Community Hospital, and was bought by a company for a large sum of money, and gradually transformed. The hospital was never closed, but it underwent a major transformation, and was ultimately replaced by a more modern facility.

The transition was difficult in many ways, which I needn't describe here. But there is much that is relevant. The first CEO was a highly respected surgeon who had an MPH, and resigned from the staff in order to work in administration full-time. When he was replaced by CEOs with careers in hospital administration, morale went downhill. So whoever does administration on the North Shore would do well to keep a

pulse on the wants and needs of the people who provide the care, and ease the unfortunately necessary bureaucratic demands upon the nurses and doctors. "Quality assurance" should not necessitate extra work for clinical nurses, who already work long hours for inadequate pay, and are often persuaded to give, give, give. The ICU nurses sued the corporation successfully for union-busting, but unfortunately many of the best nurses had already left to find better positions elsewhere.

The heart of the matter here on the North Shore seems to be the issue of hospital services. There are some services which should clearly remain at AGH, (where I am a regular patient, but not a provider). If AGH is to remain the community hospital for Gloucester and Rockport, and not become just an outpatient clinic, some services clearly need to be maintained. Proximity to family for visiting must be taken into account. Basic inpatient medicine, surgery, pediatrics, and OB-GYN are all necessary to the provision of quality care within our community. Some other services could reasonably be consolidated. For example, MRIs are not emergency procedures, and could be done in one or two facilities only, while AGH should have a CT scanner on site.

The ICU is a more difficult issue to grapple with. It can provide very sophisticated care, which need not be duplicated. Patients on mechanical ventilation might be a case in point. On the other hand, a "step-down unit," when patients come off the machine, but are not yet ready for a regular medical floor, could safely be closer to their loved ones, at AGH.

Yet another conundrum would be how to keep a few beds available for special services which could be provided in various different places. I am thinking of Hospice and Palliative

Care, which is a particular interest of mine. These could be "swing beds," available for the basic med/surg/peds /OB services if and when there are no hospice patients in house.

There's a lot to think about. Obviously my main concern is what's best for my patients. There are other considerations, logistical and financial, which must be taken into account. But it's important to prevent those issues from becoming the major, or heaven forbid, the only focus in this process.

If you think it would be helpful, I would be happy to speak with you in person about these issues.

Yours truly,

Eric Lessinger, MD

Eric Lessinger MD

September 20, 2010

To: Dr. Michael Arsenian & Dr. Janet Coran
Cape Ann Medical Drive
One Blackburn Center, Gloucester, MA 01930

RE: Sad Shuttering of Community Cardiac Rehab Clinic at AGH

A community of health-conscious cardiac survivors here on Cape Ann was deeply saddened by Northeast Health Systems' decision to shutter the Cardio-Pulmonary Rehab Clinic at the Addison Gilbert Hospital. We have all benefited from this program and it is a further degradation of our community hospital that it is being closed. We are writing to put a public face on its impact, as it comes upon us like a death in our collective family.

We have been grateful patients at this Clinic for years, based on referrals from our primary care physicians and cardiologists. Some members of the Clinic have been attending for ten, twelve and more years, forming lasting bonds with medical staff and other patients. The resource that the clinic at AGH has provided, with a qualified exercise physiologist overlooking our exercise regimens, checking blood pressure and heart rates, is a safe, structured environment for us to recover under supervision from heart procedures and other challenging medical issues, rebuilding strength and health. Ages at the Clinic group range from forties right through eighties, some needing oxygen while exercising, and others having blood sugar monitored due to diabetes.

Most of us at the Cardiac Rehab Clinic come at the same time of day, with a group of eight to ten others, on the same schedule three times a week for an hour or more of safe, structured, healthy workout. Good diet, reduction of stress, and weight control are all regular goals and topics. Sometime the supervising exercise physiologist will send one of us home, to the doctor, or right downstairs to the emergency room because we haven't taken our prescribed medications, or our blood pressure, heart rate, or blood sugar level is not on par. Occasionally one in the group has had a cardiac event while on the exercise bike or treadmill - Code Red! - and fortunately the AGH hospital ER staff was close at hand, and in the exercise room within minutes.

This clinic truly has been a health community, especially important for those living alone or struggling with fading health and aging bodies. It occupies one small room at the hospital, with a dozen pieces of equipment, placed so that we face each other and can talk as we exercise. An important, life-supporting element of the Clinic has been the friendships, lively conversation about art, music, travel and current events, social activities and performances in the local community, and personal support, sharing home garden produce, fresh eggs, favorite recipes, and family news, as well as concerns about health care, doctors, flu and coumadin clinics. Such conversations make the treadmill miles fly by more quickly than any TV station.

Why is this beneficial health maintenance program in our community hospital being closed? If only it was because we were all so healthy

as we age that we did not need it any longer - but no, it is because of needed "financial efficiencies", and because the doctors and medical professionals don't have incentives to actively refer candidate patients to the Rehab program, keeping the enrollment up, and the hospital consequently doesn't make enough money with it, like they do with medical procedures such as coronary bypass surgeries, angioplasty and defibrillator implants. Paradoxically, we live in an isolated community where the Cape Ann Medical Center physicians are employees of one health care provider, Partners Community Healthcare, that financially competes against Addison Gilbert Hospital's parent Northeast Health Systems corporation, undermining any financial incentive to promote and maintain our local Cardiac Rehab program.

There was an article in the Boston Globe in January, "The Beat Goes On" by reporter Kay Lazar, documenting how programs like our Cardiac Rehab at AGH really work, significantly increasing patients' health and survival rates, but are being closed down nonetheless. We posted this article on the wall in our clinic, and discussed it as we exercised. Our staying healthy saves the "system" money in the big picture, but the hospital, health insurance companies, and politics of state and federal government subsidies don't, apparently, see enough profits to keep us and such health programs alive. It's a shame to lose it.

Signed: Scott Memhard, Graystone Road, Gloucester
Angela Libro, 16 Commonwealth Avenue, Gloucester
Adele Q Ervin, Manchester, MA
Stanley Feener, 16 Macomber Road, Gloucester
Seraphina Cranston, 9 Brightside Avenue, Gloucester
Norman Hersey, Normand Ave, Manchester
Lucy Russo, Gloucester
Charlotte U. Smith, Rockport
Oliver Balf, Cove Hill Lane, Rockport
Adam Pool, 16 Story Street, Rockport
Robert A. Walters, Jr, Rockport
Frederick E. Brigham, Essex
Cliff Hayes, Rockport
Muriel A Lovasco, 8 High Popplies, Gloucester
Catherine Talty, Gloucester
Bill Chapin, Gloucester
Nancy Rossi, 177 Thatcher Road, Rockport

To:
Boston Globe, Kay Lazar
Globe North - Steve Rosenberg
Gloucester Daily Times, Ray Lamont, Jonathan L'Ecuier
Cape Ann Beacon
Good Morning Gloucester Blog
CA Chamber

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Sen. Tarr, Rep. Ferrante, Bruce.Tarr@state.ma.us
Rep. Ann-Margaret.Ferrante@state.ma.us

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Dr. Janet Doran, Dr. Michael Arsenian, Jennifer Sauchuk
Liz Tasinari NEHS
NEHS President Ken Ranover
Cynthia Cafasso Donaldson, VP Ancillary Services at AGE