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| **5** |  |  |
| **6** | **\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*** |  |
| **7** | **PUBLIC HEARING VIA CONFERENCE CALL** |  |
| **8** |  |  |
| **9** | **RE: DETERMINATION OF NEED by** |  |
| **10** | **DANA-FARBER CANCER INSTITUTE, INC.** |  |
| **11** | **\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*** |  |
| **12** |  |  |
| **13** | **HEARING OFFICER: DENNIS RENAUD** |  |
| **14** |  |  |
| **15** | **(All Participants Appeared by Conference** | **Call)** |
| **16** |  |  |
| **17** | **6:00 p.m.** |  |
| **18** | **Wednesday, April 17, 2024** |  |
| **19** |  |  |
| **20** | **Susan Baxter, Court Reporter** |  |
| **21** |  |  |
| **22** |  |  |
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1 P R O C E E D I N G S

2

1. **HEARING OFFICER RENAUD: Good evening.**
2. **My name is Dennis Renaud. I represent the**
3. **Massachusetts Department of Public Health, and I**
4. **am the Director of our Determination of Need**
5. **Program.**
6. **For clarification, you will hear me**
7. **refer to the Determination of Need Program as the**
8. **DoN Program, and the Department of Public Health**
9. **as the DPH. Joining me today from the Department**
10. **are my colleagues, Fabiola Catulle and Lucy**
11. **Clarke.**
12. **On behalf of the Department's**
13. **Commissioner, Dr. Robert Goldstein, and our**
14. **Bureau Director, Elizabeth Kelly, I want to thank**
15. **you for taking the time this evening to**
16. **participate in this hearing.**
17. **The department is holding this hearing**
18. **virtually by conference call in order to promote**
19. **public access. This hearing has been called**
20. **pursuant to an application submitted by Dana**
21. **Farber Cancer Institute, Incorporated. Upon**
22. **receipt of the application, DoN staff reviewed**
23. **the application, and after finding it to be in**
24. **compliance with the DoN statute and regulation**
25. **for filing, assigned it a filing date of January**
26. **8, 2024.**
27. **The enabling statute for the DoN**
28. **program requires that any person or government**
29. **agency intending to make a substantial capital**
30. **expenditure and substantial change in service, as**
31. **defined in the DoN regulation, must apply for DoN**
32. **approval before engaging in such a project.**
33. **I will now provide a DoN description of**
34. **this project. The proposed project includes**
35. **acquisition of site by lease and construction and**
36. **equipment of approximately 688,100 square foot**
37. **inpatient hospital facility to be located at One**
38. **Joslin Place, Boston, Massachusetts.**
39. **The proposed project includes imaging**
40. **and radiation oncology capabilities, an increase**
41. **from 30 to 300 inpatient beds with 20 observation**
42. **beds, the addition of two MRI machines, two CT**
43. **machines, one PET CT, two CT simulator machines,**
44. **and three linear accelerators.**
45. **The proposed project also includes the**
46. **addition of a tunnel under a bridge over**
47. **Brookline Avenue, connecting to the applicant's**
48. **building located at 440 Brookline Avenue. The**
49. **maximum capital expenditure for the proposed**
50. **project is estimated to be $1,675,700,000.**
51. **In accordance with the statute and**
52. **regulations governing the DoN process, the DoN**
53. **program is analyzing Dana Farber Cancer**
54. **Institute's Incorporated application for**
55. **compliance with a set of standards and criteria,**
56. **including, but not limited to, a justification of**
57. **the need for the project, its planning process,**
58. **financial feasibility, environmental impact, and**
59. **the reasonableness of its costs and expenditures.**
60. **These are the criteria which the DoN program will**
61. **apply in its analysis of this application.**
62. **This public hearing is an effort to**
63. **gather information and to hear the opinions of**
64. **interested parties about the proposed project.**
65. **It is not intended to be a question and answer**
66. **session. No questions will be permitted. The**
67. **DoN program will take all relevant information**
68. **into account in preparing its recommendation to**
69. **the Massachusetts Public Health Council, whose**
70. **decision on whether to approve the DoN for the**
71. **proposed project will be made at one of its**
72. **upcoming monthly public meetings.**
73. **We will accept written comments on this**
74. **application for 10 days following this hearing.**
75. **As this is a virtual hearing, the logistics are**
76. **different from in person hearings. I will review**
77. **our process for this evening. If we encounter**
78. **difficulties, we will work to resolve any**
79. **problems we experience.**
80. **Our plan for today is as follows. We**
81. **are using a modified conference call line, so a**
82. **moderator will manage the queue for speaking.**
83. **This meeting is being recorded and transcribed.**
84. **Press Star 1 if you would like to testify. This**
85. **will put you in the queue.**
86. **You will not be told where you are in**
87. **the queue, nor will you get much notice as to**
88. **where you are about to testify. When it is your**
89. **turn to testify, you are now the speaker and will**
90. **experience a short silence and then will be the**
91. **speaker. If you have muted your phone, you may**
92. **need to unmute.**
93. **Please begin by stating your name,**
94. **affiliation, or town of residence. Please speak**
95. **clearly so that our transcriber can record**
96. **everything accurately. Because we expect many**
97. **speakers, we will limit everyone to three**
98. **minutes. I will be timing people, and when your**
99. **30 seconds are left, you will hear a chime. When**
100. **your three minutes is through, I will say time's**
101. **up, and the moderator will mute you and give the**
102. **floor to the next speaker. We may experience a**
103. **slight pause between speakers.**
104. **If testimony is lengthy, we suggest you**
105. **present a three minute summary of those remarks**
106. **and submit a full text of your comments in**
107. **writing. If you have a written copy of your**
108. **remarks, regardless of when, please feel free to**
109. **submit it to the department by Monday, April 29th**
110. **by email or via postal service. Email is**
111. [**DPH.don@state.ma.us,**](mailto:DPH.don@state.ma.us) **or mail to Determination of**
112. **Need, Massachusetts Department of Public Health,**
113. **67 Forest Street, Marlborough, Massachusetts**
114. **01752.**
115. **Be assured that the department will**
116. **consider all comments, whether presented orally**
117. **or in writing. Whether you comment or not,**
118. **please know that the department greatly values**
119. **and appreciates your participation in the DoN**
120. **process.**
121. **Before we open the lines to the general**
122. **public, the applicant will go first and will be**
123. **allotted four minutes to present information**
124. **about the proposed project. Following his**
125. **presentation, we will provide an opportunity for**
126. **elected officials from the community to comment**
127. **and then begin calling on those individuals who**
128. **request to speak this evening.**
129. **I will now ask Dr. Laurie Glimcher,**
130. **Dana Farber's President and Chief Executive**
131. **Officer, to make a brief statement on the**
132. **proposed project. Dr. Glimcher, the line is**
133. **yours.**
134. **DR. GLIMCHER: Thank you. I'm**
135. **Dr. Laurie Glimcher and President and CEO of Dana**
136. **Farber Cancer Institute. I'm excited to be with**
137. **you this evening to talk about Dana Farber's**
138. **proposal to build a state of the art 300 bed**
139. **hospital at One Joslin Place next to our future**
140. **clinical collaborators, Beth Israel Deaconess**
141. **Medical Center.**
142. **This hospital will be dedicated to**
     1. **cancer care and stand at the heart of the full**
     2. **continuum of care and vision with BIDMC. This is**
     3. **a critical time in cancer care and we need to**
     4. **keep pace with the alarming increase in cancer**
     5. **rates.**
     6. **Every state in the nation will see**
     7. **double digit growth in cancer incidence. And in**
     8. **Massachusetts, cancer incidence is projected to**
     9. **be nearly 28 percent higher this year than 2020.**
     10. **With our proposed 300 bed hospital, we can**
     11. **continue providing much needed care in the**
     12. **communities today and into the future.**
     13. **There's also an acute need for more**
     14. **inpatient beds. Every day more patients need**
     15. **beds but they're not available. It creates**
     16. **delays and admissions and situations where our**
     17. **cancer patients spend hours or days in an ER**
     18. **waiting for a bed. Today we see more young**
     19. **adults with cancer and more elderly patients**
     20. **requiring cancer care.**
     21. **We're also seeing exciting treatments**
     22. **like CAR T, but those treatments require space.**
     23. **With this hospital, we can keep tackling these**
     24. **concerning trends, engaging in innovative**
143. **research to defy cancer worldwide, and advancing**
144. **health equity here at home.**
145. **Gaps in equity, particularly in**
146. **oncology, are real and trouble. Erasing**
147. **disparities and expanding access to care is an**
148. **obligation that we take seriously and we can and**
149. **we must do more. Dana Farber has innovative**
150. **partnerships with community health care**
151. **organizations working closely with them to ensure**
152. **that historically underserved communities can**
153. **access high quality care, education, early**
154. **detection, screening programs, and clinical**
155. **trials.**
156. **This new collaboration with BIDMC**
157. **creates opportunities to expand these programs**
158. **and reach additional underserved communities.**
159. **This hospital will lead to better access and**
160. **health outcomes in a way that lowers costs.**
161. **The future cancer hospital and our**
162. **clinical collaboration mean that our patients can**
163. **receive world class care without costly**
164. **duplication of care and services.**
165. **Today, BIDMC provides high quality care**
166. **at 23 percent lower cost than other large**
167. **hospitals in Boston. Dana Farber acuity adjusted**
168. **average commercial prices for inpatient care are**
169. **substantially below other providers.**
170. **This collaboration with BIDMC will**
171. **maintain or reduce healthcare costs as patients**
172. **seeking cancer care shift from Brigham and**
173. **Women's Hospital, a higher cost provider, to Dana**
174. **Farber and Beth Israel Deaconess, a lower cost**
175. **provider.**
176. **This collaboration will also keep**
177. **people out of the hospital wherever possible,**
178. **starting the screening in the community and**
179. **partnering with hospitals across the state so**
180. **people can get affordable and convenient care.**
181. **At Dana Farber, our patients are the**
182. **heart of all that we do, and they turn to us**
183. **because they want the best hands and the best**
184. **possible care when they need it most. Their**
185. **trust in us is sacrosanct.**
186. **A dedicated inpatient hospital is**
187. **absolutely vital to providing the environment**
188. **that our patients need and deserve and I urge**
189. **support for our project.**
190. **HEARING OFFICER RENAUD: Thank you.**
     1. **We will begin now by taking comments from invited**
     2. **elected officials. Our first speaker will be**
     3. **Representative Ann-Margaret Ferrante from Fifth**
     4. **Essex.**
     5. **MS. FERRANTE: Thank you, Dennis. Good**
     6. **evening, Commissioners. Thank you for having me**
     7. **here tonight to present to you. As Dennis said,**
     8. **I'm State Representative Ann-Margaret Ferrante.**
     9. **I serve currently as the Vice Chair of Ways and**
     10. **Needs, and I represent communities in Essex**
     11. **County, including Essex, Rockport, Manchester by**
     12. **the Sea, and Gloucester.**
     13. **I am also a current patient of Dana**
     14. **Farber, having been diagnosed with pancreatic**
     15. **cancer in 2021. Since then, I've been working**
     16. **with a highly skilled group of medical**
     17. **professionals at Dana Farber, led by Dr. Jeffrey**
     18. **Meyerhardt, and have the utmost confidence in**
     19. **their care.**
     20. **I want to stress that even though I'm a**
     21. **legislator, I'm also a patient, and I can't**
     22. **stress that enough in terms of how important I**
     23. **think this new hospital is. I can say with**
     24. **certainty that if I did not have access to Dana**
191. **Farber's care, and if it weren't for God's grace,**
192. **I would not be here today. Therefore, I'm proud**
193. **to be here today to support this proposal, an**
194. **adult inpatient hospital.**
195. **This standalone hospital will help Dana**
196. **Farber enhance patient care, expand access,**
197. **advance equity, all with the potential to reduce**
198. **healthcare costs in the Commonwealth. It's truly**
199. **a win-win for the Commonwealth and for patients,**
200. **but especially for patients, and I want to**
201. **underscore patients.**
202. **Data clearly shows that dedicated**
203. **cancer hospitals save more lives from cancer. At**
204. **Dana Farber's proposed cancer hospital, patients**
205. **will be surrounded by professionals whose sole**
206. **focus is cancer. Helping to notice symptoms**
207. **sooner and improve health care outcomes.**
208. **I know this personally, because I can**
209. **tell you right now, I have, and I'm happy to**
210. **share this with you publicly, I have chemo every**
211. **other week. And there are weeks when chemo is**
212. **fine. There are other weeks when chemo provides**
213. **complications. And when those side effects**
214. **occur, and I'm required to go into the emergency**
215. **room, I oftentimes feel like a square that's**
216. **unable to fit into a circle. And what I mean by**
217. **that specifically, is there are times where I**
218. **know my immunity is lower because of the chemo**
219. **and because of the cancer, and yet I'm putting to**
220. **a waiting population that the general population**
221. **that may have issues that I'm going to be more**
222. **susceptible to such as respiratory illnesses.**
223. **And although Brigham and Women's does a**
224. **great job of trying to put me in a corridor or to**
225. **be someplace where I might not be as exposed to**
226. **other folks that are in the ER, oftentimes, I**
227. **find myself learning more about what I'm being**
228. **exposed to because I'm still in the general**
229. **population, than having a streamlined process to**
230. **a Dana Farber professional that's familiar with**
231. **my face, familiar with my care, and moving**
232. **forward.**
233. **I can tell you other instances about**
234. **how I've gone to the ER, and for times, it**
235. **literally was every other week after the chemo**
236. **would be on Friday and Saturday like clockwork,**
237. **I'd be presenting to the ER. Where I feel lost**
238. **in the process of admission to Brigham and**
239. **Women's and discharged from Brigham and Women's,**
240. **readmitted to Brigham and Women's through Dana**
241. **Farber. And then literally would find myself in**
242. **a corridor with an escort who wasn't sure where I**
243. **was because I wasn't showing up right in the**
244. **computer.**
245. **I've also had the experience of being**
246. **told that I was being admitted for a high fever,**
247. **given fluids, and then forced to call all my**
248. **friends and relatives at 3:00 a.m. in the morning**
249. **because the bed that was reserved for me in the**
250. **ER until a bed could open up for Dana Farber was**
251. **needed for somebody with a more immediate needs.**
252. **So imagine trying to call under those**
253. **circumstances to find somebody who's up at 3:00**
254. **and answering their phone to come and pick you**
255. **up.**
256. **And so I say this with total respect, I**
257. **don't want to sound like I'm putting Brigham and**
258. **Women's down. I say this with total respect for**
259. **them, because I think that there are specialties**
260. **that they are very good at that occur in their**
261. **emergency room and I wouldn't want to be anyplace**
262. **else, if there were those emergencies outside of**
263. **cancer that I would be treated for.**
264. **But the idea and the process of having**
265. **a standalone emergency room that's associated**
266. **with a cancer hospital that has those beds, that**
267. **would streamline the process so that I can get to**
268. **my cancer team, so that I could be treated more**
269. **effectively knowing that they were a side effect**
270. **that were arising from my chemo, and being**
271. **segregated from the general population, is**
272. **extraordinarily exciting to me.**
273. **So again, I fully support this hospital**
274. **as a legislator and also as a patient, and please**
275. **underscore patient at least three times. I will**
276. **be submitting written testimony on this fact.**
277. **And I hope that you'll take a look at the cancer**
278. **as a testimony that I submit to you both as a**
279. **legislator and a cancer patient. Thank you so**
280. **much.**
281. **HEARING OFFICER RENAUD: Thank you.**
282. **Our next speaker will be Representative Chynah**
283. **Tyler from the Seventh Suffolk.**
284. **MS. TYLER: Good evening. It's Tyler,**
285. **just for the record. So good evening,**
286. **Commissioners and thank you so much for having me**
287. **here tonight.**
288. **Again, I'm Representative Chynah Tyler,**
289. **and I represent the Seventh Suffolk District,**
290. **which includes Dana Farber and its proposed**
291. **inpatient cancer hospital. I'm here to express**
292. **my support for the new project that will**
293. **encompass the future of cancer care here in**
294. **Massachusetts.**
295. **Cancer impacts all of us in some way,**
296. **as you just heard from Representative Ferrante,**
297. **my colleague in government, whether it's a**
298. **personal fight or with the disease of a loved**
299. **one, it affects us all across the board.**
300. **And everyone's faced with this**
301. **devastating disease, regardless of where they're**
302. **from or their backgrounds deserve the best**
303. **possible care. Unfortunately, though, healthcare**
304. **disparities exist in cancer care, just as they do**
305. **in healthcare overall.**
306. **Patients from underserved and**
307. **marginalized communities face barriers and cancer**
308. **services, leading to deep health disparities.**
309. **One of the main reasons I'm here to support Dana**
310. **Farber's new proposed hospital is that it's an**
311. **opportunity for us to advance in equity and**
312. **cancer research, care, and outcomes. And that**
313. **makes me very proud to be able to say as someone**
314. **who serves on the health equity task force here**
315. **and the legislature.**
316. **It will also allow Dana Farber to**
317. **expand on existing partnerships that promote**
318. **health equity, as well as design programs to**
319. **remove barriers to treatment and ensure that all**
320. **patients have access to high quality care. And**
321. **with 2400 new jobs created at all levels, this**
322. **proposed hospital will also help Dana Farber to**
323. **expand its workforce opportunities for people in**
324. **Boston and beyond.**
325. **Dana Farber already collaborates with**
326. **community college to equip young people and**
327. **adults with the necessary skills to successfully**
328. **pursue an education or career advancement in**
329. **healthcare.**
330. **They also work with Boston Public**
331. **Schools, a couple of schools in my district, in**
332. **fact. The John D. O'Bryant High School, the**
333. **Fenway School, the Madison Park Vocational**
334. **Technical School, to provide summer intern**
335. **experience for the students there from all**
336. **diverse backgrounds who are placed in different**
337. **departments across Dana Farber to learn about**
338. **careers in healthcare. And I can tell you, these**
339. **students really appreciate and enjoy the**
340. **opportunity. If it weren't for opportunities**
341. **like this, they probably wouldn't have that**
342. **access.**
343. **And importantly, this proposed cancer**
344. **hospital will ensure that patients are treated by**
345. **healthcare professionals whose singular focus is**
346. **cancer. Medical studies show that standalone**
347. **cancer hospitals in other states have been proven**
348. **to lead better health outcomes.**
349. **In fact, we in Boston, a major**
350. **epicenter for healthcare, as you all know, do not**
351. **yet have a dedicated cancer hospital, and that's**
352. **very surprising and actually needs to change.**
353. **The people of Boston, and all of this region,**
354. **need and deserve a dedicated cancer hospital, one**
355. **that will help advance health equity and save**
356. **more lives. And we can't wait any longer to make**
357. **this a reality. Thank you so much, and I**
358. **appreciate you having me today.**
     1. **HEARING OFFICER RENAUD: Thank you.**
     2. **Our next speaker will be Representative Frank**
     3. **Moran from 17th Essex.**
     4. **I'm not hearing Representative Moran.**
     5. **I think he will be joining us later. At this**
     6. **point, we will now begin taking comments from the**
     7. **public. If you wish to speak at this time,**
     8. **please hit Star 1 and follow the instructions of**
     9. **the operator.**
     10. **Operator, may we have our first speaker**
     11. **now, please.**
     12. **OPERATOR: Our first comment comes from**
     13. **William Hahn with Dana Farber Cancer Institute.**
     14. **Your line is open.**
     15. **MR. HAHN: Good evening. My name is**
     16. **William Hahn and I'm a resident of Newton,**
     17. **Massachusetts. I'm a medical oncologist and a**
     18. **cancer researcher by training and I currently**
     19. **serve as the Chief Operating Officer at the Dana**
     20. **Farber Cancer Institute.**
     21. **Today, Dana Farber operates 30 licensed**
     22. **beds within leased space at the Brigham and**
     23. **Women's Hospital. In addition, we provide**
     24. **medical oncology services to the Brigham through**
359. **an affiliation that dates back to 1995. This**
360. **means that our medical oncologists currently**
361. **admit patients to the Brigham that they**
362. **personally care for as outpatients.**
363. **On average, Dana Farber medical**
364. **oncology service has between 210 and 220 patients**
365. **every day, which is seven times more than our**
366. **current licensed beds.**
367. **In our new clinical affiliation with**
368. **the Beth Israel Deaconess Medical Center, we will**
369. **provide medical oncology for all Dana Farber and**
370. **BI Deaconess Medical Center patients.**
371. **Today, BI Deaconess Medical Center**
372. **provides medical oncology services to about 100**
373. **licensed beds, adding our current patient panel**
374. **to that of BI Deaconess Medical Center clearly**
375. **illustrates the need for this new inpatient**
376. **facility.**
377. **Looking forward, a recent report from**
378. **the Federal Centers for Disease Control and**
379. **Prevention noted that the number of cancer**
380. **diagnoses will grow by 49 percent by 2050.**
381. **Cancer incidence among patients over age 75 is**
382. **expected to increase even more than any other age**
383. **group. And older patients are more likely to**
384. **experience side effects and complications from**
385. **treatments that require an inpatient admission.**
386. **We also know that the incidence of**
387. **cancer is increasing, particularly in younger**
388. **people. Cancer diagnosed in young adults are**
389. **more likely to be aggressive and are diagnosed at**
390. **advanced stage, which makes it more likely that**
391. **these patients will require inpatient**
392. **hospitalizations during their care.**
393. **Our proposed 300 bed hospital will help**
394. **our region keep pace with the alarming growth of**
395. **cancer incidence rates.**
396. **In addition to the increase in cancer**
397. **cases, cancer treatment has evolved and is now**
398. **more sophisticated than even 10 years ago. New**
399. **cancer treatments, including many designed to**
400. **target the most aggressive forms of cancer, such**
401. **as CAR T cell therapy, requiring inpatient care,**
402. **which is another factor in the need for**
403. **additional inpatient beds.**
404. **We recognize that a freestanding cancer**
405. **hospital requires close integration and the**
406. **expertise of a comprehensive academic medical**
407. **center. Our close physical proximity to, and new**
408. **clinical with BI Deaconess Medical Center, means**
409. **that patients will continue to benefit from the**
410. **expertise of some of the world's best non-**
411. **oncology medical and surgical clinicians**
412. **available.**
413. **As we do today, Dana Farber physicians**
414. **will be able to seamlessly coordinate**
415. **sophisticated multidisciplinary care delivered by**
416. **a number of different cancer and non-cancer**
417. **specialists.**
418. **Patients in Massachusetts deserve the**
419. **benefits of a specialized inpatient cancer care**
420. **that is delivered in dedicated cancer hospitals**
421. **in other parts of the country. For these**
422. **reasons, I urge support of this new adult**
423. **inpatient cancer hospital. Thank you very much.**
424. **HEARING OFFICER RENAUD: Thank you.**

19 May we have the next speaker, please.

1. **OPERATOR: Our next comment comes from**
2. **Doug Fox. He's a citizen from Needham, Mass.**
3. **Your line is open.**
4. **MR. FOX: Hi. Thank you very much for**
5. **listening to me tonight. My name is Doug Fox.**
6. **As was said, I'm a resident of Needham, Mass. I**
7. **am also known locally as the Pink Barbarian. I'm**
8. **here to speak in support of the Dana Farber**
9. **Inpatient Center. And that's because**
10. **specialization really matters.**
11. **My wife and I are both cancer**
12. **survivors. We both received our life saving care**
13. **from Dana Farber, and we received very different**
14. **treatment than we would have received at our**
15. **other diagnosing hospitals in the Boston area,**
16. **both of which are world class Boston hospitals.**
17. **But because we went to Dana Farber and because**
18. **cancer is their focus, we received less than**
19. **invasive care. We were able to take part in**
20. **clinical trials that did not exist at the other**
21. **centers, some of which have become the standard**
22. **of care. And that same expertise for inpatient**
23. **would bring so much to cancer patients in the**
24. **Boston area.**
25. **Dana Farber already without this is**
26. **light years ahead of other centers in Boston, but**
27. **this ensures that we will stay ahead of other**
28. **cities as well. New York, which is very,**
29. **obviously, very prominent and competitive in the**
30. **Northeast. Memorial Sloan Kettering has a**
31. **dedicated inpatient center. We would like to see**
32. **this inpatient center, create the opportunity to**
33. **Boston to continue to be the cancer research and**
34. **treatment capital of the world. Thank you so**
35. **much for listening.**
36. **HEARING OFFICER RENAUD: Thank you.**

8 May we have the next speaker, please.

1. **OPERATOR: Yes, thank you. Our next**
2. **comment comes from Magnolia Contreras with Dana**
3. **Farber Cancer Institute. Your line is open.**
4. **MS. CONTRERAS: Thank you very much.**
5. **My name is Magnolia Contreras and I am President**
6. **of Lynn, Massachusetts. I am also the Vice**
7. **President of Community Health at Dana Farber,**
8. **have been there for 17 years, and I am also a**
9. **breast cancer survivor.**
10. **Dana Farber is one of the world's**
11. **leading cancer treatment and research centers.**
12. **In addition to providing expert clinical care, we**
13. **are committed to educating the community in**
14. **raising awareness about the importance of cancer**
15. **prevention, outreach screenings, early detection,**
16. **clinical trials, with the focus on communities of**
17. **color.**

2

Our community work is grounded on

1. **health equity and social justice principles. For**
2. **over 25 years, our community benefits programs**
3. **have worked to reduce disparities in cancer care**
4. **among marginalized populations in partnerships**
5. **with local community health centers, health**
6. **departments, and nonprofit organizations.**
7. **We serve as a bridge between the**
8. **evidence based and sustainable outreach programs**
9. **in the community organizations. We are**
10. **increasingly aware of the vital importance of**
11. **intervention dedicated to improving health**
12. **outcomes among historically marginalized**
13. **populations in our communities, and to those with**
14. **access barriers.**
15. **Our efforts to lessen this burden**
16. **include a range of public health programs to**
17. **reduce cancer incidence and mortality, support**
18. **community development, and ensure that every**
19. **patient who walks through our door receives**
20. **equitable and culturally appropriate care.**
21. **We support and collaborate on programs**
22. **designed to eliminate disparities in breast and**
23. **skin cancer, educate diverse populations about**
24. **tobacco cessation, human papillomavirus**
25. **prevention and screening, and strengthen the**
26. **support system for medically underserved**
27. **populations.**
28. **As part of our comprehensive needs**
29. **assessment reporting, we've learned that overall**
30. **burden of cancer across all types is significant**
31. **and more effort is needed to reduce the cancer**
32. **burden and disparities.**
33. **The development of a new cancer**
34. **hospital will be enabled us to double down on our**
35. **demonstrated commitment to cancer care into**
36. **addressing the social determinants of health that**
37. **contribute to the poor outcomes across our**
38. **priority neighborhoods and beyond.**
39. **Thank you for supporting our efforts to**
40. **reducing disparities and cancers that exists**
41. **today. I urge you to support the proposed**
42. **expansion. Thank you very much.**
43. **HEARING OFFICER RENAUD: Thank you.**
44. **As a reminder, if you wish to speak, please hit**
45. **Star 1. Operator, may we have our next speaker.**
46. **OPERATOR: Thank you. Our next**
    1. **comment comes from Joseph Feaster, former board**
    2. **member of Urban League of Eastern Mass. Your**
    3. **line is open.**
    4. **MR. FEASTER: Thank you very much. I**
    5. **hope that I'm being heard here. My name is**
    6. **Joseph Feaster. I'm the former Chairman of the**
    7. **Board of Urban League of Eastern Massachusetts,**
    8. **and I am a Stoughton resident. I called this**
    9. **evening, commissioners, and those in attendance**
    10. **here, to wholeheartedly support this application**
    11. **by Dana Farber.**
    12. **I am aware of the great work of Dana**
    13. **Farber personally because of family members and**
    14. **others that I know and have been treated for**
    15. **cancer at Dana Farber. And as well, I myself am**
    16. **a cancer survivor, a 22 year cancer survivor. So**
    17. **I'm very sympathetic to the work that Dana Farber**
    18. **does.**
    19. **Additionally, I think the idea of**
    20. **having their work being performed in a new 300**
    21. **bed facility, which they have total control and**
    22. **responsibility over, in conjunction with BI, who,**
    23. **in fact, that's where I had my treatment at the**
    24. **time, seemed like a seamless way in which they**
47. **provide, and will continue to provide the ideal**
48. **services that they have done over these many**
49. **years.**
50. **So I wanted to register my support for**
51. **this proposal, and I hope that the Commission**
52. **will support it. Thank you very much.**
53. **HEARING OFFICER RENAUD: Thank you.**
54. **Operator, may we have the next speaker, please.**
55. **OPERATOR: Thank you. Our next**
56. **comment comes from Barry Nelson with Boston,**
57. **Mass. Your line is open.**
58. **MR. NELSON: Thank you. Hello,**
59. **everyone. Good evening. My name is Barry**
60. **Nelson. I live in Boston, Massachusetts. I'm a**
61. **lung cancer survivor since 2012. And my initial**
62. **diagnosis I was told that I had six months to**
63. **live.**
64. **I'm on a call for Dana Farber in their**
65. **efforts to establish a viable support system**
66. **(indiscernible audio) -- with a proposed 300**
67. **inpatient bed in Boston, Massachusetts.**
68. **When I was -- (Indiscernible audio).**
69. **During my time there, I don't believe**
70. **(Indiscernible audio). I discussed my concerns**
71. **with my primary care provider and thank God he**
72. **listened to me. As we discussed this over the**
73. **phone, he noticed in my medical records that I**
74. **need a second opinion. (Indiscernible audio).**
75. **HEARING OFFICER RENAUD: I'm sorry.**
76. **I'm sorry. I'm going to interrupt you just**
77. **because we value your testimony and we want you**
78. **to be heard. But your connection, something's**
79. **wrong with your connection and your comments are**
80. **not coming through. So I would just ask that in**
81. **order to hear your testimony appropriately, if**
82. **you could call back in, because right now we're**
83. **not able to get your testimony.**
84. **MR. NELSON: Okay, thank you.**
85. **HEARING OFFICER RENAUD: Operator, may**
86. **we have the next speaker, please.**
87. **OPERATOR: Yes. Our next comment**
88. **comes from Brian Doherty with Greater Boston**
89. **Building Trade Union. Your line is open.**
90. **MR. DOHERTY: Great, thank you. Can**
91. **you hear me?**
92. **HEARING OFFICER RENAUD: Yes.**
93. **MR. DOHERTY: Thanks so much. Thank**
94. **you, DPH Committee. Thank you for your vital**
95. **service to the Commonwealth. My name is Brian**
96. **Doherty. I'm a resident of Dorchester,**
97. **Massachusetts and I'm here on behalf of the**
98. **Greater Boston Building Trade Union with several**
99. **of our union siblings here tonight to speak in**
100. **support, whole support of the Dana Farber Cancer**
101. **Institute proposed cancer hospital and the new**
102. **clinical collaboration with Beth Israel Deaconess**
103. **Medical Center.**
104. **We would like to say thank you to the**
105. **whole Dana Farber team, the entire Beth Israel**
106. **Deaconess Medical Center team for their long**
107. **partnerships with the Greater Boston Building**
108. **Trade Union. And a special thanks to**
109. **Dr. Glimcher, with help getting us to this point.**
110. **We're here in full support for a new**
111. **standalone cancer inpatient hospital that will**
112. **serve a patient experience, expand access, and**
113. **provide more cost effective care, ensuring better**
114. **care for our entire community now and for**
115. **generations to come.**
116. **When this project came online, the Dana**
117. **Farber team and Beth Israel team immediately**
118. **reached out to organized labor to ask us if we'd**
119. **be willing to partner to build a new facility and**
120. **we enthusiastically said yes.**
121. **The reason it was important, and I want**
122. **to speak just for a second about what is the**
123. **Greater Boston Building Trade Union, I want to**
124. **share some information with you.**
125. **The reason we're here is simple. We**
126. **represent 35,000 working families in Greater**
127. **Boston and 75,000 working families statewide in**
128. **the construction industry. We invest 66 million**
129. **on an annual basis to make sure we are training**
130. **at the highest levels of construction safety and**
131. **construction training across the Commonwealth.**
132. **Through our collective bargaining**
133. **agreements, and the healthcare provided that we**
134. **provide to the unions and management partnership,**
135. **we invest $1.2 billion dollars on an annual basis**
136. **to provide health care for entire families of**
137. **almost 250,000 people in Massachusetts, that we**
138. **consider (indiscernible).**
139. **We're excited to be working on the Dana**
140. **Farber Cancer Institute project. When it was**
141. **announced, we recognized immediately that would**
142. **give us an opportunity to provide the highest**
143. **medical coverage and medical care to our loved**
144. **ones should they ever need it in the Greater**
145. **Boston area and across the country. We know what**
146. **Dana Farber brings to this conversation, and**
147. **we're to join with all of our efforts to beat**
148. **cancer.**
149. **In addition to the work that we're**
150. **doing, we want to make sure that both**
151. **construction and every worker in it has the**
152. **opportunity to provide for their families,**
153. **provide healthcare to their families, a dignified**
154. **retirement. And we cannot do that without the**
155. **partners and institutions that we hold so dearly**
156. **to Greater Boston by the Dana Farber Institute**
157. **and BIDMC.**
158. **The reason we're here is simple. It's**
159. **to make sure that every person working to build**
160. **that project has a chance to support their family**
161. **and strengthen their community, because we know**
162. **the Dana Farber team is going to be doing exactly**
163. **that and solving all of our medical needs and**
164. **fighting to beat cancer on a daily basis.**
165. **The construction facility will provide**
166. **middle class opportunities to hundreds and**
167. **hundreds of our local neighbors, and give people**
168. **a chance to make it in our community. We want to**
169. **express our deep commitment to diversity, equity**
170. **and inclusion efforts that we can serve the union**
171. **way, that are also being pushed forward in the**
172. **priorities of both organizations of Dana Farber**
173. **has explicitly something that they want to push**
174. **forward along side the construction industry.**
175. **Just one extra note, in addition to**
176. **that, we're doing everything to provide childcare**
177. **services to break down any barrier if folks get**
178. **into this great industry, and to build the world**
179. **class institutions that we have in the region.**
180. **So just to sum this up, we know we need**
181. **more inpatient beds. We know we look to Dana**
182. **Farber and BIDMC when our loved ones or sick and**
183. **need help, and they have the highest level of**
184. **care in the entire world and we're so proud to be**
185. **partners with them here in Boston. That's why**
186. **we're here tonight in full support. You'll here**
187. **from some of our other folks. Just because I**
188. **want to follow directions here, my name is Brian**
189. **Doherty. I live in Dorchester, Massachusetts. I**
190. **work with the Building Trades Union and we're**
191. **here in full support. Thanks so much for the**
192. **opportunity to offer testimony tonight. And**
193. **thank you for your consideration in supporting**
194. **this matter. Thank you.**
195. **HEARING OFFICER RENAUD: May we have**
196. **the next speaker, please.**
197. **OPERATOR: Yes, thank you. Our next**
198. **comment comes from Michael Burns, a resident of**
199. **Boston, Massachusetts. Your line is open.**
200. **MR. BURNS: Good evening, Director**
201. **Renaud, members of the Department of Public**
202. **Health. Again, my name is Michael Burns. I'm a**
203. **resident of Boston. I'm also a representative of**
204. **the Boston Building Trades Unions. I'm also on**
205. **the call tonight to speak in full support of Dana**
206. **Farber Cancer Institute's proposed cancer**
207. **hospital and the new clinical collaboration with**
208. **Beth Israel Deaconess Medical Center.**
209. **As a representative of the Building**
210. **Trades, we're excited to be working on this**
211. **project with Dana Farber. We have a great**
212. **working relationship. And as my colleague**
213. **mentioned, as soon as this project was announced,**
214. **we knew working with Dana Farber, we could**
215. **negotiate a project labor agreement for Building**
216. **Trades Unions.**
217. **While we all know the great work that**
218. **Dana Farber does inside those buildings, what**
219. **this means is they are also committed to labor**
220. **standards in the construction of this facility.**
221. **Providing hundreds of construction jobs, they'll**
222. **help strengthen our communities through**
223. **apprenticeship training, fair wages and**
224. **healthcare benefits, and eventually a dignified**
225. **retirement at the end of those construction**
226. **careers.**
227. **This project we know holds a lot of**
228. **promise for the people of Massachusetts, from not**
229. **only a career care perspective, but also from**
230. **construction career opportunities for**
231. **Massachusetts residents. Many of whom are in the**
232. **building trades are minorities, women. So I**
233. **speak tonight in full support of this project,**
234. **and thank you for your time and consideration.**
235. **HEARING OFFICER RENAUD: Thank you.**

22 May we have the next speaker, please.

1. **OPERATOR: Yes, thank you. Our next**
2. **comment comes from Sonny Doucette from Sandown,**
3. **New Hampshire. Your line is open.**
4. **MS. DOUCETTE: Good evening. My name**
5. **is Sonny Doucette and I live in Sandown, New**
6. **Hampshire. Despite leading an overall active**
7. **healthy lifestyle, in 2021, I developed a**
8. **persistent cough that ultimately led to trouble**
9. **breathing and loss of my voice.**
10. **After months of doctor's visits, while**
11. **my symptoms were dismissed because I had strong**
12. **vital signs and looked healthy, a CAT scan at my**
13. **local hospital showed a baseball sized tumor**
14. **pressing up against my right lung, which was**
15. **nearly collapsed.**
16. **Soon after, I received a shocking and**
17. **traumatic diagnosis of stage four non-small cell**
18. **lung cancer. Without a moment of hesitation, I**
19. **went to Dana Farber. The doctors, nurses and**
20. **staff listened to and respected me, the patient,**
21. **on a deep physical and emotional level.**
22. **Dana Farber gave me hope despite my**
23. **diagnosis. My incredible oncologist, Dr. David**
24. **Barbie, current Chief of Thoracic Oncology at**
25. **Dana Farber, had a strong suspicion that my**
26. **cancer was DNA related. And he was right.**
    1. **I was able to start on a first line TKI**
    2. **targeted chemotherapy that saved my right lung**
    3. **and my life. Since then, I have had almost half**
    4. **dozen progressions, but Dana Farber, brilliant,**
    5. **intuitive, enthusiastic, compassionate has been**
    6. **there at my side for each one, saving my life**
    7. **again and again.**
    8. **When one plan expires, Dr. Barbie has**
    9. **multiple plans ready. He thoroughly answers my**
    10. **questions about treatment, and always**
    11. **incorporates my input. With Dana Farber, my**
    12. **family and I went from feeling alone, lost, and**
    13. **terrified to having a world class caregiver and**
    14. **partner who cares for us all like family.**
    15. **With Dana Farber, I went from having**
    16. **months to live to having an unspecified window.**
    17. **Today I dare to dream of seeing my young kids**
    18. **grow up. With Dana Farber, I can aspire to one**
    19. **day be cured of this presently incurable cancer.**
    20. **And I am living, not just surviving, with cancer.**
    21. **Dana Farber is a feeling of calm in the**
    22. **most chaotic of times. You can't be blessed by**
    23. **Dana Farber unless you are cursed by cancer. And**
    24. **ironically, Dana Farber is one of the greatest**
27. **blessings in my life.**
28. **Having a world class Dana Farber**
29. **inpatient hospital, where cancer patients can**
30. **receive the best full-time care would be**
31. **physically and emotionally life saving. To know**
32. **that Dana Farber could be there for us in person**
33. **24 hours a day.**
34. **I burst into tears when I first heard**
35. **that a Dana Farber hospital was even a**
36. **possibility. It is nothing short of what dreams**
37. **are made of for people like me, and that is why**
38. **I'm honored to be here today, addressing you in**
39. **support of this proposal. Thank you so much for**
40. **your time.**
41. **HEARING OFFICER RENAUD: Thank you. I**
42. **would now like to invite Barry Nelson to speak.**
43. **MR. NELSON: Thank you. Can you hear**
44. **me?**
45. **HEARING OFFICER RENAUD: Yes, we can**
46. **hear you.**
47. **MR. NELSON: All right, great. Again,**
48. **my name is Barry Nelson. I live in Boston,**
49. **Massachusetts. I'm a lung cancer survivor since**
50. **2012. And as I said earlier, initially, when I**
51. **was diagnosed, I was told that I had less than**
52. **six months to live. I'm on the call today to**
53. **support Dana Farber in their effort to establish**
54. **a viable plan for an additional patient care**
55. **center with a proposed 300 new inpatient beds in**
56. **Boston, Massachusetts.**
57. **The patient care that I and my family**
58. **received was phenomenal. When I was initially**
59. **diagnosed, it was at another institution. During**
60. **my time there, I don't believe that I received**
61. **clear and concise communication. And as a person**
62. **trying to get my head around this new health**
63. **development of cancer, I did not feel that I was**
64. **getting the best care.**
65. **I discussed my concerns with my primary**
66. **care provider, and thank God he listened to me.**
67. **And as we were discussing this over the phone, he**
68. **noticed in my medical records that I had received**
69. **a second opinion from an oncologist at Dana**
70. **Farber. And he asked, would it be okay if he**
71. **scheduled a follow up appointment. And so he**
72. **did. I agreed.**
73. **I explained -- on the day of the**
74. **appointment at Dana Farber, I was a bit nervous.**
75. **However, I was treated respectfully and kindly**
76. **with everyone I met, starting with the parking**
77. **garage attendant, the intake staff, and all the**
78. **other clinicians prior to meeting with the**
79. **oncologist.**
80. **I explained to the oncologist my**
81. **situation with poor communication, and what I**
82. **considered mixed messages, and my feelings of**
83. **being overwhelmed by not clearly understanding my**
84. **options or possible next steps.**
85. **To my delight, Dr. Christopher Lathan**
86. **stated that he and all of his colleagues will use**
87. **all the tools in their tool kit to fight as hard**
88. **as I was fighting this thing called cancer.**
89. **That's exactly what I wanted and needed to hear**
90. **at that time.**
91. **It was over several years that we tried**
92. **many standard chemotherapy treatments to obtain**
93. **outcomes that we were looking for. I**
94. **participated in more than one clinical trial.**
95. **The first one did not work very well for me. I**
96. **experienced negative side effects. We continued**
97. **with standard chemotherapy treatments again, not**
98. **obtaining the results we were looking for.**
    1. **The research team at Dana Farber was**
    2. **always there with me looking for new options and**
    3. **opportunities for stopping the cancer growth.**
    4. **Before long, my research team shared a potential**
    5. **clinical trial opportunity for immunotherapy. To**
    6. **my delight, I met the qualifications to**
    7. **participate in the trial. And once in the trial,**
    8. **everything turned around for me and my family.**
    9. **I'm so excited that Dana Farber is**
    10. **building more capacity and capability in Boston.**
    11. **My excitement is centered around a probability**
    12. **that more patients, not only in Massachusetts or**
    13. **New England, but all around the world will have**
    14. **even greater health care options for cancer**
    15. **treatment, because they do an amazing job at Dana**
    16. **Farber of caring for patients. Each staff member**
    17. **demonstrates the patience, dignity, and caring**
    18. **for patients and their families.**
    19. **I have experienced patient care that**
    20. **was so personal and respectful that no one**
    21. **deserves anything less. It's my hope that**
    22. **everyone seeking care for cancer, and most**
    23. **importantly hope, looks at Dana Farber Cancer**
    24. **Institute and their incredible attentiveness to**
99. **patient care. Thank you for letting me share**
100. **today.**
101. **HEARING OFFICER RENAUD: Thank you.**
102. **As a reminder, if you wish to speak, please hit**
103. **Star 1. Operator, may we have the next speaker,**
104. **please.**
105. **OPERATOR: Yes, thank you. Our next**
106. **comment comes from Anne Gross with Dana Farber**
107. **Cancer Institute. Your line is open.**
108. **MS. GROSS: Thank you. Good evening.**
109. **My name is Anne Gross and I'm a resident of**
110. **Boston South End. I'm here representing the Dana**
111. **Farber Clinical Ten Taxpayer Group and to express**
112. **my support for Dana Farber proposed cancer**
113. **hospital and the new clinical collaboration with**
114. **Beth Israel Deaconess Medical Center.**
115. **As a career long oncology nurse and**
116. **Dana Farber Senior Vice President for Patient**
117. **Care Services and Chief Nursing Officer, I'm**
118. **confident that a new standalone cancer inpatient**
119. **hospital will expand access, ensure the best**
120. **possible patient experience, and provide more**
121. **cost effective care resulting in the highest**
122. **quality cancer care for our community now and for**
123. **many generations to come.**
124. **Dana Farber's outreach education and**
125. **cancer care equity program in the city of Boston**
126. **will be further enhanced by our new collaboration**
127. **with Beth Israel, allowing our community based**
128. **nurses to reach more patients, eliminate barriers**
129. **to access, and provide cost effective high**
130. **quality cancer screening and care to all who need**
131. **our services.**
132. **Dana Farber is the only institution in**
133. **the region focused exclusively on cancer research**
134. **and care and the only one equally balancing**
135. **research and patient care.**
136. **As the incidence of various cancers**
137. **continues to rise at alarming rates, it's**
138. **imperative that Boston meets the need for more**
139. **inpatient beds for patients with cancer.**
140. **Today in our inpatient setting in**
141. **collaboration with the Brigham and Women's**
142. **Hospital, all of our patients are cared for by**
143. **Dana Farber doctors and Dana Farber physician**
144. **assistants. However, not all of the beds our**
145. **patients are admitted to are staffed by oncology**
146. **nurses.**
     1. **In the new cancer hospital, we are**
     2. **proposing patients who will be surrounded by a**
     3. **team of clinicians whose sole focus is cancer.**
     4. **From specially trained oncology physicians to**
     5. **specially trained oncology nurses, nutritionists,**
     6. **social workers, and pharmacists.**
     7. **This means, for example, if you or your**
     8. **loved one is admitted for a bone marrow**
     9. **transplant, you will be cared for by a team**
     10. **including nurses who specialize specifically in**
     11. **the care of patients undergoing transplantation**
     12. **for a blood related cancer.**
     13. **We anticipate hiring more than 700**
     14. **oncology nurses in our new hospital. We're**
     15. **currently building a simulation training center**
     16. **and have partnerships with several colleges of**
     17. **nursing and community colleges to build the**
     18. **pipeline of nurses that will be needed.**
     19. **Our newly licensed nurse residency**
     20. **program established in 2017, in partnership with**
     21. **UMass Boston, is one of several examples of how**
     22. **we've been working in the Boston community to**
     23. **increase the diversity of our nursing staff.**
     24. **Patients with cancer are best treated**
         1. **by doctors, nurses and other clinicians whose**
         2. **singular focus is treating that cancer and the**
         3. **fear it engenders.**
         4. **So I ask you to please support Dana**
         5. **Farber's proposed new inpatient cancer hospital**
         6. **and ensured that the best cancer care in the**
         7. **world will be available to all of those in Boston**
         8. **and the region who need our services. Thank you**
         9. **very much.**
         10. **HEARING OFFICER RENAUD: Thank you.**

11 May we have the next speaker, please.

1. **OPERATOR: Yes, thank you. Our next**
2. **comment comes from Chuck Stravin, a resident of**
3. **Quincy, Mass. Your line is open.**
4. **MR. STRAVIN: Thank you. Good evening,**
5. **Mr. Renaud and Commissioners. Thanks for your**
6. **time tonight. My name is Chuck Stravin. I'm 56**
7. **years old, the father of four daughters from**
8. **Quincy, Mass. I'm living with advanced stage**
9. **four renal cell cancer since 2015.**
10. **I'm proud to be part of the Patient**
11. **Advocacy Team speaking with you tonight in full**
12. **support of the new dedicated cancer hospital. And**
13. **I know that it will make a difference in the**
14. **lives of others fighting cancer.**
15. **You see, without the Dana Farber the**
16. **last nine years, I would not be here. I've**
17. **exhausted all standard of care and alternative**
18. **care protocols. I'm currently in my sixth**
19. **protocol and fourth Dana Farber led clinical**
20. **trial, and it's saving my life.**
21. **I'm living proof of what happens when**
22. **you are treated by the amazing team at the Dana**
23. **Farber. And in my case, my team is led by the**
24. **great Dr. Tony Choveiri. Others aren't so lucky.**
25. **There are 200-plus diseases that we call cancer.**
26. **Two million Americans are diagnosed with cancer**
27. **annually. Over 600,000 Americans will die. And**
28. **in the case of kidney cancer, kidney cancer**
29. **impacts almost 80,000 Americans per year. Only**
30. **12 percent of us, those of us with metastatic**
31. **disease at the time of diagnosis survive for five**
32. **years or longer. And the fact that I'm in year**
33. **nine is an absolute miracle.**
34. **You see, kidney cancer kills 14,000**
35. **patients a year in the US like me. That's 40**
36. **people per day. But again, I'm one of the lucky**
37. **ones. I'm living proof of what happens when you**
38. **are treated at the Dana Farber. All patients**
39. **with aggressive cancers like mine need to be**
40. **treated in facilities where defying cancer is the**
41. **mission and all they do is cancer.**
42. **It's time that New England has a**
43. **forward looking model for cancer care that**
44. **further advances the patient and caregiver**
45. **experience, expands access to value driven care,**
46. **and fosters scientific discovery.**
47. **You see, from a patient perspective,**
48. **the Dana Farber Beth Israel Deaconess cancer**
49. **collaboration will benefit families like mine and**
50. **others fighting cancer because it'll do basically**
51. **four things.**
52. **One, it'll provide an enhanced patient**
53. **experience in an inpatient facility focused**
54. **solely on the needs of oncology patients. Two,**
55. **it will offer a state of the art facility where**
56. **we can adapt to the rapid advances needed in**
57. **oncology care. Third, we'll go from 30 in**
58. **hospital beds to 300 proposed beds, which will**
59. **meet the growing incidences of cancer and ensure**
60. **timely access to care across the Dana Farber**
61. **system.**
    1. **And finally, it will drive seamless,**
    2. **integrated care, supported by both teams at Dana**
    3. **Farber, Beth Israel, and more importantly, the**
    4. **Harvard Medical Faculty physicians and**
    5. **clinicians.**
    6. **Statistics show that patients in**
    7. **dedicated cancer centers have better outcomes and**
    8. **a better patient experience than those cared for**
    9. **in general hospitals. Patients like me, families**
    10. **like mine deserve a chance to be treated in a**
    11. **facility where cancer is all they do.**
    12. **You don't call a plumber when you have**
    13. **an electrical problem. You don't go to a tire**
    14. **expert when you need your transmission worked on.**
    15. **As cancer patients, we need to be treated in a**
    16. **facility where the focus provides unparalleled**
    17. **expertise that benefits us and where all the**
    18. **collective energy is focused exclusively on**
    19. **cancer and treating cancer patients.**
    20. **I'd like to say that if any of you need**
    21. **to see firsthand how special the Dana Farber team**
    22. **is, please reach out to me on LinkedIn, I'd be**
    23. **happy to have you accompany me to any of my**
    24. **visits at the clinic, so that you can witness**
62. **firsthand what I witness every time that I am**
63. **there. Please again, reach out to me on LinkedIn**
64. **if you would like to attend and see firsthand**
65. **what we see. Once you do that, you'll see why I**
66. **and my family are here in full support of Dana**
67. **Farber's plan for a new dedicated cancer**
68. **hospital. Thanks for your time tonight.**
69. **HEARING OFFICER RENAUD: Thank you.**

9 May we have the next speaker, please.

1. **OPERATOR: Yes, thank you. Our next**
2. **comment comes from Chaton Green with Greater**
3. **Boston Building Trades Union. Your line is open.**
4. **MR. GREEN: Hello, my name is Chaton**
5. **Green. I'm with the Greater Boston Building**
6. **Trades Union. I'm a Roxbury, Massachusetts**
7. **resident. I'm here to express my support for**
8. **Dana Farber Cancer Institute, proposed cancer**
9. **hospital, and their new clinical collaboration**
10. **with Beth Israel Deaconess Medical Center.**
11. **A new standalone cancer inpatient**
12. **hospital would improve the patient experience,**
13. **expand access, and could provide more cost**
14. **effective care, ensuring better care for our**
15. **community now and for generations to come.**
    1. **I'm excited to be working on this**
    2. **project with Dana Farber Cancer Institute. Once**
    3. **the project was announced, Dana Farber**
    4. **immediately reached out to organized labor and**
    5. **negotiated a project labor agreement.**
    6. **What a project labor agreement means to**
    7. **me is that the highest work standard, safety**
    8. **standard, and community standards will be met,**
    9. **ensuring fair wages for workers, ensuring that**
    10. **every worker has health insurance, ensuring that**
    11. **they'll also be able to retire with dignity.**
    12. **And we know careers like this helps**
    13. **strengthen communities around us. I have**
    14. **experience working Beth Israel Deaconess Medical**
    15. **Center's Klarman Building right after the**
    16. **pandemic. And I had the opportunity of walking**
    17. **from Roxbury to the job site while investing into**
    18. **small businesses on the way, really being fully**
    19. **invested in community and what it means to really**
    20. **have career opportunities like this.**
    21. **This also creates opportunity to also**
    22. **join the middle class. Construction of the new**
    23. **facility will provide hundreds of construction**
    24. **jobs over the next seven years. In addition,**
16. **once operational, the hospital will provide new**
17. **and permanent employment opportunities across a**
18. **variety of positions. Diversity, equity, and**
19. **inclusion is the union way.**
20. **Child care, unions also have an option**
21. **for child care to give people a chance to provide**
22. **for their families and create opportunities**
23. **ensuring that people have career opportunities**
24. **and become really fully invested and contribute.**
25. **This project holds a lot of promise for**
26. **the people of Massachusetts, both from a care**
27. **perspective and for bringing opportunities, like**
28. **I said, construction opportunities to**
29. **Massachusetts.**
30. **We are the world class city because of**
31. **our relationships in institutions like Dana**
32. **Farber. We consider Dana Farber to be a true**
33. **partner in Massachusetts. Everyone has a story**
34. **about a loved one who has received care at Dana**
35. **Farber. Myself as well. I remember bringing my**
36. **grandmother and aunt to appointments at Dana**
37. **Farber, and having the opportunity to work on**
38. **these projects just enhances those memories.**
39. **It is the only institution in the**
    1. **region focused exclusively on cancer. And the**
    2. **only one balanced in research and patient care**
    3. **equally. (Indiscernible) is imperative. More**
    4. **inpatient beds for cancer patients.**
    5. **All cancer patients deserve to be**
    6. **treated by doctors and nurses whose singular**
    7. **focus is cancer. And I speak here in support of**
    8. **Dana Farber's proposed new inpatient care**
    9. **hospital and ensure that the best care in the**
    10. **world will be available in our region. Thank you**
    11. **for your time and consideration.**
    12. **I'd also like to give a special thank**
    13. **you to Dr. Glimcher and Caroline Powers as well.**
    14. **Thank you.**
    15. **HEARING OFFICER RENAUD: Thank you.**

16 May we have the next speaker, please.

1. **OPERATOR: Thank you. Our next**
2. **comment comes from Christopher Lathan with Dana**
3. **Farber Cancer Institute. Your line is open.**
4. **MR. LATHAN: My name is Christopher**
5. **Lathan. I'm Dana Farber's Chief Critical Access**
6. **and Equity Officer. I'm a medical oncologist who**
7. **focuses on patients with lung cancer, and I'm**
8. **also a resident of Hyde Park. At Dana Farber, we**
9. **firmly believe that everyone, no matter what**
10. **their zip code is, deserves the best possible**
11. **cancer care. We know that patients from**
12. **marginalized and underserved communities have**
13. **faced barriers to cancer services that can be**
14. **life saving. Services like education, screening,**
15. **prevention, treatment and access to clinical**
16. **trials.**
17. **Our goal is to develop the latest**
18. **therapies and the most cutting edge innovations**
19. **and care. But we can only make the impact we**
20. **envision if it's available to all patients who**
21. **need it.**
22. **The future dedicated cancer hospital is**
23. **a powerful opportunity to advance equity in**
24. **cancer research, care and outcome, so that we can**
25. **reach a day where no community will be referred**
26. **to as underserved.**
27. **Our commitment to equitable cancer care**
28. **and outcomes is at the core of our plans for the**
29. **future hospital in collaboration with Beth Israel**
30. **Deaconess Medical Center. This collaboration**
31. **will advance access to cancer care, and help**
32. **close health equity gaps in the communities that**
33. **need it most.**
34. **It will strengthen our ability to**
35. **design programs that remove barrier treatments**
36. **and ensure that all patients have access to**
37. **clinical trials and high quality cancer care.**
38. **I've worked with colleagues to create**
39. **and run the Cancer Care Equity Program since**
40. **2010. This innovative clinical initiative works**
41. **to reduce disparities in cancer outcomes, or**
42. **historically marginalized in our local community.**
43. **I'm happy that this initiative has become a**
44. **national model for transforming cancer equity**
45. **research into intervention to have demonstrable**
46. **and durable impact.**
47. **The other initiatives, like our**
48. **community focused Patient Navigator Program, is**
49. **woven into operation systems to ensure vulnerable**
50. **patients have the resources and support they need**
51. **to get to their appointments and access services**
52. **throughout their journey.**
53. **The cancer care free program and our**
54. **community focused patient navigation model make**
55. **it possible for some of the most vulnerable**
56. **members of our community to access our world**
57. **class oncology care. And with our future cancer**
58. **hospital, we can build on this work to expand it.**
59. **Finally, at Dana Farber, we understand**
60. **the importance of training the next generation of**
61. **clinicians who represent the community and embody**
62. **cultural humility and respect. We created and**
63. **our expanding pipeline programs to diversify the**
64. **clinical workforce, and we are excited to**
65. **strengthen and expand programs and experiences**
66. **that equip young people and adults with necessary**
67. **career and college readiness skills to**
68. **successfully pursue education and/or career**
69. **advancements in health care.**
70. **Because our goal is to no longer have**
71. **to add in access equity to an exclusionary**
72. **system, but to proactively build access and**
73. **equity into the system to create a day when no**
74. **barrier stands in the way of anyone getting the**
75. **cancer care they need when they need it.**
76. **For this reason, I urge support of Dana**
77. **Farber's new inpatient hospital. Thank you.**
78. **HEARING OFFICER RENAUD: Thank you.**

23 May we have the next speaker, please.

24 OPERATOR: Yes, thank you. Our next

1. **comment comes from Dr. Craig Bunnell with Dana**
2. **Farber Cancer Institute. Your line is open.**
3. **MR. BUNNELL: Thank you. Good evening.**
4. **My name is Greg Bunnell. I'm a resident of**
5. **Boston, Massachusetts and I'm also a breast**
6. **medical oncologist and I'm the Chief Medical**
7. **Officer for the Dana Farber Cancer Institute.**
8. **I'd like to make three critical points.**
9. **First, as you've heard, at Dana Farber, our**
10. **singular focus is cancer, which means that all we**
11. **do is treat cancer. According to validated**
12. **published data patient outcomes, and by outcomes**
13. **I mean survival, are better for cancer patients**
14. **treated in a dedicated cancer hospital than those**
15. **who receive care in an integrated general**
16. **hospital setting. And that's inclusive of**
17. **academic medical centers.**
18. **And this indisputable fact has the**
19. **added benefit of being intuitive. The more you**
20. **do of something, the better you are at it. When**
21. **all your physicians and medical teams are focused**
22. **on cancer, when all your nurses are oncology**
23. **trained, something that doesn't currently exist**
24. **in any hospital in New England, much less Boston.**
25. **When your entire focus is on the care of a cancer**
26. **patient. You're familiar with the diseases,**
27. **their treatments, their side effects, you see**
28. **things that others miss, you pick up things**
29. **earlier, when you can intervene earlier and**
30. **prevent bad outcomes.**
31. **And by the way, you save money and**
32. **improve the patient experience. A clear**
33. **illustration of this is an oncology specific**
34. **urgent care clinic that we developed. If you**
35. **have -- if you're a cancer patient and you seek**
36. **urgent care in an emergency room, there's an 80**
37. **percent chance you'll be admitted to the**
38. **hospital.**
39. **When we created a clinic staffed by**
40. **oncology trained clinicians who were familiar**
41. **with the diseases, their treatments, their side**
42. **effects, we reduced emergency room visits by 20**
43. **percent. And of those patients seen in the**
44. **clinic, instead of 80 percent being admitted, 80**
45. **percent were treated and sent home. Improving**
46. **the patient experience and dramatically**
47. **decreasing costs and unnecessary inpatient care.**
48. **Second, we have no intention of taking**
    1. **patients out of their communities for their care.**
    2. **That has never been our model of care. Our**
    3. **history demonstrates that we strive to keep care**
    4. **local. For 20 years, we have provided ambulatory**
    5. **cancer care in local communities and partnered**
    6. **with local hospitals to keep patients in their**
    7. **communities. Ask any of the hospitals in any of**
    8. **the communities in which we partner and you will**
    9. **hear that we collaborate to have patients receive**
    10. **their care, including inpatient hospitalizations**
    11. **in those hospitals.**
    12. **And finally, all the oncology patients**
    13. **currently cared for in beds at the Brigham are**
    14. **Dana Farber patients, cared for by Dana Farber**
    15. **medical oncologists, who also provide oversight**
    16. **of Dana Farber employed advanced practice**
    17. **providers.**
    18. **There are no Brigham medical**
    19. **oncologists. The only Brigham employed**
    20. **clinicians on the oncology teams are the interns**
    21. **and residents who are being trained receiving**
    22. **their oncology training by an oversight by Dana**
    23. **Farber medical oncologists.**
    24. **These are our Dana Farber patients. I**
        1. **appreciate the opportunity to comment this**
        2. **evening. I urge you to support the application of**
        3. **the Dana Farber. Thank you.**
        4. **HEARING OFFICER RENAUD: Thank you.**

5 May we have the next speaker, please.

1. **OPERATOR: Yes, thank you. Our next**
2. **comment comes from Peter Healy with Beth Israel**
3. **Medical Center. Your line is open.**
4. **MR. HEALY: Hi, I'm Pete Healy,**
5. **President of Beth Israel Deaconess Medical**
6. **Center. I appreciate this opportunity to share**
7. **my perspective on how the Dana Farber Cancer**
8. **Institute and BIDMC collaboration will transform**
9. **cancer care for people in eastern Massachusetts.**
10. **BIDMC is one of the nation's premier academic**
11. **medical centers located in Boston, and a teaching**
12. **and research affiliate of Harvard Medical School.**
13. **Our mission centers on improving the**
14. **health of the communities we serve with**
15. **excellence, innovation and equity as our core**
16. **values. We serve over 500,000 patients every**
17. **year, and have long committed to providing**
18. **compassionate, culturally competent care to our**
19. **diverse patient population.**
    1. **In our last fiscal year, we invested**
    2. **over $58 million in programs and services that**
    3. **benefit the community, focusing on improving the**
    4. **health and quality of life for people facing**
    5. **health disparities, experiencing poverty, or who**
    6. **have been historically underserved.**
    7. **One such initiative is the BIDMC social**
    8. **work department that supports patients with**
    9. **cancer through support groups and patient**
    10. **navigator services. There's so much more to be**
    11. **done for our patients. It's more important than**
    12. **ever to invest in expanding equitable access to**
    13. **quality cancer care.**
    14. **Through our partnership with Dana**
    15. **Farber, our teams of clinicians and researchers**
    16. **share a commitment to addressing health**
    17. **inequities, and working together to bring the**
    18. **most advanced cancer care to all patients.**
    19. **Persistent disparities in cancer screening among**
    20. **communities of color is one factor that**
    21. **contributes to disproportionately worse health**
    22. **outcomes among black, Hispanic, and Asian**
    23. **residents in Boston.**
    24. **Through BIDMC's expansive primary care**
        1. **network and affiliations with community health**
        2. **centers, we will work to ensure that cancer**
        3. **screening services and referral pathways for**
        4. **follow up care are available to all.**
        5. **BIDMC excels at providing high quality**
        6. **cancer care. Our cancer program was ranked 17th**
        7. **in the nation and second in Massachusetts by US**
        8. **News and World Report, ranking only behind Dana**
        9. **Farber in the state.**
        10. **Together, BIDMC and Dana Farber will**
        11. **collectively ensure that patients have access to**
        12. **the highest caliber of cancer care. Across**
        13. **Massachusetts hospitals are experiencing critical**
        14. **capacity challenges. This, combined with a**
        15. **rising incidence of cancer, which is the leading**
        16. **cause of death in the state, has created an**
        17. **urgent need to expand capacity for cancer care in**
        18. **our community.**
        19. **Developing a dedicated inpatient cancer**
        20. **hospital will increase capacity for high quality**
        21. **cancer services to meet the needs of the**
        22. **Commonwealth's patients. We are so excited for**
        23. **the opportunity to combine our strengths with**
        24. **Dana Farber's to bring this cancer collaborative**
20. **to fruition to benefit patients with cancer and**
21. **their loved ones. Thank you for the opportunity**
22. **to speak in support of this project.**
23. **HEARING OFFICER RENAUD: Thank you.**

5 May we have the next speaker, please.

1. **OPERATOR: Yes, thank you. Our next**
2. **comment comes from Dr. Alexa Kimball with Harvard**
3. **Faculty Physician. Thank you.**
4. **MS. KIMBALL: Thank you so much. Can**
5. **you hear me okay?**
6. **HEARING OFFICER RENAUD: Yes.**
7. **MS. KIMBALL: Great. So good evening.**
8. **I'm Dr. Alexa Kimball. I'm President and CEO of**
9. **Harvard Medical Faculty Physicians at BIDMC and a**
10. **professor at Harvard Medical School, as well as a**
11. **resident of Brookline, Massachusetts.**
12. **As a physician who has treated far too**
13. **many patients with cancer, I deeply appreciate**
14. **the opportunity to share my perspective on the**
15. **significant opportunities that HMSP and BIDMC's**
16. **collaboration with Dana Farber holds for our**
17. **patients and healthcare providers. And I**
18. **couldn't be more delighted to hear all the**
19. **wonderful enthusiastic comments that we've had so**
20. **far in this hearing. So thank you.**
21. **All of us can agree and celebrate that**
22. **significant life saving progress has been made in**
23. **cancer treatment over the last decades. There**
24. **was a time when a physician's battle to defeat**
25. **cancer meant relying on an arsenal filled with**
26. **one size fits all toxic treatments and**
27. **debilitating side effects for patients.**
28. **Defeating the tumor often meant using**
29. **tactics that cause collateral damage to our**
30. **patient's health. Constant and unrelenting**
31. **research and clinical trials gave us less**
32. **dangerous and more effective treatments that**
33. **today provide patients with reduced suffering and**
34. **some dramatically improved outcomes.**
35. **The clinicians and researchers on the**
36. **frontlines of this cruel disease will never rest**
37. **on their achievements. For physicians, there**
38. **will always be more to discover until this**
39. **tenacious enemy with ever increasing rates,**
40. **especially in young people, is reined in or even**
41. **defeated.**
42. **To realize that goal, now is the time**
43. **to push the envelope to the next level. Not to**
44. **remain content with today's treatments, as**
45. **advanced as they have become.**
46. **The next frontier is within our field**
47. **of vision. It's early detection, matching**
48. **treatments to tumors, harnessing the immune**
49. **system to help in that fight, and comprehensively**
50. **supporting our patients and family's physical and**
51. **emotional needs throughout that journey.**
52. **When I speak with fellow physicians**
53. **about the collaboration, I hear two things. The**
54. **first is incredible excitement for the potential**
55. **to advance their clinical and research efforts in**
56. **cancer care, and the importance and unparalleled**
57. **opportunity this collaboration promises to**
58. **provide to address long standing healthcare**
59. **issues, such as access and disparities that my**
60. **BIDMC and DFC colleagues have already detailed.**
61. **In short, this collaboration can bring real**
62. **change. To that end, Boston is a medical mecca**
63. **and the collaboration has raised focus on**
64. **competition. I've practiced at major medical**
65. **hospitals, academic hospitals, here and across**
66. **the country. I don't see this proposal as one**
67. **that results in winners and losers. Physicians**

1 may wear different lab coats associated with the

1. **best hospitals in the world. But we are**
2. **fundamentally the same. We are here to provide**
3. **the best care for our patients.**
4. **A dedicated cancer center will bring**
5. **access to the most cutting edge research and the**
6. **latest clinical trials to benefit all patients in**
7. **Boston and beyond. Everyone can win.**
8. **The next generation of treatments and**
9. **cures is out there waiting to be discovered. We**
10. **know our patients and their families are waiting**
11. **too. The physicians of HMSP and BIDMC are**
12. **confident and enthusiastic that our collaboration**
13. **with DFCI is that future pathway. Thank you for**
14. **your time and consideration.**
15. **HEARING OFFICER RENAUD: Thank you.**

17 May we have the next speaker, please.

1. **OPERATOR: Yes, thank you. Our next**
2. **comment comes from Samantha Taylor with Beth**
3. **Israel Medical Center. Your line is open.**
4. **MS. TAYLOR: Good evening. My name is**
5. **Samantha Taylor and I'm the Executive Director of**
6. **Bowdoin Street Health Center. A Community Health**
7. **Center owned and operated by Beth Israel**
8. **Deaconess Medical Center. Thank you for the**
9. **opportunity to speak in support of this project.**
10. **The cornerstone of our mission at**
11. **Bowdoin Street Health Center is to provide**
12. **patient centered and culturally competent care to**
13. **those who need it most. Compared with**
14. **neighboring communities, Bowdoin Geneva residents**
15. **are disproportionately affected by challenges**
16. **that severely impact their health and quality of**
17. **life. Half of all Bowdoin Geneva residents live**
18. **below the federal poverty level, and many work**
19. **multiple jobs that do not pay a living wage or**
20. **provide quality health insurance.**
21. **Bowdoin Street Health Center serves**
22. **about 11,000 adult and pediatric patients per**
23. **year. Among these, 76 percent self identify as**
24. **black, Indigenous and people of color, 37 percent**
25. **have limited or no English proficiency, and 70**
26. **percent are covered by public insurance.**
27. **Dana Farber Cancer Institute has a long**
28. **history of working with community based**
29. **organizations and neighborhood health centers to**
30. **improve access to care for underserved**
31. **populations.**
    1. **Bowdoin Street Health Center has**
    2. **partnered with Dana Farber's mammography van**
    3. **since 2009, bringing this life saving**
    4. **preventative screening to the doorsteps of women**
    5. **in our community. Forty-nine percent of our**
    6. **patients speak Cape Verdean Creole, and Dana**
    7. **Farber can arrange for an interpreter to come to**
    8. **the van in person 90 percent of the time. This**
    9. **partnership makes all the difference for our**
    10. **patients.**
    11. **For many patients transportation is a**
    12. **limiting factor to accessing care, as they would**
    13. **have to ride two buses from the health center to**
    14. **the Longwood Medical area for appointments. By**
    15. **providing this service locally, Dana Farber is**
    16. **helping close the socio-economic gap.**
    17. **At the health center, we are working to**
    18. **stand up a center for community research and**
    19. **health equity, including primary care providers**
    20. **exploring disparities and colorectal cancer**
    21. **detection, and outcomes among racial and ethnic**
    22. **minorities.**
    23. **We are hopeful that our community**
    24. **driven approach to research and expertise of Dana**
32. **Farber can lead to significant changes and the**
33. **care we deliver to our collective patients in the**
34. **future.**
35. **As we imagine the possibilities of this**
36. **partnership, we are committed to keeping our**
37. **diverse community at the forefront, remembering**
38. **the patients who have sacrificed so much to get**
39. **to this country, the patients who may not speak**
40. **English as their first language or at all, and**
41. **the patients who catch multiple buses and walk**
42. **several miles to receive care. It is not just**
43. **about delivering quality care, but ensuring**
44. **access to equitable care.**
45. **Thank you for allowing me to speak**
46. **today on behalf of these communities in support**
47. **of this important and exciting proposed**
48. **collaboration.**
49. **HEARING OFFICER RENAUD: Thank you.**

19 May we have the next speaker, please.

1. **OPERATOR: Thank you. Our next**
2. **comment comes Rahsaan Hall with Urban League of**
3. **Eastern Massachusetts. Thank you.**
4. **MR. HALL: Hello, my name is Rahsaan**
5. **Hall and I'm the President and CEO of the Urban**
6. **League of Eastern Massachusetts, and we express**
7. **our support for the Dana Farber Cancer**
8. **Institute's proposed cancer hospital and their**
9. **new clinical collaboration with Beth Israel**
10. **Deaconess Medical Center.**
11. **The Urban League envisions a future**
12. **where life outcomes are untethered from race,**
13. **socio economic status or geography. And through**
14. **our programs and services, we equip communities**
15. **with the tools and resources needed to chart**
16. **their own course and alter the trajectory of**
17. **their lives.**
18. **We strive for equitable financial well**
19. **being within communities of color leveraging our**
20. **economic development programming to inform**
21. **advocacy efforts and drive systemic change.**
22. **Unfortunately, health disparities**
23. **disrupt our ability to consistently help**
24. **communities of color alter the trajectory of**
25. **their lives. Cancer disproportionately impacts**
26. **the black community with the death rate of black**
27. **men and women being 210 per 100,000 deaths and**
28. **146 per 100,000 deaths, respectively, compared to**
29. **178 and 130 per 100,000 deaths for white men and**
30. **women.**

2

With cancer being the second leading

1. **cause of death in America, it is evermore**
2. **important that we invest in the infrastructure to**
3. **ensure that we have the best care available for**
4. **all of our residents.**
5. **We must make intentional investments in**
6. **addressing those disparities to ensure that the**
7. **color of a person's skin does not influence the**
8. **likelihood of surviving this deadly but beatable**
9. **disease.**
10. **Among the social determinants of health**
11. **that impact health outcomes are a person's**
12. **financial condition, their income, the employment**
13. **opportunities they have, and their ability to**
14. **accumulate wealth. The presence of a modern**
15. **hospital focused on cancer can attract top tier**
16. **health care professionals to our community,**
17. **fostering a dynamic healthcare ecosystem and**
18. **stimulating economic growth.**
19. **In addition to its direct benefits to**
20. **residents health and well-being, the construction**
21. **of a new hospital will also have a positive**
22. **ripple effect on our community. It will create**
23. **job opportunities, stimulate local businesses,**
24. **and contribute to the overall prosperity and**
25. **vitality of our area.**
26. **The work of Urban League of Eastern**
27. **Massachusetts is to ensure that quality**
28. **employment opportunities do not bypass**
29. **communities of color. We work to train and equip**
30. **a workforce that will benefit from the employment**
31. **opportunities that will inevitably come online**
32. **through the construction of the project, as well**
33. **as within the hospital once completed.**
34. **We also look to increase diversity**
35. **through the entrepreneurs we work with. We look**
36. **forward to working collaboratively with Dana**
37. **Farber and Beth Israel Deaconess Medical Center,**
38. **who share a deep commitment to fostering a**
39. **culture of diversity, equity, and inclusion and**
40. **dismantling barriers to care.**
41. **We urge you to support the approval of**
42. **this proposal. Thank you.**
43. **HEARING OFFICER RENAUD: Thank you.**

22 May we have the next speaker, please.

1. **OPERATOR: Yes, thank you. Our next**
2. **comment comes from Elizabeth Brown with Charles**
3. **River Community Health. Your line is open.**
4. **MS. BROWN: Good evening. My name is**
5. **Elizabeth Brown. I'm the CEO at Charles River**
6. **Community Health, and I am speaking to express my**
7. **support of Dana Farber Cancer Institute's**
8. **proposed cancer hospital and their new clinical**
9. **collaboration with Beth Israel Deaconess Medical**
10. **Center.**
11. **Charles River is a nonprofit federally**
12. **qualified health center in Allston, Brighton and**
13. **Waltham, providing care to patients in need for**
14. **over 50 years. Our mission is to partner with**
15. **individuals and families so they can thrive and**
16. **lead healthier lives by delivering the**
17. **comprehensive integrated and equitable primary**
18. **healthcare that matters most to them.**
19. **Last year, Charles River served a**
20. **little over 13,500 patients. The families we**
21. **serve are some of the most vulnerable in our**
22. **community, with 93 percent of our patients living**
23. **at or below 200 percent of the federal poverty**
24. **level, 31 percent are uninsured, 81 percent**
25. **identify being from communities of color, and 76**
26. **percent needing services in a language other than**
27. **English, one of the highest rates for community**
28. **health centers in the Commonwealth.**
29. **We provide care to patients of all**
30. **backgrounds regardless of insurance or**
31. **immigration status or ability to pay. Charles**
32. **River has been a clinical partner of both Dana**
33. **Farber and Beth Israel Deaconess Medical Center**
34. **for over 20 years, frankly, in large part due to**
35. **their demonstrated commitment to mission and**
36. **providing care to all patients.**
37. **As has been mentioned, Dana Farber is**
38. **one of the world's leading providers of cancer**
39. **care and is committed to expanding access to**
40. **cancer care in our communities, and closing**
41. **health equity gaps in cancer treatments.**
42. **In collaboration with Beth Israel**
43. **Deaconess Medical Center, Dana Farber proposes to**
44. **offer the entire continuum of cancer care in one**
45. **300 bed freestanding hospital that will help meet**
46. **the treatment needs associated with the rapidly**
47. **rising rates of cancer in Massachusetts, which**
48. **this year are projected to be 28 percent higher**
49. **than 2020.**
50. **At Charles River, unfortunately, we are**
    1. **seeing similar trends with a projected 31 percent**
    2. **increase in breast cancer diagnoses in 2024 over**
    3. **last year.**
    4. **The presence of a modern hospital can**
    5. **attract top tier healthcare professionals to our**
    6. **community, fostering a dynamic healthcare**
    7. **ecosystem and stimulating economic growth. It**
    8. **can also serve as a hub for medical research and**
    9. **innovation, positioning our community as a leader**
    10. **in healthcare excellence.**
    11. **Further, both Dana Farber and BIDMC**
    12. **share a deep commitment to fostering a culture of**
    13. **diversity, equity and inclusion and dismantling**
    14. **barriers to care. These commitments also align**
    15. **well with the mission of Charles River.**
    16. **The establishment of a designated**
    17. **cancer hospital would also address several**
    18. **critical needs of our community, including**
    19. **specialized expertise, comprehensive treatment**
    20. **modalities, advanced technology and facilities,**
    21. **supportive services, and research and innovation.**
    22. **We know that we need more inpatient**
    23. **beds because of the many stories from people who**
    24. **have had to wait in emergency room because no**
51. **inpatient bed was available, a situation that can**
52. **be alleviated by this proposed new hospital.**
53. **All cancer patients deserve to be**
54. **treated by providers whose singular focus is**
55. **cancer. I ask that you please support Dana**
56. **Farber's proposed new inpatient cancer hospital**
57. **and assure that the best care in the world will**
58. **be available in our region. Thank you.**
59. **HEARING OFFICER RENAUD: Thank you.**

10 May we have the next speaker, please.

1. **OPERATOR: Thank you. Our next**
2. **comment comes from Karen Howley LaCamera, a**
3. **resident of Sudbury, Massachusetts. Thank you.**
4. **Your line is open.**
5. **MS. LACAMERA: Good evening. My name**
6. **is Karen Howley LaCamera and I'm a resident of**
7. **Sudbury, Massachusetts. I'm here to state my**
8. **support of the Dana Farber Cancer Institute's**
9. **proposed cancer hospital and their new clinical**
10. **collaboration with Beth Israel Deaconess Medical**
11. **Center.**
12. **As a patient of Dana Farber, I have**
13. **experienced firsthand one of the world's most**
14. **respected institutes that is devoted exclusively**
15. **to cancer balancing both innovative research and**
16. **extraordinary patient care. I'm here today**
17. **because of their deep understanding of my cancer,**
18. **personalized approach, compassionate care, and**
19. **more specifically, a pioneering trial, a result**
20. **of the cutting edge research.**
21. **After many rounds of traditional**
22. **chemotherapy that ran effective in treating my**
23. **stage three ovarian cancer, my care team enrolled**
24. **me in a groundbreaking clinical trial that was**
25. **ultimately successful, and the reason why I'm**
26. **here today.**
27. **With this new hospital, even more**
28. **cancer patients will have access to leading edge**
29. **cancer center, whose discoveries and innovations**
30. **and approaches to care will make living with**
31. **cancer less of a burden and living without cancer**
32. **a greater possibility.**
33. **Cancer incidence is on the rise for**
34. **many common cancers and in the coming year, we're**
35. **expecting to hit a bleak milestone. The first**
36. **time new cases of cancer in the United States are**
37. **expected to cross the 2 million mark. That is**
38. **almost 5,500 cancer diagnosis a day.**
    1. **Given the increasing and alarm rate of**
    2. **cancer occurrence, a new standalone cancer**
    3. **hospital in our region is essential to meet the**
    4. **growing needs for more inpatient beds dedicated**
    5. **to cancer patients.**
    6. **Our state needs to ensure all cancer**
    7. **patients may be treated by doctors and nurses**
    8. **whose singular focus is cancer. Given the deep**
    9. **commitment to fostering a culture of diversity,**
    10. **equity, and inclusion that both Dana Farber and**
    11. **Beth Israel Deaconess Medical Center share. This**
    12. **new inpatient hospital will serve our region and**
    13. **continue to transform cancer treatment all over**
    14. **the world.**
    15. **Thank you so much for your**
    16. **consideration, and for the chance to expand**
    17. **access to patient centered care in this exciting**
    18. **new proposal.**
    19. **HEARING OFFICER RENAUD: Thank you.**

20 May we have the next speaker, please.

1. **OPERATOR: Yes, thank you. Our next**
2. **comment comes from Patrick Mulkerrin with Quincy**
3. **South Shore Trades Union. Your line is open.**
4. **MR. MULKERRIN: Good evening. My name**
   1. **is Pat Mulkerrin. I'm a business agent with**
   2. **Plumbers Union Local 12, and I'm also the**
   3. **President of the Quincy and South Shore Building**
   4. **Trades Council. I'm a resident of Braintree,**
   5. **Massachusetts. I'm here to express my support of**
   6. **Dana Farber Cancer Institute's proposed cancer**
   7. **hospital and the new clinical collaboration with**
   8. **Beth Israel Deaconess Medical Center.**
   9. **A new standalone cancer inpatient**
   10. **hospital would improve the patient experience,**
   11. **expand access, and could provide more cost**
   12. **effective care, ensuring better care for our**
   13. **community now and for generations to come.**
   14. **Dana Farber is an unbelievable partner**
   15. **of Massachusetts and I fully support and I urge**
   16. **your support with Dana Farber's proposed new**
   17. **hospital. Thank you.**
   18. **HEARING OFFICER RENAUD: Thank you.**

19 May we have the next speaker, please.

1. **OPERATOR: Yes, thank you. Our next**
2. **comment comes from Jenny Dahlstein, who is a**
3. **member of the Patient and Family Advocate. Your**
4. **line is open.**
5. **MS. DAHLSTEIN: Thank you. My name is**
   1. **Jenny Dahlstein. I'm a resident of Jamaica Plain**
   2. **in Boston and a patient at Dana Farber. Thank**
   3. **you for the opportunity to speak tonight in**
   4. **support of Dana Farber's new cancer hospital, as**
   5. **a member of the Patient and Family Advocate Ten**
   6. **Taxpayer Group.**
   7. **I'm also a member of Dana Farber's**
   8. **Patient and Family Advisory Council, or PFAC,**
   9. **which works closely on a volunteer basis with the**
   10. **Dana Farber staff to support a large variety of**
   11. **institute initiatives that focus on improving**
   12. **patient care and the patient experience.**
   13. **I know from this work and also from my**
   14. **personal experience as a Dana Farber patient, how**
   15. **critical it is for patients to feel that they are**
   16. **receiving focused, coordinated, and effective**
   17. **cancer care at both outpatient appointments and**
   18. **the inpatient care, which this proposed new**
   19. **standalone inpatient cancer hospital would offer,**
   20. **with seamless transitions from outpatient to**
   21. **inpatient and back.**
   22. **While my active treatment is over, and**
   23. **hopefully I'll never need the services of the new**
   24. **cancer hospital, this proposed cancer hospital is**
6. **important for patients who come after me and for**
7. **the future of cancer care. Dana Farber is**
8. **thinking about the future of cancer care, and**
9. **this proposed facility will help residents of**
10. **Boston and all over our region continue to get**
11. **world class cancer care, and the facility that is**
12. **well designed to deliver it.**
13. **Please support Dana Farber's efforts in**
14. **creating a facility to bring these world class**
15. **services to Boston. Thank you.**
16. **HEARING OFFICER RENAUD: Thank you.**
17. **Do we have anyone in the queue?**
18. **OPERATOR: I'm showing no commenters**
19. **in the queue.**
20. **HEARING OFFICER RENAUD: No one has**
21. **joined the queue in over 30 minutes. So what I**
22. **will do is I will keep the line open for a few**
23. **more minutes, and if no one joins, I'll come back**
24. **on and end the public hearing.**
25. **(Brief Pause)**
26. **HEARING OFFICER RENAUD: I would now**
27. **like to invite Frank Moran to speak. Frank, the**
28. **line is open and you now can speak.**
29. **MR. MORAN: Thank you. Good evening,**
    1. **Commissioners, and thank you for having me here**
    2. **tonight. My name is State Representative Frank**
    3. **Moran and I represent the City of Lawrence and**
    4. **Andover. I am also a current patient of Dana**
    5. **Farber.**
    6. **I was diagnosed with throat cancer in**
    7. **2020. And I can tell you, the people of Dana**
    8. **Farber saved my life. I always had great respect**
    9. **for the work Dana Farber does, and even more so**
    10. **now that I'm a patient.**
    11. **I'm here tonight to express my support**
    12. **for Dana Farber's proposed adult inpatient**
    13. **hospital that will expand access and equity,**
    14. **reduce costs, and save lives, just like they did**
    15. **with me.**
    16. **Unfortunately, I'm not alone in my**
    17. **fight against this disease. Cancer rates are**
    18. **rising nationally, and right here in**
    19. **Massachusetts as well. At the same time, there**
    20. **is a dire need for more inpatient cancer beds.**
    21. **Dana Farber proposed hospital will help meet**
    22. **these pressing needs and ensure the best health**
    23. **outcomes for its cancer patients.**
    24. **At a time when healthcare costs are**
        1. **soaring, it has shown that this hospital has the**
        2. **potential to provide more cost effective**
        3. **treatment. The new hospital will also advance**
        4. **access to cancer care and health close health**
        5. **equity gaps in the communities that need it most,**
        6. **including to underserved neighborhoods and**
        7. **community healthcare that are already aligned**
        8. **with Dana Farber and BIDMC.**
        9. **One of those is Holy Family Hospital in**
        10. **Methuen, here in my district where I received**
        11. **some of my care. I know how critical this model**
        12. **can be where patients were able to receive some**
        13. **of the care at their local community hospital.**
        14. **Making care more accessible, culturally competent**
        15. **and personalized.**
        16. **This hospital, Dana Farber's work to**
        17. **remove barriers to treatment and ensure that all**
        18. **patients have access to high quality cancer care.**
        19. **Now I know from experience that at Dana Farber,**
        20. **patients are the heart of everything they do.**
        21. **Trust me, I was one of them. And I'm still one**
        22. **of them.**
        23. **Through this vision for the future,**
        24. **Dana Farber will be able to provide better care**
30. **and better outcomes for patients and do it at a**
31. **lower cost. We know that a dedicated cancer**
32. **hospital save more lives, just like mine.**
33. **This proposed cancer hospital will**
34. **ensure Dana Farber is equipped to provide every**
35. **patient with world class care in an environment**
36. **that supports the best health outcomes.**
37. **And most importantly, it will offer**
38. **more for what every single cancer patient and**
39. **their family are looking for, which is hope.**
40. **Thank you for this opportunity to speak. And I'm**
41. **grateful for all that Dana Farber does every day,**
42. **especially what they did with me and my family.**
43. **Thank you.**
44. **HEARING OFFICER RENAUD: Thank you.**

16 May we have the next speaker, please.

1. **OPERATOR: Yes, thank you. Our next**
2. **comment comes from Desalia Gomes with Boston**
3. **Trade Union. Your line is open.**
4. **HEARING OFFICER RENAUD: Desalia, the**
5. **line is yours.**
6. **MS. GOMES: Hello?**
7. **HEARING OFFICER RENAUD: Yes, we can**
8. **hear you.**
   1. **MS. GOMES: Awesome. My name is**
   2. **Desalia Gomes. I live in Dorchester,**
   3. **Massachusetts. And I'm here to express at the**
   4. **Dana Farber Cancer Institute's proposed cancer**
   5. **and their new clinical patients with Beth Israel**
   6. **Deaconess Medical Center.**
   7. **This project is near and dear to me**
   8. **because in January of this year, my baby's**
   9. **godfather was diagnosed with stage four**
   10. **(indiscernible), which is a rare form of cancer,**
   11. **which has 50 percent relapse rate.**
   12. **Learning that once the project was**
   13. **announced, Dana Farber immediately reached out,**
   14. **organized the labor and negotiated a labor**
   15. **agreement, both (indiscernible).**
   16. **My godmother is working with remarkable**
   17. **and experienced doctors, nurse practitioners, and**
   18. **the level of care is unmatched. I'm grateful to**
   19. **be in such a resource city like Boston.**
   20. **But with this new standalone cancer**
   21. **inpatient hospital would improve the care and**
   22. **expand access. And I'm hoping that once --**
   23. **hopefully this is something that comes into**
   24. **fruition because we're hopeful for a very long**
9. **and fruitful life ahead of him and he's going to**
10. **need this resource. Thank you.**
11. **HEARING OFFICER RENAUD: Thank you.**
12. **I've noticed that there are no additional**
13. **speakers in the queue. So I will give it a few**
14. **more minutes and if no one joins, I will come**
15. **back on and end the hearing. Thank you.**
16. **(Brief Pause)**
17. **HEARING OFFICER RENAUD: With no**
18. **additional speakers in the queue, this will bring**
19. **the public hearing to a close. I want to remind**
20. **everyone that written comments will be accepted**
21. **through Monday, April 29, 2024. Thank you for**
22. **participating in the public hearing and have a**
23. **good evening.**
24. **OPERATOR: Thank you for your**
25. **participation, participants. You may disconnect**
26. **at this time. 19**
27. **(Whereupon, the Public Hearing**
28. **concluded at 7:35 p.m.)**

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* 1. **C E R T I F I C A T E**
  2. **COMMONWEALTH OF MASSACHUSETTS**
  3. **COUNTY OF PLYMOUTH, SS**
  4. **I, Susan Baxter, a Professional Court Reporter**
  5. **and Notary Public in and for the Commonwealth of**
  6. **Massachusetts, do hereby certify that the foregoing**
  7. **transcript, taken by conference call on April 17,**
  8. **2024, is a true and accurate transcription of said**
  9. **hearing.**

10<%28196,Signature%>

11



1. **Susan Baxter, Notary Public**
2. **My Commission Expires:**

14 February 21, 2025

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| **13,500** [74:18](#_bookmark73) | | **500,000** [61:21](#_bookmark60) | | **90** | [69:8](#_bookmark68) |
| **130** [71:24](#_bookmark70) | | **51** [2:21](#_bookmark1) | | **93** | [74:20](#_bookmark73) |
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