

In The Matter Of:
*Application for Determination of Need by
Mass General Brigham Incorporated*

*Public Hearing, Volume I
March 23, 2021*



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COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF PUBLIC HEALTH

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PUBLIC HEARING VIA CONFERENCE CALL      :
RE:                                       :
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Application for Determination of Need    :
by Mass General Brigham Incorporated      :
for a Substantial Capital Expenditure    :
and Substantial Change in Service by     :
The General Hospital Corporation         :
d/b/a Massachusetts General Hospital    :
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BEFORE:

Hearing Officer Lara Szent-Gyorgyi, Director
Determination of Need Program

(All Participants Appeared by Conference Call)

6:03 p.m.
Tuesday, March 23, 2021

Carol H. Kusnitz,
Registered Professional Reporter

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1 P R O C E E D I N G S

2 THE OPERATOR: Welcome, and thank you for
3 standing by.

4 All participants will be able to listen
5 only until the public comment session. If you would
6 like to make a comment, please press Star 1.

7 Today's conference is being recorded. If
8 you have any objections, please disconnect at this
9 time.

10 I would now like to turn your conference
11 over to Lara Szent-Gyorgyi. Thank you. You may
12 begin.

13 DIRECTOR SZENT-GYORGYI: Thank you, Julie.

14 Good evening, everybody. My name is Lara
15 Szent-Gyorgyi. I represent the Massachusetts
16 Department of Public Health and am the Director of
17 our Determination of Need Program.

18 For clarification, you will hear me refer
19 to the Determination of Need Program as "the DoN
20 Program" and the Department of Public Health as
21 "DPH."

22 Joining me today on the phone, though you
23 may not here from them, are my colleagues from the
24 Department, Lynn Conover, Lucy Clarke and Nazmim

1 Bhuiya.

2 This hearing has been called pursuant to an
3 Application submitted by Mass General Brigham
4 Incorporated, who we will refer to at "the
5 Applicant" or "MGB" moving forward.

6 Upon receipt of the Application, DoN staff
7 reviewed the Application and, after finding it to be
8 in compliance with the DoN statute and regulation
9 for filing, assigned it a filing date of February
10 12, 2021.

11 This DoN Application is for Mass General.
12 The enabling statute for the DoN Program requires
13 that any person or government agency intending to
14 undertake a substantial capital expenditure as
15 defined in the DoN regulation must apply for DoN
16 approval before engaging in such a project.

17 For this project, this DoN Application,
18 MGB-20121612-HE, is for a project located at 55
19 Fruit Street, Boston, Mass., which will include
20 construction of a new building that will contain the
21 following: 482 new private medical/surgical and
22 intensive care beds with the corresponding closure
23 of 388 existing semi-private beds. MGH will have a
24 total of 94 additional licensed beds, 54 additional

1 medical/surgical and 40 additional ICU beds.

2 There will be relocated and expanded
3 outpatient oncology services; 24 operating rooms;
4 two additional computed tomography units, or CT
5 units; two additional magnetic resonance imaging or
6 MRI units; two additional positron emission
7 tomography-computed tomography or PET/CT units:
8 one additional positron emission tomography-magnetic
9 resonance or PET/MR unit; as well as other clinical
10 services renovation projects at MGH's main campus
11 and licensed satellites.

12 The total value of the proposed project,
13 based on the maximum capital expenditure, is
14 \$1,880,774,238.

15 In accordance with the statute and
16 regulations governing the DoN process, the DoN
17 Program is analyzing MGB's Application for
18 compliance with the set of standards and criteria
19 including, but not limited to, the justification of
20 the need for the project, the planning process,
21 financial feasibility and reasonableness of cost and
22 expenditures. These are the key criteria which the
23 DoN Program will apply in its analysis of this
24 Application.

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

6 The DoN Program will take all relevant
7 information into account in preparing its
8 recommendation to the Massachusetts Public Health
9 Council, whose decision on whether to approve the
10 DoN for the proposed project will be made at one its
11 upcoming monthly public meetings.

12 We will accept written comments on this
13 Application for ten days following this hearing.

14 As this is a virtual hearing, the logistics
15 are different from the typical in-person hearing. I
16 will review our process for today. We ask that you
17 be patient with us as we are learning the logistics
18 of the system as we go. We hope to avoid any
19 difficulties, but if we do, we will resolve any
20 problems we experience.

21 Our plan for today is as follows: As you
22 know, we are using a moderated conference call line,
23 so a moderator will manage the queue for speaking.
24 This meeting is being recorded and transcribed. As

1 indicated already, press Star 1 if you would like to
2 testify, and this will put you in the queue.

3 You will not be told where you are in the
4 queue, nor will you get much notice that you are
5 about to testify. When it is your turn to testify,
6 you will be told you are now the speaker, and you
7 will experience a short silence and will then become
8 the speaker.

9 If you have muted your phone, you may need
10 to unmute. Please begin by stating your name,
11 affiliation or town of residence. Please speak
12 clearly so that our transcriber can record
13 everything accurately.

14 Because we expect many speakers, we will
15 limit everyone to three minutes. I will be timing
16 people, and when you have about 30 seconds, you will
17 hear a sound (sound played). And when your three
18 minutes is through, I will say, "Time's up," the
19 moderator will mute you and give the floor to the
20 next speaker. We may experience a slight pause
21 between speakers.

22 If your testimony is lengthy, we suggest
23 you present a three-minute summary of those remarks
24 and submit a full text of your comments in writing.

1 If you have a written copy of your remarks,
2 regardless of length, please feel free to submit it
3 to the Department by email or via postal service.
4 You may e-mail us at DPH.DON@state.ma.us.

5 During the pandemic, mail will get to us
6 more quickly if it is sent to Determination of Need,
7 Massachusetts Department of Public Health, at 67
8 Forest Street in Marlborough, Massachusetts 01752.

9 Be assured that the Department will
10 consider all comments, whether presented orally or
11 in writing. Whether you comment or not, please know
12 that the Department greatly values and appreciates
13 your participation in the DoN process.

14 Before we open the lines to the general
15 public, the Applicant will give a statement and will
16 be allotted four minutes to present information
17 about the project.

18 I will now ask Dr. Peter Slavin, President
19 of Mass General Hospital, to give us presentation.
20 After he is done, the moderator will unmute the
21 first speaker. Thank you.

22 DR. SLAVIN: Thank you, Lara. I appreciate
23 the opportunity to speak tonight and very much
24 appreciate you and your colleagues' time and

1 consideration of our project.

2 As you said, I'm Peter Slavin, President of
3 Mass General Hospital. We're a founding member of
4 Mass General Brigham, and I'm here tonight to ask
5 for your support and endorsement to help Mass
6 General continue its legacy of being a community
7 asset and a temple of healing for people in this
8 region. We've been doing that for 200 years, and I
9 believe that this project is critical to our ability
10 to do that long into the future.

11 A number of patients, civic leaders and
12 health care professionals have asked why do we need
13 a new clinical building, and I would like to take a
14 few minutes to address that question. And clearly
15 the pandemic that we're still living through has
16 just heightened the urgency of this project, in my
17 mind.

18 The primary goals of this project are as
19 follows: We need to relieve the significant
20 capacity constraints in our inpatient beds in the
21 Emergency Department. Just about an hour ago I
22 received an email that we are on capacity disaster.
23 We have 135 patients in our Emergency Room, 37 of
24 whom are waiting for inpatient beds, and we have

1 virtually no inpatient beds available.

2 We also want this project to consolidate
3 some related services into Centers of Excellence.
4 We wanted to increase the number of private rooms
5 that we can offer to our patients, and we needed to
6 facilitate the replacement of inpatient buildings
7 that we're currently using that were built in the
8 1940s and 1960s, as well as a replacement of
9 obsolete parking structures. And then we also
10 clearly need it so that we can continue to be
11 prepared to accommodate patient surges due to
12 disease outbreaks or natural or man-made disasters.

13 So just a few words about the project. We
14 need this project to create two clinical Centers of
15 Excellence. We plan on putting our Cancer Center
16 and Heart Center in this building and having the
17 necessary technologies and treatments to make sure
18 that those patients receive efficient and patient-
19 centered care.

20 Secondly, we need to build this building so
21 that we can have additional private rooms.
22 Currently Mass General Hospital only has 38 percent
23 of its general care beds that are private, while
24 most of our peers in academic medicine are at nearly

1 100 percent.

2 Having such a low number of private rooms
3 makes it difficult for us to cohort patients, makes
4 it difficult for us to manage infection control, and
5 also makes it difficult for us to manage a high
6 census. So this project will definitely help with
7 our emergency overcrowding situation and position us
8 better to deal with pandemics in the future.

9 As was said earlier, this building consists
10 of 482 new private rooms, private beds, but since
11 we're relocating 388 beds to this building, the net
12 increase is only 94.

13 Finally, cancer and cardiac patients need
14 more than beds. They need the various services they
15 frequently require for their conditions. So the
16 building also would include 24 cardiovascular
17 procedure rooms, a net increase of 7; 100 infusion
18 bays, a net increase of 21; also 120 relocated exam
19 rooms, as well as the necessary imaging, lab,
20 pharmacy, kitchen and blood banking services.

21 I want to close by just saying a few words
22 about how this project will help the community. We
23 have at Mass General a long-standing commitment to
24 historic architecture, and we're mindful of the need

1 for recognition of the neighborhood to be included
2 in the public space of this new building. We're
3 committed to working through the various landmark
4 processes that are already well under way.

5 We're also committed, through this
6 building, to addressing transportation demand
7 management and to collaborate with the City and
8 neighborhood to reduce traffic congestion. This
9 building includes 1000 underground parking spaces,
10 of which only 250 are new. They will be used
11 entirely for patients, not employees. And we're
12 proud of the fact that we're a City leader in
13 promoting transportation management, with 78 percent
14 of our workforce using either public transportation
15 or walking or biking to work.

16 This building will also trigger a major
17 investment by the Hospital in community programs in
18 the West End and Beacon Hill and other
19 neighborhoods. It will allow us to pursue an anchor
20 strategy by hiring a diverse workforce to build the
21 building and using minority-owned and women-owned
22 businesses to purchase supplies and other services
23 through as well.

24 This effort is part of a system-wide effort

1 called Mass General Brigham's United Against Racism
2 Initiative, and planning for that is already well
3 under way.

4 Finally, we will be making an unprecedented
5 financial community benefit contribution to the
6 Department's Community Health Initiative Program of
7 approximately \$94 million. These funds will be used
8 to help those most in need as part of DPH's Health
9 Equity Initiative. This \$94 million is on top of
10 our baseline spending on community benefits
11 activities of \$140 million per year, and these funds
12 will certainly enormously benefit the public health
13 in the community programs of the West End, Beacon
14 Hill and surrounding neighborhoods.

15 So in conclusion, I want to thank you for
16 your time, your consideration of this project, and I
17 certainly urge you to recommend, for all the reasons
18 that I've mentioned, the approval of this much-
19 needed project. Thank you so much.

20 DIRECTOR SZENT-GYORGYI: Thank you, Dr.
21 Slavin.

22 Julie, do we have the first speaker?

23 THE OPERATOR: If you would like to make a
24 comment, please press Star 1.

1 One moment, please.

2 Our first comment comes from Joseph Byrne.
3 Your line is open.

4 MR. BYRNE: Good evening. My name is
5 Joseph Byrne. I am the Executive Secretary/
6 Treasurer of the North Atlantic States Regional
7 Council of Carpenters and also a Boston resident.

8 On behalf of the 28,000 members of my
9 Union, I'm here to express our support of the MGH
10 Patient Tower Project Determination of Need
11 Application.

12 I would like to take a moment to thank Dr.
13 Peter Slavin, President of Mass General, and all the
14 health care workers who are part of the Partners
15 Health Care System for the work that they do to
16 build healthier and stronger communities in these
17 challenging times.

18 Our Union is proud to stand in support of
19 this project for the following four reasons that I
20 will touch on briefly and others from our
21 organization will elaborate on later.

22 Number one, this project will improve
23 patient access and care for our members and the
24 community. Last year our Union spent \$183 million

1 providing health care for members here in New
2 England, much of that being spent at facilities in
3 the Greater Boston area.

4 Every year, thousands of these members
5 access the Partners System across the region, and
6 many of them at some point will end up at Mass
7 General for care. In addition, other members from
8 the across the Northeast come to Mass General to
9 access the Hospital's specialized world-
10 class physicians when they confront complex and
11 challenging medical conditions.

12 This new project will allow more of our
13 members to access this care and all of them to enjoy
14 state-of-the-art facilities when they come to the
15 Hospital.

16 Second, this project will create 4400
17 construction and permanent jobs and will help boost
18 the region's economic growth that's been slowed by
19 the pandemic. As part of the building trades' and
20 our Union's partnership with the Partners System,
21 the 3400 construction jobs created by this project
22 will be Union jobs that will provide all workers
23 living wages, health care and pensions.

24 Just as importantly, because of Mass

1 General's and our Union's commitment to addressing
2 issues of diversity, this project will create new
3 careers for hundreds of people from low-income and
4 underrepresented communities. Mass General, the
5 building trades and our Union are committed to
6 industry-leading diversity goals for this project,
7 which call for the construction workforce to be made
8 up of 51 percent Boston residents, 40 percent people
9 of color and 12 percent women.

10 Third, this project, if approved, will
11 generate \$92 million in Community Health Initiative
12 funding to support important public health
13 priorities in our region. As you know, the pandemic
14 has exposed the deep inequities in our health care
15 system and strained the capacities of our health
16 care providers. Across our region, our community-
17 based partners are struggling to meet the health
18 needs of low-income communities. This has
19 especially impact on workers in the construction
20 industry, which has one of the highest rates of
21 worksite injury and has been especially vulnerable
22 to COVID.

23 This funding will help thousands of these
24 workers, especially those in the non-union sector

1 who are often exploited and are not provided with
2 health care coverage.

3 Finally, this project and other major
4 capital investments by the Partners System will not
5 only help address economic inequality in our region,
6 but it will help address health care inequality. As
7 you all know, there is robust evidence that income
8 inequality is closely correlated to health care
9 inequality. By providing thousands of workers with
10 living wage jobs with benefits, this project will
11 help in turn reduce health care inequality in our
12 region.

13 I thank you for your attention to these
14 issues in my testimony, and I respectfully request
15 that this project be approved by the Department of
16 Public Health. Thank you.

17 DIRECTOR SZENT-GYORGYI: Thank you.

18 Next speaker.

19 THE OPERATOR: Our next comment comes from
20 Liz Skidmore. Your line is open.

21 MS. SKIDMORE: Thank you for this
22 opportunity to speak in support of this project.

23 My name is Liz Skidmore. I live in
24 Roxbury, and I've been a Union carpenter for 32

1 years. I'm on staff at the Carpenter's Union, where
2 a big part of my job is to increase our recruitment
3 and retention of women.

4 We're also part of the Policy Group on
5 Tradeswomen's Issues, PGTI, a multi-stakeholder
6 collaboration that's met for 13 years to increase
7 women in the trades in Massachusetts. Both Turner
8 and Walsh are active participants in PGTI.

9 Because of the good wages, benefits and
10 paid training, Union construction offers especially
11 important career opportunities for women, and
12 particularly women of color who, as you know, bear
13 the biggest brunt of both income and wealth
14 inequality.

15 We're making progress. Nationally,
16 unfortunately, women make up just up just 3.4
17 percent of all construction workers. Thanks to our
18 collaborative work, Massachusetts just hit 10
19 percent women and Union apprenticeships, almost
20 triple the national average, making us one of the
21 highest in the country.

22 This growth and these career opportunities
23 for women don't exist without end users making
24 serious commitments to prioritizing diversity as

1 Mass General Brigham has. By adding the City's
2 workforce goals and other diversity best practices
3 directly into the project labor agreement, Mass
4 General Brigham and the Unions together are making
5 sure the demand on this project for diverse workers
6 is strong.

7 If you have any concerns about supply,
8 whether we can meet the workforce goals, don't.
9 We're part of three key initiatives to increase the
10 supply of women entering the trades. Building
11 Pathways to Pre-Apprenticeships, started by now
12 Secretary of Labor Marty Walsh, our premier
13 pre-apprenticeship training program, reaches into
14 the community for diverse students and graduates
15 multiple classes a year. They have a goal of 50
16 percent women.

17 Mass. Girls in Trades is a group that
18 builds a stronger pipeline for girls between
19 vocational high schools and Union apprenticeships.
20 Madison Park Vocational School is a leader within
21 Mass. Girls in Trades.

22 Build a Life That Works are a women's
23 pipeline, found at buildalifema.org. These are the
24 websites and monthly information sessions for women

1 career seekers led by current tradeswomen to tell
2 women about opportunities in Union apprenticeships.

3 In just two years, the Build a Life
4 pipeline has screened over 2000 women statewide and
5 identified 779 who meet basic apprenticeship
6 requirements to see their first job. 474 of those
7 women are from Greater Boston. 251 are from Boston
8 proper. Of these, 89 percent are women of color.
9 They're interested and ready to go. They just need
10 their first job, and this project could be their
11 doorway in.

12 With commitments to meeting workforce goals
13 from Mass General Brigham and the contractors, our
14 Unions and apprenticeship programs, this project has
15 a chance to beat the record of the most women on a
16 single construction site in the history of the U.S.
17 recently set by the \$1.2 billion Encore Boston
18 Harbor, which had 491 tradeswomen, and become the
19 new record holder.

20 The owner's commitment to meeting diversity
21 workforce goals means this project has the
22 opportunity to launch the careers of 400 to 500
23 women from our communities. Some of them could
24 start and finish their multiyear paid apprenticeship

1 on this job alone. I hope you approve it. Thank
2 you.

3 DIRECTOR SZENT-GYORGYI: Thank you.

4 Next speaker.

5 THE OPERATOR: Our next comment comes from
6 David McDermott. Your line is open.

7 MR. McDERMOTT: Good evening. My name is
8 David McDermott. I am one of the Ten Taxpayer
9 petitioners in support of Mass General Hospital's
10 proposed inpatient care building on Cambridge
11 Street. I've lived [REDACTED],
12 in Boston, Mass., with my wife and daughter, and I
13 have lived there for over 31 years.

14 I had previously served as a trustee at
15 Whittier Place for a number of years and was
16 grateful to Mass General Hospital in stepping up to
17 the plate and taking over running the Charles River
18 Health Club.

19 My family has deep personal connections to
20 Mass General Hospital. My great uncle represented
21 the West End in both the Boston City Council and the
22 Massachusetts House of Representatives. My mother
23 was born in the West End at Mass General Hospital.
24 She lived at [REDACTED] until their house was

1 torn down for urban renewal.

2 She returned to the West End with my father
3 in 2000 and lived at [REDACTED] until her
4 death. When she returned to the West End, one of
5 her proudest accomplishments was serving as a red
6 coat volunteer at Mass General Hospital, assisting
7 the public at the Information Desk.

8 In their later years, both my parents
9 received world-class care at Mass General Hospital,
10 and both parents passed away at Mass General. I
11 will be forever grateful to the world-class doctors
12 and nurses that helped to extend their lives and
13 ultimately provided extraordinary care and
14 compassion in their final days.

15 Mass General Hospital is an asset, an
16 amazing asset, not only to the West End
17 neighborhood, but the City of Boston, the
18 Commonwealth of Massachusetts, the entire New
19 England region, and in fact the world. MGH has a
20 well-deserved reputation for world-class,
21 cutting-edge patient care and research.

22 Whittier Place is home to many of Mass
23 General Hospital's first-class staff, nurses and
24 doctors.

1 Notwithstanding the original disruption and
2 inconvenience that comes with living in close
3 proximity to a very busy academic medical center and
4 busy Emergency Department, the benefits far outweigh
5 the negatives. There is a huge economic benefit
6 that MGH brings by bringing so many talented
7 clinicians from around the world.

8 MGH has supported many community
9 initiatives that address so many of the pressing
10 public health priorities. A great example of this
11 is the crucial response to the COVID-19 pandemic by
12 caring for more COVID patients than any other
13 facility in the state.

14 These two new Centers of Excellence, a new
15 Cancer Center and a new Cardiac Care Center, are
16 desperately needed and will enable our world-class
17 doctors and support services to be co-located in a
18 way that's efficient and patient centric.

19 It is in everyone's best interest to have
20 Mass General Hospital build these two Centers of
21 Excellence to continue to be a world-class medical
22 facility in our neighborhood.

23 Thank you for giving me the opportunity to
24 testify on this well-needed project.

1 DIRECTOR SZENT-GYORGYI: Thank you.

2 Next speaker.

3 THE OPERATOR: Our next comment from
4 Michael Burns. Your line is open.

5 MR. BURNS: Good evening, all. My name is
6 Michael Burns, and I'm a Business Representative for
7 the Sheet Metal Workers Local 17 Union here in
8 Boston. I represent several thousand men and women
9 who live and work in the Metropolitan Boston Area.

10 Firstly, I would like to thank Ms.
11 Scent-Gyorgyi and the DPH and all her staff for
12 holding this hearing to hear testimony from all
13 interested parties, and I would like to thank Dr.
14 Slavin for his presentation.

15 I rise tonight on behalf of my membership
16 to support this project wholeheartedly, not only for
17 the many reasons Dr. Slavin presented, but also for
18 the many economic benefits and jobs this project
19 will create for so many men and women, not only in
20 the construction sector, but also permanent jobs
21 afterwards when the project is complete. It's been
22 a tough year for us all, and these jobs will be so
23 critical to our recovery coming off this horrible
24 pandemic.

1 This is the type of project that will be a
2 catalyst for MGH to increase diversity, address
3 income inequality by providing pathways for Boston
4 residents, bona fide apprenticeship programs. It
5 will provide them careers, good health care and
6 retirements to support and raise families in the
7 construction industry.

8 So I thank you again for the time. On
9 behalf of Local 17 and the metropolitan building
10 trades, we strongly support this project. Thank
11 you.

12 DIRECTOR SZENT-GYORGYI: Thank you.

13 Next speaker.

14 THE OPERATOR: Our next comment from
15 Jacquelyn McGurn. Your line is open.

16 MS. MCGURN: Good evening, everyone. I'm
17 Jacquelyn McGurn. I'm a Union journeyman carpenter
18 out of Boston's Local 327. I'm a huge advocate of
19 women and minorities in the trade.

20 As I am co-chair of the Sisters in the
21 Brotherhood and a member of the Mass. Building
22 Trades Committee, projects such as Mass General is
23 important because they enforce women and minority
24 standards for hours worked on a single project.

1 This particular project will open up around 4,500
2 jobs for my fellow construction workers and around
3 1,000 permanent position.

4 MGH will support Boston in continuing to be
5 a front-runner in the medical field. At a hospital
6 you already feel a sense of vulnerability and
7 displacement. Having private rooms would help
8 alleviate anxiety amongst the patients and allow
9 better personal care.

10 Thank you for your time in allowing me to
11 express my thoughts on this project.

12 DIRECTOR SZENT-GYORGYI: Thank you.

13 THE OPERATOR: Our next comment comes from
14 Robert Seger. Your line is open.

15 DR. SEGER: Hello. Thank you for the
16 opportunity to testify in support of the new
17 clinical building project at MGH. As the Executive
18 Director of Emergency Medicine at MGH, I see
19 firsthand the Emergency Department crowding caused
20 by a lack of beds; namely, private rooms.

21 Our Emergency Department patients who need
22 admission are extremely sick, complex and have a
23 variety of medical, social and psychological
24 challenges. In addition, many patients have

1 infections and are carriers of certain pathogens
2 like MRSA.

3 These patients end up waiting, boarding in
4 the Emergency Department for many hours until an
5 inpatient bed opens up. Patients who clinically
6 require a private room wait much longer in the ED,
7 since private rooms are grossly lacking at MGH, as
8 Dr. Slavin said.

9 We also sometimes have beds in semi-private
10 rooms that are blocked because the patient in the A
11 bed has a serious infection, is agitated or
12 aggressive, or is receiving terminal care and is
13 expected to pass away very soon.

14 The additional capacity afforded by the new
15 clinical building project, especially the private
16 rooms, will decompress the Emergency Department at
17 MGH, reduce the time patients wait in the ED after
18 being admitted, and increase efficiency in patient
19 flow through the Emergency Department.

20 Needless to say, the pandemic has
21 emphasized the need to move individuals with
22 weakened immune systems, like cancer patients and
23 transplant patients, out of the ED as soon as
24 possible.

1 On behalf of our patients who routinely
2 wait for private rooms with medical conditions that
3 require private rooms, we in the ED are strong
4 supporters of this project. Thank you.

5 DIRECTOR SZENT-GYORGYI: Thank you.

6 THE OPERATOR: I think we do have some
7 comments that need to be made from Representative
8 Jay Livingstone. Your line is open.

9 REPRESENTATIVE LIVINGSTONE: Thank you.

10 This is Jay Livingstone, State
11 Representative for the 8th Suffolk District, which
12 includes the West End and Beacon Hill in the
13 location of Mass General, and I'm here to testify in
14 favor of the project.

15 Mass General is hugely important to the
16 area, the immediate area of my constituents, where
17 many people work there and seek care there, and, in
18 addition to that, to the region and to the State.

19 At the start of this project, I was
20 surprised to learn that one third of patients are
21 cared for in facilities constructed prior to 1970
22 and that 50 percent of the buildings where people
23 receive care are more than 30 years old. That is in
24 stark contrast to some of the care that I've seen

1 Mass General be able to provide in some of the
2 buildings that are newer on the campus.

3 These older buildings are not designed to
4 be compatible with today's state-of-the-art,
5 technology-driven patient care, and I think the
6 patients, particularly my constituents, will greatly
7 benefit from this addition and the additional
8 technologies that will be available to them in the
9 new buildings.

10 In addition to that, I understand that this
11 will allow Mass General to have a new Cancer Center
12 and a new Cardiac Care Center, again designed with
13 the latest technologies for treatments. And having
14 the two in close proximity to each other will
15 greatly enhance the patient experience and the
16 services that can be provided.

17 In addition, I was surprised to learn that
18 only 38 percent of Mass General's rooms are private;
19 whereas most of their academic peers around the
20 country have almost 100 percent single-occupancy
21 rooms. This issue has become more prevalent in the
22 last year during the pandemic, when individual space
23 for care has become so much more important.

24 So I think the ability of Mass General to

1 build this state-of-the-art patient facility will
2 greatly enhance the treatment that they can provide
3 to the residents of Massachusetts and particularly
4 my constituents, which is why I'm fully in favor of
5 this.

6 Also, I've seen comments submitted
7 regarding historic preservation issues. Those
8 issues can be taken up by Mass. Historic, but I did
9 want to reveal that I've had significant
10 conversations, along with Councilor Bok, who is
11 going to testify later, and with Mass General and
12 our constituents to resolve many of those issues.
13 And I think we'll be able to make announcements
14 regarding that shortly.

15 Finally, I know that you're going to be
16 setting health priorities for the funds that need to
17 be set aside as part of this project, and one of the
18 things that I think you would be well served to
19 focus on is food insecurity, which has become such a
20 prominent issue in our state and in the immediate
21 area. It's something that I've been focused on as a
22 State Representative for the last seven years, but
23 then have been laser-focused on in the last year.

24 It's still surprising how much insecurity

1 there is in our state, one of the richest in the
2 country, where even now -- you know, last week I was
3 handing out food through an organization, Fenway
4 Cares, which had formed in the last year, and almost
5 everybody who was receiving it was just elderly.
6 You know, they hadn't lost a job because of COVID,
7 they hadn't had any situation like that. They had
8 the same issues before the pandemic happened.

9 And I think any funds that can be put
10 towards addressing that in a systemic way I think
11 would be incredibly helpful.

12 So, in summary, I'm here to testify in
13 favor of this project. I think it would be a great
14 asset to the State, and I appreciate the
15 consideration. Thank you.

16 DIRECTOR SZENT-GYORGYI: Thank you.

17 THE OPERATOR: Our next comment comes from
18 Senator Sal DiDomenico. Your line is open.

19 SENATOR DiDOMENICO: Thank you very much.
20 My name is Sal DiDomenico. I'm State Senator for
21 the Middlesex and Suffolk District, which includes
22 the West End of Boston, where Mass General is
23 located.

24 I'm going to repeat many of the same things

1 that Representative Livingstone just said, but I
2 wanted to reiterate a couple of points as well.

3 Mass General has been known as one of the
4 finest health care institutions in the entire world.
5 A lot of the work that they've been doing with our
6 doctors, our nurses, specialists, the staff, has
7 been remarkable with the current conditions of some
8 of these buildings in terms of the age, the
9 technology restrictions, the restrictions on space.
10 And this project will only enhance the world-class
11 care that this Hospital is known for around the
12 world.

13 I just want to touch on a couple of points
14 that he mentioned as well: the age of the buildings
15 in terms of the restrictions on the number of single
16 rooms for patients. It is surprising to me as well,
17 you know, knowing the reputation of Mass General and
18 knowing the great care they provide, having only 38
19 percent of the rooms being private, when hospitals
20 around the nation and across the world are
21 operating, some of the finest institutions, at 100
22 percent single rooms.

23 So that is something that has to be
24 rectified and changed going forward, especially in

1 light of all the issues that we now know are
2 prevalent among us, including viruses, infectious
3 diseases and things that were mentioned by previous
4 speakers as well.

5 And it's important that we also recognize
6 that this is also a jobs creator as well, as
7 mentioned, the construction jobs generated by this
8 project, upwards of 4,000 jobs, and 1,000 permanent
9 jobs; the investment of \$1.8 billion in a facility
10 for patient care; adding a new Cancer Center; a new
11 Cardiac Care Center; and also providing, as Senator
12 Livingstone said is going to be announced soon,
13 benefits to the community as well.

14 This has been a long time coming for this
15 Hospital, and I'm in support of this project. I
16 know how important this is, not just for the
17 Hospital itself, but also the health care facilities
18 in the area and health care providers as well,
19 because Mass General has been leading the way in so
20 many ways, not just inpatient care, but developing
21 new technologies and new procedures, as evidenced by
22 people coming from all corners of the globe that
23 want to come to Boston for Mass General care. So
24 it's not just about the Hospital itself, but also

1 the health care industry in our region as well.

2 My constituents use Mass General
3 frequently. I'm a frequent patient there myself.
4 And it is important for us to understand that we
5 always talk about Mass General being ahead of the
6 curve and a leading institution around us, but we
7 also need to treat them as such, because the
8 investment they're putting up out of their own
9 funding is reflective of that commitment to the
10 health care industry around us and to the patients
11 as well. Thank you very much.

12 DIRECTOR SZENT-GYORGYI: Thank you.

13 THE OPERATOR: Our next comment comes from
14 Brian Brousseau. Your line is open.

15 MR. BROUSSEAU: Thank you. My name is
16 Brian Brousseau. I'm the President and Business
17 Representative for the Roofers and Waterproofers
18 Union Local 33 of New England, representing 1300
19 women and men in the construction industry, in the
20 roofing and waterproofing division of it, in and
21 around Boston.

22 So I'm on the call today -- first of all, I
23 want to thank the representatives from the DPH for
24 allowing me to testify in favor, very much in favor

1 of this project tonight, and also Dr. Peter Slavin
2 and all the folks at MGH for proposing this
3 incredible and very much needed \$1.8 billion
4 investment in the community and in the medical
5 industry in Boston.

6 On the merits, I mean, everybody has talked
7 about the merits of this project. It's absolutely
8 needed. Everybody knows that the properties that
9 they're working out of now are anywhere from 30 out
10 to 50 and more years old.

11 The way the competitive business is in the
12 medical industry now and with the new technologies,
13 obviously they need to rebuild. I mean, it's a
14 no-brainer.

15 And the economic impact from this, I mean,
16 it is clearly, as some of the previous speakers have
17 spoken to, a job creator. This project is proposed
18 to be built under a Project Labor Agreement, with
19 all kinds of guidelines for hiring women in
20 construction, for people of color. It's supposed to
21 create 3,400 construction jobs, which is an
22 incredible job creator, and 1,000 permanent jobs.

23 Also, it would be in full compliance with
24 the Boston jobs hiring policy, which has target

1 results for residents, 51 percent of people, and 40
2 percent people of color and 12 percent women in the
3 construction field to build this thing.

4 So I think the merits -- I tell you, I've
5 been in the business for 45 years. I've reviewed
6 many projects over the years, being a representative
7 for about 27 years. I've never seen a project with
8 this much merit. It is absolutely incredible across
9 the board, and I 100 percent support this project,
10 as do my members.

11 And not only are we supporting it as
12 builders and people that would benefit from the
13 economic impact, but we also are patients and
14 clients, being that all of our members have great
15 health insurance, which is negotiated through our
16 contracts.

17 So very much in support, and I hope they
18 build this project. Thank you.

19 DIRECTOR SZENT-GYORGYI: Thank you.

20 THE OPERATOR: Our next comment comes from
21 David Ryan. Your line is open.

22 DR. RYAN: Hi. Thanks very much. I'm Dave
23 Ryan. I'm the Chief the Hematology/Oncology at Mass
24 General and the Clinical Director of the MGH Cancer

1 Center.

2 I would like to make several points, some
3 of which have been made before, but also provide
4 some context for the cancer patient in particular.

5 The first point is that we are doing
6 everything we can to move low-intensity cancer care
7 out to the community to create more space for high-
8 intensity cancer care, such as bone marrow
9 transplant, CAR T-cell therapies, high-end surgeries
10 and clinical research. This building will allow us
11 to accommodate the high-intensity cancer care in a
12 much better fashion.

13 The second point, that many people who have
14 had cancer recently or have helped out a family
15 member or friend with cancer would know, is that the
16 line between who is an inpatient and who is an
17 outpatient is often quite blurry. The design of
18 this building will allow us to seamlessly transition
19 patients from the outpatient to the inpatient and
20 back again to the outpatient setting and avoid
21 sending people to the Emergency Room.

22 And then the third point I'd like to make
23 about private rooms, they are in fact safer, they do
24 deliver a higher quality of care, but they are far

1 more patient-centric than a double room, which is
2 what we currently have in half of our cancer patient
3 population.

4 Private rooms allow for a family member or
5 a companion to stay with the patient during their
6 cancer inpatient stay, which provides a much more
7 patient-centric and safe environment for that
8 patient.

9 So thank you very much for considering this
10 proposal and for allowing me time to make these
11 points. Thank you.

12 DIRECTOR SZENT-GYORGYI: Thank you.

13 THE OPERATOR: Our next comment comes from
14 Dr. Joseph Betancourt. Your line is open.

15 DR. BETANCOURT: Thank you. Good evening.
16 My name is Joseph Betancourt. I'm Senior Vice
17 President for Equity and Community Health at Mass
18 General Hospital. I'm also a primary care doctor at
19 Mass General. I've been at Mass General since about
20 2001.

21 In my role I oversee Mass General's efforts
22 to provide equitable care to all patients coming
23 through our doors and promote the health and
24 well-being of our surrounding and most vulnerable

1 communities.

2 Over the past year, I've lead Mass General
3 Brigham's COVID Equity and Community Health
4 Response, up until and including our equity in
5 vaccination efforts for our employees, patients and
6 communities.

7 By way of background, in the early 2000s I
8 served on the Massachusetts State Committee on
9 Disparities and the Boston Public Health
10 Commission's Disparities Task Force, and I served on
11 Boston's Board of Health for nine years, ending my
12 term just a few years ago.

13 It's my pleasure to provide testimony in
14 support of the benefits of the MGH Cambridge Street
15 new clinical building, because I know it will
16 contribute to MGH's public health focus, promote
17 population health, support innovative community-
18 based health delivery models, which I in part will
19 help oversee.

20 There's no doubt that 2020 was a
21 transformational year for equity and community
22 health. First, COVID-19 disproportionately impacted
23 communities of color, and then the murder of George
24 Floyd led to a long-overdue national reckoning on

1 racism. I'm pleased to say that MGH answered the
2 call and the urgency of now, in response to both of
3 those major events.

4 In response to the pandemic, MGH, in
5 collaboration with MGB, distributed over 3 million
6 masks and almost a half million care kits to our
7 vulnerable communities in Greater Boston and
8 Chelsea. We provided resources to address food
9 insecurity, domestic violence and economic
10 instability, among many of the social determinants
11 that were worsened due to COVID-19.

12 We also created the Spanish Language Care
13 Group, which I, as a native Puerto Rican and Spanish
14 speaker, participated in, mobilizing 50 native
15 Spanish-speaking doctors to be part of our surge
16 teams to assure there was always a Spanish-speaking
17 caregiver for our Spanish-speaking patients, given
18 40 percent of our COVID-positive patients in our
19 first surge were Spanish speaking, outstripping our
20 interpreter services supply.

21 These are just a few examples of our
22 commitment to our diverse patients and communities,
23 and as mentioned, we are now squarely focused on
24 equity in vaccination.

1 In response to the murder of George Floyd,
2 MGB launched United Against Racism, and MGH launched
3 its Structural Equity Ten-Point Plan to combat
4 structural racism inside and outside our walls.
5 These efforts are supported by tens of millions of
6 dollars each, so we're able to achieve our goals and
7 move from aspiration to execution and achieve a more
8 just, equitable health care system and hopefully
9 society.

10 Why do I believe this new clinical building
11 is important? Here are several key reasons. First,
12 our hospital capacity remains a challenge. This
13 leads to long wait times in our ED, and we all know
14 vulnerable populations tend to use the ED
15 disproportionately. This new effort will be
16 transformational for our vulnerable communities.

17 Second, the new building's focus on cancer
18 and cardiovascular disease, two conditions where
19 significant racial and ethnic disparities exist,
20 will allow us to provide better, more accessible and
21 high-quality care to our diverse patient
22 populations.

23 Third, as was mentioned, our commitment to
24 anchor, investing in local minority-owned

1 businesses, minority suppliers and growing minority
2 talent in communities, with many of the partners who
3 testified, will be transformational.

4 I would like to end by saying that MGH is
5 committed to its Structural Equity 10-Point Plan to
6 improve access to and delivery of equitable clinical
7 care and to commit to the economic advancement of
8 our communities.

9 We are committed to excellent care,
10 training, research and community health, and this
11 new building will help us advance all of these and
12 will do it with equity at the center.

13 I'm excited about this new effort and the
14 endless opportunities it will bring to the patients
15 and communities I've devoted my career and my life
16 to support. I support this effort wholeheartedly.
17 Thank you so much.

18 DIRECTOR SZENT-GYORGYI: Thank you.

19 THE OPERATOR: Our next comment comes from
20 Brian Doherty. Your line is open.

21 MR. DOHERTY: Thank you. Good evening,
22 everyone. My name is Brian Doherty, and I just want
23 to say a quick thank-you to the DPH team for hearing
24 all this testimony this evening. I'd also like to

1 thank Dr. Peter Slavin, John Messervy, and the whole
2 team at MGH for all they do for our community.

3 My name is Brian Doherty, and I work with
4 the Building Trades Unions, the Greater Boston
5 Building Trades Unions right here in the region,
6 representing over 35,000 construction workers who
7 live and work in our communities.

8 We are here tonight to speak to the
9 wonderful partnership that we share with the MGH
10 team and the standard that they set, not only in
11 health care, but also in the construction industry.

12 We recognize MGH as an Anchor Institution
13 that is doing so much to care for our families and
14 also provide new jobs to those who live and work
15 here in our region. We felt that it was important
16 to be here tonight just to speak to this project in
17 a way that can speak to how great this will be for
18 our community.

19 I think this has been a tough year, as many
20 mentioned this evening. And if we remember, at the
21 height of the pandemic, we didn't have enough
22 hospital rooms, we didn't have enough room to
23 provide care to people in our communities who were
24 suffering from the pandemic.

1 The MGH team, with the great help from
2 experts from our region, who are known around the
3 world, quickly partnered with the Building Trade
4 Unions, and we build the mobile hospital at the
5 Convention Center. That was in an effort just to
6 provide enough care in a time when our community
7 needed it most.

8 So we were proud to build it, and we were
9 proud to watch our partners in the health care
10 industry providing credible care to the people they
11 needed it most at the time when they needed it.

12 So tonight we're just here to speak to the
13 character and the hard work that MGH puts into
14 helping our community. That's why we're here. And
15 we want to make it very clear that the Boston
16 Building Trades Unions and all the members and our
17 families want to say a huge thank-you for what they
18 do, and we'll be proud to build another great
19 building to help advance the health and the equity
20 of our community.

21 So through the Project Labor Agreement that
22 has been discussed tonight, this won't only create
23 career opportunities that will provide food on the
24 table, great health care benefits and retirement

1 benefits for existing membership, but it will create
2 enormous and wonderful career pathways for every
3 member of our community who want to enjoy what it
4 means to have a great career in the construction
5 industry right here, and with partners like MGH who
6 continue to set the standard in the industry.

7 So a very long way of saying we really
8 thank them, we really thank everyone for all the
9 work they've put into building our strong community,
10 and we're here tonight in support. Thanks very
11 much, and thanks for listening to the testimony.
12 Thank you.

13 DIRECTOR SZENT-GYORGYI: Thank you.

14 THE OPERATOR: Our next comment comes from
15 Sarah Dagher. Your line is open.

16 MS. DAGHER: Good evening. My name is
17 Sarah Dagher. I am participating in tonight's
18 public hearing to speak in favor of and in support
19 of the new expansion of the MGH/MGB Heart and Cancer
20 Center.

21 I'm a representative of the MGH's Cancer
22 Center's Patient and Family Advisory Council or, as
23 we call it, PFAC, and I am a two-time cancer patient
24 myself.

1 PFAC is comprised of volunteers and Cancer
2 Center staff who advocate for patient/family
3 members' perspectives and address strategies for
4 systematic change in the development and
5 implementation of programs, services and initiatives
6 in Cancer Center renovations, an ongoing effort to
7 improve care and the patient/family experience.

8 I bring my personal patient journey, along
9 with the voice of the Cancer Center feedback, to
10 share with you tonight.

11 For me, coming to the MGH campus is a
12 symbol of hope. Hope helps the cancer patients and
13 their families overcome the physical, psychological
14 and spiritual outcome of living with a cancer
15 diagnosis. Hope is key to finding a cure someday.

16 As you can imagine, cancer has a ripple
17 effect that touches family, the friends, caregivers,
18 clinicians, therapists and the medical community at
19 large. Hope is what our communities rely on to
20 continually provide equitable health care for
21 patients.

22 From my time on PFAC thus far, I can assure
23 you that providing exceptional clinical care,
24 research and state-of-the-art treatment, imaging,

1 operating rooms and designated family waiting areas
2 are a priority to providing a better patient and
3 family experience.

4 More space is needed to provide functional,
5 clinical and training space for all the researchers,
6 academia and clinical staff that walk the halls of
7 MGH to support the needs of our patients and their
8 families.

9 As a patient, I took advantage of many of
10 the services that the Cancer Center had to offer
11 during my cancer diagnosis and integrated therapy
12 programs afterwards to help me. My first breast
13 cancer diagnosis was in 2010 with treatment that
14 ended in 2011. Six years later, through routine
15 mammograms at the Avon Breast Care Center, my cancer
16 was found a second time.

17 I took advantage of art therapy, massage
18 therapy, acupuncture, mindfulness class, Tai Chi and
19 the Meditation Garden. I would come to MGH three
20 times a week, fighting traffic for one to two hours
21 to come in, but as soon as I drove into the Yawkey
22 Parking Garage at MGH, I felt like I was home with
23 my extended family.

24 This new Heart and Cancer Center is a much

1 needed expansion to keep MGH/MGB as the top health
2 care institution in the United States and the world.

3 Thank you.

4 DIRECTOR SZENT-GYORGYI: Thank you.

5 THE OPERATOR: As a reminder, if you would
6 like to make a comment, please press Star 1.

7 Our next comment comes from Jack Hammond.
8 Your line is open.

9 MR. HAMMOND: Good evening. My name is Jack
10 Hammond, and I'm the Executive Director the Home
11 Base Program at Mass General Hospital. I appreciate
12 the opportunity to address this hearing and offer my
13 full support for the MGH Tower Project.

14 As a retired general officer and veteran of
15 both Iraq and Afghanistan, I'm well familiar with
16 the challenges our veterans and actively serving
17 members of the military, as well as their families,
18 face in accessing clinical care that they need and
19 have earned through our service. I believe this
20 project will further enhance the ability of MGH to
21 provide access to world-class care for these people
22 who have faithfully served this nation.

23 The Home Base Program represents a portion
24 of MGH's commitment to our military veterans and

1 families when it partnered with the Red Sox to
2 establish the nation's first private sector clinic
3 for PTSD and traumatic brain injury. Further
4 investments funded the establishment of a national
5 center offering the best care veterans receive
6 anywhere in the United States.

7 Over the past decade Home Base has provided
8 care and support for more than 25,000 veterans and
9 their families, all at no cost. Many of the active
10 duty service members, veterans and families who seek
11 care at Home Base require care beyond their mental
12 health and brain injuries, and MGH is one of the few
13 academic medical centers or hospitals in the area
14 that accept TRICARE and VA patients based upon the
15 poor reimbursements that they provide. MGH has
16 overlooked this and continues to serve them
17 regardless of the shortcomings in the insurance
18 payments.

19 Two recent veterans that came to Home Base
20 to receive care for what they thought were traumatic
21 brain injuries are alive today because of the brain
22 imaging provided at the MGH that determined that
23 they each had tumors. One had an extremely rare
24 tumor that wrapped around his brainstem, and there

1 were only a handful of surgeons in the country who
2 can perform this operation. Two were at MGH, and
3 this lifesaving surgery was performed almost
4 immediately, saving his life.

5 Each week at Home Base, MGH hosts several
6 members of our Special Operations community, and by
7 that I mean Navy Seals, Green Berets and Delta Force
8 members, who require a range of care associated with
9 the 15 to 20 combat deployments they have endured.
10 They fly into Boston from across the country, as far
11 as away as Pearl Harbor, because this is the only
12 hospital in the nation that will deliver the
13 specialized care they require.

14 The MGH commitment to our veteran community
15 is without peer anywhere in the nation. I hope you
16 will favorably consider the application, knowing
17 that this will enhance MGH's ability to save lives,
18 many of which are our veterans. Thank you.

19 DIRECTOR SZENT-GYORGYI: Thank you.

20 THE OPERATOR: Our next comment comes from
21 Joanna Cataldo. Your line is open.

22 MS. CATALDO: Good evening. My name is
23 Joanna Cataldo, and I'm here representing the East
24 Boston Neighborhood Health Center, speaking on

1 behalf of Manny Lopes, our President and CEO, in
2 support of MGH Brigham's new project.

3 As some of you may know, the East Boston
4 Health Center is a federally qualified community
5 health center in East Boston that serves over
6 120,000 individual patients in the community and the
7 surrounding area, and we are run by a community-
8 based board of directors.

9 The Hospital is an important site for acute
10 care and specialty services for our East Boston
11 Neighborhood Health Center patients, and as everyone
12 knows, MGH was instrumental in providing care to our
13 COVID-19 patients who were greatly impacted by the
14 pandemic in East Boston, Chelsea and beyond.

15 I also wanted to speak about the
16 partnership that our Health Center has with MGH and
17 the support they provided to us in our community
18 coalition to prevent substance use by young people
19 and to support adults in need of treatment.

20 We have received support from the Hospital
21 for the past six years, which has enabled us to
22 strengthen our community coalition and allowed us to
23 secure a ten-year federal grant which will bring in
24 over a million dollars over the course of the

1 funding.

2 This support that we have been able to
3 secure is allowing us to expand our youth prevention
4 work, especially in the local schools and with
5 community-based agencies that provide after-school
6 programming. We've also been able to support many
7 young people, peer leaders, and to provide
8 educational workshops in a peer-to-peer model.

9 With this support from MGH and our federal
10 partner, which is now the CDC, we're also able to
11 sponsor trainings and workshops for community-based
12 providers, parents and people in recovery.

13 MGH's support has also allowed us to
14 conduct community assessments, and we've looked at
15 and analyzed data of how our young people are living
16 well and not so well in terms of their risk
17 behaviors. This data collection has allowed us to
18 strategize on where our young people need support.

19 I also just wanted to mention that we have
20 been and continue to be a recipient of the COVID-19
21 PPE mask kits, and we have been distributing those
22 weekly throughout the community to approximately ten
23 of our largest food distribution sites in East
24 Boston, including the food distribution site that we

1 run out of the Health Center.

2 I thank you again for listening, and on
3 behalf of Manny Lopes, we support this project.
4 Thank you.

5 DIRECTOR SZENT-GYORGYI: Thank you.

6 THE OPERATOR: Our next comment comes from
7 Mary Vogel. Your line is open.

8 MS. VOGEL: Good evening, and thank you for
9 allowing me to participate in this evening's
10 hearing.

11 My name is Mary Vogel. I'm Executive
12 Director of Building Pathways, which a Boston
13 non-profit organization dedicated to increasing
14 access and opportunities for women and people of
15 color to careers in the building trades. I'm also a
16 resident of Roslindale.

17 I am testifying tonight in support of the
18 MGH Patient Tower expansion project and to highlight
19 how the parties on this project will partner to
20 ensure that it exemplifies our joint commitment to
21 diversity, equity and inclusivity in the
22 construction industry, particularly in the trades
23 workforce.

24 We are executing this commitment through a

1 series of programs and initiatives that are
2 expanding the pipeline of women and people of color
3 entering the trades, as well as creating a positive
4 job site culture to ensure that diverse workers stay
5 in the industry.

6 My colleague, Liz Skidmore, spoke to
7 several of these initiatives this evening, but I
8 think they are worth reiterating.

9 In 2011, the Boston Building Trades
10 Council, then under the leadership of our now
11 Secretary of Labor Marty Walsh, launched our
12 Building Pathways Pre-Apprenticeship Program to
13 prepare Greater Boston area residents, particularly
14 women and people of color, for entry into a union
15 building trades apprenticeship.

16 Since our start in 2011, we have trained
17 390 residents, 90 percent of whom are persons of
18 color, 43 percent women, and the majority of whom
19 are Boston residents. 80 percent of our graduates
20 have been placed into industry-related employment.

21 In 2015 we co-founded a Mass. Girls in
22 Trades initiative, which connects the union trades
23 with female students in career technical education
24 programs, including Madison Park, to support their

1 journey into a building trades career.

2 The following year we launched the
3 Northeast Center for Tradeswomen's Equity, dedicated
4 to increasing the ranks of women in the building
5 trades by heightening the visibility of tradeswomen
6 and educating women career seekers about careers in
7 the building trades. As Liz noted, we have reached
8 over 2100 women through this effort.

9 We are also co-convenors of the Policy
10 Group on Tradeswomen's Issues, a multi-stakeholder
11 collaboration of construction industry stakeholders
12 that has been meeting since 2008 to raise the
13 participation of women in the trades.

14 The building trades is embedding in project
15 labor agreements, such as the PLA that will cover
16 this project, the best practices advanced by these
17 initiatives, including provisions for the
18 establishment of committees to monitor compliance
19 with workforce hiring goals, hiring Building
20 Pathways grads, adopting the PGTI's best practices,
21 requiring mandatory ongoing diversity training and
22 education of all workers on site and providing ombud
23 services to assist workers in addressing harassment
24 or discrimination on the job and in preventing

1 future incidents.

2 So the MGH expansion project will not only
3 employ thousands of trade workers, but ensure that
4 women and people of color have access to these
5 lucrative jobs that provide economic prosperity for
6 them, their families and the communities in which
7 they live and work.

8 Thank you.

9 DIRECTOR SZENT-GYORGYI: Thank you.

10 THE OPERATOR: Our next comment comes from
11 Francis Callaghan. Your line is open.

12 MR. CALLAGHAN: Thank you. My name is
13 Francis Callaghan. I'm President of the
14 Massachusetts Building Trades Council. We represent
15 75,000 men and women who are members of 62 local
16 unions and work in the construction industry.

17 We're supporting this project whole-
18 heartedly for several reasons. The unions we
19 represent provide quality health insurance benefits,
20 as you heard from previous speakers, to over 200,000
21 covered lives, which means members and their
22 families.

23 Our union plans spend well over \$1 billion
24 per year on care at world-class facilities like Mass

1 General and others in the Boston area and across the
2 state. This proposed state-of-the-art facility is
3 consistent with the level of care that our members
4 deserve and they expect.

5 The health insurance benefits and the
6 health care they provide to our members are
7 dependent on work hours. Our members earn their
8 benefits through hourly contributions to their
9 health insurance plans.

10 Partners Health Care, now Mass General
11 Brigham, and the building trades unions have a
12 long-standing relationship regarding their
13 construction policies. They recognize that building
14 using union workers and union contractors provides
15 them with quality projects, completed on time and on
16 budget, by a highly skilled, highly trained, safe
17 and productive local workforce.

18 We formalized this relationship about 12
19 years ago when we developed a Project Labor
20 Agreement model to be utilized on Partners projects.
21 Since that time we've completed a couple of billion
22 dollars' worth of construction projects together.

23 In addition to quality construction, this
24 partnership provides jobs to our members, to provide

1 their families sustaining wages and quality health
2 insurance benefits, allowing them access to the
3 quality health care provided by Mass General
4 Hospital and other areas hospitals.

5 More recently we've adapted the Project
6 Labor Agreement to include provisions that increase
7 diversity, equity and inclusion, along the lines of
8 the so-called Anchor Institution model developed in
9 Cleveland at the Cleveland Clinic, with the
10 assistance of the Boston Building Trades Council.

11 On this project we're talking about tonight
12 and others, we've included hiring metrics consistent
13 with the City of Boston's work hour targets on
14 construction projects, about 51 percent of
15 residents, 40 percent persons of color, and 12
16 percent women.

17 This proposed \$1.8 billion project alone is
18 estimated to create 3400 construction jobs, and a
19 project of this size and duration provides a
20 significant opportunity to extend the training,
21 wages, health insurance and retirement benefits that
22 come with a career in the union building trades
23 sector to previously underserved communities, as
24 mentioned earlier.

1 For these reasons and more, we fully
2 support Mass General Hospital's Cambridge Street
3 project, and I will be submitting a more detailed
4 written statement and written testimony online.

5 Thank you very much for the opportunity to
6 testify.

7 DIRECTOR SZENT-GYORGYI: Thank you.

8 THE OPERATOR: Our next comment comes from
9 Laurie Wallace. Your line is open.

10 MS. WALLACE: Hello. This is Laurie
11 Wallace. I work at Health Resources in Action in
12 Boston, which is a public health institute, a
13 non-profit organization.

14 I have worked for over ten years with the
15 Mass General Hospital Youth Scholars, which is one
16 of the community benefits programs for the Center
17 for Community Health Improvement, primarily with
18 Christy Egun and others there.

19 I have really benefited from working with
20 them and working with this program, because of what
21 it offers to the community and to the world. I have
22 worked with young people my whole life, and our
23 organization does training and work with peer leader
24 programs and youth leader program in the public

1 health context.

2 So they have worked with young people for
3 probably many, many years at Mass General Hospital,
4 offering many jobs in the summer. But with this
5 particular program, they -- it has already in
6 practice, but when I became involved around ten
7 years ago, it was really to develop a pipeline for
8 young people of color to really become engaged in
9 the STEM, the science, technology, engineering, math
10 fields.

11 It's an amazing program and has really
12 impacted hundreds and hundreds of young people.
13 They have a cohort section where -- actually they do
14 work in middle schools and elementary schools in
15 sort of building the pipeline, but really a cohort
16 for ninth graders, tenth graders, eleventh graders
17 and twelfth graders, really teaching them about Mass
18 General Hospital, teaching them about science,
19 technology and STEM, and really having them explore
20 such a community of this Hospital.

21 I have helped in doing work with them,
22 training some of the staff and training the young
23 people sometimes in the beginning. And most often
24 they provide these amazing overnight retreats, where

1 the young people can go away and get out of the city
2 and really deepen their relationships and do more
3 activities around STEM and relationship building.

4 So I just wanted to support this project
5 because of the community benefits that Mass General
6 offers to the community. And the project that I
7 have worked with has been, I'm sure, such a small
8 part of the many things that Mass General Hospital
9 has done. But I have also worked with their summer
10 program and know that they offer more jobs for young
11 people than almost any other -- I think than any
12 other hospital or program in Boston.

13 So they're just such a great neighbor and a
14 great supporter of youth, and particularly youth of
15 color, in getting into the STEM field. I would
16 support this project and support them as an
17 organization that really believes in young people.

18 I'm also a resident of Boston. So thank
19 you very much.

20 DIRECTOR SZENT-GYORGYI: Thank you.

21 THE OPERATOR: Our next comment comes from
22 Charles Cofield. Your line is open.

23 MR. COFIELD: Good evening. My name is
24 Charles Cofield, and I am Community Outreach and

1 Recruiting Coordinator for the Carpenters Union here
2 in Greater Boston, and I'm also a Boston resident
3 and a 35-year member of Local 327.

4 I'm here to express support for the MGH
5 Patient Tower Project, and I want to express also
6 our appreciation for the commitment and Mass General
7 Brigham's partnership with our unions in addressing
8 issues of diversity, inclusion and inequity by
9 creating construction and career opportunities for
10 hundreds of people from low-income and
11 underrepresented communities.

12 I'm also a Commissioner on the Boston
13 Employment Commission, appointed by outgoing Mayor
14 Walsh. On that Commission we're able to hold
15 contractors accountable for hiring Boston residents,
16 minorities and females, as it's been said earlier
17 about the 51 percent Boston residents, 40 percent
18 people of color, and 12 percent women.

19 These are very important goals that seem to
20 be as important to us as they are to MGH. And with
21 the partnership and the commitment that MGH has made
22 to meeting these goals and all the community
23 benefits, we're well in support of this project to
24 move forward.

1 Secondly, if this project is approved, with
2 the \$94 million in funding that's going to come and
3 support our community health initiative funding and
4 support the important public health work with some
5 of the issues that we've seen out here through the
6 pandemic, with adult and young folks suffering from
7 depression from being locked down for so long -- you
8 know, it's going to take a little while to make a
9 comeback for everybody, but projects like this one
10 will definitely help the outcome come a lot faster.

11 So we definitely support this project.
12 This project with MGH is the blessing in disguise.
13 They are very committed to safety on job sites, as
14 well as making sure that all safety protocols and
15 procedures are met.

16 So we thank you and appreciate your
17 consideration for this program and this project.

18 DIRECTOR SZENT-GYORGYI: Thank you.

19 THE OPERATOR: Our next comment comes from
20 David Rosman, and we do have about 20 participants
21 still waiting to make comments.

22 DR. ROSMAN: Thank you so much. Hearing
23 that, I will try to be brief. My name is David
24 Rosman. I'm Associate Chair for Radiology here at

1 Mass General.

2 You've heard so much already about the
3 equity and the other components. I won't reiterate
4 any of that, but rather talk about the importance of
5 imaging and radiology in the context of this.

6 The application includes MR and CT, as well
7 as other imaging modalities. And we, like cancer,
8 have been working very hard to move routine
9 outpatient imaging into the community, where
10 patients prefer it, in order to open up resources on
11 campus for more complex imaging.

12 To give you an example, MR in patients with
13 pacemakers is done almost nowhere else within
14 Massachusetts, and our wait is six months for a
15 prime-time slot to be able to get an MRI with a
16 pacemaker.

17 Having additional cardiac imaging for
18 inpatients on campus is critically important to be
19 able to give the community the cardiac care that
20 they need, again noting the inequities in cardiac
21 care that exist.

22 Additionally, just today, while I was
23 reading clinically, I read 11 CTs and MRs on
24 inpatients, each of which played a role in that

1 patient's care, whether it allowed them to be
2 discharged or changed their course of care.

3 Having these resources available for any of
4 these inpatient beds is an absolute necessity. And
5 when we're building additional inpatient capacity,
6 cancer capacity, ICU capacity and cardiac capacity,
7 doing so without imaging in modern medicine is
8 essentially unfathomable.

9 So we are hugely in support of this project
10 and the imaging component in order to be able to
11 give the patient-centered equitable care that our
12 patients in the community deserve.

13 Thank you so much for you time.

14 DIRECTOR SZENT-GYORGYI: Thank you.

15 THE OPERATOR: Our next comment comes from
16 Paul Biddinger. Your line is open.

17 DR. BIDDINGER: Good evening, and thank you
18 so much for the opportunity to join you. My name is
19 Paul Biddinger. I am the Director of the Center
20 for Disaster Medicine at Mass General Hospital and
21 an emergency physician specializing in emergency
22 preparedness.

23 I would like to offer testimony in support
24 of the role of the new building in assuring the

1 resilience of Mass General Hospital and its ability
2 to continue to care for all of its patients in the
3 city in the disasters that we may face in the coming
4 decades.

5 Over the last 20 years we have seen many
6 hospitals and other health care facilities struggle
7 in the face of climate change and many disasters,
8 including flooding in Hurricane Katrina, Superstorm
9 Sandy, Hurricane Harvey in Houston and others. Each
10 of those events caused the evacuation of a health
11 care facility and a tremendous blow to the health
12 care availability for their communities.

13 As has already been mentioned earlier this
14 evening, we have also seen in infectious disease
15 emergencies, such as COVID-19, as well as in mass
16 casualty incidents and others, hospitals can need to
17 suddenly surge their capacity and expand beyond
18 their usual bed capacity, whether that's for
19 specifically intensive care units or isolation
20 capability or overall bed capacity, depending on the
21 disaster scenario.

22 The building project that we're talking
23 about this evening has been designed from the
24 beginning as a building specifically resilient

1 against disaster and the known threats that we are
2 facing.

3 The building has been designed, looking 50
4 years into the future, for sea level rise, for
5 increased precipitation, for increasing wind speeds,
6 for increasing heat, and specifically has been
7 designed to make sure that the building and the
8 Hospital can care for patients even in these
9 threats.

10 We know, from the data that we have from
11 expert consultants that we have hired, that Mass
12 General, in certain sea level rise and extreme
13 precipitation threats, could actually be encircled
14 by floodwaters and be cut off from the community.
15 These are the scenarios that have caused hospitals
16 in previous disasters, as I mentioned, to need to
17 evacuate.

18 In the designed building, the building's
19 utilities are specifically protected. In fact, the
20 storage spaces, even below-grade storage spaces for
21 food, for water, for medical supplies, have been
22 hardened so that the building can stand alone for
23 several days as an island, continue to care for
24 patients and make sure the care delivers.

1 Many of the buildings, as has been
2 mentioned earlier, elsewhere on the Mass General
3 campus are not so resilient. In fact, the building
4 has been designed, even though it has single rooms
5 for most all use cases, so that it can double up and
6 serve as a building refuge for evacuation of other
7 patients in less resilient portions of the Mass
8 General campus, say, in a hurricane scenario, to
9 ensure that the building does not need evacuation
10 and continues to care for patients.

11 So all of these design elements contribute
12 to the building's and the Hospital's ability to
13 remain open no matter what the disaster scenario is,
14 to continue to make sure that we meet our mission of
15 caring for the community, and in fact remain open to
16 the community even in the worst disasters for the
17 foreseeable future.

18 Thank you so much for the opportunity to
19 join you.

20 DIRECTOR SZENT-GYORGYI: Thank you.

21 THE OPERATOR: Our next comment comes from
22 Mr. Hochberg. Your line is open.

23 DR. HOCHBERG: Thanks very much for the
24 opportunity to speak in support of this

1 Determination of Need, and I appreciate the patience
2 of the DPH staff.

3 I'm a practicing oncologist at the Mass
4 General Hospital. I've been here for about 21
5 years. I help organize the Cancer Center
6 operations, and I wanted to speak to the importance
7 of this building and our goal to improve cancer care
8 for the City and the Commonwealth.

9 As my colleague Dr. Ryan mentioned, our
10 overarching goal is to provide better cancer care,
11 specifically the right care for the right person at
12 the right time in the right location, and this new
13 building will dramatically enhance our ability to do
14 that.

15 We've been actively expanding our ability
16 to provide Mass General Hospital Cancer Center
17 world-class care close to home by expanding our
18 services at Newton-Wellesley Hospital, as well as
19 our ambulatory facilities in Waltham and Danvers.
20 By allowing patients in these geographic areas to
21 receive care closer to home, we hope to allow our
22 world-class patient care and research to flourish in
23 Boston, specifically in this new space.

24 Despite these efforts to allow patients to

1 get care close to home, our ability to provide
2 cancer care to patients on our Boston campus is
3 reaching its limitation. Our infusion rooms are at
4 capacity, and we're limited in our ability to
5 deliver IV chemotherapy at the hour of a patient's
6 choice, in the daytime.

7 The new infusion space that you heard Dr.
8 Slavin mention in the first part of the discussion
9 is desperately needed to continue to provide access
10 to chemotherapy for the citizens of Boston.

11 We're also planning a number of innovative
12 systems of care to implement in the new building.
13 As opposed to an oncology patient needing to go to
14 the Emergency Room in the middle of the night, we're
15 hoping to build a 24-hour Oncology Urgent Care Unit
16 so patients can be cared for by oncologists, nurse
17 practitioners and nurses without needing to use the
18 Emergency Room.

19 We want to expand our use of genetically
20 modified cellular therapy. This is a new type of
21 technology to treat cancer patients that doesn't
22 involve radiation, chemotherapy or surgery and can
23 cure some patients with lymphomas and leukemias.

24 Finally, we want to increase the size of

1 our revolutionary Premiere Center, which offers the
2 newest oncology agents, the first time they're being
3 used clinically.

4 Finally, there's a very old goal that will
5 be served by this building: privacy. I wanted to
6 tell you about an experience to personalize the
7 meaning of a private room. You've heard a lot about
8 how we need more private rooms at the Hospital.

9 As a cancer doctor at Mass General for over
10 20 years, I've had all too many heart-rending
11 discussions about the end of life with patients and
12 their families in shared rooms. We try our best to
13 move patients at the end of life to a private room,
14 but this can't always be immediately accomplished
15 due to the limitations of our private rooms.

16 I want you to imagine sitting with an
17 oncologist at the bedside of your own family member
18 and discussing the end of their life with another
19 patient through the curtain watching what the family
20 feared. It's a terrible situation I hope never to
21 repeat. The enormous increase in our private room
22 numbers provided by this building will eliminate
23 this issue.

24 Thank you so much for your support of this

1 Determination of Need.

2 DIRECTOR SZENT-GYORGYI: Thank you.

3 THE OPERATOR: Our next comment comes from
4 Carrie Stamos. Your line is open.

5 MS. STAMOS: Hi, there. This is Carrie
6 Stamos. I'm a patient at MGH, and I am here to
7 testify in favor of this project.

8 As a patient and family member of MGH, I
9 have greatly benefited from the care provided to me
10 and my family members. For me, MGH has been a
11 lifesaver. I needed care for a rare medical
12 condition and was fortunate to find one of the few
13 providers in the country that understood and knew
14 how to treat my condition at MGH. In fact, people
15 from all over the world travel to MGH to receive
16 medical care for this issue.

17 Like me, many have also had to wait months
18 to receive surgery, because the needs are great and
19 the OR space at MGH is limited and scheduled months
20 out. It makes me proud to know that MGH is here to
21 help patients like me and so many others in our
22 state and well beyond.

23 As a patient and family member of MGH, I
24 also serve on the General Patient and Family

1 Advisory Committee at the Hospital. My goal in this
2 service is to offer a voice for all patients and
3 family members at MGH.

4 I know from this experience how great the
5 need is for expanding and improving the space MGH
6 has in order to provide a comfortable and supportive
7 experience for all who are there for care or loved
8 ones who are there to support those receiving care.

9 We come to MGH to see providers that
10 provide world-class care, and it is, in my opinion,
11 equally important to support them with state-of-the-
12 art facilities and care centers.

13 Often the sickest patients land at MGH to
14 get help, and even when space is tight, MGH works to
15 find space. Most recently, the Bullfinch Tent on
16 the main campus has been used to provide critical
17 COVID-19 vaccines to patients.

18 As a patient, I support MGH's new building
19 plan, because I know it will make the Hospital an
20 even better place to go to receive care.

21 Thank you for giving me this opportunity to
22 testify and to share my experience as a patient.

23 DIRECTOR SZENT-GYORGYI: Thank you.

24 THE OPERATOR: Our next comment comes from

1 Stuart Murphy. Your line is open.

2 MR. MURPHY: Thank you very much. My name
3 is Stuart Murphy. I too serve on the GPFAC, the
4 General PFAC, and in that capacity I am one of the
5 people who brings the voice of the patient into many
6 of the Hospital decision-making processes.

7 I've also, in that capacity, been honored
8 to serve on two of the committees that were involved
9 in planning of this new facility and enjoyed working
10 with a wide variety of people from different parts
11 of the Hospital, studying what needed to be done and
12 studying our future.

13 People have talked about the
14 competitiveness aspect of the physicians and how
15 important it is for state-of-the-art private rooms
16 and some of the updated services that will be
17 supplied and of course the oncology and cardiac
18 services which are so important, the operating
19 rooms. There are also some different kinds of
20 services, like the new pharmacy, which is very much
21 needed and a great service to people.

22 And of course, I'm particularly interested
23 in the wealth of visitor resources that will be
24 available because, as a member of the GPFAC, I serve

1 on the Education Subcommittee that works with the
2 Blum Center. The Blum Center is an incredible
3 resource within the Hospital for providing patient
4 and family services, and having visitor resources
5 available in the new facility is going to be just
6 extraordinary.

7 But rather than the competitiveness, I'd
8 like to talk a little bit more about the care aspect
9 of the site. Like many others who have spoken
10 tonight, I am a patient. I have had two very
11 serious surgeries at MGH and a number of minor
12 surgeries. I've also had a surgery out of the
13 country, and MGH served as an advisor to my
14 physicians in the country that I received my care
15 and added to the value and safety of the services
16 that I received.

17 And when we talk to the comfort of the
18 patient in the private rooms, the privacy, the
19 security that people will feel, it's just such an
20 important aspect of recovery and people in fact
21 becoming much more able to recuperate and return to
22 their various lifestyles and workforces.

23 So I think this is a very important part of
24 it. The Cardiac Center, of course, because of my

1 past surgeries, is particularly interesting to me.

2 So I think that it's a really important
3 initiative. I highly endorse it. I think it's
4 really important for the future of the Hospital, for
5 the future of our patients, for us, ourselves.

6 I'm a resident of Boston, and I
7 respectfully request the approval of this very
8 important initiative. Thank you for giving me this
9 opportunity.

10 DIRECTOR SZENT-GYORGYI: Thank you.

11 THE OPERATOR: Our next comment comes from
12 James Luisi. Your line is open.

13 MR. LUISI: Hi. Thank you for giving me
14 this opportunity. I'm the CEO of the Federally
15 Qualified Health Centers serving the North End,
16 Waterfront, Beacon Hill and the West End. Most of
17 our patients are low income or elderly.

18 This really makes the difference for our
19 elderly patients. It would lessen the time they'd
20 would have to wait in the Emergency Room for a bed
21 or wait for an appointment for imaging or cardiac
22 care.

23 The Hospital has always been community
24 focused. They've provided us with financial support

1 each year to pay for our programs that there's no
2 reimbursement for. And during COVID, they were
3 there for us, doing our testing for free and
4 providing expertise so that we could stay open.

5 So on behalf of all of our patients in all
6 of these communities, I wholeheartedly support this
7 program. Thank you.

8 DIRECTOR SZENT-GYORGYI: Thank you.

9 THE OPERATOR: Our next comment comes from
10 Jim O'Connell. Your line is open.

11 DR. O'CONNELL: Great. Thank you very
12 much, everyone. It's great to be here.

13 My name is Jim O'Connell. I'm a physician
14 and President of the Boston Health Care for the
15 Homeless Program, and I'm really honored to be here
16 tonight.

17 In 1985 our program was launched by a grant
18 from the City of Boston to Mayor Flynn with a goal
19 of integrating the care of homeless persons into the
20 mainstream of Boston's very renowned teaching
21 hospitals and neighborhood health centers.

22 With the goal of continuity of care from
23 the street and the shelter to hospital or to home,
24 the guiding principle was that we as doctors should

1 not wait for homeless people to come to us in our
2 traditional clinics, but we needed to go out to
3 wherever homeless people felt comfortable and were
4 staying.

5 So our program has evolved a model of care
6 which was designed by the homeless people that the
7 grant could gather and the advocate, and it now
8 consists of a network of about 35 shelter and
9 outreach clinics; robust care day and night on the
10 streets; 124 beds of step-down respite care for
11 those who no longer need an expensive hospital bed
12 but are way too sick to withstand the rigors of the
13 daily survival on the street and in the shelters.

14 We serve about 11,000 unduplicated homeless
15 persons each year. And this network, by fiat from
16 those we serve, is anchored by daily clinics in two
17 hospitals: Boston Medical Center and Mass General
18 Hospital. Homeless persons knew that, when they get
19 sick, they would be cared for in our hospitals,
20 which often could be frightening and intimidating,
21 and they wanted their own doctors and health teams
22 to be involved.

23 So our doctors have always been
24 credentialed and privileged in one or both of these

1 hospitals, and it has been a blessing for us and for
2 those we serve. It allows our teams to be involved
3 in the inpatient care of our patients, and there is
4 no other city in the country that has been so
5 blessed by the support and encouragement of teaching
6 hospitals such as MGH.

7 MGH indeed became the first and is still
8 the only private academic medical center in the
9 nation to host an on-site clinic dedicated to
10 homeless persons, especially those living on the
11 streets. This is a bedrock for our program,
12 allowing our patients full and seamless access to
13 specialty care, imaging, emergency and inpatient
14 care.

15 We are very excited and grateful that our
16 clinical space is currently being relocated and
17 expanded on the main campus over the next few
18 months.

19 There are way too many highlights over
20 these last years. I can only name a few. Mass
21 General helped us create the first computerized
22 medical record in the country back in the mid-'90s
23 for our homeless population. We are served greatly
24 by dermatology and podiatry.

1 And finally let me just end it -- I see my
2 time is up -- by saying that we serve a very diverse
3 population, and Mass General has been involved with
4 us for now 36 years. It's been my full-time job.

5 And I cannot tell you how blessed and
6 honored we are to have such a partner in this
7 endeavor. I think we are probably the only city in
8 the country that has the blessing of a hospital like
9 Mass General, and we could not be more supportive of
10 this new building. Thank you so much. Sorry to go
11 over.

12 DIRECTOR SZENT-GYORGYI: Thank you.

13 THE OPERATOR: Our next comment comes from
14 Conor Barrett. Your line is open.

15 DR. BARRETT: Thank you. Hello, everybody.
16 My name is Conor Barrett. I'm a cardiologist and
17 serve as the Clinical Director of the Cardiac
18 Arrhythmia Service at Mass General Hospital. I'm
19 also a Bostonian by choice and a resident of Beacon
20 Hill.

21 I'm very proud to be part of a
22 multidisciplinary team that, despite our
23 significance current space constraints, continues to
24 endeavor to provide the highest level of care for

1 patients with complex heart rhythm disturbances.

2 As the population continues to age, we
3 continue to see an increased prevalence and
4 incidence of patients with such heart rhythm
5 problems. As time has evolved, our understanding of
6 these disorders has improved significantly, and this
7 has led to the ability to provide curative
8 procedures for many patients.

9 Fortunately for many heart rhythm
10 disturbances, it's also become possible to provide
11 care locally to patients that previously would only
12 have been able for them at a large, major academic
13 center such as Mass General.

14 I would like to note that our current
15 paradigm has been and will continue to be to ensure
16 that such patients requiring cardiac care are seen
17 and cared for as close as possible to where they
18 live.

19 At the same time, both regionally and
20 nationally, we have seen an increase in more complex
21 heart rhythm issues, which really require fast
22 procedural techniques and technology, as well as a
23 multidisciplinary care approach at a major center.

24 For these patients who require a more fast

1 level of care, we really should be able to provide
2 this to them and their families in the best care
3 environment. This new building being proposed
4 offers us the opportunity to provide optimized care
5 for the patients we currently know and those who we
6 have yet to meet.

7 To be able to provide this in an
8 appropriate setting is always important for our
9 patients' experience and will, I have no doubt, lead
10 to better outcomes.

11 While we're fortunate to have a world-class
12 team here at Mass General Heart Center, it's hard to
13 overstate the importance of the physical inpatient
14 perioperative and procedural spaces. It's extremely
15 important that these, as is being proposed here, are
16 flexible enough to permit evolution of the
17 technologies that we use to provide procedural care
18 for our very sick patients.

19 As time goes on, we also anticipate being
20 able to discharge some patients sooner after their
21 procedures have been performed, and the current
22 proposed design incorporates this strategy also.

23 I hope you'll agree that this new building
24 will facilitate us to provide world-class and

1 high-level complex cardiac care for the patients who
2 will come to need us.

3 I'm very grateful for the opportunity to
4 speak about what I think is a critically important
5 initiative for our patients and ask for your
6 consideration and approval for this project.

7 Thank you very much for your time.

8 DIRECTOR SZENT-GYORGYI: Thank you.

9 THE OPERATOR: Our next comment comes from
10 James Fleming. Your line is open.

11 MR. FLEMING: Hi. Thank you for allowing
12 me to speak, and I will be brief.

13 My name is James Fleming. I'm a Business
14 Agent with the International Brotherhood of
15 Electrical Workers, Local 103. I'd like to speak
16 tonight in strong support of this proposal.

17 Mass General has always been one of the
18 best hospitals in the world, and I think this
19 state-of-the-art facility is needed to keep Mass
20 General as one of the best.

21 This project will provide thousands of jobs
22 for Boston residents, good jobs that will provide
23 living wages, health care benefits and retirement
24 benefits.

1 I hope you consider this proposal. Thank
2 you.

3 DIRECTOR SZENT-GYORGYI: Thank you.

4 THE OPERATOR: Our next comment comes from
5 Bill Kieffer. Your line is open.

6 MR. KIEFFER: Good evening. I'm Bill
7 Kieffer, a resident of One Avery Street in Boston.
8 I'm a member of the MGH General Patient and Family
9 Advisory Council, serving for over seven years, and
10 a member of the MGB Patient Experience Leaders
11 Committee. And I've been a patient at MGH for about
12 48 years, always receiving excellent care.

13 I'm pleased to offer a few comments this
14 evening in full support of the MGH Determination of
15 Need project.

16 The comments I offer are from a patient and
17 family member's perspective. They are as follows:
18 New private inpatient and ICU beds will provide
19 privacy for those admitted to these units. This
20 privacy will better permit frank discussions between
21 patients and their caregiving team, without others
22 listening in, better supporting security and HIPAA
23 regulations. The privacy will permit a patient to
24 obtain the better rest that one needs during

1 recovery.

2 The rooms will provide better safety from
3 falls, from infection, and be designed to be more
4 patient-centric. And they will offer the patient
5 technology for virtual visits with family members
6 and friends.

7 The building will offer state-of-the-art
8 ORs and imaging, assisting the members of the
9 medical team in their diagnostic procedures used for
10 patients. The building will also provide more
11 infusion bays. And as a cancer patient, this is
12 necessary to relieve the strain on our present
13 facility, as more and more patients are receiving
14 infusions as a part of their care.

15 And the building will provide additional
16 parking, making it easier for family members and
17 ambulatory patients coming to MGH for their care.

18 All of this is needed, especially as we
19 have learned during the past year as we all fight
20 COVID. Thank you.

21 DIRECTOR SZENT-GYORGYI: Thank you.

22 THE OPERATOR: Our next comment comes from
23 Mike Hess. Your line is open.

24 MR. HESS: Good evening. I appreciate the

1 opportunity to speak this evening. I am the
2 Business Agent for the Ironworkers Local 7, covering
3 the Boston MetroWest area.

4 I rise on behalf of the many women and men
5 that live and work in the City of Boston. We are in
6 the full support of this state-of-the-art,
7 much-needed facility, which could not come at a
8 better time. We appreciate the many career
9 opportunities that this project will bring to the
10 City.

11 Thank you.

12 DIRECTOR SZENT-GYORGYI: Thank you.

13 THE OPERATOR: Our next comment comes from
14 Frank Murray. Your line is open.

15 MR. MURRAY: Hi. My name is Frank Murray.
16 I'm a journeyman ironworker out of local 7.

17 I speak in support of this project, the MGH
18 Patient Tower Project, and the career opportunities
19 a project like this will provide, along with the PLA
20 agreement.

21 I also would want to state that I feel that
22 MGH is one of the best hospitals in the world and
23 that Boston building trades and the union workforce
24 in the city is some of the best workforce in the

1 world, so it would only be right for us to build a
2 building of that magnitude. Support union labor.

3 Thank you guys for taking the time to hear
4 us. Thank you.

5 DIRECTOR SZENT-GYORGYI: Thank you.

6 THE OPERATOR: Our next comment comes from
7 William Vietze. Your line is open.

8 MR. VIETZE: Hi. Good evening. My name is
9 Billy Vietze. I'm a proud member of Ironworkers
10 Local 7, Boston, Mass.

11 I rise in support of this project as well.
12 I'll try and keep this brief. Without repeating
13 what everybody else has said, this project is really
14 a no-brainer. Boston is a world-class city. MGH
15 provides world-class health care, and it deserves a
16 world-class infrastructure to support that.

17 As I said, I'm a proud union ironworker,
18 and I can speak for many of my brothers and sisters
19 in the building trades. We are proud of the work we
20 do, whether it's a high-rise office building, condos
21 or hospitals.

22 I had the opportunity to work on the new
23 inpatient building at Beth Israel this past year,
24 and I can say that you stand with a little bit more

1 pride when you build a building like that that you
2 know is going to help support the doctors that will
3 save lives.

4 Thank you.

5 DIRECTOR SZENT-GYORGYI: Thank you.

6 THE OPERATOR: Our next comment comes from
7 Jim Vaughan. Your line is open.

8 MR. VAUGHAN: Good evening. My name is
9 Jimmy Vaughan. I'm the Business Agent for the
10 Plumbers and Gasfitters, Local No. 12.

11 We are in favor of this project and look
12 forward to a great partnership with Mass General.
13 This project is a win for all involved.

14 Thank you, and have a good night.

15 DIRECTOR SZENT-GYORGYI: Thank you.

16 THE OPERATOR: Our next comment comes from
17 O'Neil Britton. Your line is open.

18 DR. BRITTON: Hi. This is O'Neil Britton.
19 I am the Chief Medical Officer at Mass General
20 Hospital. Thank you for the time tonight. I would
21 also like to thank my colleagues and supporters of
22 this effort and thank the DPH team for allowing us
23 to speak.

24 The Cambridge Street new clinical building

1 represents a great opportunity for Mass General to
2 do so much better for our patients and staff. I
3 care for patients in the buildings that we're
4 proposing to replace, and I can tell you that, right
5 now, we are providing amazing care to patients and
6 family while literally fighting the environment in
7 which we work.

8 What were once state-of-the-art facilities
9 have aged rapidly over the past 40 to 50 years. Our
10 spaces are cramped, inadequate for patients and
11 families, with far too many shared rooms. The
12 technology needed to test, treat and care for
13 patients are extraordinarily difficult to
14 accommodate in our current footprint.

15 The Cambridge Street new clinical building
16 will help us create the kind of healing environments
17 our patients deserve. While it may seem a lot to
18 some, it actually represents what would be
19 reasonable for us to timely care for our patients in
20 a modern facility.

21 We hope you join us in approving the
22 request and allow us to remain who we desire to be
23 for the next 50 years, which is the world-class
24 facility from which all Massachusetts residents may

1 benefit.

2 Today, as you heard earlier, we have 37
3 patients waiting for beds in our Emergency Room.
4 That usually takes 12 to 24 hours and sometimes even
5 longer before we can place them in a proper room.
6 The pandemic of this past year reminded us of the
7 vulnerabilities in our current footprint, and only
8 through tenacious attention to infection control
9 processes were we able to keep our patients and
10 ourselves safe.

11 The Cambridge Street new building will
12 allow us to prepare for future pandemics with
13 potentially more dangerous pathogens and allow us to
14 best serve the great citizens of Massachusetts.

15 We would like to welcome and treat our
16 patients in a healing environment that supports our
17 mission of putting them and their families first.
18 We would prefer to have adequate space that allows
19 families to have their own private spaces, and we
20 would like to move to an era where our amazing
21 nurses, doctors and all our clinical staff feel like
22 their environment of care supports their well-being.

23 Thank you for your time.

24 DIRECTOR SZENT-GYORGYI: Thank you.

1 THE OPERATOR: Our next comment comes from
2 Dr. Ali Raja. Your line is open.

3 DR. RAJA: Thank you. My name is Ali Raja,
4 and I'm an emergency physician at Mass General,
5 Vice-Chair of the Department of Emergency Medicine.

6 Thanks to the DPH staff for organizing
7 this, and thanks to everybody else for their
8 patience. I know this call is running longer than
9 some us might have thought.

10 It's my goal to provide a little testimony
11 in support of MGH's application from the perspective
12 of the team down in the Emergency Department.

13 As everybody knows, the ED at MGH is one of
14 the busiest in the country, and we treat some of the
15 most severely injured and critically ill patients
16 in New England. We treated more COVID patients than
17 any other Emergency Department in the state.

18 As Dr. Slavin and Dr. Britton just
19 mentioned, today we're on capacity disaster status
20 because of our capacity constraints. We began the
21 morning with 130 patients in our Emergency
22 Department, 52 waiting for beds. After I finished
23 my shift today and on my way to take this call, when
24 I left after five, we still had more than 30

1 patients left.

2 Unfortunately, this is a daily occurrence
3 in our Emergency Department. We are honored to give
4 world-class care to patients throughout New England
5 and around the world, and all of our ED staff has
6 really stepped up and flexed up to take care of
7 everybody, given our space constraints. But during
8 my shifts, the nurses and I are consistently caring
9 for patients in shared spaces, right next to other
10 patients who also need emergency care.

11 When a trauma patient is brought in by
12 Boston EMS after a severe car accident, they
13 literally have to thread their way through other
14 patients awaiting inpatient beds in the hallway in
15 order to get to a room.

16 When patients with cancer care or cardiac
17 problems come in and need admission to the Hospital,
18 they often have to board and wait, waiting for a bed
19 to open up upstairs. Patients with more minor
20 illnesses who need admission have to wait 12 or more
21 hours in chairs while a bed opens up on the
22 inpatient floors.

23 These inpatient beds, both the general care
24 beds and the ICU beds, are really going to greatly

1 enhance the care that we provide in the ED. They're
2 going to allow us to give the excellent care that
3 our staff is known for, but in an environment that
4 is less crowded and much more patient friendly than
5 we're currently faced with.

6 I implore you, on behalf of the team down
7 in the Emergency Department, to approve this DoN.
8 Thank for you time.

9 DIRECTOR SZENT-GYORGYI: Thank you.

10 THE OPERATOR: Our next comment comes from
11 Tom Ambrosino. Your line is open.

12 MR. AMBROSINO: Hi. I'm Tom Ambrosino, City
13 Manager in Chelsea, and I'm just speaking in support
14 of the project proposed by MGH.

15 MGH provides great care to lots of
16 residents of Chelsea. So any kind of physical
17 improvement that is going to assist in that care
18 will certainly benefit the residents of the City of
19 Chelsea.

20 I do want to just say that MGH has been an
21 incredible partner for the City of Chelsea during
22 the course of this pandemic. As you know, our city
23 was among the most disproportionately impacted
24 communities in the Commonwealth.

1 We survived the pandemic or have made our
2 way to this point mostly through the help of MGH.
3 They assisted us in standing up an isolation hotel
4 with our neighbor in Revere by providing all of the
5 medical care at that facility. They have done PPE
6 distribution in the city, they have done an enormous
7 amount of COVID testing in the city, and they have
8 committed to doing large-scale vaccinations in the
9 city, once vaccine becomes less constrained.

10 Also, though it's probably not relevant,
11 obviously a building of this size will generate an
12 enormous Determination of Need effort, but I just
13 want to say that, in the past, MGH's DoN efforts
14 have been inclusive, really engaged with the
15 community. They've been transparent, and they have
16 been incredibly fair, in my opinion.

17 So for all of those reasons, the City of
18 Chelsea strongly supports this effort. Thank you.

19 DIRECTOR SZENT-GYORGYI: Thank you.

20 THE OPERATOR: Our next comment comes from
21 Grace Lichaa. Your line is open.

22 MS. LICHAA: Thank you so much. My name is
23 Grace Lichaa. I'm from the Boys & Girls Clubs of
24 Boston. We've been working with MGH for several

1 years, and our partnership has allowed us to provide
2 some very basic public health support and public
3 health promotion to the young people across Boston
4 and Chelsea.

5 One of the most incredible parts of that
6 support has been our ability to have medical and
7 nursing staff in place. That allows our young
8 people from all across Boston, in different
9 socioeconomic statuses, from many different races,
10 to have access to summer camp and after-school
11 programs that is the basis of health equity.

12 This partnership has allowed us to --
13 (voice obscured by static)

14 DIRECTOR SZENT-GYORGYI: Hello? You are
15 breaking up. Are you still there?

16 (Voice obscured by static)

17 DIRECTOR SZENT-GYORGYI: We'll go to the
18 next caller.

19 THE OPERATOR: Our next comment comes from
20 Ellen Maloney. Your line is open.

21 MS. MALONEY: Good evening. My name is
22 Ellen Maloney, and I'm the Chief Operating Officer
23 at Newton-Wellesley Hospital. I'm very pleased to
24 offer our support for this critical project for Mass

1 General Hospital.

2 Newton-Wellesley Hospital has developed
3 many clinical collaborations with MGH over the
4 years, including cancer and cardiac care. We work
5 together to ensure that care is provided in the
6 community, close to home, for our patients. When
7 our patients need a higher level of care, quite
8 often due to critical illness, we transfer them to
9 our outstanding clinical colleagues at MGH.

10 This project will ensure the capacity,
11 private rooms and flexibility needed to take care of
12 our patients and their families when they're in
13 need.

14 I thank you for the opportunity to provide
15 our support for this project. Thank you.

16 DIRECTOR SZENT-GYORGYI: Thank you.

17 THE OPERATOR: Our next comment comes from
18 Erica Shenoy. Your line is open.

19 DR. SHENOY: Hello. Thank you very much.
20 My name is Erica Shenoy. I'm an infectious disease
21 physician at Mass General and Associate Chief for
22 our Infection Control Unit. I additionally serve as
23 the Medical Director of the Regional Emerging
24 Special Pathogens Treatment Center, which is located

1 at MGH.

2 I moved to Boston in 1999. I trained at
3 MGH and currently live in South Easton,
4 Massachusetts. I want to thank the organizers of
5 the meeting for the opportunity to speak in support
6 of the proposed project.

7 As many know, the COVID-19 pandemic has
8 highlighted the efforts of Mass General and many
9 communities to respond, but it has also highlighted
10 what we in infection prevention have long
11 recognized, which is that the physical and built
12 environment is critical to ensure the safe delivery
13 of care, and specifically the prevention of
14 transmission and acquisition of infectious diseases
15 in our health care facilities.

16 I will just speak to a few aspects of the
17 building and its impact related to infection
18 prevention and the safety of our patients, visitors
19 and employees.

20 Much has already been noted around the
21 elimination of semi-private rooms and the addition
22 of many private rooms in this new building. The
23 addition of single rooms, from an infection control
24 perspective, does reduce and is associated with a

1 reduced risk of nosocomial transmission between
2 patients that does exist, though generally low, in
3 semi-private accommodations.

4 The additional part was referenced by my
5 colleagues, many of my colleagues, which is related
6 to capacity and patient placement due to the lack of
7 need to cohort patients based on their communicable
8 diseases. The availability of private rooms that
9 essentially eliminates the need to cohort should
10 reduce delays to bed assignments and some of the
11 challenges that were highlighted by our Emergency
12 Room colleagues.

13 Second, the design of work flows within
14 these new spaces really can support good, excellent
15 infection control practices. These can be as, what
16 might sound mundane, the location of sinks, the way
17 we dispose of waste and sanitation in the rooms,
18 down to the choice of surfaces and finishes that
19 will hold up well over the course of time to
20 cleaning and disinfection and will enable us to have
21 a clean environment of care.

22 Third, the building will add a fully
23 functional sterile processing department that is
24 going to support the procedural spaces and

1 reprocessing of reusable equipment. This will
2 ensure that reprocessing is performed by trained
3 staff in the appropriate modern facilities.

4 Lastly, I want to mention that this
5 building will add the additional capacity to care
6 for patients who require airborne infection
7 isolation rooms. And additionally, in this forward-
8 thinking approach, there will be a plan for having
9 the mechanical ability to be able to surge this
10 particular type of isolation room from 43 to 157,
11 which would certainly position us to take on many of
12 the potential challenges of the future.

13 I want to close by stating my strong
14 support from an infectious disease and infection
15 prevention perspective, as well as the perspective
16 of preparedness for emerging infectious diseases
17 that may challenge us in the future, for which we at
18 MGH and in this City continue to lead and serve our
19 community.

20 Thank you very much.

21 DIRECTOR SZENT-GYORGYI: Thank you.

22 THE OPERATOR: Our next comment comes from
23 Debra Burke. Your line is open.

24 MS. BURKE: Good evening. My name is

1 Debbie Burke, and I'm the Chief Nurse and Senior
2 Vice President for Patient Care at MGH, and I'm
3 speaking in support of MGH's building project.

4 Not only do I work at Mass General for over
5 30 years, I also grew up in Charlestown and live
6 here today. So MGH is also mine and my family's
7 community hospital.

8 And as I listen to my colleagues this
9 evening, all of you are hearing some common themes.
10 This is because this is our lived, everyday
11 experience.

12 As you heard, MGH has 38 percent private
13 rooms. The reason this is challenging is because it
14 does not offer patients the privacy that they're
15 entitled to or space for restful healing without
16 interruption from a roommate and other visitors.

17 Would you want to share a hotel room with a
18 stranger? When you're at your sickest, you
19 certainly don't want to share an inpatient bed.

20 Today we send our lower acuity patients to
21 our community hospitals, or they receive care in
22 outpatient areas, so only the most acutely ill
23 patients are being cared for at MGH.

24 Along with that acuity comes the need for

1 high-intensity care and additional patient
2 equipment: IV poles, EKG monitoring equipment, et
3 cetera. This presents a major impact in our double
4 rooms, making care of patients challenging and
5 difficult for our clinical staff. We only expect
6 this acuity to continue as we attract those patients
7 who have the most difficult clinical problems.

8 As you heard from one of our oncology
9 physicians, an additional challenge is faced by our
10 patients who are end-of-life. They are entitled to
11 privacy and time with their families. This is not
12 the time to share a room with another person. Our
13 patients and their families deserve a state-of-
14 the-art facility that also provides them with the
15 dignity and privacy that only private rooms allow.

16 Thank you very much for this opportunity to
17 speak.

18 DIRECTOR SZENT-GYORGYI: Thank you.

19 THE OPERATOR: Our next comment comes from
20 Joseph Guarino. Your line is open.

21 MR. GUARINO: Hi. My name is Joe Guarino,
22 Director of Service at the Painters District Council
23 35. I represent over 4,000 members, drywall
24 finishers, painters, glass and glazers. Many of our

1 members live in the City of Boston and would benefit
2 from a project of this magnitude.

3 On a personal matter, my brother Mike
4 Guarino, age 64, has just received a double liver/
5 kidney transplant while in the middle of this COVID
6 pandemic at the MGH. He was home and recovering in
7 two weeks' time.

8 Mass General has shown over and over it is
9 a world-class health institution, and we as
10 residents should support organizations like the Mass
11 General Hospital.

12 Thank you very much.

13 DIRECTOR SZENT-GYORGYI: Thank you.

14 THE OPERATOR: That was our last comment at
15 this time.

16 DIRECTOR SZENT-GYORGYI: Thank you. We
17 appreciate everybody taking the time to participate
18 and give testimony.

19 Just as a reminder, we will be accepting
20 written comments through April 2nd.

21 It is possible that there is one other
22 person who got disconnected who is trying to
23 reconnect, so we'll stay on for just a few more
24 moments.

1 Julie, we'll just give it a couple more
2 minutes. It looks like there might be a few more
3 people on the line right now.

4 THE OPERATOR: Yes. Thank you. One
5 moment.

6 Our next comment comes from Tom Chmura.
7 Your line is open.

8 MR. CHMURA: Hi. Thank you for the
9 opportunity to speak tonight. My name is Tom
10 Chmura. I'm the General Manager of the Wyndham
11 Boston Beacon Hill.

12 We are directly across the street and
13 arguably the most impacted neighbor of the proposed
14 project. While we recognize the challenges we'll
15 face over the next several years -- construction,
16 noise, blocks of views for the hotel -- we are in
17 complete support of this project.

18 We recognize MGH as a world-class, leading
19 medical facility. They provide amazing services to
20 patients, not just from Boston, but regionally,
21 nationally and around the world.

22 This project has economic impact across
23 multiple social levels, not only during construction
24 for trades, but long term for medical research and

1 development and as a teaching hospital.

2 We're 100 percent in support of this
3 project, and I really want to thank Dr. Slavin and
4 his leadership team for looking out in the future to
5 keep Mass General as No. 1. Thank you.

6 DIRECTOR SZENT-GYORGYI: Thank you.

7 THE OPERATOR: Our next comment comes from
8 Joseph Garasic. Your line is open.

9 DR. GARASIC: Thank you for this
10 opportunity to speak on behalf of the MGH
11 interventional cardiology patients and staff with
12 regard to the state-of-the-art care facility under
13 consideration.

14 My name is Dr. Joe Garasic, and I'm the
15 Medical Director of the Cardiac Catheterization Lab
16 at Mass General Hospital. In my 20 years on staff
17 at Mass General, I have not witnessed greater
18 excitement, collaboration and innovation amongst the
19 cardiovascular community than that brought to bear
20 by this impending build.

21 This purpose-built facility will unite
22 clinicians, nurses, nurse practitioners, physician
23 assistants, interventionalists, proceduralists,
24 surgeons and technicians in an aspirational fashion,

1 allowing the efficient delivery of the highest
2 quality cost-sensitive care.

3 The additional beds and procedural space
4 will help ease our omnipresent capacity struggles in
5 accommodating acute admissions and transfers of
6 stress the catheterization lab at MGH feels on a
7 daily, daily basis.

8 Timely care is good care, and likewise,
9 Mass General will deliver on one of its strongest
10 suits by pushing the boundaries of medical
11 possibility with innovative therapies grown from
12 breaking down specialty boundaries in a modern,
13 shared facility.

14 No longer do we need siloed catheterization
15 labs, procedural rooms and operating rooms of old.
16 The hybrid procedural spaces of tomorrow are
17 technologically advanced in ways we never imagined,
18 while bringing flexible use for ultimate efficiency.

19 Over the past several years of stopgap
20 renovations to our existing and aged procedural
21 spaces, we have learned a great deal about what
22 modern construction can provide that even thoughtful
23 revisions to a retrofitted space cannot easily
24 achieve: modern interference-free electrical

1 systems, stable platforms for high-resolution
2 integrated modality imaging systems, an adequate
3 space to accommodate state-of-the-art imaging
4 technologies, advanced radiation safety measures and
5 modern work flows.

6 One work flow that's a critical element to
7 the future of cardiovascular procedures is the
8 growth of outpatient procedures. Even the most
9 complex of procedures today can be done in an
10 outpatient or 24-hour admission setting.

11 A growing body of data has shown that this
12 is safe and can be achieved in the interventional
13 cardiology space, but we need state-of-the-art
14 recovery spaces built and staffed for the express
15 patient population to move forward with this agenda
16 of cost-saving and patient-pleasing procedures.

17 It turns out it takes a hospital and a
18 highly organized orchestrated effort to deliver
19 state-of-the-art procedural care and get patients
20 home to their own beds after a period of intense
21 post-op monitoring.

22 The future of medicine is instantaneous,
23 collaborative and private during acute illness,
24 where a two-bed model is antiquated. We'll bring

1 the subspecialists to the bedside to deliver rapid,
2 state-of-the-art care at any hour via virtual
3 technologies in this new building.

4 In brief, MGH and its patients greatly need
5 this new care facility to deliver on the promise of
6 the ultramodern, high-acuity medical care we've
7 highlighted and to allow a much needed expansion of
8 our capacity. In this way, we can shift from doing
9 our best with available resources to truly pushing
10 the horizon of what is possible.

11 Thanks for the opportunity.

12 DIRECTOR SZENT-GYORGYI: Thank you.

13 THE OPERATOR: We do have a comment from
14 Councilor Bok. Your line is open.

15 COUNCILOR BOK: Thank you so much. Can you
16 hear me?

17 DIRECTOR SZENT-GYORGYI: Yes, we can hear
18 you.

19 COUNCILOR BOK: Wonderful. Thank you.

20 Hi. I'm Kenzie Bok. I'm the District
21 Councilor for the West End and Beacon Hill, the area
22 where the Hospital is.

23 I just wanted to express today how
24 important MGH is as an anchor kind of institution in

1 our community. It's one where a lot of my
2 constituents work and also where a lot of them get
3 their health care. And, you know, we've been really
4 proud throughout the pandemic of its role in meeting
5 the crisis and kind of what it means to have a
6 world-class facility in the heart of the
7 neighborhood.

8 I've been in continuous conversation with
9 the MGH team about this project. We do have a few
10 residential neighborhoods surrounding it, a lot of
11 history, as you know, related to the whole West End,
12 and Beacon Hill across the way, and a lot of
13 community needs for folks who regard this state-of-
14 the-art hospital as also their community hospital.

15 But I really appreciated the conversation
16 and partnership of the team at MGH in thinking about
17 how to simultaneously meet those community needs and
18 also this kind of broader regional and really global
19 kind of need for the state-of-the-art health care at
20 that facility.

21 So I just wanted to express that I think
22 those conversations have gone in a really positive
23 direction and that I can see the need for the MGH
24 team to have this updated facility.

1 I think it is a real point of pride for our
2 community to have that kind of service that we're
3 able to host. And I think as long as we can
4 integrate it with the community fabric and needs and
5 the low-income seniors and folks who are unhoused
6 who we serve in the immediate proximity of the
7 project, I think this has the ability to achieve a
8 lot of needs, local and more regional and global.

9 And so based on -- as I've learned more and
10 more about the project and had these conversations
11 about how to fit this into our community, I've felt
12 myself increasingly excited about the prospect.

13 And for me, I'm the Councilor for the area
14 that runs all the way from MGH through the LMA, and
15 I just think we can't understate, in this moment of
16 pandemic, how much the whole world relies on the
17 work, the medical research and the medical care that
18 we provide.

19 So I wanted to express my support and also
20 sort of my appreciation to the team for recognizing
21 the context that they're in and the historical
22 attachment to some of the older buildings that are
23 there and the desire to make sure that the story of
24 the old West End isn't forgotten, and that we need

1 the food security, housing, the service needs of the
2 immediate neighborhood. I think there is an
3 opportunity to address those through this project.
4 So I just wanted to express my support on that
5 front.

6 Thank you so much.

7 DIRECTOR SZENT-GYORGYI: Thank you.

8 THE OPERATOR: Once again, if you would
9 like to make a comment, please press Star 1.

10 Please stand by.

11 DIRECTOR SZENT-GYORGYI: Thank you, Julie.

12 This is Lara Szent-Gyorgyi again. We're just going
13 to wait a couple minutes to make sure that there is
14 no one who would like to make a comment. Thank you.

15 While we're waiting, I'll just remind
16 people again that, if you would like to submit
17 written remarks or comments, that you have ten days
18 to do so -- that's through April 2nd -- and that you
19 can send it to us at DPH.DON@state.ma.us. So again
20 email at DPH.DON@state.ma.us. Or you can send your
21 comments through the mail to the Determination of
22 Need Program at Massachusetts Department of Public
23 Health, 67 Forest Street, Marlborough, Massachusetts
24 01752. Thank you.

1 (Pause)

2 DIRECTOR SZENT-GYORGYI: Okay. I think it
3 looks like we've come to the end of the people who
4 would like to make comments.

5 Once again, we very much appreciate
6 everybody taking the time to express your thoughts
7 and your support. As I mentioned before, all
8 comments will be taken under consideration by the
9 Determination of Need Program.

10 I hope everybody has a good evening, and I
11 think we can close it up.

12 Thank you, Julie, for your help.

13 THE OPERATOR: Thank you.

14 Thank you for your participation,
15 participants. You may disconnect at this time.

16 (Whereupon the hearing was
17 concluded at 8:12 p.m.)

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C E R T I F I C A T E

I, Carol H. Kusinitz, Registered Professional Reporter, do hereby certify that the foregoing transcript, Volume I, is a true and accurate transcription of my stenographic notes taken on March 23, 2021.



Carol H. Kusinitz
Registered Professional Reporter

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