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COMMONWEALTH OF MASSACHUSETTS  
DEPARTMENT OF PUBLIC HEALTH  
DETERMINATION OF NEED PROGRAM

PUBLIC HEARING RE:  
REQUEST FOR SIGNIFICANT AMENDMENT  
OF A DETERMINATION OF NEED DATED JULY 18, 2016  
HELD BY NORTH SHORE MEDICAL CENTER

BEFORE:  
Nora J. Mann, Esq.  
Director, Determination of Need Program

Held at:  
Hawthorne Hotel  
18 Washington Square  
Salem, Massachusetts  
Tuesday, March 7, 2017  
5:05 p.m.

(Carol H. Kusinitz,  
Registered Professional Reporter)

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

HEARING OFFICER MANN: We're going to get started. My name is Nora Mann, and I am the Director of the Determination of Need Program at the Department of Public Health.

Today is March 7, 2017, and we are convening a public hearing that has been called in connection with the Request for Significant Amendment of a Determination of Need, the notice of which was dated July 18, 2016, and held by North Shore Medical Center.

In the original Determination of Need, North Shore was authorized to embark upon new construction and renovation in connection with consolidation of services. The approved project was to involve new construction of 115,000 gross square feet and to accommodate a new relocated emergency department and two 24-bed units of relocated med/surg beds. In addition, there was to be 137,000 gross square feet of renovation at the former Spaulding Hospital North Shore facility adjacent to the Salem campus, the purpose of which was to accommodate expanded inpatient psychiatric services, comprised of 120 beds, including a planned increase

1 of 56 beds.

2 The plan entailed new construction of an  
3 addition to accommodate a new main entrance,  
4 reception and lobby, and renovation of the vacated  
5 emergency department building to accommodate  
6 additional capacity for relocated outpatient cardiac  
7 and pulmonary rehab, as well as wellness, ultrasound  
8 and infusion services.

9 As proposed in the requested amendment, the  
10 project will not include the lobby renovation or  
11 expansion; contemplates adjustments as between gross  
12 square footage to be constructed versus that which  
13 will be renovated; proposes a reduction in the total  
14 med/surg and psychiatric beds to be constructed at  
15 this time, providing for the construction of shell  
16 space which could be built out in the future. The  
17 proposed amendment contemplates the construction of  
18 30 fewer psychiatric beds and 16 fewer medical/  
19 surgical beds at this time.

20 In addition, and separately, North Shore  
21 has filed a notice of its intent to discontinue the  
22 24-bed inpatient pediatric med/surg unit. Essential  
23 services notices are separate proceedings for which  
24 there may be a hearing.

1           To date, public comment has been received  
2   from the Lynn Health Task Force and from 1199 SEIU.  
3   This afternoon our objective is to provide  
4   opportunity for additional comment.

5           DoN staff will take all relevant  
6   information into account in preparing its  
7   recommendation to the Massachusetts Public Health  
8   Council, whose decision on whether to approve this  
9   DoN amendment will be made at one of its upcoming  
10  monthly public meetings in Boston.

11          The Department will review all comments,  
12  whether presented orally or in writing. It is not  
13  necessary to speak at this hearing to have your  
14  testimony considered and included in the meeting  
15  record. In the interests of time, if your oral  
16  testimony is lengthy, you may wish to present a  
17  summary of your remarks verbally and submit the full  
18  text of your comments in writing.

19          The deadline for written comments for the  
20  proposed Amendment to the Determination of Need is  
21  ten days from today, March 17th. Our mailing  
22  address and our e-mail address can be found on slips  
23  of paper that are on the table out front.

24          Please make sure, if you want to speak,

1 that you have signed in with a legible e-mail. We  
2 will be using this list to call people up to speak.  
3 I will call a speaker and indicate who the next  
4 speaker will be, essentially the on-deck person. In  
5 the interests of accommodating all who want to  
6 speak, I ask that everybody keep their comments  
7 generally under five minutes.

8 Your statement will be transcribed, and for  
9 the benefit of our transcriptionist, please state  
10 your name and any affiliation that you wish to be  
11 considered clearly.

12 Before we open the floor to public comment,  
13 I will ask the Applicant, North Shore, to present  
14 and make a short statement. Please introduce  
15 yourself as well.

16 DR. MEYER: Good afternoon, and thank you  
17 to the Department of Public Health and members of  
18 the community for coming today and sharing your  
19 opinions.

20 My name is Gregg Meyer. I'm a primary care  
21 physician. I'm also the Interim President of North  
22 Shore Medical Center. In addition to that, I have a  
23 role as the Chief Clinical Officer of Partners  
24 HealthCare.

1 I'm here today to present North Shore  
2 Medical Center's modifications to the project  
3 approved by the DPH on July 13, 2016. As you are  
4 aware, the Medical Center provided written notice of  
5 these modifications on January 20, 2017. I will  
6 provide greater detail about these changes in a  
7 moment but at the outset would like to make it clear  
8 that the Medical Center remains committed to serving  
9 the communities and families it serves today for  
10 many years to come. Our goal continues to be to  
11 provide high quality, state-of-the art, safe care in  
12 a regional facility for complex care on the North  
13 Shore, within a health care network that redesigns  
14 care around the patient, expands access to  
15 community-based services and leverages new  
16 technology to advance health and wellness.

17 The project originally approved by the DPH  
18 creates the capacity to enable consolidation of  
19 Salem and Union Hospitals and improves our  
20 facilities to meet today's demands for patient care.  
21 Construction includes a three-story building on the  
22 Medical Center's main campus at Salem Hospital to  
23 accommodate a new, relocated emergency department  
24 and two units of private rooms for medical and

1 surgical beds that would be relocated from the Union  
2 campus.

3 In addition, the former Spaulding Hospital  
4 North Shore would be renovated to accommodate  
5 relocated and expanded inpatient psychiatric  
6 services. The former Salem emergency department  
7 would be renovated to accommodate additional  
8 capacity for outpatient services relocated from the  
9 Union Hospital campus. Finally, the project was  
10 originally proposed to include a new main entrance  
11 and lobby.

12 A great deal of thought and consideration  
13 has been given to the Medical Center's decision to  
14 amend the original project. Several changes, both  
15 in the need for new beds and the imperative to  
16 manage our resources more efficiently, however,  
17 demand more creative thinking to achieve the  
18 project's goals, and as a result, we submitted the  
19 Plan for Modification.

20 Since the original project was approved,  
21 the Medical Center has continued to face significant  
22 financial challenges. Many of you have read about  
23 them in the paper recently. We posted a \$36 million  
24 loss in fiscal year 2015 and lost \$48 million in



1 2016, losses that compelled us to take another look  
2 at the project and identify opportunities for  
3 greater cost effectiveness as we look across all of  
4 our operations, including our staffing. The Medical  
5 Center's cardiac surgery service was transferred to  
6 MGH, freeing up eight beds on the Salem campus for  
7 alternative use.

8 Other outside forces have driven our  
9 proposal here as well. The Medical Center learned  
10 that significant psychiatric capacity was planned  
11 for elsewhere in the region and state, with  
12 approximately 380 new inpatient psychiatry beds  
13 slated for development. With our economic  
14 challenges and with additional medical, surgical and  
15 psychiatric capacity available, it is only  
16 responsible to leverage local resources more  
17 efficiently and take a more prudent approach to  
18 additional capital expenditures.

19 The key modifications the Medical Center is  
20 requesting today are to convert the former cardiac  
21 surgery unit to create 8 new medical and surgical  
22 beds and reduce the overall number of new beds in  
23 the medicine, surgery and psychiatry units that the  
24 Medical Center will construct at this time. The

1 main entrance and lobby will sadly also be  
2 eliminated from the plan.

3           Despite the changes, the project before you  
4 today remains an extraordinary investment of more  
5 than \$200 million in the future health care for this  
6 community and includes an expanded state-of-the-art  
7 emergency department with advanced trauma, cardiac  
8 and stroke programs and a dedicated observation unit  
9 and pediatric emergency area. With universal  
10 treatment rooms organized into small pods, separate  
11 spaces can be dedicated for pediatric, behavioral  
12 health and less acute patients but remain flexible  
13 to accommodate both volume surges and off-hour  
14 shortfalls efficiently and effectively.

15           The project will also add 32 new private  
16 medical and surgical patient rooms with family-  
17 centered design and accommodations. As private  
18 rooms, these units enable greater efficiency by  
19 improving occupancy rates that can be challenged by  
20 gender or clinical incompatibility or infection  
21 control needs.

22           To ensure that the modified facility will  
23 have sufficient capacity to meet patient demand, the  
24 Medical Center has planned carefully, using well-

1 accepted industry benchmarks for occupancy and  
2 patient flow. In addition, it has identified  
3 opportunities for greater efficiency, including the  
4 use of a new 10-bed observation unit that will free  
5 up additional medical/surgical unit capacity. With  
6 these supports in place, we remain confident that  
7 patients who turn to North Shore Medical Center  
8 today will continue to have access to exceptional  
9 care in the future and in a new renovated facility.

10 Also included in the plan is the renovation  
11 of the former Spaulding Hospital North Shore to  
12 accommodate 90 inpatient psychiatric beds, an  
13 increase of 24 over current capacity at the Medical  
14 Center. These beds will complement the significant  
15 new psychiatric capacity being developed elsewhere  
16 in the region and state, including much that is  
17 licensed and operational today. The Medical  
18 Center's inpatient psychiatric facility will serve  
19 all age groups and, by integrating into a  
20 full-service medical center, will enable patients  
21 with concurrent medical and psychiatric needs to  
22 access the comprehensive care that they need. These  
23 beds will also support the integration of addiction  
24 treatment with inpatient and outpatient psychiatry,

1 behavioral health and community-based services.

2           While the Medical Center is prepared to  
3 move forward with the modified project, it is doing  
4 so with a plan to revisit construction of the beds  
5 eliminated from the plan if they're needed in the  
6 future. The two floors that were originally slated  
7 to house those additional beds will be developed as  
8 shell space and include the infrastructure to enable  
9 beds to be added more readily at a later date. With  
10 this contingency in place, the Medical Center can  
11 carefully calibrate its demand on resources and  
12 respond quickly should future conditions support  
13 expansion.

14           I have shared with you our plans for  
15 hospital-based care, but it is important to  
16 understand that the Medical Center also works with  
17 our integrated physicians in the North Shore  
18 Physicians Group and our community health center  
19 Partners to support a robust network of outpatient  
20 primary, specialty and urgent care services that  
21 complement the care provided in our hospitals.

22           The North Shore Physicians Group includes  
23 16 offices located throughout the North Shore that  
24 address a wide range of patient needs in convenient

1 locations. This network is critical to the health  
2 and wellbeing of our community and is very much an  
3 integral part of our plan to meet the health needs  
4 of the region.

5 It is also important to note that although  
6 the modifications of the project decrease expenses  
7 significantly, the Medical Center is committed to  
8 fulfill the community commitments that were  
9 submitted as part of the original Determination of  
10 Need filing. These commitments include more than  
11 \$9 million in support for the needs of the  
12 underserved communities in Lynn and Salem, and  
13 include funding for substance use and addiction  
14 treatment, behavioral health care and expansion of  
15 primary, secondary and urgent care at the Lynn  
16 Community Health Center and North Shore Community  
17 Health, Incorporated.

18 In summary, we believe this plan balances  
19 the need for additional inpatient capacity with the  
20 need to stabilize the Medical Center's finances. It  
21 continues to meet the goals of the original project:  
22 to consolidate technologically demanding, complex  
23 care in a single, state-of-the-art facility, expand  
24 access to behavioral health services, invest in

1 community-based primary and secondary care through  
2 our physician network and community health center  
3 partners, and provide a more cost-effective model  
4 for operations. We believe that this plan is a more  
5 sustainable model for providing an exceptional  
6 system of high-quality, accessible health care to  
7 our communities for years to come, and with this, we  
8 have a prudent approach that delivers flexibility if  
9 our needs change in the future.

10 Thank you for allowing me to share this  
11 information. Thank you for your time and attention  
12 to this important topic, and we look forward to your  
13 comments.

14 HEARING OFFICER MANN: Thank you, Dr.  
15 Meyer.

16 The first speaker is Mike Toomey. Mr.  
17 Toomey, you can either speak here or there,  
18 whichever you wish.

19 MR. TOOMEY: Thank you for this opportunity  
20 to speak. My name is Mike Toomey, and I'm here  
21 basically as a representative of the Ten Taxpayer  
22 Group that was originally involved in the DoN  
23 process in an effort to preserve Union Hospital as a  
24 full-service, acute care community hospital.

1           We are greatly concerned about the delivery  
2 of health care services in the Greater Lynn area.  
3 Therefore, we found the information provided by the  
4 Applicant in the Request for Changes in the DoN  
5 Approval quite disturbing.

6           The North Shore Medical Center reports that  
7 it's experiencing operating losses of \$36 million in  
8 2015, \$48 million in 2016, and expects greater  
9 losses in 2017. We basically wonder if this is  
10 bookkeeping manipulation or if this is legitimate  
11 losses, and if it is, we're very concerned that the  
12 Massachusetts Department of Public Health should be  
13 investigating the management and financial practices  
14 at North Shore Medical Center. Is the North Shore  
15 Medical Center financially viable and able to  
16 provide the essential health care services that are  
17 needed in the future?

18           North Shore Medical Center also seeks  
19 modification of the project funding. Originally all  
20 funding was to be arranged through the parent  
21 company, Partners HealthCare. Now the Applicant  
22 seeks approval to raise \$10 million through  
23 fundraising. In light of these two facts, perhaps  
24 North Shore Medical Center should not be so cavalier

1 as to waive its right to reduce the Community Health  
2 Initiative payment that amounts to over \$600,000 and  
3 would save the hospital \$600,000. It's not that the  
4 money would not be very well spent where it's  
5 headed, but financially it seems kind of  
6 questionable.

7 One of the major selling points presented  
8 in the original DoN application was the creation of  
9 56 new inpatient psychiatric beds. This idea was  
10 enthusiastically supported by the Massachusetts  
11 Department of Mental Health. North Shore Medical  
12 Center's amendment would reduce that number by 30, a  
13 decrease of over 50 percent from the original  
14 request. Does the Mass. Department of Mental Health  
15 agree that there is no longer a need for these beds?

16 Another aspect of the original DoN included  
17 the relocation from Union Hospital of 48  
18 medical/surgical beds. The amended DoN seeks to  
19 reduce this number by 16 beds. Does the  
20 Massachusetts Department of Public Health agree  
21 there is no longer a need for these beds?

22 We understand the financial idea behind  
23 these moves, but the major concern is whether  
24 there's going to be adequate facilities here for the



1 patients in need.

2 8 of the new beds will be placed in the  
3 former cardiac care unit, the cardiac care unit that  
4 was transferred to Boston. According to North Shore  
5 Medical Center cardiologist Dr. David Rabin -- and  
6 I'm not sure of the pronunciation, I apologize --  
7 the decision to transfer cardiac surgery to  
8 MGH/Brigham in Boston "has less to do with better or  
9 more efficient care but more so with the financial  
10 challenges we are led to believe Partners is  
11 experiencing, and this move will supposedly be a  
12 major step in addressing those challenges. This  
13 move will not improve patient care, although it may  
14 improve the bottom line." The quote is from an  
15 editorial by Dr. Rabin in the May 2, 2016, Daily  
16 Item.

17 The transfer of the vital cardiac surgery  
18 services apparently was accomplished without the  
19 filing of a Determination of Need, without a public  
20 hearing, without public input and without any input  
21 from federal, state or local health agencies.

22 In the editorial referenced above, Dr.  
23 Rabin added that the diversion of cardiac surgery  
24 cases to MGH/Brigham will cost patients and

1 ratepayers "15 to 60 percent more per case due to  
2 the fee lifts inherent in the payment arrangements  
3 with academic medical centers."

4 The Massachusetts Department of Public  
5 Health Policy Commission, in a 2014 report in  
6 Commonhealth, identified the fact that in  
7 Massachusetts, over 40 percent of the Medicare  
8 patient hospitalizations occur in major teaching  
9 hospitals, compared with 16 percent nationally.  
10 They identified this as a major factor in the \$14  
11 billion in Massachusetts that is considered, by them  
12 anyhow, to be health care waste.

13 The Daily Item recently reported that North  
14 Shore Medical Center intends to close the pediatric  
15 care unit at Salem Hospital, and a question we have  
16 is, is that decision subject to public review and  
17 discussion, or is that another decision that eludes  
18 public scrutiny? Is this another move to bolster  
19 Partners' Boston teaching hospitals? What vital  
20 services will Partners next choose to remove from  
21 North Shore Medical Center? How far will they go to  
22 ensure the survival of their very expensive  
23 Boston-based teaching hospitals?

24 Are Greater Lynn and North Shore residents

1 continually going to face higher health costs and  
2 greater health risks because of Partners' concern  
3 over their corporate image and the bottom line?

4 On behalf of our neighbors, our families  
5 and our group, we ask that Mass. DPH and its  
6 commissions and agencies take appropriate actions to  
7 ensure that the residents of this area are given  
8 high-quality, affordable care within our  
9 communities. Thank you.

10 HEARING OFFICER MANN: Thank you, Mr.  
11 Toomey.

12 The next speaker will be Maria Carrasco,  
13 and after Ms. Carrasco, Lori Berry.

14 MS. CARRASCO: Good afternoon. My name is  
15 Maria Carrasco. I want to say thank you for the  
16 opportunity to testify today.

17 First I want to introduce myself. I have  
18 lived in Lynn for many years, I have raised my  
19 children here in Lynn, and I have just retired.

20 I am an elected official in the City of  
21 Lynn, and I became the first Latina elected in the  
22 City of Lynn on a School Committee. I am the  
23 Chairperson of the New Lynn Coalition, and I am also  
24 a Trustee at North Shore Community College.

1           I am an immigrant from the Dominican  
2   Republic, and I have many people in Lynn that I have  
3   been in touch with, and I know how it's affecting  
4   what's going on right now in our city. As a matter  
5   of fact, my youngest daughter was born in 1983, and  
6   I believe that she was one of the last kids born in  
7   the maternity in Lynn where now it's a Stop & Shop.  
8   At that time we had more than 100,000 residents.  
9   Right now we have 95,000 residents.

10           I am here tonight because I am very worried  
11   about what's going on about our services that we go  
12   to receive at Salem Hospital. I have to tell you,  
13   my mother has been in Salem Hospital many times, and  
14   I have seen the line of beds just in the hallway in  
15   the emergency room, to spend one day in that  
16   hallway, not just my mother, many other people,  
17   because there's no room available. That is not  
18   quality and that is not dignity. I don't believe  
19   health has a price.

20           First of all, Partners promised us -- and  
21   we were fighting so much about this and we have to  
22   let go -- when they closed Lynn's only hospital,  
23   Union Hospital, that we would get high quality care  
24   because of improvements they would make at Salem

1 Hospital. There's going to be 40 new medical beds.  
2 Now they want to cut 24. They promised us there  
3 would be 56 new psychiatric beds. Now they cut out  
4 30 of those beds. They talk about money. Again, to  
5 me, our needs have no price, especially when we talk  
6 about health.

7 If we talk about Lynn, Lynn is a city that  
8 has a great, diverse group of people, and we have  
9 many health care needs. We have many people who are  
10 low income, elderly, disabled and immigrants who  
11 face barriers getting needed care. We have a very  
12 high rate of medical problems, including substance  
13 abuse, drug addiction, mental health, lung cancer  
14 and teen pregnancy.

15 We ask the Department of Public Health to  
16 make sure that Partners keeps its promise so that  
17 Salem Hospital will be able to take care of, with  
18 dignity, all the people in our community who need a  
19 hospital bed. Thank you so much.

20 HEARING OFFICER MANN: Lori Berry.

21 MS. BERRY: That was a mistake. I thought  
22 I was just signing in.

23 HEARING OFFICER MANN: Okay. Karen Gromis,  
24 and after Ms. Gromis, William Legault.

1 MS. GROMIS: Thank you for allowing me to  
2 testify today. My name is Karen Gromis, and I am  
3 the Deputy Director of the National Alliance on  
4 Mental Illness of Massachusetts and also a Lynn  
5 resident.

6 The mission of NAMI Mass. is to improve the  
7 quality of life both for people with mental  
8 illnesses and for their families. Currently NAMI  
9 Massachusetts has 21 local chapters and over 2500  
10 members, comprised of individuals with mental  
11 illness, family members and others in the mental  
12 health community. NAMI Mass. offers free  
13 educational programs to peers and family members  
14 which offer resources, insights, coping skills and  
15 support.

16 In addition to these programs, NAMI Mass.  
17 runs the Compass, an information and referral help  
18 line meant to help citizens of the Commonwealth  
19 navigate the state's increasingly complex mental  
20 health system. Every day we hear from peers and  
21 family members looking for assistance on a myriad of  
22 issues relating to their experience with mental  
23 health conditions.

24 Last January, NAMI Mass. testified in

1 support of North Shore Medical Center's plan to  
2 expand their current campus at Salem Hospital and  
3 create a new center for excellence and behavioral  
4 health.

5 Today I am here to express my dismay about  
6 Partners HealthCare and North Shore Medical Center's  
7 decision to scale back the expansion of the Salem  
8 campus, which was previously approved by the Public  
9 Health Council last July. While the original plans  
10 promised an increase of 56 new inpatient psychiatric  
11 beds, the current plan will reduce the number of new  
12 beds to 90 instead of 120.

13 NAMI Mass. is always happy to see new  
14 psychiatric beds being brought online; however, we  
15 believe that Partners HealthCare and North Shore  
16 Medical Center's revised proposal will not meet the  
17 behavioral health or medical needs of the  
18 individuals currently living in the Northeast region  
19 of Massachusetts.

20 There are plans to bring beds online in  
21 other parts of the state. TaraVista Behavioral  
22 Health Center anticipated bringing 108 beds online  
23 this year. However, at the end of February, we  
24 learned from Michael Krupa, the CEO of TaraVista,

1 that they are currently unable to bring all their  
2 beds online due to a shortage in mental health  
3 clinicians. Additionally, Signature Health Care's  
4 plan to construct a 152-bed psychiatric facility in  
5 Westborough appears to be a long way from  
6 completion. Therefore, these additions will do  
7 little to address the shortage of psychiatric beds  
8 our state already faces and the dearth of beds in  
9 Essex County in particular.

10           Massachusetts has the capability to send  
11 patients to open psychiatric beds in other regions  
12 of the state, but many residents do not have the  
13 capacity to follow their loved ones to where they  
14 are placed. Separating family members from their  
15 hospitalized loved ones unnecessarily impedes the  
16 recovery process.

17           Furthermore, the scaled-back expansion will  
18 not be enough to help address the boarding crisis in  
19 emergency rooms across the state and especially in  
20 the Northeast region. The Massachusetts Mental  
21 Health Advisory Committee recently addressed that  
22 more than 40,000 residents board longer than 12  
23 hours in Massachusetts emergency rooms due to a  
24 shortage in inpatient psychiatric beds annually.



1           This shortage will disproportionately  
2   impact poorer individuals who are on Medicaid or are  
3   currently uninsured, populations who currently face  
4   longer boarding times than privately insured  
5   individuals. Children will also be  
6   disproportionately affected, since they have  
7   especially long wait times in our emergency rooms  
8   which sometimes stretch into weeks.

9           NAMI Massachusetts realizes that denying  
10   Partners HealthCare and North Shore Medical Center's  
11   request to scale back their expansion will not solve  
12   the problems Massachusetts currently faces with its  
13   behavioral health system. There are many variables  
14   that influence our situation, including insurance  
15   reimbursement rates for behavioral health services  
16   and a shortage in appropriate medical staff.  
17   However, if the Commonwealth does not hold its  
18   medical facilities accountable for the promises they  
19   make to the communities they serve, the problems we  
20   face will only continue to intensify.

21           Thank you for the opportunity to testify.

22           HEARING OFFICER MANN: Thank you, Ms.  
23   Gromis.

24           William Legault, and then following Mr.

1 Legault, Debra Stevens.

2 MR. LEGAULT: My name is William Legault.  
3 I'm a Salem resident, former City Councilor, and I'm  
4 still quite involved in both municipal and state  
5 government.

6 I'm a member of the Salem Commission on  
7 Disabilities, a volunteer position. I am not  
8 speaking, however, for the Commission today, because  
9 we were not aware of this meeting or of this change,  
10 at least not in time for our last meeting, which was  
11 held two weeks ago. We have not had time to meet  
12 and discuss this, so open meeting laws dictate that  
13 I cannot speak for the Commission. I am speaking as  
14 a citizen of Salem and of Massachusetts.

15 I was on the City Council when these plans  
16 were first presented, and a lot of promises were  
17 made to Lynn and a lot of promises were made to  
18 Salem.

19 Partners has a problem here, the same  
20 problem a lot of organizations and governments have.  
21 That problem is trust. You've already lost the  
22 trust of the large community of Lynn. You're  
23 risking losing the trust of the community of Salem  
24 with these amendments. They just seem to have kind

1 of come up out of nowhere. I'm not saying they did  
2 come out of nowhere, but I was not aware of these  
3 until today when I was on that wonderful little  
4 social media vehicle called Facebook. That's why  
5 I'm here today.

6 I come from a family that's been affected  
7 over the years by both mental illness and by  
8 addiction, in the past and today, and more than  
9 likely tomorrow too, because the fact of the matter  
10 is, there's just not enough places out there, not  
11 enough doctors, not enough beds to address these  
12 problems. And these days, today, the opioid  
13 epidemic ties right in.

14 These beds are critical. You promised  
15 these beds. You closed your hospital in Lynn based  
16 on the promise of these beds, and you've been  
17 allowed to move that operation to Salem based on the  
18 promise of these beds.

19 You need to provide these beds. There are  
20 a lot of people out there having a lot of issues  
21 today that are falling into these addictions. We  
22 have a chance here in Salem, with these additional  
23 beds, to maybe do something about this. Walking  
24 away, even only partially, from your promises made

1 to address these issues and to provide these beds is  
2 wrong.

3 And I get back again to the matter of  
4 trust, sir. You are the representative of Partners  
5 here, so I am talking to you, sir. It's a matter of  
6 trust. You're going to lose that trust.

7 I am a man who attends public meetings. I  
8 go to Design and Review Board meetings. I go to  
9 Planning Board meetings. I go to ZBA meetings. I  
10 like those meetings. I like speaking at those  
11 meetings. I'm not making a threat; I'm just telling  
12 you, I will be there. I've been to some of your  
13 past meetings, and I have not had an issue with most  
14 of the plans I've seen. I think I'm going to have  
15 an issue now, and I am going to be at these  
16 meetings, and I'm going to speak at these meetings,  
17 because I object. I object strenuously.

18 It's unfortunate that our health care  
19 system is profit driven, but it is a fact of life.  
20 You are walking away from those that don't have the  
21 money to pay for their care in order to cater to  
22 those who do have the money to pay for their care  
23 with these private beds.

24 I'm 57 years old. I struggle to make a

1 living. Sir, I will never be able to afford a  
2 private room, ever. It's not going to happen,  
3 because I'm not dumb enough to play the Lottery.  
4 I'm not going to take that chance. I'll never get  
5 to occupy one of your private rooms. It just won't  
6 happen.

7 Salem doesn't need private rooms. Let  
8 people go to the big hospitals in Boston for that.  
9 You need to support the population of the North  
10 Shore. You need to live up to your promises, the  
11 promises that you make. You, sir, are representing  
12 Partners, so I'm talking to Partners through you.

13 You, Partners Health, you made promises to  
14 Lynn. You made promises to Salem. Keep the trust.  
15 Keep the promises. Thank you very much.

16 HEARING OFFICER MANN: Thank you, Mr.  
17 Legault.

18 Debra Stevens, and following Ms. Stevens,  
19 Dianne Kuzia Hills.

20 MS. STEVENS: Hello. My is Debra Lou  
21 Stevens. I'm a Salem resident. I'm also a  
22 registered nurse on the Telemetry Unit at the Union  
23 Hospital. I'm also an elected delegate to the 1199  
24 SEIU United Healthcare Workers East. As you know,

1 1199 represents more than 50,000 health care workers  
2 in Massachusetts, including three different  
3 bargaining units at the North Shore Medical Center  
4 and the Union campus.

5 Thank you for this opportunity to provide  
6 testimony regarding the Application for a  
7 Significant Change to the project of renovation and  
8 new construction at North Shore Medical Center.

9 It is difficult to provide meaningful  
10 comments on the proposed significant changes without  
11 expanding the focus to look at the big picture of  
12 what has been happening at North Shore Medical  
13 Center. In almost eight months since the Public  
14 Health Council granted approval for the renovation  
15 and new construction at North Shore Medical Center,  
16 it has closed its cardiothoracic surgical suite,  
17 announced the closure of a 24-bed pediatric unit,  
18 and is on the verge of laying off 200 employees from  
19 the Union campus as well as the North Shore Medical  
20 Center Salem campus.

21 And now North Shore Medical Center is  
22 asking for approval of a significant change to a  
23 plan that was supposedly so carefully developed. We  
24 are very concerned about the chaotic and piecemeal

1 way in which each of these changes has been proposed  
2 and announced. In addition, we are concerned about  
3 the transparency and the lack of communication about  
4 the problems and challenges that have led to the  
5 proposed changes.

6 The data that are used to support one plan  
7 today are then used to support a different plan the  
8 next day, with no explanation. Some data that are  
9 presented by North Shore Medical Center and Partners  
10 does not seem to be consistent with other publicly  
11 available data, and some information, such as the  
12 hospital-level audited financials or the 990s no  
13 longer seem to be available at all. And even when  
14 the data are available, they are shared late in the  
15 day, after decisions have already been made.

16 In the last year, 1199 SEIU has deeply  
17 engaged in helping to plan for a reconfigured and  
18 consolidated North Shore Medical Center. We  
19 commissioned a Community Health Needs Assessment and  
20 have engaged with community members in Lynn to  
21 identify the changes that are needed to enable and  
22 support the newly consolidated North Shore Medical  
23 Center when the Union Hospital closes.

24 We are committed to fighting for

1 affordable, accessible quality health care for our  
2 North Shore communities, but this engagement and all  
3 of our efforts become meaningless when North Shore  
4 Medical Center and Partners HealthCare fail to share  
5 accurate, complete and timely information with the  
6 North Shore community.

7           Why do we only care about the low occupancy  
8 and other problems after the fact, when a new course  
9 of action has already been chosen by the Hospital?

10           We are honored to represent the workers at  
11 both the Union Hospital and the Salem Hospital  
12 campuses of North Shore Medical Center, but we are  
13 very concerned about North Shore Medical Center and  
14 Partners HealthCare having failed these employees,  
15 having failed the communities that they serve by  
16 this lack of communication, lack of transparency and  
17 the failure to engage in a more open, holistic  
18 planning process that engages all stakeholders  
19 concerned with the health care services of our  
20 community.

21           We urge the Determination of Need staff to  
22 carefully evaluate the real need for the proposed  
23 changes and to demand a higher level of engagement,  
24 transparency and commitment from North Shore Medical



1 Center and Partners HealthCare leadership.

2 Thank you.

3 HEARING OFFICER MANN: Thank you, Ms.  
4 Stevens.

5 Ms. Stevens and others, if your testimony  
6 is all written out, it would probably be  
7 tremendously helpful to our stenographer if you had  
8 an extra copy. I should have mentioned this  
9 earlier. So for anyone who has written-out  
10 testimony, if you want to give a copy to the  
11 stenographer, that would be valuable.

12 Dianne Kuzia Hills, and following Ms.  
13 Hills, Elizabeth Nash Wrenn.

14 MS. KUZIA HILLS: Thank you. In July,  
15 Partners HealthCare promised --

16 HEARING OFFICER MANN: Can you just state  
17 your name in case I mispronounced it.

18 MS. KUZIA HILLS: Dianne Kuzia Hills.  
19 K-u-z-i-a and H-i-l-l-s.

20 In July, Partners HealthCare promised \$180  
21 million to expand and improve Salem Hospital by  
22 closing Union Hospital. The plan described to the  
23 Lynn and Salem communities, as well as state  
24 licensing agencies, was a new, state-of-the-art,

1 consolidated hospital, located in Salem, which would  
2 better meet the needs of the residents of Lynn, a  
3 population that Partners described as having serious  
4 health needs.

5 In July, the State approved Partners' plan  
6 to add desperately needed psychiatric beds, add 48  
7 new private rooms, expand and improve the emergency  
8 department, and finally construct a coherent common  
9 entrance to the Salem Hospital.

10 But less than three months later they said  
11 they could no longer afford to keep their promise  
12 and cut 24 medical beds and 30 psychiatric beds out  
13 of their plans, as well as completely eliminating  
14 the lobby.

15 They say they need to do this because Salem  
16 Hospital is losing money, but the plan they already  
17 presented to the State in July included analysis of  
18 all those losses, with the claim that closing Union  
19 and making improvements to Salem would improve the  
20 hospital's financial position.

21 But Partners isn't claiming that medical  
22 needs have changed. They still plan to close Union  
23 Hospital; however now they're only adding 24 beds to  
24 replace the 128 beds at Union Hospital.

1           Anyone who's spent any time in the  
2   emergency department lately knows how long the waits  
3   are for a bed, and chances are good that your bed  
4   will be found in a double or a quad, despite  
5   Partners arguing this summer that private rooms are  
6   better care.

7           Partners is the largest and richest medical  
8   organization in Massachusetts, according to the most  
9   recent state charitable reporting. In the past  
10   three years, their total assets have increased by a  
11   billion dollars each year. They have over \$4  
12   million in unrestricted assets. Yet they say they  
13   can't afford to keep their promises, while the  
14   Lynn/Salem area has the greatest unmet health care  
15   needs of any of Partners' ten hospitals.

16           As most people know, Lynn used to have two  
17   hospitals. One, Lynn Hospital, closed in the 1990s  
18   after having its services dismantled and moved to  
19   Union Hospital. Then Lynn's only hospital, Union  
20   Hospital, began seeing their services relocated, and  
21   the Union Hospital has to close, leaving Salem  
22   Hospital to meet the needs of all of Lynn's diverse  
23   population.

24           Partners' claims that North Shore Medical

1 Center is losing too much money to allow the  
2 investment in infrastructure that it promised a few  
3 short months ago. But why is North Shore Medical  
4 Center losing so much money? Didn't Partners  
5 systematically relocate revenue-generating services  
6 to its \$108 million Ambulatory Care Center in  
7 Danvers in 2009? Didn't Partners skim off the  
8 privately insured patients to Danvers, while  
9 complaining that the payer mix at North Shore  
10 Medical Center was unsustainable?

11 Partners chose to transfer profitable  
12 services out of our area, leaving low-margin  
13 services in Lynn and Salem. In addition to building  
14 the Ambulatory Care Center in Danvers, Partners  
15 moved its cardiac surgery services to MGH in Boston.

16 They now not only renege on their  
17 commitments but blame the community for the  
18 consequences of the business decisions that they  
19 made.

20 Partners is a non-profit charity that has a  
21 mission to serve patients who need care, regardless  
22 of whether they're wealthy, have good insurance, or  
23 need profitable medical services. Partners claims  
24 that its mission is to provide high quality care,

1 closer to home, for patients and their families in a  
2 lower cost community-based setting.

3 But their actions run contrary to their  
4 statements. With insufficient beds on the North  
5 Shore, patients will be forced to higher cost  
6 hospitals in Boston, increasing health care costs  
7 for everyone. Thank you.

8 HEARING OFFICER MANN: Thank you.

9 Elizabeth Nash Wrenn, and then Roxanne  
10 Ruppel.

11 MS. NASH WRENN: Hi. My name is Elizabeth  
12 Nash Wrenn, W-r-e-n-n. I am a Salem resident, as  
13 well as a social worker on the North Shore. I've  
14 been lucky enough to work in the sexual violence  
15 field for 10 years and have worked with many  
16 survivors who have sought care on the North Shore.

17 There is an overwhelming gap in mental  
18 health services in this area. On 24-hour hot lines,  
19 365 days a year, individuals are calling in crisis  
20 looking for a place to go. North Shore already has  
21 less-than-ideal medical services for survivors who  
22 are duly diagnosed. We do not have a SANE site,  
23 which should be Partners' commitment, to treat  
24 survivors of sexual violence with the highest level

1 of care.

2 In addition, I recently had the opportunity  
3 to accompany a family member to the emergency room.  
4 They came in with life-threatening low blood sugar  
5 from juvenile diabetes. That individual sat in the  
6 emergency room, with me by her side, for 18 hours  
7 waiting for a bed. During that time, her blood  
8 sugar dropped five times to lower than when she came  
9 in and 911 was called.

10 If I had not been by her bedside, I assure  
11 you the overworked ER staff would have not been  
12 aware as she lapsed into a coma.

13 As her advocate, as a family member, I had  
14 the privilege of a call to be by her side. I had  
15 the privilege of a partner to watch my child so I  
16 could go be by her side. While I was there for  
17 those 18 hours, I saw the hallways lined with  
18 gurneys with people moaning, people bleeding, people  
19 asking for care. Those individuals did not even  
20 have the luxury of an emergency room cubicle. They  
21 were in the hallway.

22 And finally, after 18 hours of care in what  
23 should be one of the leading hospitals, from one of  
24 the leading medical providers, my family member

1 said, "I've had enough. I'm leaving." I advocated  
2 for her to leave, because it took 12 hours for them  
3 to bring her a piece of food. The only food she was  
4 provided was from the vending machine that I went  
5 and got, that I poured more money into after it ate  
6 my \$5.

7           So with my privilege, my luxury of having a  
8 master's in social work, of being a white woman of  
9 privilege who speaks English, with a car, I was able  
10 to advocate by her bedside for 18 hours, until I  
11 could get her back to my car, after I fed her.

12           And I ask, what is your commitment to the  
13 individuals on those gurneys in the hallways? What  
14 is your commitment to the two-year-old child who  
15 waited eight hours for her pregnant mother to be  
16 seen in a gurney bed? That two-year-old child could  
17 not go home and go to sleep because there was one  
18 car, and we could choose to be there when her mom  
19 was discharged or bring the two-year-old child home.

20           So unless Partners is willing to take the  
21 phone calls in the middle of the night that social  
22 workers, crisis workers, advocates and volunteers  
23 are picking up the pieces and hearing the pain, I  
24 ask that you at least, at the very least support a

1 minimal system in place that allows us to support  
2 those that aren't being supported.

3 Thank you.

4 HEARING OFFICER MANN: Thank you.

5 Roxanne Ruppel.

6 MS. RUPPEL: Good evening, and thank you  
7 for the opportunity to speak to the members of the  
8 Department of Public Health and to the community.  
9 My name is Roxanne Ruppel. I'm the Senior Vice  
10 President of Operations at North Shore Medical  
11 Center.

12 I do want to take the opportunity to  
13 acknowledge those who have joined us this evening to  
14 share their thoughts about our plan, their  
15 experience, and to advocate for the care of patients  
16 in this community. I'm very respectful of the  
17 intentions here and the sentiment. I have listened  
18 carefully to the concerns here and take them very  
19 seriously and take the responsibility that lies  
20 before us very seriously.

21 I started working at North Shore Medical  
22 Center about 20 years ago. I'm a physical therapist  
23 by training, so I would say always a clinician at  
24 heart. I've seen firsthand the outstanding work of



1    this organization, in particular its people every  
2    day, and the extraordinary lengths they go to care  
3    for our patients and their families, including some  
4    of the most vulnerable in our community, such as  
5    those with psychiatric illness, those suffering from  
6    substance abuse, and frail elders in our community  
7    who don't have adequate family support, who look to  
8    us not just for clinical care, but also for a safe  
9    discharge plan. We're committed to ensuring that we  
10   do our very best for all our patients and for their  
11   families going forward.

12           I want to assure the Department and our  
13   community and all of you here that we're making  
14   these changes fully confident that we can be  
15   successful in meeting the needs of our patients with  
16   this new plan. It's just too important. The  
17   changes outlined come forward after considerable  
18   assessment and analysis, and this is a plan based on  
19   current demand trends that we see will result in an  
20   occupancy rate for our medical/surgical patients  
21   that are within the industry standards.

22           As mentioned, it will increase our capacity  
23   for inpatient psychiatry considerably, and that's a  
24   huge need in the community, but we also need to

1 expand access to outpatient services in parallel,  
2 and we are committed to that. We will also have  
3 flexibility to increase capacity in the future, and  
4 we will carefully monitor our census every day to  
5 meet the needs of our patients.

6 Our most vital obligation of course is to  
7 our patients, and we have planned carefully and  
8 thoroughly to ensure that we will continue to  
9 provide them with the excellent care they need and  
10 of course deserve.

11 We've worked diligently on the development  
12 of this plan and our recent amendments to it and  
13 have considered carefully the many people who rely  
14 on us day in and day out for care. I do believe  
15 that this plan will significantly improve our  
16 ability to serve this community in the future and  
17 will provide a more financially sustainable model of  
18 care that enables us to keep doing so for the years  
19 to come. Thank you.

20 HEARING OFFICER MANN: Thank you.

21 That completes the list of individuals who  
22 have signed in indicating an interest in speaking.

23 Is there anybody who did not get a chance  
24 to sign in and who wants an opportunity to speak?

1 (No response)

2           Seeing nobody, I'm going to close this  
3 hearing. I appreciate the time that everybody has  
4 taken to come and be heard. The folks who have  
5 spoken will be on a list to obtain further  
6 information. Thank you very much. This hearing is  
7 now closed.

8           (Pause)

9           HEARING OFFICER MANN: I was just informed  
10 that four other people who are outside want to  
11 speak. There's plenty of time for that.

12           The first speaker will be James Grayson,  
13 and after James Grayson, Gale Bowers.

14           MR. GRAYSON: Hello. My name is James  
15 Grayson.

16           I just want to recall what I heard when  
17 they was talking about the Union Hospital and they  
18 was going to leave it standing. Now, they reneged  
19 on what they're doing.

20           If you're like me, I have a family. I have  
21 a wife, kids, grandkids. I have aunts, uncles that  
22 is old. I mean, if they take out this hospital,  
23 what are they going to put in there?

24           My aunt, she is very, very weak. She's

1 sick, short of breath. I mean, there's no way -- I  
2 mean, if she's having an attack, there is no way  
3 that they get her to Boston, when she's been coming  
4 here for maybe about 20 something years in Lynn.

5 But I just want to say, they've come here  
6 before saying that they were going to save the Union  
7 Hospital, and all of a sudden now they're reneging  
8 on it.

9 I just want to ask one question. Do they  
10 do this in Newton, Wellesley, in the rich part of  
11 the city, or just only attacking poor people?  
12 That's the only thing we have here: people that  
13 don't have cars, people too old to get  
14 transportation.

15 And I just -- I don't know. I don't know.  
16 Like I said, that's one reason I came here today,  
17 because it really makes me upset. If a person said  
18 they're going to do something, stick to their word,  
19 be a man of their word. Give the elder people  
20 something to make them feel comfortable, because a  
21 lot of people I know, they are sick, and they can't  
22 abide this. They're not too happy about this. So  
23 what are they going to do?

24 That's all I have to say.

1           HEARING OFFICER MANN: Thank you, Mr.  
2     Grayson.

3           Gale Bowers.

4           MS. BOWERS: I'm speaking as a resident of  
5     Lynn. We already lost two hospitals, but we were  
6     told that services would be picked up by the Salem  
7     Hospital. Now we're being told that they're not  
8     going to be getting all the services.

9           A couple of years ago I suffered a major  
10    illness and I had to go into Boston. It took me  
11    almost an hour and a half to go in there. If a  
12    person is ill, they don't want to be riding in  
13    traffic for an hour and a half. If a person is  
14    getting treatments, they don't want to be riding an  
15    hour and a half to get home because they can't get  
16    the services at Salem Hospital.

17          So please try to get the services and  
18    retain the services you had and try to get the new  
19    services, because we really need them.

20          HEARING OFFICER MANN: Thank you very much.  
21          Bella Chang Nicoso, and after that Katia  
22    Bispo.

23          MS. NICIOSO: Good evening, everybody. I'm  
24    just coming from Lynn. I've lived in Lynn for,

1     like, 40 years.

2                 We used to have Lynn Hospital in Lynn, and  
3     they got rid of it. Now we have Union Hospital, and  
4     they're trying to get rid of it. So we're going to  
5     have no more hospital in Lynn.

6                 We need it. We need it. They say it  
7     changed, and we try to keep their promise, what they  
8     did.

9                 I don't know if you understand what I'm  
10    trying to say, but, you know, in Lynn, we needed  
11    that hospital because a lot of people, we have a lot  
12    of community, if they take it away, we don't have no  
13    more hospital in Lynn. They're going to have it in  
14    Salem.

15                So we try to maintain it for the old  
16    people, like I do. Like, I am a senior, and most  
17    senior people, they're going to need it too. It's  
18    more convenient to us. So we want them to keep  
19    their promise, what they say before.

20                Thank you. That's the only thing what I  
21    can say. Thank you very much.

22                HEARING OFFICER MANN: Thank you, ma'am.

23                Katia Bispo.

24                Is Katia Bispo interested in speaking?

1 MS. BISPO: No.

2 HEARING OFFICER MANN: Thank you. That is  
3 the end of the list of folks that we have, and it is  
4 6:05. We commenced the hearing at five o'clock.

5 Seeing no other people here, we will close  
6 the hearing, and I appreciate everybody's time.  
7 Thank you very much for coming.

8 (Whereupon the hearing was  
9 adjourned at 6:05 p.m.)

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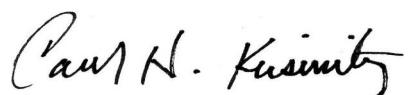
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## C E R T I F I C A T E

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 7, 2017.



Carol H. Kusinitz  
Registered Professional Reporter

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