

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF PUBLIC HEALTH

PUBLIC HEARING VIA CONFERENCE CALL

RE: DETERMINATION OF NEED by
DANA-FARBER CANCER INSTITUTE, INC.

HEARING OFFICER: DENNIS RENAUD

(All Participants Appeared by Conference Call)

6:00 p.m.

Wednesday, April 17, 2024

Susan Baxter, Court Reporter

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P R O C E E D I N G S

HEARING OFFICER RENAUD: Good evening.

My name is Dennis Renaud. I represent the Massachusetts Department of Public Health, and I am the Director of our Determination of Need Program.

For clarification, you will hear me refer to the Determination of Need Program as the DoN Program, and the Department of Public Health as the DPH. Joining me today from the Department are my colleagues, Fabiola Catulle and Lucy Clarke.

On behalf of the Department's Commissioner, Dr. Robert Goldstein, and our Bureau Director, Elizabeth Kelly, I want to thank you for taking the time this evening to participate in this hearing.

The department is holding this hearing virtually by conference call in order to promote public access. This hearing has been called pursuant to an application submitted by Dana Farber Cancer Institute, Incorporated. Upon receipt of the application, DoN staff reviewed

1 the application, and after finding it to be in
2 compliance with the DoN statute and regulation
3 for filing, assigned it a filing date of January
4 8, 2024.

5 The enabling statute for the DoN
6 program requires that any person or government
7 agency intending to make a substantial capital
8 expenditure and substantial change in service, as
9 defined in the DoN regulation, must apply for DoN
10 approval before engaging in such a project.

11 I will now provide a DoN description of
12 this project. The proposed project includes
13 acquisition of site by lease and construction and
14 equipment of approximately 688,100 square foot
15 inpatient hospital facility to be located at One
16 Joslin Place, Boston, Massachusetts.

17 The proposed project includes imaging
18 and radiation oncology capabilities, an increase
19 from 30 to 300 inpatient beds with 20 observation
20 beds, the addition of two MRI machines, two CT
21 machines, one PET CT, two CT simulator machines,
22 and three linear accelerators.

23 The proposed project also includes the
24 addition of a tunnel under a bridge over

1 Brookline Avenue, connecting to the applicant's
2 building located at 440 Brookline Avenue. The
3 maximum capital expenditure for the proposed
4 project is estimated to be \$1,675,700,000.

5 In accordance with the statute and
6 regulations governing the DoN process, the DoN
7 program is analyzing Dana Farber Cancer
8 Institute's Incorporated application for
9 compliance with a set of standards and criteria,
10 including, but not limited to, a justification of
11 the need for the project, its planning process,
12 financial feasibility, environmental impact, and
13 the reasonableness of its costs and expenditures.
14 These are the criteria which the DoN program will
15 apply in its analysis of this application.

16 This public hearing is an effort to
17 gather information and to hear the opinions of
18 interested parties about the proposed project.
19 It is not intended to be a question and answer
20 session. No questions will be permitted. The
21 DoN program will take all relevant information
22 into account in preparing its recommendation to
23 the Massachusetts Public Health Council, whose
24 decision on whether to approve the DoN for the

1 proposed project will be made at one of its
2 upcoming monthly public meetings.

3 We will accept written comments on this
4 application for 10 days following this hearing.
5 As this is a virtual hearing, the logistics are
6 different from in person hearings. I will review
7 our process for this evening. If we encounter
8 difficulties, we will work to resolve any
9 problems we experience.

10 Our plan for today is as follows. We
11 are using a modified conference call line, so a
12 moderator will manage the queue for speaking.
13 This meeting is being recorded and transcribed.
14 Press Star 1 if you would like to testify. This
15 will put you in the queue.

16 You will not be told where you are in
17 the queue, nor will you get much notice as to
18 where you are about to testify. When it is your
19 turn to testify, you are now the speaker and will
20 experience a short silence and then will be the
21 speaker. If you have muted your phone, you may
22 need to unmute.

23 Please begin by stating your name,
24 affiliation, or town of residence. Please speak

1 clearly so that our transcriber can record
2 everything accurately. Because we expect many
3 speakers, we will limit everyone to three
4 minutes. I will be timing people, and when your
5 30 seconds are left, you will hear a chime. When
6 your three minutes is through, I will say time's
7 up, and the moderator will mute you and give the
8 floor to the next speaker. We may experience a
9 slight pause between speakers.

10 If testimony is lengthy, we suggest you
11 present a three minute summary of those remarks
12 and submit a full text of your comments in
13 writing. If you have a written copy of your
14 remarks, regardless of when, please feel free to
15 submit it to the department by Monday, April 29th
16 by email or via postal service. Email is
17 DPH.don@state.ma.us, or mail to Determination of
18 Need, Massachusetts Department of Public Health,
19 67 Forest Street, Marlborough, Massachusetts
20 01752.

21 Be assured that the department will
22 consider all comments, whether presented orally
23 or in writing. Whether you comment or not,
24 please know that the department greatly values

1 and appreciates your participation in the DoN
2 process.

3 Before we open the lines to the general
4 public, the applicant will go first and will be
5 allotted four minutes to present information
6 about the proposed project. Following his
7 presentation, we will provide an opportunity for
8 elected officials from the community to comment
9 and then begin calling on those individuals who
10 request to speak this evening.

11 I will now ask Dr. Laurie Glimcher,
12 Dana Farber's President and Chief Executive
13 Officer, to make a brief statement on the
14 proposed project. Dr. Glimcher, the line is
15 yours.

16 DR. GLIMCHER: Thank you. I'm
17 Dr. Laurie Glimcher and President and CEO of Dana
18 Farber Cancer Institute. I'm excited to be with
19 you this evening to talk about Dana Farber's
20 proposal to build a state of the art 300 bed
21 hospital at One Joslin Place next to our future
22 clinical collaborators, Beth Israel Deaconess
23 Medical Center.

24 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

1 research to defy cancer worldwide, and advancing
2 health equity here at home.

3 Gaps in equity, particularly in
4 oncology, are real and trouble. Erasing
5 disparities and expanding access to care is an
6 obligation that we take seriously and we can and
7 we must do more. Dana Farber has innovative
8 partnerships with community health care
9 organizations working closely with them to ensure
10 that historically underserved communities can
11 access high quality care, education, early
12 detection, screening programs, and clinical
13 trials.

14 This new collaboration with BIDMC
15 creates opportunities to expand these programs
16 and reach additional underserved communities.
17 This hospital will lead to better access and
18 health outcomes in a way that lowers costs.

19 The future cancer hospital and our
20 clinical collaboration mean that our patients can
21 receive world class care without costly
22 duplication of care and services.

23 Today, BIDMC provides high quality care
24 at 23 percent lower cost than other large

1 hospitals in Boston. Dana Farber acuity adjusted
2 average commercial prices for inpatient care are
3 substantially below other providers.

4 This collaboration with BIDMC will
5 maintain or reduce healthcare costs as patients
6 seeking cancer care shift from Brigham and
7 Women's Hospital, a higher cost provider, to Dana
8 Farber and Beth Israel Deaconess, a lower cost
9 provider.

10 This collaboration will also keep
11 people out of the hospital wherever possible,
12 starting the screening in the community and
13 partnering with hospitals across the state so
14 people can get affordable and convenient care.

15 At Dana Farber, our patients are the
16 heart of all that we do, and they turn to us
17 because they want the best hands and the best
18 possible care when they need it most. Their
19 trust in us is sacrosanct.

20 A dedicated inpatient hospital is
21 absolutely vital to providing the environment
22 that our patients need and deserve and I urge
23 support for our project.

24 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

1 Farber's care, and if it weren't for God's grace,
2 I would not be here today. Therefore, I'm proud
3 to be here today to support this proposal, an
4 adult inpatient hospital.

5 This standalone hospital will help Dana
6 Farber enhance patient care, expand access,
7 advance equity, all with the potential to reduce
8 healthcare costs in the Commonwealth. It's truly
9 a win-win for the Commonwealth and for patients,
10 but especially for patients, and I want to
11 underscore patients.

12 Data clearly shows that dedicated
13 cancer hospitals save more lives from cancer. At
14 Dana Farber's proposed cancer hospital, patients
15 will be surrounded by professionals whose sole
16 focus is cancer. Helping to notice symptoms
17 sooner and improve health care outcomes.

18 I know this personally, because I can
19 tell you right now, I have, and I'm happy to
20 share this with you publicly, I have chemo every
21 other week. And there are weeks when chemo is
22 fine. There are other weeks when chemo provides
23 complications. And when those side effects
24 occur, and I'm required to go into the emergency

1 room, I oftentimes feel like a square that's
2 unable to fit into a circle. And what I mean by
3 that specifically, is there are times where I
4 know my immunity is lower because of the chemo
5 and because of the cancer, and yet I'm putting to
6 a waiting population that the general population
7 that may have issues that I'm going to be more
8 susceptible to such as respiratory illnesses.

9 And although Brigham and Women's does a
10 great job of trying to put me in a corridor or to
11 be someplace where I might not be as exposed to
12 other folks that are in the ER, oftentimes, I
13 find myself learning more about what I'm being
14 exposed to because I'm still in the general
15 population, than having a streamlined process to
16 a Dana Farber professional that's familiar with
17 my face, familiar with my care, and moving
18 forward.

19 I can tell you other instances about
20 how I've gone to the ER, and for times, it
21 literally was every other week after the chemo
22 would be on Friday and Saturday like clockwork,
23 I'd be presenting to the ER. Where I feel lost
24 in the process of admission to Brigham and

1 Women's and discharged from Brigham and Women's,
2 readmitted to Brigham and Women's through Dana
3 Farber. And then literally would find myself in
4 a corridor with an escort who wasn't sure where I
5 was because I wasn't showing up right in the
6 computer.

7 I've also had the experience of being
8 told that I was being admitted for a high fever,
9 given fluids, and then forced to call all my
10 friends and relatives at 3:00 a.m. in the morning
11 because the bed that was reserved for me in the
12 ER until a bed could open up for Dana Farber was
13 needed for somebody with a more immediate needs.

14 So imagine trying to call under those
15 circumstances to find somebody who's up at 3:00
16 and answering their phone to come and pick you
17 up.

18 And so I say this with total respect, I
19 don't want to sound like I'm putting Brigham and
20 Women's down. I say this with total respect for
21 them, because I think that there are specialties
22 that they are very good at that occur in their
23 emergency room and I wouldn't want to be anyplace
24 else, if there were those emergencies outside of

1 cancer that I would be treated for.

2 But the idea and the process of having
3 a standalone emergency room that's associated
4 with a cancer hospital that has those beds, that
5 would streamline the process so that I can get to
6 my cancer team, so that I could be treated more
7 effectively knowing that they were a side effect
8 that were arising from my chemo, and being
9 segregated from the general population, is
10 extraordinarily exciting to me.

11 So again, I fully support this hospital
12 as a legislator and also as a patient, and please
13 underscore patient at least three times. I will
14 be submitting written testimony on this fact.
15 And I hope that you'll take a look at the cancer
16 as a testimony that I submit to you both as a
17 legislator and a cancer patient. Thank you so
18 much.

19 HEARING OFFICER RENAUD: Thank you.
20 Our next speaker will be Representative Chynah
21 Tyler from the Seventh Suffolk.

22 MS. TYLER: Good evening. It's Tyler,
23 just for the record. So good evening,
24 Commissioners and thank you so much for having me

1 here tonight.

2 Again, I'm Representative Chynah Tyler,
3 and I represent the Seventh Suffolk District,
4 which includes Dana Farber and its proposed
5 inpatient cancer hospital. I'm here to express
6 my support for the new project that will
7 encompass the future of cancer care here in
8 Massachusetts.

9 Cancer impacts all of us in some way,
10 as you just heard from Representative Ferrante,
11 my colleague in government, whether it's a
12 personal fight or with the disease of a loved
13 one, it affects us all across the board.

14 And everyone's faced with this
15 devastating disease, regardless of where they're
16 from or their backgrounds deserve the best
17 possible care. Unfortunately, though, healthcare
18 disparities exist in cancer care, just as they do
19 in healthcare overall.

20 Patients from underserved and
21 marginalized communities face barriers and cancer
22 services, leading to deep health disparities.
23 One of the main reasons I'm here to support Dana
24 Farber's new proposed hospital is that it's an

1 opportunity for us to advance in equity and
2 cancer research, care, and outcomes. And that
3 makes me very proud to be able to say as someone
4 who serves on the health equity task force here
5 and the legislature.

6 It will also allow Dana Farber to
7 expand on existing partnerships that promote
8 health equity, as well as design programs to
9 remove barriers to treatment and ensure that all
10 patients have access to high quality care. And
11 with 2400 new jobs created at all levels, this
12 proposed hospital will also help Dana Farber to
13 expand its workforce opportunities for people in
14 Boston and beyond.

15 Dana Farber already collaborates with
16 community college to equip young people and
17 adults with the necessary skills to successfully
18 pursue an education or career advancement in
19 healthcare.

20 They also work with Boston Public
21 Schools, a couple of schools in my district, in
22 fact. The John D. O'Bryant High School, the
23 Fenway School, the Madison Park Vocational
24 Technical School, to provide summer intern

1 experience for the students there from all
2 diverse backgrounds who are placed in different
3 departments across Dana Farber to learn about
4 careers in healthcare. And I can tell you, these
5 students really appreciate and enjoy the
6 opportunity. If it weren't for opportunities
7 like this, they probably wouldn't have that
8 access.

9 And importantly, this proposed cancer
10 hospital will ensure that patients are treated by
11 healthcare professionals whose singular focus is
12 cancer. Medical studies show that standalone
13 cancer hospitals in other states have been proven
14 to lead better health outcomes.

15 In fact, we in Boston, a major
16 epicenter for healthcare, as you all know, do not
17 yet have a dedicated cancer hospital, and that's
18 very surprising and actually needs to change.
19 The people of Boston, and all of this region,
20 need and deserve a dedicated cancer hospital, one
21 that will help advance health equity and save
22 more lives. And we can't wait any longer to make
23 this a reality. Thank you so much, and I
24 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

1 an affiliation that dates back to 1995. This
2 means that our medical oncologists currently
3 admit patients to the Brigham that they
4 personally care for as outpatients.

5 On average, Dana Farber medical
6 oncology service has between 210 and 220 patients
7 every day, which is seven times more than our
8 current licensed beds.

9 In our new clinical affiliation with
10 the Beth Israel Deaconess Medical Center, we will
11 provide medical oncology for all Dana Farber and
12 BI Deaconess Medical Center patients.

13 Today, BI Deaconess Medical Center
14 provides medical oncology services to about 100
15 licensed beds, adding our current patient panel
16 to that of BI Deaconess Medical Center clearly
17 illustrates the need for this new inpatient
18 facility.

19 Looking forward, a recent report from
20 the Federal Centers for Disease Control and
21 Prevention noted that the number of cancer
22 diagnoses will grow by 49 percent by 2050.
23 Cancer incidence among patients over age 75 is
24 expected to increase even more than any other age

1 group. And older patients are more likely to
2 experience side effects and complications from
3 treatments that require an inpatient admission.

4 We also know that the incidence of
5 cancer is increasing, particularly in younger
6 people. Cancer diagnosed in young adults are
7 more likely to be aggressive and are diagnosed at
8 advanced stage, which makes it more likely that
9 these patients will require inpatient
10 hospitalizations during their care.

11 Our proposed 300 bed hospital will help
12 our region keep pace with the alarming growth of
13 cancer incidence rates.

14 In addition to the increase in cancer
15 cases, cancer treatment has evolved and is now
16 more sophisticated than even 10 years ago. New
17 cancer treatments, including many designed to
18 target the most aggressive forms of cancer, such
19 as CAR T cell therapy, requiring inpatient care,
20 which is another factor in the need for
21 additional inpatient beds.

22 We recognize that a freestanding cancer
23 hospital requires close integration and the
24 expertise of a comprehensive academic medical

1 center. Our close physical proximity to, and new
2 clinical with BI Deaconess Medical Center, means
3 that patients will continue to benefit from the
4 expertise of some of the world's best non-
5 oncology medical and surgical clinicians
6 available.

7 As we do today, Dana Farber physicians
8 will be able to seamlessly coordinate
9 sophisticated multidisciplinary care delivered by
10 a number of different cancer and non-cancer
11 specialists.

12 Patients in Massachusetts deserve the
13 benefits of a specialized inpatient cancer care
14 that is delivered in dedicated cancer hospitals
15 in other parts of the country. For these
16 reasons, I urge support of this new adult
17 inpatient cancer hospital. Thank you very much.

18 HEARING OFFICER RENAUD: Thank you.
19 May we have the next speaker, please.

20 OPERATOR: Our next comment comes from
21 Doug Fox. He's a citizen from Needham, Mass.
22 Your line is open.

23 MR. FOX: Hi. Thank you very much for
24 listening to me tonight. My name is Doug Fox.

1 As was said, I'm a resident of Needham, Mass. I
2 am also known locally as the Pink Barbarian. I'm
3 here to speak in support of the Dana Farber
4 Inpatient Center. And that's because
5 specialization really matters.

6 My wife and I are both cancer
7 survivors. We both received our life saving care
8 from Dana Farber, and we received very different
9 treatment than we would have received at our
10 other diagnosing hospitals in the Boston area,
11 both of which are world class Boston hospitals.
12 But because we went to Dana Farber and because
13 cancer is their focus, we received less than
14 invasive care. We were able to take part in
15 clinical trials that did not exist at the other
16 centers, some of which have become the standard
17 of care. And that same expertise for inpatient
18 would bring so much to cancer patients in the
19 Boston area.

20 Dana Farber already without this is
21 light years ahead of other centers in Boston, but
22 this ensures that we will stay ahead of other
23 cities as well. New York, which is very,
24 obviously, very prominent and competitive in the

1 Northeast. Memorial Sloan Kettering has a
2 dedicated inpatient center. We would like to see
3 this inpatient center, create the opportunity to
4 Boston to continue to be the cancer research and
5 treatment capital of the world. Thank you so
6 much for listening.

7 HEARING OFFICER RENAUD: Thank you.
8 May we have the next speaker, please.

9 OPERATOR: Yes, thank you. Our next
10 comment comes from Magnolia Contreras with Dana
11 Farber Cancer Institute. Your line is open.

12 MS. CONTRERAS: Thank you very much.
13 My name is Magnolia Contreras and I am President
14 of Lynn, Massachusetts. I am also the Vice
15 President of Community Health at Dana Farber,
16 have been there for 17 years, and I am also a
17 breast cancer survivor.

18 Dana Farber is one of the world's
19 leading cancer treatment and research centers.
20 In addition to providing expert clinical care, we
21 are committed to educating the community in
22 raising awareness about the importance of cancer
23 prevention, outreach screenings, early detection,
24 clinical trials, with the focus on communities of

1 color.

2 Our community work is grounded on
3 health equity and social justice principles. For
4 over 25 years, our community benefits programs
5 have worked to reduce disparities in cancer care
6 among marginalized populations in partnerships
7 with local community health centers, health
8 departments, and nonprofit organizations.

9 We serve as a bridge between the
10 evidence based and sustainable outreach programs
11 in the community organizations. We are
12 increasingly aware of the vital importance of
13 intervention dedicated to improving health
14 outcomes among historically marginalized
15 populations in our communities, and to those with
16 access barriers.

17 Our efforts to lessen this burden
18 include a range of public health programs to
19 reduce cancer incidence and mortality, support
20 community development, and ensure that every
21 patient who walks through our door receives
22 equitable and culturally appropriate care.

23 We support and collaborate on programs
24 designed to eliminate disparities in breast and

1 skin cancer, educate diverse populations about
2 tobacco cessation, human papillomavirus
3 prevention and screening, and strengthen the
4 support system for medically underserved
5 populations.

6 As part of our comprehensive needs
7 assessment reporting, we've learned that overall
8 burden of cancer across all types is significant
9 and more effort is needed to reduce the cancer
10 burden and disparities.

11 The development of a new cancer
12 hospital will be enabled us to double down on our
13 demonstrated commitment to cancer care into
14 addressing the social determinants of health that
15 contribute to the poor outcomes across our
16 priority neighborhoods and beyond.

17 Thank you for supporting our efforts to
18 reducing disparities and cancers that exists
19 today. I urge you to support the proposed
20 expansion. Thank you very much.

21 HEARING OFFICER RENAUD: Thank you.
22 As a reminder, if you wish to speak, please hit
23 Star 1. Operator, may we have our next speaker.

24 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

1 provide, and will continue to provide the ideal
2 services that they have done over these many
3 years.

4 So I wanted to register my support for
5 this proposal, and I hope that the Commission
6 will support it. Thank you very much.

7 HEARING OFFICER RENAUD: Thank you.
8 Operator, may we have the next speaker, please.

9 OPERATOR: Thank you. Our next
10 comment comes from Barry Nelson with Boston,
11 Mass. Your line is open.

12 MR. NELSON: Thank you. Hello,
13 everyone. Good evening. My name is Barry
14 Nelson. I live in Boston, Massachusetts. I'm a
15 lung cancer survivor since 2012. And my initial
16 diagnosis I was told that I had six months to
17 live.

18 I'm on a call for Dana Farber in their
19 efforts to establish a viable support system
20 (indiscernible audio) -- with a proposed 300
21 inpatient bed in Boston, Massachusetts.

22 When I was -- (Indiscernible audio).
23 During my time there, I don't believe
24 (Indiscernible audio). I discussed my concerns

1 with my primary care provider and thank God he
2 listened to me. As we discussed this over the
3 phone, he noticed in my medical records that I
4 need a second opinion. (Indiscernible audio).

5 HEARING OFFICER RENAUD: I'm sorry.
6 I'm sorry. I'm going to interrupt you just
7 because we value your testimony and we want you
8 to be heard. But your connection, something's
9 wrong with your connection and your comments are
10 not coming through. So I would just ask that in
11 order to hear your testimony appropriately, if
12 you could call back in, because right now we're
13 not able to get your testimony.

14 MR. NELSON: Okay, thank you.

15 HEARING OFFICER RENAUD: Operator, may
16 we have the next speaker, please.

17 OPERATOR: Yes. Our next comment
18 comes from Brian Doherty with Greater Boston
19 Building Trade Union. Your line is open.

20 MR. DOHERTY: Great, thank you. Can
21 you hear me?

22 HEARING OFFICER RENAUD: Yes.

23 MR. DOHERTY: Thanks so much. Thank
24 you, DPH Committee. Thank you for your vital

1 service to the Commonwealth. My name is Brian
2 Doherty. I'm a resident of Dorchester,
3 Massachusetts and I'm here on behalf of the
4 Greater Boston Building Trade Union with several
5 of our union siblings here tonight to speak in
6 support, whole support of the Dana Farber Cancer
7 Institute proposed cancer hospital and the new
8 clinical collaboration with Beth Israel Deaconess
9 Medical Center.

10 We would like to say thank you to the
11 whole Dana Farber team, the entire Beth Israel
12 Deaconess Medical Center team for their long
13 partnerships with the Greater Boston Building
14 Trade Union. And a special thanks to
15 Dr. Glimcher, with help getting us to this point.

16 We're here in full support for a new
17 standalone cancer inpatient hospital that will
18 serve a patient experience, expand access, and
19 provide more cost effective care, ensuring better
20 care for our entire community now and for
21 generations to come.

22 When this project came online, the Dana
23 Farber team and Beth Israel team immediately
24 reached out to organized labor to ask us if we'd

1 be willing to partner to build a new facility and
2 we enthusiastically said yes.

3 The reason it was important, and I want
4 to speak just for a second about what is the
5 Greater Boston Building Trade Union, I want to
6 share some information with you.

7 The reason we're here is simple. We
8 represent 35,000 working families in Greater
9 Boston and 75,000 working families statewide in
10 the construction industry. We invest 66 million
11 on an annual basis to make sure we are training
12 at the highest levels of construction safety and
13 construction training across the Commonwealth.

14 Through our collective bargaining
15 agreements, and the healthcare provided that we
16 provide to the unions and management partnership,
17 we invest \$1.2 billion dollars on an annual basis
18 to provide health care for entire families of
19 almost 250,000 people in Massachusetts, that we
20 consider (indiscernible).

21 We're excited to be working on the Dana
22 Farber Cancer Institute project. When it was
23 announced, we recognized immediately that would
24 give us an opportunity to provide the highest

1 medical coverage and medical care to our loved
2 ones should they ever need it in the Greater
3 Boston area and across the country. We know what
4 Dana Farber brings to this conversation, and
5 we're to join with all of our efforts to beat
6 cancer.

7 In addition to the work that we're
8 doing, we want to make sure that both
9 construction and every worker in it has the
10 opportunity to provide for their families,
11 provide healthcare to their families, a dignified
12 retirement. And we cannot do that without the
13 partners and institutions that we hold so dearly
14 to Greater Boston by the Dana Farber Institute
15 and BIDMC.

16 The reason we're here is simple. It's
17 to make sure that every person working to build
18 that project has a chance to support their family
19 and strengthen their community, because we know
20 the Dana Farber team is going to be doing exactly
21 that and solving all of our medical needs and
22 fighting to beat cancer on a daily basis.

23 The construction facility will provide
24 middle class opportunities to hundreds and

1 hundreds of our local neighbors, and give people
2 a chance to make it in our community. We want to
3 express our deep commitment to diversity, equity
4 and inclusion efforts that we can serve the union
5 way, that are also being pushed forward in the
6 priorities of both organizations of Dana Farber
7 has explicitly something that they want to push
8 forward along side the construction industry.

9 Just one extra note, in addition to
10 that, we're doing everything to provide childcare
11 services to break down any barrier if folks get
12 into this great industry, and to build the world
13 class institutions that we have in the region.

14 So just to sum this up, we know we need
15 more inpatient beds. We know we look to Dana
16 Farber and BIDMC when our loved ones or sick and
17 need help, and they have the highest level of
18 care in the entire world and we're so proud to be
19 partners with them here in Boston. That's why
20 we're here tonight in full support. You'll here
21 from some of our other folks. Just because I
22 want to follow directions here, my name is Brian
23 Doherty. I live in Dorchester, Massachusetts. I
24 work with the Building Trades Union and we're

1 here in full support. Thanks so much for the
2 opportunity to offer testimony tonight. And
3 thank you for your consideration in supporting
4 this matter. Thank you.

5 HEARING OFFICER RENAUD: May we have
6 the next speaker, please.

7 OPERATOR: Yes, thank you. Our next
8 comment comes from Michael Burns, a resident of
9 Boston, Massachusetts. Your line is open.

10 MR. BURNS: Good evening, Director
11 Renaud, members of the Department of Public
12 Health. Again, my name is Michael Burns. I'm a
13 resident of Boston. I'm also a representative of
14 the Boston Building Trades Unions. I'm also on
15 the call tonight to speak in full support of Dana
16 Farber Cancer Institute's proposed cancer
17 hospital and the new clinical collaboration with
18 Beth Israel Deaconess Medical Center.

19 As a representative of the Building
20 Trades, we're excited to be working on this
21 project with Dana Farber. We have a great
22 working relationship. And as my colleague
23 mentioned, as soon as this project was announced,
24 we knew working with Dana Farber, we could

1 negotiate a project labor agreement for Building
2 Trades Unions.

3 While we all know the great work that
4 Dana Farber does inside those buildings, what
5 this means is they are also committed to labor
6 standards in the construction of this facility.
7 Providing hundreds of construction jobs, they'll
8 help strengthen our communities through
9 apprenticeship training, fair wages and
10 healthcare benefits, and eventually a dignified
11 retirement at the end of those construction
12 careers.

13 This project we know holds a lot of
14 promise for the people of Massachusetts, from not
15 only a career care perspective, but also from
16 construction career opportunities for
17 Massachusetts residents. Many of whom are in the
18 building trades are minorities, women. So I
19 speak tonight in full support of this project,
20 and thank you for your time and consideration.

21 HEARING OFFICER RENAUD: Thank you.
22 May we have the next speaker, please.

23 OPERATOR: Yes, thank you. Our next
24 comment comes from Sonny Doucette from Sandown,

1 New Hampshire. Your line is open.

2 MS. DOUCETTE: Good evening. My name
3 is Sonny Doucette and I live in Sandown, New
4 Hampshire. Despite leading an overall active
5 healthy lifestyle, in 2021, I developed a
6 persistent cough that ultimately led to trouble
7 breathing and loss of my voice.

8 After months of doctor's visits, while
9 my symptoms were dismissed because I had strong
10 vital signs and looked healthy, a CAT scan at my
11 local hospital showed a baseball sized tumor
12 pressing up against my right lung, which was
13 nearly collapsed.

14 Soon after, I received a shocking and
15 traumatic diagnosis of stage four non-small cell
16 lung cancer. Without a moment of hesitation, I
17 went to Dana Farber. The doctors, nurses and
18 staff listened to and respected me, the patient,
19 on a deep physical and emotional level.

20 Dana Farber gave me hope despite my
21 diagnosis. My incredible oncologist, Dr. David
22 Barbie, current Chief of Thoracic Oncology at
23 Dana Farber, had a strong suspicion that my
24 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

1 blessings in my life.

2 Having a world class Dana Farber
3 inpatient hospital, where cancer patients can
4 receive the best full-time care would be
5 physically and emotionally life saving. To know
6 that Dana Farber could be there for us in person
7 24 hours a day.

8 I burst into tears when I first heard
9 that a Dana Farber hospital was even a
10 possibility. It is nothing short of what dreams
11 are made of for people like me, and that is why
12 I'm honored to be here today, addressing you in
13 support of this proposal. Thank you so much for
14 your time.

15 HEARING OFFICER RENAUD: Thank you. I
16 would now like to invite Barry Nelson to speak.

17 MR. NELSON: Thank you. Can you hear
18 me?

19 HEARING OFFICER RENAUD: Yes, we can
20 hear you.

21 MR. NELSON: All right, great. Again,
22 my name is Barry Nelson. I live in Boston,
23 Massachusetts. I'm a lung cancer survivor since
24 2012. And as I said earlier, initially, when I

1 was diagnosed, I was told that I had less than
2 six months to live. I'm on the call today to
3 support Dana Farber in their effort to establish
4 a viable plan for an additional patient care
5 center with a proposed 300 new inpatient beds in
6 Boston, Massachusetts.

7 The patient care that I and my family
8 received was phenomenal. When I was initially
9 diagnosed, it was at another institution. During
10 my time there, I don't believe that I received
11 clear and concise communication. And as a person
12 trying to get my head around this new health
13 development of cancer, I did not feel that I was
14 getting the best care.

15 I discussed my concerns with my primary
16 care provider, and thank God he listened to me.
17 And as we were discussing this over the phone, he
18 noticed in my medical records that I had received
19 a second opinion from an oncologist at Dana
20 Farber. And he asked, would it be okay if he
21 scheduled a follow up appointment. And so he
22 did. I agreed.

23 I explained -- on the day of the
24 appointment at Dana Farber, I was a bit nervous.

1 However, I was treated respectfully and kindly
2 with everyone I met, starting with the parking
3 garage attendant, the intake staff, and all the
4 other clinicians prior to meeting with the
5 oncologist.

6 I explained to the oncologist my
7 situation with poor communication, and what I
8 considered mixed messages, and my feelings of
9 being overwhelmed by not clearly understanding my
10 options or possible next steps.

11 To my delight, Dr. Christopher Lathan
12 stated that he and all of his colleagues will use
13 all the tools in their tool kit to fight as hard
14 as I was fighting this thing called cancer.
15 That's exactly what I wanted and needed to hear
16 at that time.

17 It was over several years that we tried
18 many standard chemotherapy treatments to obtain
19 outcomes that we were looking for. I
20 participated in more than one clinical trial.
21 The first one did not work very well for me. I
22 experienced negative side effects. We continued
23 with standard chemotherapy treatments again, not
24 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

1 patient care. Thank you for letting me share
2 today.

3 HEARING OFFICER RENAUD: Thank you.
4 As a reminder, if you wish to speak, please hit
5 Star 1. Operator, may we have the next speaker,
6 please.

7 OPERATOR: Yes, thank you. Our next
8 comment comes from Anne Gross with Dana Farber
9 Cancer Institute. Your line is open.

10 MS. GROSS: Thank you. Good evening.
11 My name is Anne Gross and I'm a resident of
12 Boston South End. I'm here representing the Dana
13 Farber Clinical Ten Taxpayer Group and to express
14 my support for Dana Farber proposed cancer
15 hospital and the new clinical collaboration with
16 Beth Israel Deaconess Medical Center.

17 As a career long oncology nurse and
18 Dana Farber Senior Vice President for Patient
19 Care Services and Chief Nursing Officer, I'm
20 confident that a new standalone cancer inpatient
21 hospital will expand access, ensure the best
22 possible patient experience, and provide more
23 cost effective care resulting in the highest
24 quality cancer care for our community now and for

1 many generations to come.

2 Dana Farber's outreach education and
3 cancer care equity program in the city of Boston
4 will be further enhanced by our new collaboration
5 with Beth Israel, allowing our community based
6 nurses to reach more patients, eliminate barriers
7 to access, and provide cost effective high
8 quality cancer screening and care to all who need
9 our services.

10 Dana Farber is the only institution in
11 the region focused exclusively on cancer research
12 and care and the only one equally balancing
13 research and patient care.

14 As the incidence of various cancers
15 continues to rise at alarming rates, it's
16 imperative that Boston meets the need for more
17 inpatient beds for patients with cancer.

18 Today in our inpatient setting in
19 collaboration with the Brigham and Women's
20 Hospital, all of our patients are cared for by
21 Dana Farber doctors and Dana Farber physician
22 assistants. However, not all of the beds our
23 patients are admitted to are staffed by oncology
24 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.

12 OPERATOR: Yes, thank you. Our next
13 comment comes from Chuck Stravin, a resident of
14 Quincy, Mass. Your line is open.

15 MR. STRAVIN: Thank you. Good evening,
16 Mr. Renaud and Commissioners. Thanks for your
17 time tonight. My name is Chuck Stravin. I'm 56
18 years old, the father of four daughters from
19 Quincy, Mass. I'm living with advanced stage
20 four renal cell cancer since 2015.

21 I'm proud to be part of the Patient
22 Advocacy Team speaking with you tonight in full
23 support of the new dedicated cancer hospital. And
24 I know that it will make a difference in the

1 lives of others fighting cancer.

2 You see, without the Dana Farber the
3 last nine years, I would not be here. I've
4 exhausted all standard of care and alternative
5 care protocols. I'm currently in my sixth
6 protocol and fourth Dana Farber led clinical
7 trial, and it's saving my life.

8 I'm living proof of what happens when
9 you are treated by the amazing team at the Dana
10 Farber. And in my case, my team is led by the
11 great Dr. Tony Choveiri. Others aren't so lucky.
12 There are 200-plus diseases that we call cancer.
13 Two million Americans are diagnosed with cancer
14 annually. Over 600,000 Americans will die. And
15 in the case of kidney cancer, kidney cancer
16 impacts almost 80,000 Americans per year. Only
17 12 percent of us, those of us with metastatic
18 disease at the time of diagnosis survive for five
19 years or longer. And the fact that I'm in year
20 nine is an absolute miracle.

21 You see, kidney cancer kills 14,000
22 patients a year in the US like me. That's 40
23 people per day. But again, I'm one of the lucky
24 ones. I'm living proof of what happens when you

1 are treated at the Dana Farber. All patients
2 with aggressive cancers like mine need to be
3 treated in facilities where defying cancer is the
4 mission and all they do is cancer.

5 It's time that New England has a
6 forward looking model for cancer care that
7 further advances the patient and caregiver
8 experience, expands access to value driven care,
9 and fosters scientific discovery.

10 You see, from a patient perspective,
11 the Dana Farber Beth Israel Deaconess cancer
12 collaboration will benefit families like mine and
13 others fighting cancer because it'll do basically
14 four things.

15 One, it'll provide an enhanced patient
16 experience in an inpatient facility focused
17 solely on the needs of oncology patients. Two,
18 it will offer a state of the art facility where
19 we can adapt to the rapid advances needed in
20 oncology care. Third, we'll go from 30 in
21 hospital beds to 300 proposed beds, which will
22 meet the growing incidences of cancer and ensure
23 timely access to care across the Dana Farber
24 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

1 firsthand what I witness every time that I am
2 there. Please again, reach out to me on LinkedIn
3 if you would like to attend and see firsthand
4 what we see. Once you do that, you'll see why I
5 and my family are here in full support of Dana
6 Farber's plan for a new dedicated cancer
7 hospital. Thanks for your time tonight.

8 HEARING OFFICER RENAUD: Thank you.
9 May we have the next speaker, please.

10 OPERATOR: Yes, thank you. Our next
11 comment comes from Chaton Green with Greater
12 Boston Building Trades Union. Your line is open.

13 MR. GREEN: Hello, my name is Chaton
14 Green. I'm with the Greater Boston Building
15 Trades Union. I'm a Roxbury, Massachusetts
16 resident. I'm here to express my support for
17 Dana Farber Cancer Institute, proposed cancer
18 hospital, and their new clinical collaboration
19 with Beth Israel Deaconess Medical Center.

20 A new standalone cancer inpatient
21 hospital would improve the patient experience,
22 expand access, and could provide more cost
23 effective care, ensuring better care for our
24 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,

1 once operational, the hospital will provide new
2 and permanent employment opportunities across a
3 variety of positions. Diversity, equity, and
4 inclusion is the union way.

5 Child care, unions also have an option
6 for child care to give people a chance to provide
7 for their families and create opportunities
8 ensuring that people have career opportunities
9 and become really fully invested and contribute.

10 This project holds a lot of promise for
11 the people of Massachusetts, both from a care
12 perspective and for bringing opportunities, like
13 I said, construction opportunities to
14 Massachusetts.

15 We are the world class city because of
16 our relationships in institutions like Dana
17 Farber. We consider Dana Farber to be a true
18 partner in Massachusetts. Everyone has a story
19 about a loved one who has received care at Dana
20 Farber. Myself as well. I remember bringing my
21 grandmother and aunt to appointments at Dana
22 Farber, and having the opportunity to work on
23 these projects just enhances those memories.

24 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.

17 OPERATOR: Thank you. Our next
18 comment comes from Christopher Lathan with Dana
19 Farber Cancer Institute. Your line is open.

20 MR. LATHAN: My name is Christopher
21 Lathan. I'm Dana Farber's Chief Critical Access
22 and Equity Officer. I'm a medical oncologist who
23 focuses on patients with lung cancer, and I'm
24 also a resident of Hyde Park. At Dana Farber, we

1 firmly believe that everyone, no matter what
2 their zip code is, deserves the best possible
3 cancer care. We know that patients from
4 marginalized and underserved communities have
5 faced barriers to cancer services that can be
6 life saving. Services like education, screening,
7 prevention, treatment and access to clinical
8 trials.

9 Our goal is to develop the latest
10 therapies and the most cutting edge innovations
11 and care. But we can only make the impact we
12 envision if it's available to all patients who
13 need it.

14 The future dedicated cancer hospital is
15 a powerful opportunity to advance equity in
16 cancer research, care and outcome, so that we can
17 reach a day where no community will be referred
18 to as underserved.

19 Our commitment to equitable cancer care
20 and outcomes is at the core of our plans for the
21 future hospital in collaboration with Beth Israel
22 Deaconess Medical Center. This collaboration
23 will advance access to cancer care, and help
24 close health equity gaps in the communities that

1 need it most.

2 It will strengthen our ability to
3 design programs that remove barrier treatments
4 and ensure that all patients have access to
5 clinical trials and high quality cancer care.

6 I've worked with colleagues to create
7 and run the Cancer Care Equity Program since
8 2010. This innovative clinical initiative works
9 to reduce disparities in cancer outcomes, or
10 historically marginalized in our local community.
11 I'm happy that this initiative has become a
12 national model for transforming cancer equity
13 research into intervention to have demonstrable
14 and durable impact.

15 The other initiatives, like our
16 community focused Patient Navigator Program, is
17 woven into operation systems to ensure vulnerable
18 patients have the resources and support they need
19 to get to their appointments and access services
20 throughout their journey.

21 The cancer care free program and our
22 community focused patient navigation model make
23 it possible for some of the most vulnerable
24 members of our community to access our world

1 class oncology care. And with our future cancer
2 hospital, we can build on this work to expand it.

3 Finally, at Dana Farber, we understand
4 the importance of training the next generation of
5 clinicians who represent the community and embody
6 cultural humility and respect. We created and
7 our expanding pipeline programs to diversify the
8 clinical workforce, and we are excited to
9 strengthen and expand programs and experiences
10 that equip young people and adults with necessary
11 career and college readiness skills to
12 successfully pursue education and/or career
13 advancements in health care.

14 Because our goal is to no longer have
15 to add in access equity to an exclusionary
16 system, but to proactively build access and
17 equity into the system to create a day when no
18 barrier stands in the way of anyone getting the
19 cancer care they need when they need it.

20 For this reason, I urge support of Dana
21 Farber's new inpatient hospital. Thank you.

22 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.

1 When your entire focus is on the care of a cancer
2 patient. You're familiar with the diseases,
3 their treatments, their side effects, you see
4 things that others miss, you pick up things
5 earlier, when you can intervene earlier and
6 prevent bad outcomes.

7 And by the way, you save money and
8 improve the patient experience. A clear
9 illustration of this is an oncology specific
10 urgent care clinic that we developed. If you
11 have -- if you're a cancer patient and you seek
12 urgent care in an emergency room, there's an 80
13 percent chance you'll be admitted to the
14 hospital.

15 When we created a clinic staffed by
16 oncology trained clinicians who were familiar
17 with the diseases, their treatments, their side
18 effects, we reduced emergency room visits by 20
19 percent. And of those patients seen in the
20 clinic, instead of 80 percent being admitted, 80
21 percent were treated and sent home. Improving
22 the patient experience and dramatically
23 decreasing costs and unnecessary inpatient care.

24 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.

6 OPERATOR: Yes, thank you. Our next
7 comment comes from Peter Healy with Beth Israel
8 Medical Center. Your line is open.

9 MR. HEALY: Hi, I'm Pete Healy,
10 President of Beth Israel Deaconess Medical
11 Center. I appreciate this opportunity to share
12 my perspective on how the Dana Farber Cancer
13 Institute and BIDMC collaboration will transform
14 cancer care for people in eastern Massachusetts.
15 BIDMC is one of the nation's premier academic
16 medical centers located in Boston, and a teaching
17 and research affiliate of Harvard Medical School.

18 Our mission centers on improving the
19 health of the communities we serve with
20 excellence, innovation and equity as our core
21 values. We serve over 500,000 patients every
22 year, and have long committed to providing
23 compassionate, culturally competent care to our
24 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

1 to fruition to benefit patients with cancer and
2 their loved ones. Thank you for the opportunity
3 to speak in support of this project.

4 HEARING OFFICER RENAUD: Thank you.
5 May we have the next speaker, please.

6 OPERATOR: Yes, thank you. Our next
7 comment comes from Dr. Alexa Kimball with Harvard
8 Faculty Physician. Thank you.

9 MS. KIMBALL: Thank you so much. Can
10 you hear me okay?

11 HEARING OFFICER RENAUD: Yes.

12 MS. KIMBALL: Great. So good evening.
13 I'm Dr. Alexa Kimball. I'm President and CEO of
14 Harvard Medical Faculty Physicians at BIDMC and a
15 professor at Harvard Medical School, as well as a
16 resident of Brookline, Massachusetts.

17 As a physician who has treated far too
18 many patients with cancer, I deeply appreciate
19 the opportunity to share my perspective on the
20 significant opportunities that HMSP and BIDMC's
21 collaboration with Dana Farber holds for our
22 patients and healthcare providers. And I
23 couldn't be more delighted to hear all the
24 wonderful enthusiastic comments that we've had so

1 far in this hearing. So thank you.

2 All of us can agree and celebrate that
3 significant life saving progress has been made in
4 cancer treatment over the last decades. There
5 was a time when a physician's battle to defeat
6 cancer meant relying on an arsenal filled with
7 one size fits all toxic treatments and
8 debilitating side effects for patients.

9 Defeating the tumor often meant using
10 tactics that cause collateral damage to our
11 patient's health. Constant and unrelenting
12 research and clinical trials gave us less
13 dangerous and more effective treatments that
14 today provide patients with reduced suffering and
15 some dramatically improved outcomes.

16 The clinicians and researchers on the
17 frontlines of this cruel disease will never rest
18 on their achievements. For physicians, there
19 will always be more to discover until this
20 tenacious enemy with ever increasing rates,
21 especially in young people, is reined in or even
22 defeated.

23 To realize that goal, now is the time
24 to push the envelope to the next level. Not to

1 remain content with today's treatments, as
2 advanced as they have become.

3 The next frontier is within our field
4 of vision. It's early detection, matching
5 treatments to tumors, harnessing the immune
6 system to help in that fight, and comprehensively
7 supporting our patients and family's physical and
8 emotional needs throughout that journey.

9 When I speak with fellow physicians
10 about the collaboration, I hear two things. The
11 first is incredible excitement for the potential
12 to advance their clinical and research efforts in
13 cancer care, and the importance and unparalleled
14 opportunity this collaboration promises to
15 provide to address long standing healthcare
16 issues, such as access and disparities that my
17 BIDMC and DFC colleagues have already detailed.

18 In short, this collaboration can bring real
19 change. To that end, Boston is a medical mecca
20 and the collaboration has raised focus on
21 competition. I've practiced at major medical
22 hospitals, academic hospitals, here and across
23 the country. I don't see this proposal as one
24 that results in winners and losers. Physicians

1 may wear different lab coats associated with the
2 best hospitals in the world. But we are
3 fundamentally the same. We are here to provide
4 the best care for our patients.

5 A dedicated cancer center will bring
6 access to the most cutting edge research and the
7 latest clinical trials to benefit all patients in
8 Boston and beyond. Everyone can win.

9 The next generation of treatments and
10 cures is out there waiting to be discovered. We
11 know our patients and their families are waiting
12 too. The physicians of HMSP and BIDMC are
13 confident and enthusiastic that our collaboration
14 with DFCI is that future pathway. Thank you for
15 your time and consideration.

16 HEARING OFFICER RENAUD: Thank you.
17 May we have the next speaker, please.

18 OPERATOR: Yes, thank you. Our next
19 comment comes from Samantha Taylor with Beth
20 Israel Medical Center. Your line is open.

21 MS. TAYLOR: Good evening. My name is
22 Samantha Taylor and I'm the Executive Director of
23 Bowdoin Street Health Center. A Community Health
24 Center owned and operated by Beth Israel

1 Deaconess Medical Center. Thank you for the
2 opportunity to speak in support of this project.

3 The cornerstone of our mission at
4 Bowdoin Street Health Center is to provide
5 patient centered and culturally competent care to
6 those who need it most. Compared with
7 neighboring communities, Bowdoin Geneva residents
8 are disproportionately affected by challenges
9 that severely impact their health and quality of
10 life. Half of all Bowdoin Geneva residents live
11 below the federal poverty level, and many work
12 multiple jobs that do not pay a living wage or
13 provide quality health insurance.

14 Bowdoin Street Health Center serves
15 about 11,000 adult and pediatric patients per
16 year. Among these, 76 percent self identify as
17 black, Indigenous and people of color, 37 percent
18 have limited or no English proficiency, and 70
19 percent are covered by public insurance.

20 Dana Farber Cancer Institute has a long
21 history of working with community based
22 organizations and neighborhood health centers to
23 improve access to care for underserved
24 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

1 Farber can lead to significant changes and the
2 care we deliver to our collective patients in the
3 future.

4 As we imagine the possibilities of this
5 partnership, we are committed to keeping our
6 diverse community at the forefront, remembering
7 the patients who have sacrificed so much to get
8 to this country, the patients who may not speak
9 English as their first language or at all, and
10 the patients who catch multiple buses and walk
11 several miles to receive care. It is not just
12 about delivering quality care, but ensuring
13 access to equitable care.

14 Thank you for allowing me to speak
15 today on behalf of these communities in support
16 of this important and exciting proposed
17 collaboration.

18 HEARING OFFICER RENAUD: Thank you.
19 May we have the next speaker, please.

20 OPERATOR: Thank you. Our next
21 comment comes Rahsaan Hall with Urban League of
22 Eastern Massachusetts. Thank you.

23 MR. HALL: Hello, my name is Rahsaan
24 Hall and I'm the President and CEO of the Urban

1 League of Eastern Massachusetts, and we express
2 our support for the Dana Farber Cancer
3 Institute's proposed cancer hospital and their
4 new clinical collaboration with Beth Israel
5 Deaconess Medical Center.

6 The Urban League envisions a future
7 where life outcomes are untethered from race,
8 socio economic status or geography. And through
9 our programs and services, we equip communities
10 with the tools and resources needed to chart
11 their own course and alter the trajectory of
12 their lives.

13 We strive for equitable financial well
14 being within communities of color leveraging our
15 economic development programming to inform
16 advocacy efforts and drive systemic change.

17 Unfortunately, health disparities
18 disrupt our ability to consistently help
19 communities of color alter the trajectory of
20 their lives. Cancer disproportionately impacts
21 the black community with the death rate of black
22 men and women being 210 per 100,000 deaths and
23 146 per 100,000 deaths, respectively, compared to
24 178 and 130 per 100,000 deaths for white men and

1 women.

2 With cancer being the second leading
3 cause of death in America, it is evermore
4 important that we invest in the infrastructure to
5 ensure that we have the best care available for
6 all of our residents.

7 We must make intentional investments in
8 addressing those disparities to ensure that the
9 color of a person's skin does not influence the
10 likelihood of surviving this deadly but beatable
11 disease.

12 Among the social determinants of health
13 that impact health outcomes are a person's
14 financial condition, their income, the employment
15 opportunities they have, and their ability to
16 accumulate wealth. The presence of a modern
17 hospital focused on cancer can attract top tier
18 health care professionals to our community,
19 fostering a dynamic healthcare ecosystem and
20 stimulating economic growth.

21 In addition to its direct benefits to
22 residents health and well-being, the construction
23 of a new hospital will also have a positive
24 ripple effect on our community. It will create

1 job opportunities, stimulate local businesses,
2 and contribute to the overall prosperity and
3 vitality of our area.

4 The work of Urban League of Eastern
5 Massachusetts is to ensure that quality
6 employment opportunities do not bypass
7 communities of color. We work to train and equip
8 a workforce that will benefit from the employment
9 opportunities that will inevitably come online
10 through the construction of the project, as well
11 as within the hospital once completed.

12 We also look to increase diversity
13 through the entrepreneurs we work with. We look
14 forward to working collaboratively with Dana
15 Farber and Beth Israel Deaconess Medical Center,
16 who share a deep commitment to fostering a
17 culture of diversity, equity, and inclusion and
18 dismantling barriers to care.

19 We urge you to support the approval of
20 this proposal. Thank you.

21 HEARING OFFICER RENAUD: Thank you.
22 May we have the next speaker, please.

23 OPERATOR: Yes, thank you. Our next
24 comment comes from Elizabeth Brown with Charles

1 River Community Health. Your line is open.

2 MS. BROWN: Good evening. My name is
3 Elizabeth Brown. I'm the CEO at Charles River
4 Community Health, and I am speaking to express my
5 support of Dana Farber Cancer Institute's
6 proposed cancer hospital and their new clinical
7 collaboration with Beth Israel Deaconess Medical
8 Center.

9 Charles River is a nonprofit federally
10 qualified health center in Allston, Brighton and
11 Waltham, providing care to patients in need for
12 over 50 years. Our mission is to partner with
13 individuals and families so they can thrive and
14 lead healthier lives by delivering the
15 comprehensive integrated and equitable primary
16 healthcare that matters most to them.

17 Last year, Charles River served a
18 little over 13,500 patients. The families we
19 serve are some of the most vulnerable in our
20 community, with 93 percent of our patients living
21 at or below 200 percent of the federal poverty
22 level, 31 percent are uninsured, 81 percent
23 identify being from communities of color, and 76
24 percent needing services in a language other than

1 English, one of the highest rates for community
2 health centers in the Commonwealth.

3 We provide care to patients of all
4 backgrounds regardless of insurance or
5 immigration status or ability to pay. Charles
6 River has been a clinical partner of both Dana
7 Farber and Beth Israel Deaconess Medical Center
8 for over 20 years, frankly, in large part due to
9 their demonstrated commitment to mission and
10 providing care to all patients.

11 As has been mentioned, Dana Farber is
12 one of the world's leading providers of cancer
13 care and is committed to expanding access to
14 cancer care in our communities, and closing
15 health equity gaps in cancer treatments.

16 In collaboration with Beth Israel
17 Deaconess Medical Center, Dana Farber proposes to
18 offer the entire continuum of cancer care in one
19 300 bed freestanding hospital that will help meet
20 the treatment needs associated with the rapidly
21 rising rates of cancer in Massachusetts, which
22 this year are projected to be 28 percent higher
23 than 2020.

24 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

1 inpatient bed was available, a situation that can
2 be alleviated by this proposed new hospital.

3 All cancer patients deserve to be
4 treated by providers whose singular focus is
5 cancer. I ask that you please support Dana
6 Farber's proposed new inpatient cancer hospital
7 and assure that the best care in the world will
8 be available in our region. Thank you.

9 HEARING OFFICER RENAUD: Thank you.
10 May we have the next speaker, please.

11 OPERATOR: Thank you. Our next
12 comment comes from Karen Howley LaCamera, a
13 resident of Sudbury, Massachusetts. Thank you.
14 Your line is open.

15 MS. LACAMERA: Good evening. My name
16 is Karen Howley LaCamera and I'm a resident of
17 Sudbury, Massachusetts. I'm here to state my
18 support of the Dana Farber Cancer Institute's
19 proposed cancer hospital and their new clinical
20 collaboration with Beth Israel Deaconess Medical
21 Center.

22 As a patient of Dana Farber, I have
23 experienced firsthand one of the world's most
24 respected institutes that is devoted exclusively

1 to cancer balancing both innovative research and
2 extraordinary patient care. I'm here today
3 because of their deep understanding of my cancer,
4 personalized approach, compassionate care, and
5 more specifically, a pioneering trial, a result
6 of the cutting edge research.

7 After many rounds of traditional
8 chemotherapy that ran effective in treating my
9 stage three ovarian cancer, my care team enrolled
10 me in a groundbreaking clinical trial that was
11 ultimately successful, and the reason why I'm
12 here today.

13 With this new hospital, even more
14 cancer patients will have access to leading edge
15 cancer center, whose discoveries and innovations
16 and approaches to care will make living with
17 cancer less of a burden and living without cancer
18 a greater possibility.

19 Cancer incidence is on the rise for
20 many common cancers and in the coming year, we're
21 expecting to hit a bleak milestone. The first
22 time new cases of cancer in the United States are
23 expected to cross the 2 million mark. That is
24 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.

21 OPERATOR: Yes, thank you. Our next
22 comment comes from Patrick Mulkerrin with Quincy
23 South Shore Trades Union. Your line is open.

24 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.

20 OPERATOR: Yes, thank you. Our next
21 comment comes from Jenny Dahlstein, who is a
22 member of the Patient and Family Advocate. Your
23 line is open.

24 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

1 important for patients who come after me and for
2 the future of cancer care. Dana Farber is
3 thinking about the future of cancer care, and
4 this proposed facility will help residents of
5 Boston and all over our region continue to get
6 world class cancer care, and the facility that is
7 well designed to deliver it.

8 Please support Dana Farber's efforts in
9 creating a facility to bring these world class
10 services to Boston. Thank you.

11 HEARING OFFICER RENAUD: Thank you.
12 Do we have anyone in the queue?

13 OPERATOR: I'm showing no commenters
14 in the queue.

15 HEARING OFFICER RENAUD: No one has
16 joined the queue in over 30 minutes. So what I
17 will do is I will keep the line open for a few
18 more minutes, and if no one joins, I'll come back
19 on and end the public hearing.

20 (Brief Pause)

21 HEARING OFFICER RENAUD: I would now
22 like to invite Frank Moran to speak. Frank, the
23 line is open and you now can speak.

24 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

1 and better outcomes for patients and do it at a
2 lower cost. We know that a dedicated cancer
3 hospital save more lives, just like mine.

4 This proposed cancer hospital will
5 ensure Dana Farber is equipped to provide every
6 patient with world class care in an environment
7 that supports the best health outcomes.

8 And most importantly, it will offer
9 more for what every single cancer patient and
10 their family are looking for, which is hope.
11 Thank you for this opportunity to speak. And I'm
12 grateful for all that Dana Farber does every day,
13 especially what they did with me and my family.
14 Thank you.

15 HEARING OFFICER RENAUD: Thank you.
16 May we have the next speaker, please.

17 OPERATOR: Yes, thank you. Our next
18 comment comes from Desalia Gomes with Boston
19 Trade Union. Your line is open.

20 HEARING OFFICER RENAUD: Desalia, the
21 line is yours.

22 MS. GOMES: Hello?

23 HEARING OFFICER RENAUD: Yes, we can
24 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

1 and fruitful life ahead of him and he's going to
2 need this resource. Thank you.

3 HEARING OFFICER RENAUD: Thank you.
4 I've noticed that there are no additional
5 speakers in the queue. So I will give it a few
6 more minutes and if no one joins, I will come
7 back on and end the hearing. Thank you.

8 (Brief Pause)

9 HEARING OFFICER RENAUD: With no
10 additional speakers in the queue, this will bring
11 the public hearing to a close. I want to remind
12 everyone that written comments will be accepted
13 through Monday, April 29, 2024. Thank you for
14 participating in the public hearing and have a
15 good evening.

16 OPERATOR: Thank you for your
17 participation, participants. You may disconnect
18 at this time.

19
20 (Whereupon, the Public Hearing
21 concluded at 7:35 p.m.)
22
23
24

C E R T I F I C A T E

COMMONWEALTH OF MASSACHUSETTS

COUNTY OF PLYMOUTH, SS

I, Susan Baxter, a Professional Court Reporter
and Notary Public in and for the Commonwealth of
Massachusetts, do hereby certify that the foregoing
transcript, taken by conference call on April 17,
2024, is a true and accurate transcription of said
hearing.



Susan Baxter, Notary Public

My Commission Expires:

February 21, 2025

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01752 8:20	40:24	31 2:15 74:22	75,000 33:9
1	2015 47:20	76:1	76 68:16 74:23
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1.2 33:17	2024 1:18 5:4	40 2:18 48:22	80 3:9 59:12,20
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