

Volume I
Pages 1 to 61

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH

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HEARING TO PERMIT COMMENT ON AN :
APPLICATION FOR DETERMINATION OF NEED: :
FILED ON JULY 19, 2018, BY DANA-FARBER :
CANCER INSTITUTE, INC., APPLICANT, :
450 BROOKLINE AVENUE, BOSTON, :
MASSACHUSETTS, FOR A SUBSTANTIAL :
CAPITAL EXPENDITURE AND THE :
ACQUISITION OF DoN-REQUIRED EQUIPMENT :
TO HOUSE A NEW HOSPITAL SATELLITE :
FACILITY LOCATED AT 300 BOYLSTON :
STREET, NEWTON, MASSACHUSETTS :
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BEFORE: Nora Mann, Esq., Hearing Officer

Held at:
Massachusetts Department of Public Health
250 Washington Street
Boston, Massachusetts
Thursday, September 20, 2018
6:00 p.m.

(Anne H. Bohan, Registered Diplomate Reporter)

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P R O C E E D I N G S

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2 HEARING OFFICER MANN: Good afternoon. My
3 name is Nora Mann. I am the Director of the
4 Department of Public Health's Determination of Need
18:00:20 5 Program.

6 This is a public hearing called in the
7 context of a Determination of Need application which
8 was filed on July 19th of this year in connection
9 with an application by Dana-Farber Cancer Institute,
18:00:37 10 Inc., for a DoN to open an outpatient ambulatory
11 clinic in Chestnut Hill.

12 The Applicant requested a DoN for a
13 substantial capital expenditure to renovate 140,000
14 gross square feet of leased space and acquire five
18:00:53 15 pieces of DoN-required equipment. The total value
16 of this proposed project is \$174,850,000.

17 Applications for substantial capital
18 expenditure and DoN-required equipment are reviewed
19 under the Determination of Need regulation. Under
18:01:10 20 that regulation, the Department must determine that
21 the need exists for the proposed project on the
22 basis of the material in the record where the
23 Applicant has made a clear and convincing
24 demonstration that the proposed project meets each

1 Determination of Need factor.

2 This public hearing is an effort to gather
3 information and hear the opinions of interested
4 parties about the proposed opening of this
18:01:38 5 ambulatory clinic in Chestnut Hill. It is not a
6 question-and-answer session. The DoN program staff
7 will take this relevant information into account in
8 preparing its recommendation to the Massachusetts
9 Public Health Council, the PHC. The PHC's decision
18:01:57 10 on whether to approve this DoN will be made at an
11 upcoming monthly public meeting.

12 We have a sign language interpreter. If
13 there is need for the interpreter, please let Lynn
14 Conover of the DoN staff know. If we don't have
18:02:21 15 specific requests, we will offer the opportunity for
16 the interpreter to stand down, because it is a lot
17 of work and energy. All very, very important, but
18 if he can stand down, that's also a good option.

19 So first we will hear from the Applicant.
18:02:50 20 Following that, we will open the hearing to public
21 comment. I gather that anybody who wishes to speak
22 has already put their name on the list. If you
23 haven't, you can do so now. We use that sign-up
24 sheet to determine the order of speakers. As a

1 courtesy, we will allow any elected officials or
2 staff to kind of jump the line.

3 What we will do, when your name is called,
4 please come up to the microphone here at this table
18:03:25 5 and identify yourself, stating your name and either
6 your affiliation, your town of residence.

7 Note that this hearing is being
8 transcribed. Spelling your name for our
9 stenographer would be helpful. To speed things up,
18:03:43 10 we will also announce the next speaker in advance
11 and ask that that person approach the front of the
12 room to wait in close proximity to the microphone
13 for his or her turn to speak.

14 We're going to ask that folks keep their
18:03:59 15 comments brief, to the point, and directed to the
16 topic of tonight's hearing. If you have a written
17 copy of your testimony, please leave a copy of that
18 with us. It will improve the transcript; it will be
19 very helpful to our stenographer.

18:04:15 20 Each speaker will only have one turn to
21 give testimony. Additional comments will be
22 submitted to us in writing. We accept and consider
23 all comments, whether orally or in writing, equally.
24 Written comments will be accepted up until 5 p.m. on

1 Thursday, October 4th.

2 I will now ask the representatives of the
3 Applicant to come forward.

4 If you will state your name and your
18:04:49 5 affiliation for the record. Thank you.

6 DR. BUNNELL: My name is Craig Bunnell.
7 I'm the Chief Medical Officer at the Dana-Farber
8 Cancer Institute.

9 MS. GROSS: My name is Anne Gross, and I am
18:05:04 10 the Chief Nursing Officer at Dana-Farber Cancer
11 Institute.

12 DR. BUNNELL: So first I'd like to thank
13 the Department of Public Health for holding this
14 public hearing and providing us with the opportunity
18:05:22 15 to discuss this important project.

16 As the Chief Medical Officer and a medical
17 oncologist, in addition to treating breast cancer
18 patients, I oversee the delivery of clinical care
19 across the Dana-Farber enterprise. I speak for all
18:05:38 20 of our clinicians when I say that our mission, to
21 provide expert, compassionate care to children and
22 adults with cancer, is the core of all that we do.
23 To that end, we must ensure that our doors remain
24 wide open for every patient who needs cancer care

1 and wants to come to the Dana-Farber.

2 Every one of us in this room has been
3 touched in some way by cancer. Both of my parents
4 had cancer. My sister had cancer. Thankfully, each
18:06:05 5 of them survived their cancer -- my father by
6 receiving a drug that was largely developed by the
7 Dana-Farber Cancer Institute; my sister by receiving
8 a treatment regimen that was made standard of care
9 by the Dana-Farber. It is our deep and personal
18:06:22 10 commitment to our mission that drives our work every
11 day and brings us here tonight.

12 Cancer care at the Dana-Farber has
13 grown over the last 10 years at an average rate of
14 7 percent a year and all signs point to that growth
18:06:36 15 trend continuing. The growth is attributed in part
16 to improved cancer treatments that have turned many
17 cancers into chronic diseases and an aging
18 population for whom cancer incidence has grown.

19 These factors have increased demand for our
18:06:54 20 services at our Longwood location. By 2020,
21 however, our facilities will no longer be adequate
22 to ensure enough clinical space to allow for a
23 timely access to clinicians for our current
24 patients, let alone for new patients.

1 Before deciding to pursue this daunting
2 endeavor of building a new clinical facility, we
3 made many operational changes to increase our
4 capacity, including operating seven days a week,
18:07:22 5 extending our hours of operation from 6:30 a.m. to
6 8 p.m., and utilizing realtime location technology
7 to allow us to measure and monitor patient wait
8 times so that resources could be allocated most
9 efficiently. Despite these measures, we will reach
18:07:39 10 our capacity in 2020.

11 As you can well imagine, receiving a cancer
12 diagnosis is devastating and incredibly scary.
13 ~~Without additional space, diagnosis and treatment~~
14 will be delayed for many patients, heightening both
18:07:55 15 the anxiety and fear that accompanies the diagnosis,
16 and even more important, decreasing the efficacy of
17 treatment.

18 I want to be sure that every doctor at the
19 Dana-Farber can see every patient who wants to come
18:08:08 20 to us and that we can offer the exceptional care for
21 which we are known and of which we are proud. This
22 site in Chestnut Hill will help to ensure that.

23 Tonight you'll hear from some of my
24 colleagues, including my colleague Anne Gross, about

1 the incredibly important support that they provide
2 to our patients every day and how this new site will
3 allow us to provide exceptional and accessible care
4 to patients throughout the Commonwealth and the
18:08:32 5 region. Thank you.

6 HEARING OFFICER MANN: Thank you, Dr.
7 Bunnell.

8 MS. GROSS: Good evening. My name is Anne
9 Gross. I'm the Chief Nursing Officer at Dana-Farber
18:08:47 10 and an oncology nurse. I oversee the practice of
11 nursing as well as other patient care services at
12 the Institute.

13 I echo my colleague Craig's remarks, in
14 that everyone in this room has been touched by
18:09:02 15 cancer in some way. Three years ago, I lost a
16 treasured Dana-Farber nursing colleague to ovarian
17 cancer. Diagnosed at 42 years old, her cancer had
18 already spread extensively and there was no hope for
19 a cure. However, because of her treatment at
18:09:20 20 Dana-Farber, which included participation in
21 clinical trials that were developed in our
22 organization, she was able to survive for 13 years.

23 As a leading center for cancer prevention,
24 treatment and discovery, we're very committed to

1 providing the best possible care for patients while
2 also seeking new treatments and cures through our
3 groundbreaking research. Our patients and their
4 families depend on us for this.

18:09:47 5 It is the nursing staff, as well as our
6 social workers, resource specialists and others in
7 patient care services, who are on the front lines
8 every day. They will also be on the front lines at
9 Chestnut Hill, treating patients, mitigating their
18:10:02 10 symptoms and side effects of treatment, educating
11 them, and supporting them to achieve the highest
12 quality of life possible during treatment and
13 beyond.

14 This new site at Chestnut Hill will expand
18:10:16 15 our capacity to provide adult oncology care to new
16 patients while providing existing patients more
17 options if they choose to be treated there. The
18 same clinical services will be available in both
19 locations: our extensive array of life-saving
18:10:33 20 clinical trials, exam visits, infusion treatments
21 and diagnostic imaging.

22 We will also provide the core compliment of
23 our supportive services, including social work
24 consults, access to pharmacy resource specialists,

1 financial counselors and medical interpreters. All
2 these services are vitally important to patients
3 during cancer treatment.

4 In addition to these services I've already
18:11:00 5 mentioned, our clinicians connect patients to staff
6 who can help, with accommodations while in Boston
7 for their care, resources to pay for gas or food,
8 legal services and so much more. These services
9 will be available at Chestnut Hill as well.

18:11:17 10 So in closing, while we would like nothing
11 more than to put ourselves out of business, it's
12 clear that for the foreseeable future there's still
13 a great need for cancer care services in our
14 community, and with the patient volume continuing to
18:11:32 15 increase each year at Dana-Farber, as it has and as
16 we project it will continue to do, we must have this
17 expansion to Chestnut Hill to meet the needs of the
18 patients and families that seek our help.

19 HEARING OFFICER MANN: Thank you.

18:12:00 20 Can people in the back hear? If you can't,
21 let me know and I'll tell people to speak up, or
22 what I also may do is just shift folks around so
23 that they're looking at you. I just want to make
24 sure.

1 FROM THE FLOOR: It is hard to hear.

2 HEARING OFFICER MANN: It is hard to hear.

3 All right. Then what I may suggest, Lynn, if you
4 could move the -- I don't mind people having their
18:12:25 5 backs to me. Lynn, just move the chair around so
6 that folks can sit -- just pull the chair around.
7 That will work. We're good. All of that, of
8 course, is on the record. Fantastic.

9 Joseph Casey. And following Mr. Casey,
18:12:57 10 Karen Messier.

11 MR. CASEY: Good evening. My name is
12 Joseph F.X. Casey. This past summer I was appointed
13 President and CEO of Sturdy Memorial Hospital in
14 Attleboro. Prior to that, I served as the CFO since
18:13:22 15 1996 and have worked at the hospital for almost 30
16 years.

17 Thank you for the opportunity to provide
18 comments on behalf of the Sturdy Ten Taxpayer Group
19 concerning Dana-Farber's DoN application for a new
18:13:35 20 Chestnut Hill outpatient cancer care satellite.

21 Sturdy is a 132-bed disproportionate share
22 hospital, meaning that it serves a disproportionate
23 number of patients on public insurance programs such
24 as MassHealth and Medicare. It employs over 1500

1 individuals.

2 Sturdy is also one of the Commonwealth's
3 few remaining independent community hospitals and is
4 designated by the Department of Public Health as
18:14:00 5 deserving of protected status. DoN regulations
6 prohibit surgicenters from being built in the
7 primary service area of an independent community
8 hospital unless the community hospital provides a
9 letter of support. This is to prevent
18:14:13 10 cherry-picking from community hospitals of more
11 mobile and lucrative commercially insured patients.

12 Sturdy serves Attleboro and 11 surrounding
13 Massachusetts towns, including Foxborough, as well
14 as nearby Rhode Island. We operate a highly
18:14:27 15 successful comprehensive cancer program which is
16 both excellent and cost-effective. Karen Messier,
17 Sturdy's Oncology Program and Clinical Manager, will
18 describe our oncology program in more detail later
19 in her testimony.

18:14:41 20 I am testifying here today because Sturdy
21 is concerned about the impact of a second outpatient
22 cancer care satellite that Dana-Farber is
23 constructing in Foxborough only about 12 miles from
24 Sturdy. It is a 34,000 square foot facility,

1 meaning that it's several times larger than Sturdy's
2 cancer facilities that are treating approximately
3 7400 patients annually with room to spare.

4 In contrast to the Chestnut Hill satellite
18:15:06 5 project, neither Sturdy nor the general public have
6 had an opportunity to learn much about Dana-Farber's
7 plans for this large Patriot Place facility because
8 it has not filed a DoN application for that location
9 and Dana-Farber has not sought to include Sturdy in
18:15:21 10 any of its planning processes. The Chestnut Hill
11 DoN application itself is deficient, as it does not
12 address the interplay of the two closely overlapping
13 satellite projects for the same hospital license.

14 DoN applicants are expected to engage in
18:15:36 15 and describe in their application the planning and
16 sound community engagement process they have
17 undertaken to develop a project or service line for
18 the hospital's patient panel.

19 They're also required to undertake a
18:15:47 20 financial analysis that reflects the hospital's
21 finances as a whole -- and I quote -- "the
22 availability of sufficient funds for capital and
23 ongoing operating costs necessary to support the
24 Proposed Project without negative impacts or

1 consequences to the Applicant's existing Patient
2 Panel."

3 From the limited Chestnut Hill application,
4 there is no way to know if or how the impact of
18:16:11 5 Foxborough was considered as part of the Chestnut
6 Hill planning and main hospital campus plans and
7 vice versa.

8 The Dana-Farber DoN application narrative
9 provides that the project will allow the Applicant
18:16:23 10 to make available additional capacity at its main
11 campus to continue to meet the growing demand by
12 patients residing near that campus. The Chestnut
13 Hill application does not, however, reference the
14 additional main campus capacity that would be
18:16:38 15 available with the addition of the 34,000 square
16 foot Foxborough satellite.

17 In addition, since no DoN application has
18 been filed for the Foxborough satellite, it is
19 unknown if the source of the volume at Foxborough is
18:16:51 20 also being shifted from the main campus or if the
21 projected patient panel to be treated in Foxborough
22 represents patients previously taken care of in
23 community hospital cancer programs like Sturdy,
24 Norwood and Good Samaritan.

1 Assuming the Foxborough satellite's purpose
2 is to provide additional capacity at the main campus
3 and that the services of each Dana-Farber satellite
4 would overlap, the DoN application for the Chestnut
18:17:20 5 Hill project should incorporate planning for the
6 Foxborough satellite, considering both projects will
7 be providing what appear to be identical services
8 for the ultimate goal of increasing capacity at the
9 main campus, the central purpose of the Chestnut
18:17:32 10 Hill satellite DoN application.

11 It goes without saying that Dana-Farber is
12 renowned for the care and research it provides, and
13 we are grateful they are able to serve approximately
14 15 percent of Sturdy's patients who need the complex
18:17:45 15 tertiary care and academic research participation
16 that Dana-Farber provides in Boston. We have had
17 historically an outstanding relationship with
18 Dana-Farber and have worked collaboratively. This
19 practice has been consistent with the Commonwealth's
18:18:00 20 goal of lowering health care costs by maximizing the
21 use of community hospitals for community-appropriate
22 care.

23 It is also important to highlight that the
24 Dana-Farber Foxborough satellite is only a small

1 part of a 150,000 square foot healthcare facility
2 being developed in conjunction with Partners and for
3 which no DoN application was filed. The 150,000
4 square foot Foxborough project appears to contain a
18:18:25 5 fair amount of common space, including a suspended
6 walkway to the existing Partners facility at Patriot
7 Place.

8 Due to the overlap in the building spaces,
9 together with the estimated cost of this entire
18:18:34 10 project, the Foxborough satellite should, at the
11 very least, be addressed via the Chestnut Hill
12 satellite DoN application, if not pursuant to its
13 own.

14 It is reasonable for Sturdy to anticipate
18:18:47 15 that the resulting 300,000 square foot complex at
16 Patriot Place, for which no DoN applications have
17 yet been filed and for which no opportunity for
18 public comment has so far been available, will
19 result in more of our residents and patients, as
18:19:00 20 well as those of other community hospitals in the
21 area, receiving care from two organizations that
22 have historically some of the highest costs in the
23 state, contrary to state goals.

24 Dana-Farber's plans also raise the question

1 as to why independent community disproportionate
2 share hospitals like Sturdy receive regulatory
3 protection from the poaching by surgicenters but not
4 from the encroachment of cancer programs. Cancer
18:19:24 5 programs are costly and complicated to run and are
6 important to Sturdy's viability going forward as a
7 full-service community hospital.

8 We also believe that proponents of new
9 cancer projects should be required to collaborate
18:19:38 10 with existing community providers with excess
11 capacity, as the Department required in the past in
12 connection with radiation oncology programs.

13 In conclusion, the substantial overlap of
14 Dana-Farber's two satellite projects should require
18:19:53 15 that both projects be considered jointly in
16 evaluating the Chestnut Hill project if not pursuant
17 to two separate DoN applications.

18 We hope the Department strictly scrutinizes
19 this and other projects that will pull clinically
18:20:08 20 appropriate services from community hospitals who
21 are already struggling.

22 Thank you for the opportunity to speak
23 today. And I will be submitting additional comments
24 later.

1 HEARING OFFICER MANN: Thank you. Karen
2 Messier followed by Monica Valdes Lupi.

3 MS. MESSIER: Good evening. My name is
4 Karen Messier. I'm the Oncology Program and
18:20:44 5 Clinical Manager at Sturdy Memorial Hospital in
6 Attleboro, Massachusetts. I began to develop and
7 expand the oncology program in 1988.

8 I am testifying this evening to provide
9 more information that demonstrates the Sturdy
18:20:57 10 service area, including Foxborough, is highly served
11 and there is no need for additional duplication of
12 services locally.

13 We at Sturdy achieved and have maintained
14 American College of Surgeons Commission on Cancer
18:21:09 15 accreditation since the late '80s. We are a
16 comprehensive cancer program that provides services
17 across the continuum from cancer prevention and
18 early detection to cancer rehabilitation.

19 Patients are cared for by a
18:21:24 20 multidisciplinary team providing high-quality
21 medical and nursing care second to none. Our
22 medical oncologists were educated at Ivy League
23 Universities and trained at some of the best cancer
24 centers in the country. The nursing staff

1 administering chemotherapy are all nationally
2 certified through the Oncology Nursing Certification
3 Corporation, demonstrating knowledge, ability and
4 competence.

18:21:48 5 In 2017, Sturdy received the Oncology
6 Nursing Society Employer Recognition Award for
7 support of oncology certification for nurses caring
8 for cancer patients.

9 Cancer care at Sturdy includes all
18:21:59 10 modalities currently available. Sturdy has
11 maintained state-of-the-art imaging, diagnostics,
12 surgery, chemotherapy, immunotherapy, radiation
13 therapy and rehabilitation. Our comprehensive
14 cancer program meets the needs of our community with
18:22:14 15 capacity to manage future growth.

16 In 2014, we developed a cancer
17 rehabilitation program designed to help our patients
18 return to their precancer baseline. Services across
19 all disciplines are available, including wellness
18:22:29 20 programs, nutrition counseling, psychosocial
21 support, occupational therapy, lymphedema prevention
22 and treatment, physical therapy, speech therapy and
23 nurse navigation services.

24 Quality improvement goals are developed

1 annually as we strive to provide more and improved
2 services for our patients. This year a major focus
3 was to better manage cancer pain in the outpatient
4 setting thereby helping to keep the patient out of
18:22:58 5 the emergency department and/or admitted to the
6 hospital.

7 Because we are a small community hospital,
8 the care we provide is personal. The patients and
9 the staff live and work in this community. Patients
18:23:11 10 know their caregivers and see the same caregivers
11 from beginning to end of treatment. A sense of
12 trust is established as family members realize that
13 the Sturdy oncology family is taking care of their
14 family.

18:23:25 15 Patients know and understand they can call
16 us for whatever they need. The phone is never on
17 voicemail unless the unit is closed. Unlike a
18 satellite facility, the emergency department is
19 available for our patients any time of day.

18:23:39 20 Sturdy Memorial Hospital offers a great
21 oncology service to the community we serve. We
22 treat everyone with concern, care and respect
23 whether they can pay or not. Thank you for your
24 time.

1 HEARING OFFICER MANN: Following Ms.
2 Valdes Lupi is Kelsi Field.

3 MS. VALDES LUPI: Hello. My name is Monica
4 Valdes Lupi. I'm the Executive Director of the
18:24:27 5 Boston Public Health Commission, which is the local
6 health department for the City of Boston. I'm
7 testifying in support of the submitted Determination
8 of Need application by Dana-Farber for its new site
9 located in Chestnut Hill.

18:24:41 10 This new facility will offer oncology
11 services, which include exam, infusion and imaging
12 services for the diagnosis and treatment of cancer.
13 This project will generate \$8.7 million in community
14 health improvement payments directed to low-income
18:24:57 15 communities in Boston aimed at reducing the burden
16 of cancer.

17 Due to the aging patient panel, as well as
18 the aging population within the Commonwealth and the
19 increasingly chronic nature of the disease, there is
18:25:09 20 an increasing demand for cancer care services,
21 including demand for the subspecialized services.

22 The Boston Public Health Commission has had
23 the privilege of working with Dana-Farber for many
24 years around issues of cancer prevention. This

1 year, the Commission released its first-ever Health
2 of Boston Special Report: Cancer Among Boston
3 Residents, with the help of Dana-Farber.

4 The report is an in-depth analysis of
18:25:34 5 cancer data between 1999 and 2013. It looks at data
6 related to all cancer, as well as five major cancer
7 types: lung, colorectal, female breast, prostate
8 and liver. It highlights trends in incidence and
9 mortality, providing comparisons to national data,
18:25:53 10 and identifying specific groups and communities in
11 Boston who have disproportionately experienced
12 these cancers compared to their Boston resident
13 peers.

14 Overall, cancer prevention efforts have
18:26:04 15 been effective, and improvements in treatments are
16 making cancer survivorship an emerging "new normal."
17 In Boston, evidence of this is found in the steep
18 declines in overall cancer mortality rates we have
19 detected and shared in our new report.

18:26:19 20 Though there are improvements, our data
21 also show these outcomes are not experienced equally
22 by all. The existence of cancer-related inequities
23 in diagnosis, treatment, and mortality underscores
24 an urgent need to find solutions that address the

1 factors that contribute to differing outcomes, like
2 education level and household income.

3 Rates of routine cancer screenings have
4 been found to be high among all Boston residents,
18:26:46 5 but continuing disparities remain in terms of
6 incidence and mortality rates.

7 From 1999 to 2013, Black, Latino and Asian
8 residents did not experience any change in all
9 cancer incidence while white residents experienced a
18:27:00 10 decrease of 14 percent.

11 While 2011-2013 breast cancer mortality
12 rates for Black and white female residents of all
13 ages were similar, the premature mortality rate for
14 Black females was 78 percent higher than for white
18:27:14 15 female residents.

16 In Boston, colorectal cancer incidence and
17 mortality have decreased over time. While most
18 racial and ethnic groups experienced a decrease in
19 incidence, whites were the only group that also had
18:27:27 20 a decrease in mortality from colorectal cancer over
21 time. The mortality rate between 2011-2013 for
22 Blacks in the city is 44 percent higher than that of
23 whites.

24 Through our longstanding partnership with

1 Dana-Farber, we focused our efforts in addressing
2 inequities and inequitable outcomes in cancer
3 mortality. BPHC and Dana-Farber cochair the
4 Community Engagement Committee of the Boston Breast
18:27:53 5 Cancer Equity Coalition which addresses the issue of
6 premature mortality of breast cancer among young
7 Black women.

8 Dana-Farber is also a member of the
9 Commission's Cancer Advisory Group, which will guide
18:28:03 10 the development of our work plan addressing cancer.
11 We look forward to continuing to collaborate with
12 Dana-Farber as we both work to reduce the burden of
13 cancer among our residents.

14 Thank you for the opportunity to share the
18:28:16 15 testimony this evening.

16 HEARING OFFICER MANN: Thank you. Kelsi
17 Field followed by Catherine Anderson.

18 MS. FIELD: Good evening. My name is Kelsi
19 Field and I'm here on behalf of State Representative
18:28:33 20 Ruth Balser. The Representative sends her regrets
21 that she is unable to make it here tonight and has
22 asked that I read her letter in support:

23 "I am writing in support of Dana-Farber
24 Cancer Institute building a new hospital facility in

1 Chestnut Hill at 300 Boylston Street in Newton.

2 "It is my understanding that Dana-

3 Farber's main campus is nearing capacity. The

4 increase in the number of patients served by

18:28:55 5 Dana-Farber is not surprising given that cancer is

6 the number two cause of death statewide and the

7 number one cause of death in the City of Boston.

8 One of the main contributors to cancer incidence is

9 the aging of the population. Dana-Farber is

18:29:09 10 addressing this need by expanding its capacity to

11 ensure access for all patients.

12 "The new facility in Chestnut Hill will

13 allow Dana-Farber to schedule appointments sooner

14 and diminish wait times until treatment begins.

18:29:22 15 Reducing travel time to receive world-class cancer

16 care will, I am sure, mean a great deal to my

17 constituents and to neighboring communities:

18 "Additionally, I understand that this

19 project will generate \$8.7 million in community

18:29:34 20 health improvement payments to support vulnerable

21 populations to reduce the burden of cancer.

22 "I welcome Dana-Farber to our neighborhood,

23 and thank you for your consideration."

24 Thank you.

1 HEARING OFFICER MANN: Thank you.

2 Catherine Anderson followed by Kim Noonan.

3 MS. ANDERSON: Thank you. My name is
4 Catherine Anderson, and I am here representing State
18:30:03 5 Senator Cynthia Stone Creem who represents the
6 communities of Newton, Brookline and Wellesley. She
7 asked that I read her statement. She apologizes for
8 not being able to attend. She says:

9 "I serve as the State Senator representing
18:30:16 10 Newton, Brookline and Wellesley. I am writing in
11 support of the Dana-Farber Cancer Institute
12 Determination of Need application for a facility at
13 300 Boylston Street in Chestnut Hill. I believe the
14 public will benefit from this new satellite
18:30:31 15 location, which will provide more convenient access
16 to medical care for my constituents and many others
17 undergoing cancer treatments.

18 "The demand for cancer care services is
19 increasing as our population ages and because more
18:30:45 20 individuals now receive ongoing care for chronic
21 cancer conditions. Dana-Farber's Determination of
22 Need submission indicates that their main campus in
23 the Longwood Medical Area is reaching capacity due
24 to sustained and continuing growth. Approval of

1 this new site in Chestnut Hill will allow
2 Dana-Farber to shift some of its patient volume from
3 their main campus and provide more treatment and
4 services for more patients.

18:31:12 5 "Dana-Farber also provides many nonmedical
6 support services to patients and families with its
7 staff of social workers, resource specialists,
8 financial counselors, and interpreters. Without
9 this new site, Dana-Farber believes its patients
18:31:26 10 will risk delayed appointments, delayed treatment,
11 and longer wait times.

12 "Dana-Farber also promotes public health
13 for high-risk and underserved populations. If
14 approved, this project is estimated to generate \$8.7
18:31:41 15 million in community health improvement payments
16 directed to low-income communities in Boston to
17 reduce the burden of cancer."

18 I respectfully request a favorable report.
19 Please let me know if you have questions. Thank
18:31:55 20 you.

21 HEARING OFFICER MANN: Thank you. Kim
22 Noonan followed by Brandon Ortiz.

23 MS. NOONAN: Good evening. My name is Kim
24 Noonan. I have two roles at Dana-Farber Cancer

1 Institute. I am the Lead NP at Dana-Farber, and I
2 also practice in the Multiple Myeloma Disease
3 Center.

4 In my role at Dana-Farber as the Lead Nurse
18:32:21 5 Practitioner, I have the opportunity to work closely
6 with all of the NPs at Dana-Farber in the various
7 disease centers. One important role that I have as
8 the Lead NP is that of a resource, as well as a
9 communicator to my colleagues about the clinical
18:32:36 10 changes that are coming about.

11 As I have communicated the opening of
12 Chestnut Hill to our NPs, they feel that this center
13 will allow for the opportunity for ongoing access to
14 Dana-Farber patients. This setting will accommodate
18:32:47 15 the current level of patient growth at Dana-Farber
16 and will continue to provide equitable and quality
17 care that our oncology patients deserve.

18 It is essential to think about this in the
19 setting of the context of the community and national
18:33:01 20 needs. The CDC suggests that from 2010 to 2020,
21 cancer rates will increase approximately 24 percent
22 in men and 21 percent in women.

23 As I'm sure people have already said, a lot
24 of this is due to the aging population. People live

1 longer with cancer as well, and it is estimated that
2 there will be 18 million cancer survivors by the
3 year 2020. Chestnut Hill will certainly help to
4 accommodate future cancer patients as well as our
18:33:32 5 cancer survivors.

6 In my role as the nurse practitioner, I
7 continually hear from patients that the most
8 vulnerable time during the cancer journey was during
9 the initial diagnosis when they are waiting for that
18:33:44 10 provider appointment. Although the patient is aware
11 of their cancer diagnosis, there is a lack of
12 knowledge from the patient perspective about their
13 disease, about their treatment, and about their
14 prognosis. This information is essential for
18:33:55 15 patients to be able to plan for their future.

16 It is during this time that patients often
17 endure the most distress and feelings of anxiety. I
18 think, from a provider perspective, that you can
19 really feel these emotions and they're almost
18:34:11 20 palpable.

21 The Chestnut Hill facility will allow for
22 continued easy access to Dana-Farber during this
23 most difficult time. The Chestnut Hill facility
24 will allow for ongoing quality care that is provided

1 by Dana-Farber to more patients. This facility is
2 needed and will be utilized by the local oncology
3 community, as well as provide continued access to
4 all patients that come to Dana-Farber.

18:34:32 5 I fully support the opening of the Chestnut
6 Hill facility. Thank you.

7 HEARING OFFICER MANN: Thank you. Brandon
8 Ortiz followed by Kecia Boyd.

9 MR. ORTIZ: Hello everyone. My name is
18:34:58 10 Robert Brandon Ortiz. I'm a Senior Pharmacy
11 Resource Specialist at Dana-Farber Cancer Institute.

12 My main task at Dana-Farber is connecting
13 patients to financial assistance related to
14 chemotherapy treatment costs. A fair number of the
18:35:12 15 patients that I assist with are Medicare patients.
16 They live on a fixed income and the medication costs
17 they endure is often in the thousands.

18 The cost of chemotherapy medications can be
19 cost prohibitive and some patients may not be able
18:35:26 20 to move forward with treatment. I have known
21 patients to sell their homes, exhaust their savings
22 and even get divorced, just to be able to afford
23 their treatment.

24 By connecting these patients with the right

1 grant foundations and manufacturer assistance
2 programs, I can often help relieve that financial
3 burden of treatment cost. It's also a way to help
4 patients focus on more important things such as
18:35:50 5 spending more time with their family and focusing on
6 their overall health.

7 With the number of new cancer cases on the
8 rise, it's important that we live up to our mission
9 statement. Our mission is to provide expert,
18:36:02 10 compassionate care to children and adults with
11 cancer, while advancing the understanding,
12 diagnosis, treatment, cure and prevention of cancer-
13 related diseases.

14 Dana-Farber offers a number of
18:36:14 15 services that not only focus on treatment but also
16 benefit other areas of patient care. By expanding
17 patient access with the Chestnut Hill location, we
18 can reach a larger patient population that may not
19 be able to reach out to our Longwood campus or for
18:36:30 20 whom Chestnut Hill might be a more convenient
21 option.

22 On behalf of my pharmacy and patient
23 resource team members, we fully support Dana-Farber
24 in their plans for the Chestnut Hill expansion.

1 Thank you.

2 HEARING OFFICER MANN: Thank you. Kecia
3 Boyd followed by Barney Heath.

4 MS. BOYD: Good evening. My name is Kecia
18:36:56 5 Boyd. Thank you to the members of the Department of
6 Public Health for allowing me to speak to you this
7 evening about our Chestnut Hill facility.

8 I am the nurse director on a hematological
9 cancer unit at Dana-Farber. I have a unique role of
18:37:08 10 managing and leading nurses as well as providing
11 direct patient care. The nurses at Dana-Farber
12 strive every day to bring the very best of nursing
13 practice to our patients. Because of this
14 personalized patient and family nursing care,
18:37:21 15 patients and their families are driving many hours
16 and miles right past the Chestnut Hill area to
17 Longwood.

18 Having the Chestnut Hill location will give
19 our current and future patients the option to
18:37:33 20 receive the best comprehensive cancer care at the
21 right clinic access site that is best for them.

22 It is a challenge for patients to deal with
23 their personal life-changing adjustments with a
24 cancer diagnosis, from managing the toxic side

1 effects of treatment to the many hours of travel to
2 get cancer care. Many patients need to travel to
3 Longwood for treatment weekly or even multiple days
4 per week. If we can provide access to a site that
18:38:00 5 is more convenient to a patient, then that will
6 reduce their travel burden.

7 As a nurse director, occasionally I walk
8 around the waiting room on my unit to ask patients
9 and their families: "How is Dana-Farber doing?
18:38:11 10 What can we do better?"

11 Lately the replies I hear are: "I see your
12 sign on Route 9, you know, the one in the Chestnut
13 Hill area. What a great location for me! I know it
14 will be great to have the same great care at a
18:38:25 15 closer area. It will be wonderful."

16 As a nurse, I understand that cancer
17 affects patients and their families in many ways.
18 To offer choices that give them nursing care at its
19 very best, groundbreaking cancer treatment, and a
18:38:37 20 convenient access to cancer care is connecting all
21 the dots.

22 I fully support the opening of the Chestnut
23 Hill facility. Thank you for listening.

24 HEARING OFFICER MANN: Thank you. Barney

1 Heath followed by Bruce MacDonald.

2 MR. HEATH: Good evening. My name is
3 Barney Heath. I'm the Planning Director for the
4 City of Newton, and I'm here to bring a remark from
18:39:01 5 Mayor Fuller.

6 "As Mayor of the City of Newton, I wish to
7 comment on the Determination of Need application by
8 Dana-Farber Cancer Institute to establish a new
9 hospital satellite facility at 300 Boylston Street
18:39:13 10 in Newton.

11 "The Dana-Farber Cancer Institute is a
12 world-renowned institution. Its doctors, nurses --
13 as well as social workers, resource specialists,
14 financial counselors, and interpreters -- provide
18:39:23 15 expert, compassionate care to children and adults
16 with cancer. Its scientists simultaneously advance
17 the understanding, diagnosis and treatment, cure and
18 prevention of cancer and related diseases.

19 "We are pleased that Dana-Farber Cancer
18:39:37 20 Institute is expanding so more patients can have
21 increased access to Dana-Farber's expert cancer
22 care.

23 "As Mayor of Newton, I am particularly
24 excited that the Dana-Farber Cancer Institute is

1 looking at the site on Route 9/Boylston Street in
2 Newton. Our residents, as well as residents of our
3 neighboring MetroWest communities, will be able to
4 more easily and more conveniently access these
18:40:01 5 critical cancer services.

6 "I also wish to highlight the sizable
7 community benefits...that this project will offer to
8 low-income and high-risk populations to address and
9 reduce the incidence of cancer-related disease. The
18:40:14 10 City of Newton is particularly interested in working
11 with Dana-Farber to help underserved residents here
12 in our community. While Newton is often perceived
13 as an affluent community:

14 "11 percent of Newton schoolchildren are
18:40:24 15 living below the poverty line.

16 "Nearly one out of eight households in
17 Newton are living on an annual income of less than
18 25,000, and

19 "Newton's four food pantries serve
18:40:34 20 approximately 1,200 residents each month. We
21 welcome Dana-Farber's focus on Newton's residents in
22 need."

23 "The Newton City Council will play an
24 important role with respect to the satellite

1 facility. The project, if approved by the
2 Department of Public Health, will likely require a
3 special permit from the City Council for a parking
4 waiver for this location.

18:40:52 5 "I sincerely hope that the Department of
6 Public Health is able to grant this petition so that
7 the Dana-Farber can proceed with the special permit
8 process here in Newton and needed services can be
9 offered in our community.

18:41:03 10 "Sincerely, Ruthanne Fuller, Mayor of the
11 City of Newton."

12 HEARING OFFICER MANN: Thank you. Bruce
13 MacDonald followed by Tony Serge.

14 MR. MacDONALD: Bruce MacDonald. I am a
18:41:26 15 clinical social worker at Dana-Farber where I am now
16 in my 17th year. I work in two clinics, I have
17 through that time period, in the GI clinic and in
18 the GU clinic. I appreciate the opportunity to say
19 a little bit about the social work role at
18:41:45 20 Dana-Farber and what we try to help with.

21 For the patient and family, a cancer
22 diagnosis is a shock to the system. No one sees it
23 coming. No one gets any promises when you come in
24 to Dana-Farber except that you will get the best

1 medical care available.

2 Social workers try to help with emotional
3 adjustment, adjustment to their illness. We try to
4 help patients and family members talk about it with
18:42:15 5 each other and with the medical team. Patients want
6 to know how to speak about this with their children,
7 with family members. How can they continue to make
8 plans? And given their new reality of cancer in
9 their life, how can I wake up in the morning and
18:42:34 10 continue to focus on living? These are our everyday
11 conversations with patients and family members at
12 Dana-Farber.

13 We also focus on practical concerns, along
14 with our resource specialist colleagues, and address
18:42:50 15 issues such as questions about disability, helping
16 to identify resources in the community, and helping
17 to identify and provide access to resources at the
18 hospital.

19 Collaboration with the medical team is an
18:43:05 20 important social work role. One of the things that
21 we try to do every day is to make sure that the
22 patient and the oncologists are hearing each other.
23 Our overall goal, in collaboration with the medical
24 team, is to help people live long and well and be

1 able to plan ahead, to adjust to unforeseen events,
2 and when it's necessary, to help people with
3 end-of-life planning.

4 Two of my primary patient populations that
18:43:35 5 I wanted to mention briefly in regard to particular
6 cases, I work with older men with prostate cancer in
7 the GU clinic, and I work with younger patients in
8 their 20 and 30s in a support group that I
9 facilitate. Two brief stories.

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Finally, I just want to say that I completely support Dana-Farber's presence in Chestnut Hill and look forward to providing the same kind of care in Chestnut Hill as we do on the Boston campus. Thank you.

HEARING OFFICER MANN: Thank you. Tony Serge followed by Fay Ruopp.

MR. SERGE: Good evening. My name is Tony Serge. I am currently the Cochair *Emeritus* of the Dana-Farber Adult Patient and Family Advisory Council where I've served as cochair for three years.

APFAC is a volunteer group of patients,

1 family members and caregivers who work alongside
2 Dana-Farber leadership and staff to help shape key
3 decisions that affect patient care and improve the
4 patient and family experience. I have been
18:46:10 5 personally associated with Dana-Farber as a
6 caregiver for nine years with my wife and as an
7 APFAC member for the last five years.

8 I am here this evening as a caregiver and a
9 member of APFAC to talk about the Chestnut Hill
18:46:22 10 facility from the patient and caregiver perspective.

11 The Chestnut Hill facility provides two
12 very important needs for the patient and caregiver.
13 First, to have easy access to care. Second, that
14 the care be provided at a convenient location.

18:46:37 15 Access means the ability to get an
16 appointment when needed or desired. One of the best
17 aspects of Dana-Farber is how quickly patients can
18 get an appointment. As you can imagine, the first
19 few days or even weeks of a cancer diagnosis can be
18:46:51 20 extremely terrifying, and it puts a patient at ease
21 to be seen by a doctor right away.

22 This type of access is very important for
23 the patient experience and the quality of care.
24 With the ever-growing number of patients seeking

1 treatment at Dana-Farber, having a Chestnut Hill
2 facility provides support to this growth and
3 maintains access when the patient wants and needs
4 it.

18:47:13 5 As for the need to be at a convenient
6 location, some patients and their families may find
7 traveling to Boston difficult, but the Chestnut Hill
8 facility offers these patients the same core patient
9 services and amenities as the Yawkey facility and
18:47:29 10 for them in a more convenient location. They now
11 have another choice or option.

12 In summary, Chestnut Hill accommodates the
13 increased number of patients walking through Yawkey
14 and ensures a continuation of equitable care for
18:47:39 15 all.

16 One final point on the active involvement
17 of APFAC. We are on five Chestnut Hill committees
18 representing a very patient-centric view and
19 perspective. As an example, we are reviewing and
18:47:54 20 signing off on architectural designs and drawings,
21 as well as patient amenities.

22 In conclusion, for all these reasons
23 stated, as a caregiver and a member of the
24 Dana-Farber Adult Patient and Family Advisory

1 Council, I strongly support the Chestnut Hill
2 facility.

3 HEARING OFFICER MANN: Thank you, Mr.
4 Serge. Fay Ruopp followed by Marianne Jones.

18:48:19 5 MS. RUOPP: My name is Fay Ruopp, and I
6 reside at 2400 Beacon Street in Chestnut Hill.

7 I am speaking to you tonight as a
8 Dana-Farber patient who is a strong advocate for a
9 new facility in Chestnut Hill.

18:48:33 10 In June of 2014, I was diagnosed with
11 breast cancer, invasive ductile carcinoma. The
12 diagnosis came from a well-respected community
13 hospital in the Massachusetts suburb my husband and
14 I lived in before moving to Chestnut Hill. The
18:48:47 15 advice from the radiologist there was to see a
16 general surgery to perform a lumpectomy.

17 After speaking with several physician
18 friends and family, I contacted an oncologist at
19 Dana-Farber, who happened to be a former student
18:48:59 20 at the high school where I once taught. He
21 strongly encouraged me to be seen at Dana-Farber,
22 offering some compelling reasons as to why I
23 should be treated at one of the most, if not the
24 most, outstanding cancer institutes in the

1 country.

2 He also recommended that I have a
3 lumpectomy performed by a breast surgeon. His
4 advocacy and knowledge, as one of the foremost
18:49:20 5 breast oncologists in the United States, convinced
6 me that Dana-Farber would be the best choice for
7 further treatment.

8 My first reason for advocating for a new
9 facility, Dana-Farber provides world-renowned,
18:49:33 10 innovative, and unique cancer treatments. By
11 expanding their Boston facility, more patients will
12 be able to take advantage of the most current
13 research on their specific cancers.

14 As another example in my own treatment, my
18:49:44 15 breast surgeon offered the possibility of being part
16 of an AMIGO research study. For patients undergoing
17 lumpectomies, 40 percent need to be repeated to
18 achieve clear margins. In the AMIGO operating room,
19 the surgeon sees immediate results with an MRI in
18:49:59 20 the room. After the tumor is removed, a scan is
21 performed of the boundaries. Further surgery is
22 done at that time.

23 In fact, I was one who might have needed a
24 resection, since the initial boundaries were not

1 clear. The state-of-the-art practices at
2 Dana-Farber saved me from unnecessary procedures.

3 Radiation followed my surgery. Again, I
4 was fortunate to be at Dana-Farber, since I was able
18:50:20 5 to take advantage of another recent treatment
6 option. Due to the nature of my tumor, the
7 possibility of a reduced period of more intense
8 radiation, 19 treatments as opposed to 30 were given
9 to me. 11 fewer trips to Boston were a blessing.

18:50:38 10 In October of 2017, I was diagnosed with
11 two additional cancers, melanoma and parotid
12 carcinoma. As much as I love Dana-Farber, I was not
13 expecting to be back there within three years.

14 After removing my parotid gland, I needed
18:50:54 15 to undergo 33 radiation treatments to my neck.
16 Having to travel to Boston 33 consecutive weekdays,
17 given the hurdles of scheduling my own work and the
18 Longwood area congestion, was not an easy task,
19 especially given the painful side effects of this
18:51:07 20 type of radiation.

21 This new facility will be incredibly
22 helpful for patients who have the option for
23 treatment location, especially since the services at
24 Longwood will be the same as Chestnut Hill.

1 The good news is I am now on the other side
2 of being the recipient of world-class care. I am
3 forever indebted to Dana-Farber for saving my life.
4 I wholeheartedly support the plans for the Chestnut
18:51:30 5 Hill facility, so that as many patients as possible
6 have much needed access to Dana-Farber. Thank you.

7 HEARING OFFICER MANN: Thank you. Marianne
8 Jones followed by Erica Mayer.

9 MS. JONES: Thank you. My name is Marianne
18:51:57 10 Jones. I'm the Executive Director of Hospitality
11 Homes, and I'm here to speak in support of
12 Dana-Farber Cancer Institute's Chestnut Hill
13 facility.

14 Hospitality Homes is a 501(c)(3)
18:52:09 15 organization that provides free short-term housing
16 to patients and families receiving medical care in
17 Boston. The program is open to all ages, pediatric
18 and adult, and all diagnoses, including cancer. We
19 provide approximately 10,000 nights of free housing
18:52:25 20 to more than 2,000 patients and families every year.
21 We were founded in the 1980s and continue to see the
22 demand grow for our free medical housing services,
23 particularly among Dana-Farber Cancer Institute
24 families.

1 Dana-Farber has been a valued partner for
2 over 20 years. An increase in Dana-Farber cancer
3 patients is evident to us. We provide free,
4 furnished, accessible apartments and rooms in
18:52:53 5 private homes located three to 12 miles from the
6 Longwood Medical Area where most cancer care takes
7 place.

8 Most of our families travel from at least
9 50 miles outside of Boston. Many have never been to
18:53:05 10 Boston before. As you can imagine, for these
11 patients, navigating a car or public transportation
12 is daunting. With the increasing demand for housing
13 and the increasing numbers of patients traveling for
14 Dana-Farber care, having a facility that is closer
18:53:19 15 to where our voluntary housing is provided in
16 Needham, Newton and Chestnut Hill would provide
17 valuable support while also reducing stress at a
18 critical time.

19 From one of our Dana-Farber patient family
18:53:30 20 guests:

21 "Every time someone asks us where we are
22 staying, I tell them about your organization and how
23 fortunate we are. I can't even begin to express how
24 much easier and more manageable having this free

1 housing makes our lives. It relieves so much
2 stress, allowing us to focus on our son and helping
3 him get better."

4 Hospitality Homes strongly supports the
18:53:51 5 Dana-Farber Cancer Institute Chestnut Hill facility.
6 It will bring the medical care closer to where our
7 patient families stay, making it more convenient and
8 helping to eliminate stress at an already difficult
9 time for cancer families.

18:54:05 10 Thank you very much.

11 HEARING OFFICER MANN: Thank you. Erica
12 Mayer followed by Irene Goss-Werner.

13 MS. MAYER: Good evening. My name is Erica
14 Mayer, and I'm a medical oncologist at Dana-Farber
18:54:23 15 specializing in breast cancer.

16 I have worked at Dana-Farber for the past
17 15 years and feel I have perspective on how the
18 Institute as well as cancer treatment have changed
19 over time. I love my job. I love taking care of
18:54:37 20 women and men with breast cancer, and we try hard
21 every day to help every patient survive this
22 disease.

23 Over my time at Dana-Farber, I have
24 witnessed the development of many new and effective

1 cancer therapies. It's been a very special
2 experience to have had many of my patients
3 participate in seminal clinical trials that have
4 changed our practice, essentially bringing the
18:54:58 5 cancer treatment of tomorrow to our patients today.
6 I think that's part of what makes care at
7 Dana-Farber so special.

8 Furthermore, it is incredibly gratifying to
9 see how well many people with cancer are doing with
18:55:11 10 modern treatment. In particular, many of our
11 patients with metastatic breast cancer live for very
12 long periods of time, turning what was historically
13 a terminal diagnosis into what for many is a chronic
14 disease.

18:55:24 15 Despite our progress, being treated for
16 cancer is hard. It's not just hard to receive
17 therapies for cancer, such as chemotherapy or
18 radiation treatments, but we ask so much of our
19 patients. They have to come into clinic very
18:55:37 20 frequently. There are often wait times for lab
21 draws and time in the exam room, and infusions can
22 take many hours.

23 With increasing numbers of cancer survivors
24 and new diagnoses in our aging population, our

1 Dana-Farber Longwood clinics have become very busy.
2 On top of this, many patients arrive in the clinic
3 anxious after spending time in heavy traffic as they
4 approach our main campus. All of this can impact a
18:56:02 5 patient's quality of life.

6 We as providers are thrilled with the
7 planned expansion of Dana-Farber to Chestnut Hill.
8 We look forward to offering all the same core
9 services as we have at our main campus but in a
18:56:15 10 location much more convenient for many of our
11 patients.

12 I hope in our new facility travel into the
13 clinic will be less stressful, wait times will be
14 decreased, and a greater number of patients will
18:56:24 15 have access to clinical care at Dana-Farber,
16 including, importantly, clinical trial availability.

17 In summary, I want all my patients to have
18 access to cancer services in a location most
19 convenient for them where we can maximize their
18:56:39 20 quality of life as well as their cancer outcomes.

21 On behalf of the clinicians of Dana-Farber, I
22 strongly support Dana Farber's plans for a treatment
23 site in Chestnut Hill. Thank you.

24 HEARING OFFICER MANN: Thank you, Dr.

1 Mayer. Irene Goss-Werner followed by Magnolia
2 Contreras.

3 MS. GOSS-WERNER: My name is Irene
4 Goss-Werner. It has been a privilege to be an
18:57:14 5 oncology social worker at Dana-Farber for 21 years.
6 I have a dual role right now as a clinical social
7 worker in the Head and Neck Oncology Program and
8 also assume some supervisory responsibilities in the
9 Division of Social Work.

18:57:29 10 The domain of our work as clinical social
11 workers in oncology is the psychosocial component of
12 coping with cancer. We tend to the whole patient
13 and their loved ones, caregivers, children, extended
14 family, in collaboration with the multidisciplinary
18:57:47 15 team.

16 Because cancer is a complex disease,
17 oncology social workers, in addition to their social
18 work education and experience, require some basic
19 knowledge of the science of cancer and its treatment
18:58:00 20 and management in working with patients and
21 families.

22 We meet with patients at different points
23 in time in the continuum of care, from diagnosis
24 through treatment, and at the end of treatment when

1 integrating this experience into one's life going
2 forward occurs.

3 We are often involved when a recurrence is
4 identified, as this can be as distressing or even
18:58:23 5 more so than the original diagnosis. And we provide
6 support when a patient transitions to an
7 end-of-life-care situation. We also provide
8 bereavement for loved ones in situations where there
9 has been loss.

18:58:40 10 We are here to listen, to provide
11 psychosocial support, counseling, education and
12 advocacy on behalf of patients and their families
13 while building on their strengths.

14 An important aspect of our clinical role is
18:58:55 15 to assess and identify factors that can be barriers
16 to care. We work with economic diversity and value
17 cultural competency. Challenges patients experience
18 include issues such as feeling overwhelmed,
19 depression, anxiety, preexisting mental illness,
18:59:16 20 homelessness, lack of a social support system,
21 addiction, concern about impact on caregivers and
22 children, loss of income, concern about work
23 security, and lack of community-based resources such
24 as transportation.

1 One example of a patient for whom I was
2 asked to provide psychosocial support in the recent
3 past was someone who was diagnosed with cancer a few
4 days following the death of his adult child due to a
18:59:46 5 drug overdose with heroin. Not only was he already
6 feeling devastated without an opportunity to grieve
7 his profound loss, he was trying to adjust with the
8 news of this unexpected diagnosis.

9 I met with this patient and his partner and
19:00:03 10 provided support and discussed strategies for coping
11 that would be helpful in journeying through
12 treatment.

13 The needs of our patients in the new
14 Chestnut Hill site will be the same as at our
19:00:16 15 Longwood site, and the plan is to provide the same
16 social work services that will be embedded within
17 the medical team.

18 On behalf of patients and Dana-Farber's
19 mission, I strongly support plans to open this
19:00:32 20 facility in Chestnut Hill. Thank you.

21 HEARING OFFICER MANN: Thank you. Magnolia
22 Contreras followed by Hannah Kitzmiller.

23 MS. CONTRERAS: Good evening. My name is
24 Magnolia Contreras. I am the Director of Community

1 Benefits at Dana-Farber Cancer Institute and a
2 16-year breast cancer survivor. I want to thank the
3 Department of Public Health for holding this hearing
4 and giving me the opportunity to speak about this
19:01:12 5 important project.

6 I am here today in support of Dana-Farber
7 Cancer Institute's building a new hospital satellite
8 facility in Chestnut Hill at 300 Boylston Street,
9 Newton, Massachusetts. I respectfully request a
19:01:27 10 favorable report for Dana Farber's Determination of
11 Need application, which is currently under your
12 review.

13 As you heard, cancer is a leading cause of
14 death in the City of Boston and in Massachusetts.
19:01:41 15 We recognize the profound burden that cancer has on
16 our residents and in surrounding neighborhoods, but
17 particularly the burden that it carries in
18 communities of color.

19 For many years, Dana-Farber has been
19:01:55 20 providing prevention and early detection services to
21 ensure that vulnerable populations have access to
22 our comprehensive services. It is central to our
23 mission to meet the health needs of high-risk and
24 medically underserved populations.

1 As such, we have been providing a number of
2 prevention programs, such as operating the State's
3 only mammography, local mammography program, and
4 providing services at Whittier Street Health Center
19:02:28 5 with our mammography suite.

6 We provide comprehensive tobacco education
7 and cessation services in Roxbury and work to
8 implement cancer prevention programming at local
9 housing developments.

19:02:38 10 We work in partnership with the Boston
11 Public School System to increase access to HPV
12 vaccination and education for youth and families, as
13 well as provide oncology services at Whittier Street
14 Health Center.

19:02:54 15 If approved, this project will generate
16 \$8.7 million in community health initiative monies
17 directed to low-income communities in Boston to
18 reduce the burden of cancer.

19 Through our community engagement plan and
19:03:09 20 process, I know that our community partners are
21 ready to work with us to strengthen our efforts to
22 reduce the time from an abnormal finding to
23 resolution.

24 I know that our partners are ready to work

1 with us to collectively reduce the social burdens
2 experienced by communities of color that contribute
3 to poor clinical outcomes. And very importantly, I
4 know that our community partners are ready to
19:03:34 5 promote the idea that cancer is not a death sentence
6 in our communities of color.

7 I hope that you will support Dana-Farber's
8 new facility in Chestnut Hill so that we can all
9 ensure that patients have access to expert cancer
19:03:48 10 care. Thank you for your time.

11 HEARING OFFICER MANN: Thank you. Hannah
12 Kitzmiller.

13 MS. KITZMILLER: My name is Hannah
14 Kitzmiller. I am the Senior Resource Specialist at
19:04:06 15 Dana-Farber Cancer Institute. I have been in the
16 role of Resource Specialist for four years.

17 Within my role I help provide financially
18 needy patients resources, such as affordable
19 transportation to appointments, reduced or free
19:04:17 20 short-term accommodations, financial assistance
21 through outside foundations, as well as referrals to
22 other community resources.

23 Within my time at Dana-Farber, I have
24 assisted thousands of patients and families get

1 access to care. The patients with whom I work are
2 often living near the poverty level.

3 I'll echo my colleagues by saying with new
4 and better treatments, along with the aging
19:04:38 5 population, the demand for these resources for
6 cancer patients continues to climb. Without access
7 to resources through our office, there are patients
8 who would forgo their care because they could not
9 afford to stay in Boston or to get to their
19:04:53 10 appointments.

11 This week I was told by a family that if
12 they were not able to stay in our contracted reduced
13 rate hotel rooms, they would not have been able to
14 get their care. And this is not a rare thing to
19:05:02 15 hear. The average hotel room in Boston is \$250 a
16 night, and often patients and their families have to
17 stay in the area for weeks at a time. And this is
18 often inconceivable for many.

19 A cancer diagnosis is devastating to a
19:05:14 20 patient and their family, and the added stress of
21 not being able to afford the logistics of care is
22 something no patient should have to worry about. No
23 one should have to make the choice of buying food
24 and keeping their lights on or getting their cancer

1 treatments.

2 We are able to provide some relief for
3 patients so that they can focus on their care
4 instead of their finances. And this is hugely
19:05:33 5 important, as stress can negatively impact a
6 patient's healing process.

7 Because of the Chestnut Hill expansion,
8 we'll be able to continue to provide the same
9 excellence of care to the ever-growing population of
19:05:45 10 patients that need it. Our goal is to provide
11 access to care regardless of who you are or where
12 you come from. I'm proud of the work that we do and
13 the access to care that we do provide.

14 I'm here today because I truly support this
19:05:55 15 project and the mission of Dana-Farber as a whole,
16 and I hope to continue to provide the same
17 excellence in care and access for patients who need
18 it most.

19 On behalf of the Resource Office, we fully
19:06:04 20 support the Chestnut Hill expansion. Thank you.

21 HEARING OFFICER MANN: Thank you.

22 There are no other people signed up on the
23 list. Is there anybody in the room who wants to
24 speak who hasn't had an opportunity?

1 (No response)

2 HEARING OFFICER MANN: Seeing none, I will
3 close the hearing. I want to thank everybody for
4 attending. Have a nice evening.

5 (Hearing concluded at 7:06 p.m.)

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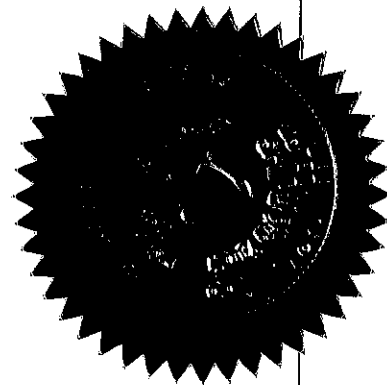
C E R T I F I C A T E

I, Anne H. Bohan, Registered Diplomat
Reporter, do hereby certify that the foregoing
transcript, Volume I, is a true and accurate
transcription of my stenographic notes taken on
September 20, 2018.

Anne H. Bohan

Anne H. Bohan

Registered Diplomat Reporter



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