

COMMONWEALTH OF MASSACHUSETTS

DEPARTMENT OF PUBLIC HEALTH

PUBLIC HEARING VIA CONFERENCE CALL)
)
RE: STEWARD HEALTH CARE SYSTEM/GOOD SAMARITAN)
MEDICAL CENTER - DETERMINATION OF NEED PUBLIC)
HEARING MA DEPARTMENT OF PUBLIC HEALTH)

BEFORE: Dennis Renaud, Director of the Determination
of Need Program

Fabiola Catulle, Department of Public Health

Lucy Clark, Department of Public Health

(All participants appeared by conference call.)

6:00 p.m.

Wednesday, September 20, 2023

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P R O C E E D I N G S

THE OPERATOR: Good afternoon, and thank you all for holding. Your lines will remain on a listen-only mode until we open for public comments.

I would like to remind all parties the call is now being recorded. If you have any objections, please disconnect at this time.

And I would now like to turn the call over to Dennis Renaud. Thank you, sir, you may begin.

MR. RENAUD: Thank you. Good evening. My name is Dennis Renaud. I represent the Massachusetts Department of Public Health, and I'm the Director of the 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

1 bureau director, Elizabeth Kelley, I want to
2 thank you for taking the time this evening
3 to participate in this hearing.

4 The department is holding this hearing
5 virtually by conference call in order to
6 promote public access. This hearing has
7 been called pursuant to an application
8 submitted by Steward Health Care System,
9 LLC. Upon receipt of the application, DoN
10 staff reviewed the application and after
11 finding it to be in compliance with the
12 DoN statute and regulation filing assigned
13 it a filing date of August 9, 2023.

14 The enabling statute for the DoN
15 program requires that any person or
16 government agency intending to make a
17 substantial capital expenditure as defined
18 in the DoN regulation must apply for DoN
19 approval before engaging in such a project.
20 I will now provide a DoN project
21 description.

22 The proposed project includes the
23 expansion of psychiatric services at Good
24 Samaritan Medical Center located in

1 Brockton, Mass., through the construction of
2 a 77-bed facility that will include 16 beds
3 relocated from the existing Good Samaritan
4 campus and 61 new inpatient psychiatric
5 beds. The total value of the proposed
6 project based on the maximum capital
7 expenditure is \$76,865,511.

8 In accordance with the statute and
9 regulations governing the DoN process, the
10 DoN program is analyzing Steward Health Care
11 System, LLC's application for compliance
12 with a set of standards and criteria
13 including, but not limited to, a
14 justification of the need for the project,
15 its planning process, financial feasibility,
16 environmental impact, and the reasonableness
17 of its costs and expenditures. These are
18 the key criteria which the DoN program will
19 apply in its analysis of the application.

20 This public hearing is in an effort to
21 gather information and to hear the opinions
22 of interested parties about the proposed
23 project. It is not intended to be a
24 question and answer session. No questions

1 will be permitted.

2 The DoN program will take all relevant
3 information into account in preparing its
4 recommendation to the Massachusetts Public
5 Health Council, whose decision on whether to
6 improve the DoN for the proposed project
7 will be made at one of its upcoming monthly
8 meetings. We will accept written comments
9 on this application for 10 days following
10 this hearing.

11 As this is a virtual hearing, the
12 logistics are different from in-person
13 hearings. I will review our process for
14 this evening. We are learning the logistics
15 of the system as we go, so we ask for your
16 patience if and when we encounter
17 difficulty. We will work to resolve any
18 problems we experience.

19 Our plan for tonight is as follows: We
20 are using a moderated conference call line,
21 so a moderator will manage the queue for
22 speaking. This meeting is being recorded
23 and transcribed. Press Star 1 if you would
24 like to testify. This will put you in the

1 queue. You will not be told where you are
2 in the queue nor will you get much notice
3 that you are about to testify.

4 When it is your turn to testify, you
5 will be told you are now the speaker, and
6 you will experience of short silence and
7 will then be the speaker. If you have muted
8 your phone, you may need to unmute. Please
9 begin by stating and spelling your name,
10 affiliation or town of residence. Please
11 speak clearly so our transcriber can record
12 everything accurately.

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

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

1 comments in writing. If you have a written
2 comment of your remarks, regardless of
3 length, please feel free to submit it to the
4 department by Monday, October 2, by email or
5 via postal service. Email us at
6 dph.don@state.ma.us.

7 All mail will get -- email will get to
8 us quickly if it is sent to -- mail will get
9 to us quickly if it is sent to the following
10 address: Determination of Need,
11 Massachusetts Department of Public Health,
12 67 Forest Street, Forest spelled F-O-R-E-S-
13 T, Marlborough, Massachusetts 01752.

14 Be assured that the department will
15 consider all comments whether presented
16 orally or in writing. Whether you comment
17 or not, please note that the department
18 greatly values and appreciates your
19 participation in the DoN process.

20 Before we open the line to the general
21 public, the applicant will go first and will
22 be allotted four minutes to present
23 information about the proposed project.
24 Following this presentation, we will provide

1 an opportunity for elected officials from
2 the community to comment and then be calling
3 on those individuals who request to speak
4 this evening.

5 I will now ask Matt Hesketh, president
6 of Good Samaritan Medical Center to make a
7 brief statement on the proposed changes.

8 MR. HESKETH: Good evening. My name is
9 Matthew Hasketh, and I have served as the
10 president of Good Samaritan Medical Center
11 in Brockton, Massachusetts, since 2021.
12 I've been with Steward Health Care System
13 since 2009, holding roles at Carney
14 Hospital, Morton Hospital and Steward's
15 corporate offices.

16 I joined the Good Samaritan Medical
17 Center in 2014 first serving as the director
18 of quality and patient safety, then moving
19 into a vice president of operations role
20 before becoming chief operating officer.

21 I appreciate the opportunity to speak
22 on behalf of Steward Health Care and Good
23 Samaritan Medical Center in our request to
24 build a new behavioral health facility on

1 the hospital's main campus located in
2 Brockton.

3 The building will accommodate 16
4 inpatient psychiatric beds moving from our
5 main campus as well as 61 inpatient
6 psychiatric beds previously operated at
7 Norwood Hospital before its closure due to a
8 catastrophic flood in 2020. The project is
9 proposed in response to DPH's request that
10 the beds previously operated in Norwood be
11 replaced by Steward Health Care.

12 The building will also provide robust
13 outpatient behavioral health services
14 including, but not limited to, transcranial magnetic
15 stimulation, or TMS, electroconvulsive
16 therapy, or ECT, a partial hospitalization
17 program, as well as activity therapy.

18 With respect to the needs of the
19 project, Massachusetts continues to
20 experience an increased prevalence of
21 behavioral health conditions further
22 exacerbated by the COVID-19 pandemic. As of
23 September 11, 2023, there were 531 patients
24 waiting for a behavioral health bed across

1 the Commonwealth. The need for psychiatric
2 beds is a statewide need.

3 Within the Steward Health Care
4 Hospitals as of this past Monday, September
5 18, there were 113 patients boarding
6 awaiting admission to a psychiatric bed.
7 Seventy-seven were patients in our
8 southeastern corridor hospitals of Good
9 Samaritan, Morton Hospital in Taunton, and
10 St. Anne's Hospital in Fall River. Thirty-
11 eight of those patients were in the
12 emergency department at Good Samaritan
13 Medical Center.

14 Through this project, Good Samaritan
15 will have capacity to expand its behavioral
16 health services and serve more patients in
17 southeastern Massachusetts and beyond.
18 Because of Good Samaritan's central location
19 in southeastern Massachusetts, specifically
20 its location just two miles off of Route 24,
21 patients seeking care across the region will
22 have an accessible site for behavioral
23 health care.

24 Additionally, as is currently the case

1 with behavioral health patient load
2 balancing, the proposed facility will serve
3 the needs of behavioral health patients
4 across the Commonwealth. The proposed
5 project will not only create desperately
6 needed access to inpatient psychiatric care,
7 but the building will provide the space for
8 the hospital to provide the full spectrum of
9 behavioral health care services.

10 In choosing the Good Samaritan campus,
11 Steward Health Care reviewed alternative
12 locations for the new facility. However,
13 the Good Samaritan location had the most
14 synergies for enabling us to develop a new
15 facility with an improved model of care that
16 is typically found only in a freestanding
17 psychiatric hospital.

18 The new building will be dedicated to
19 providing behavioral health services in a
20 freestanding like setting. The environment
21 of care afforded by a separate behavioral
22 health facility is more appropriate than a
23 hospital setting offering a more therapeutic
24 environment for patients to heal.

1 The site also has good separation from
2 neighboring commercial and residential areas
3 and allows a generous secure outdoor area
4 for patient activities and staff respite.
5 While the site is separated from the main
6 hospital building, it will still be easily
7 supported by the hospital's existing
8 infrastructure.

9 Steward and Good Samaritan are
10 committed to providing timely access to
11 psychiatric care in the most appropriate
12 setting. We believe that this project will
13 best meet the needs of our patient panel and
14 the communities in which we serve.

15 I want to thank the Department of
16 Public Health, our moderator, Dennis Renaud,
17 and the public for their time today and look
18 forward to bringing this important project
19 to our patients in the Commonwealth. Thank
20 you.

21 MR. RENAUD: Thank you. We will now be
22 taking comments from invited elected
23 officials. Our first speaker will be
24 Senator, State Senator, Michael Bradley.

1 MR. BRADY: Thank you. For the record,
2 my name is State Senator Michael Brady,
3 spelled B-R-A-D-Y. I represent the Second
4 Plymouth Norfolk District in the
5 Commonwealth of Massachusetts, including the
6 city of Brockton and several towns in
7 southeastern Massachusetts.

8 I strongly support Good Samaritan
9 Medical Center's efforts to expand the
10 mental health care facility in the city of
11 Brockton to provide urgently needed services
12 to the people of our cities and towns in the
13 southeast region. This proposed facility
14 will allow our citizens to receive the
15 mental health care they need in a healing
16 environment in their own community. Its
17 construction will have no impact on existing
18 neighborhoods, and it will be built on a
19 current hospital campus, as was mentioned.

20 The numbers will tell a clear and
21 compelling story of the standing pressures
22 placed on Good Samaritan and the urgent need
23 for our citizens to have adequate mental
24 health care. From July of last year to

1 August of this year, there has been a 70
2 percent increase in the number of mental
3 health care patients presented at the
4 hospital's emergency rooms every day.

5 Behavioral health boarding patients on
6 an average wait in the emergency departments
7 of up to 46 hours plus and to be placed in
8 an inpatient psychiatric facility. This has
9 been a major impact on health care
10 facilities in southeastern Massachusetts,
11 including the Good Samaritan campus, so I
12 strongly support this expansion, and I ask
13 that the Department of Mental Health
14 supports this moving forward.

15 There is a desperate need across our
16 Commonwealth, including the area of
17 southeastern Massachusetts, which I
18 represent, for expanded mental health care
19 in our district, and I ask the Department of
20 Mental Health to move this forward and
21 support this strongly, and I thank you all
22 for your time tonight.

23 MR. RENAUD: Thank you. Our next
24 speaker will be State Representative Gerard

1 Cassidy.

2 MR. CASSIDY: Thank you. Thank you
3 very much. I'm Gerry Cassidy. I'm a state
4 rep from the Ninth Plymouth District, which
5 represents Brockton, Easton, West
6 Bridgewater and East Bridgewater.

7 Just to be perfectly clear, I'm in full
8 support of Steward Good Sam Hospital to its
9 expanded mental health in Brockton. This
10 facility will provide urgent mental health
11 care to the most vulnerable residents of our
12 region. Senator Brady was definitely right
13 about the 70 percent increase on mental
14 health patients in our ER, 47 hours to be
15 placed from the ER. I've spoken to many of
16 the nurses there. Staff is gravely, gravely
17 impacted by this.

18 We in the House of Representatives
19 recognize this crisis, and as you can see
20 from our budgets and amendments, addressing
21 this is a top priority, and we will continue
22 to increase funding.

23 DPH, I just want to say thank you very
24 much. You've always been a fantastic

1 partner in government over my 37 years and
2 always so responsive because in the end, we
3 both realize that our goal is to help those
4 that are in need. Thank you very much for
5 everything you do, and Good Sam Medical
6 Center is a valued resource in our region.

7 Mental health is not going to decline
8 anytime soon. I stand with Good Sam's
9 willingness to expand its beds and resources
10 to our Brockton region. Thank you.

11 MR. RENAUD: Thank you. Our next
12 speaker will be Brockton mayor, Robert
13 Sullivan.

14 MR. SULLIVAN: Good evening, Dennis. I
15 want to thank Representative Cassidy and
16 State Senator Michael Brady. My name is
17 Robert Sullivan. I'm mayor of the city of
18 Brockton.

19 I want to just go on record as saying I
20 support this 1,000 percent. Full
21 disclosure, before I became mayor, I was a
22 volunteer board member, non-compensated
23 board member, at Good Sam. My three
24 children were born at Good Sam. They do

1 yeoman's work and that was proven by COVID.
2 It was definitely proven with the Brockton
3 Hospital fire.

4 So, you know, in terms of Brockton
5 being the only city in Plymouth County, the
6 latest census numbers say 106,000 residents.
7 It's located physically in the City of
8 Champions, Brockton, Mass., but it really is
9 a regional facility. And we know without
10 question there is a dire need. Good Sam is
11 truly a valued resource in our community,
12 and I truly believe that action must be
13 taken to give it the resources it needs to
14 continue to provide quality care.

15 I took the time to walk the site of the
16 proposed location. Again, it does not
17 impact any neighboring communities
18 whatsoever. It is literally on the hospital
19 campus in the woods. It's a beautiful
20 setting.

21 The need for mental health services to
22 care for people in our community and our
23 Commonwealth is not expected to decline at
24 any time soon. And we know this because

1 Blue Cross Blue Shield of Massachusetts
2 recently did a survey, and they deemed the
3 issue as a crisis within our Commonwealth.
4 About 26 percent of the people who need the
5 care cannot get the care.

6 So I want to go on record saying this
7 is, in my humble opinion, a no-brainer. We
8 need it in the city of Brockton. We need it
9 in surrounding towns and throughout the
10 Commonwealth. To expand the beds and the
11 resources to meet this need is really a duty
12 that we owe, and as the mayor of Brockton, I
13 just want to go on record as saying I hope
14 DPH will support this endeavor because we
15 know that it will help people not just in
16 our city, not just in Plymouth County, but
17 without a fact, it will be throughout the
18 Commonwealth of Massachusetts.

19 Mental health, behavioral health issues
20 are real, and I just, again, want to thank
21 you for your time, and I support this
22 wholeheartedly. Thank you.

23 MR. RENAUD: Thank you. We will now
24 begin taking comments from the public. If

1 you wish to speak at this time, please hit
2 Star 1 and follow the instructions of the
3 operator.

4 Operator, may we have our first speaker
5 now, please.

6 THE OPERATOR: Tricia Monahan, your
7 line is open.

8 MS. MONAHAN: Thank you very much. My
9 name is Tricia Monahan, and I live in
10 Norwood. I'm calling to oppose this
11 building. To me, they're not really
12 expanding services. What Steward is doing
13 is taking the same number of beds that they
14 had in Brockton and combining them with the
15 number of beds that they had in Norwood but
16 removing the beds from Norwood and putting
17 them in Brockton.

18 So yes, the services definitely are
19 being expanded in Brockton, but really,
20 there's nobody that's going to deny the fact
21 that mental health issues are getting bigger
22 and bigger and bigger every year, so why
23 don't we have psych beds in every single
24 hospital? We're leaving Norwood in a lurch.

1 We've already lost the hospital because the
2 roof leaks flooded the building, and now we
3 don't have the hospital, we don't have the
4 psych services, and they're not expanding.
5 They're moving down to there.

6 There are psych beds available in
7 Brockton. Let's see, Signature Hospital has
8 the Brockton -- there's a DoN in for
9 Brockton Hospital to replace their beds, but
10 they're not replacing the beds here, and to
11 me, that's -- you're not serving the
12 residents of Norwood or the people that
13 Norwood Hospital served. Thank you.

14 MR. RENAUD: Thank you. Again, as a
15 reminder, just please press Star 1 to
16 testify. Operator, could we please have the
17 next speaker.

18 THE OPERATOR: Our next speaker is
19 George Sigel. Your line is open.

20 MR. SIGEL: Yeah, hi. I do agree with
21 the previous speaker. We are a group that
22 have tried desperately to have some of the
23 problems that you all cite addressed by
24 Steward in Norwood as they proceed in

1 building a smaller hospital and a hospital
2 that, in fact, will not offer psychiatric
3 services.

4 Further, I object to the fact that the
5 interest and need of Brockton and perhaps
6 Steward in the Brockton area is being used
7 to keep at a great distance the reality of
8 what they are not doing in Norwood, and I
9 think that that needs to be addressed for
10 all of the reasons so stated by the town and
11 state officials.

12 It does surprise me the Department of
13 Public Health has not paid more attention to
14 the two DoNs that Steward had submitted.
15 One is approved, and it's the hospital being
16 built. I'm surprised the governor has not
17 expressed more concern. I'm surprised that
18 the Brockton proposal is really being
19 misused.

20 A good idea, though, it is, and I
21 probably do support it, but I don't support
22 it being used to hide what Steward, in fact,
23 is not doing in Norwood. And in Norwood,
24 they are taking away about the equivalent

1 number of beds and services without any, any
2 mental health presence in the programming
3 within Norwood.

4 I think that both proposals deserve the
5 support, but more attention needs to be paid
6 to the simple fact that Brockton's proposal
7 is not a proposal that responds to the needs
8 that we have on multiple occasions asked
9 Steward about that exists in the 20 towns
10 served in and around Norwood. It's an
11 entirely different community.

12 Yes, there's a statewide and a
13 nationwide need for psychiatric beds. This
14 is hardly a time for Steward to pretend that
15 a good proposal in Brockton is sufficient to
16 cover the mental health needs that they are
17 deleting from their Norwood expansion.

18 I wish I (Zoom inaudible) -- but I also
19 want to object to this being considered a
20 public hearing. It's hardly a public
21 hearing. I don't know to whom I'm talking,
22 and I don't see people, and there was no
23 such hearing for Norwood, and I don't
24 consider this a public hearing.

1 MR. RENAUD: Okay, thank you. One
2 other just reminder again is to hit --
3 please hit Star 1 if you'd like to speak.
4 And, Operator, please have the next speaker
5 into the forum.

6 THE OPERATOR: Our next speaker is
7 Lynette Sigel. Your line is open.

8 MS. SIGEL: Hi. My name is Lynette
9 Sigel, spelled S-I-G-E-L. I am the
10 administrative director of a group practice
11 for mental health counseling based in
12 Norwood.

13 I see a great need for easily
14 accessible hospital-based services. To many
15 that are in need, Brockton is not a solution
16 to the problem created by the absence of
17 psych beds in Norwood. Therefore, from that
18 perspective, I can't support this as a
19 substitute for the lack of psychiatric
20 programs at Norwood.

21 In and of itself, great program at
22 Brockton, but just it does not help us in
23 Norwood. Thank you very much.

24 MR. RENAUD: Thank you. Operator,

1 could you please let the next speaker in.

2 THE OPERATOR: Our next speaker is Neil
3 Patterson. Your line is open.

4 MR. PATTERSON: Hi. Oh, yeah. My name
5 is Neil. I've had mental health challenges
6 for many years. I've had lots of therapy
7 and many, many hospitalizations. Thanks to
8 the experts in the mental health field, I'm
9 basically symptom free.

10 Steward Health Care are constructing
11 the new Norwood Hospital, and their plans
12 there are omitting psych wards. Steward's
13 motto is new hospital, same commitment, but
14 that's not true, because the old hospital
15 has various helpful psych wards to serve
16 people in many surrounding towns. As for
17 myself, psych wards in the old hospital
18 helped save my life.

19 In this day and age because of the
20 pandemic and concerns about our planet and
21 gun violence, we desperately need psych
22 wards. Together we need to pressure Steward
23 Health Care to have psych wards in the new
24 hospital for people of all ages.

1 I have more to say. Do you want to
2 hear it?

3 MR. RENAUD: You have additional time.

4 MR. PATTERSON: My grandfather, Moopa
5 (phonetic), my grandfather, my mother's
6 father, was full of love. He was positive,
7 gentle and kind. My mother called him a
8 saint on earth. He was a man of few words,
9 but if he saw injustice, he got angry and
10 spoke his mind.

11 When Putin insanely attacked Ukraine, I
12 was in a geri-psych ward. My anger
13 skyrocketed. I use strong Navajo language
14 to express my anger against Putin's
15 injustice. My mother and I are like Moopa.
16 We use the power of the pen to express our
17 anger against injustice.

18 Steward Health Care are constructing
19 the new Norwood Hospital. They are omitting
20 psych wards. My friends and I are angry at
21 Steward for this selfish travesty of
22 justice. Let's peacefully fight Steward for
23 their unjust plans for the hospital.

24 (Mr. Patterson singing.)

1 MR. PATTERSON: That's about as good as
2 I can do. Now, I can tell you, if they
3 don't comply, we are going to demonstrate.

4 MR. RENAUD: Thank you for your
5 testimony. Operator, please allow the next
6 speaker in.

7 THE OPERATOR: Our next speaker is
8 Michael Donovan. Your line is open.

9 MR. DONOVAN: Good evening, all. My
10 name is Michael Donovan. I'm a resident in
11 Norwood, Mass., and I too would like to
12 express my disapproval of this proposed
13 expansion in Brockton. Brockton, all be --
14 Good Samaritan, great hospital, had some
15 experience there.

16 It is -- it is this project that will
17 bring Norwood to a crisis point, and we
18 cannot afford to lose over 60 beds
19 desperately needed not only in Norwood, but
20 every town. Norwood, primary service area,
21 has serviced over 10 communities for nearly
22 100 years, and to lose those beds at this
23 time when we all know COVID has thrown us
24 all for a loop, young and old, and we need

1 to address all communities and how best to
2 serve all communities, not just Brockton.
3 Great town, great city, however, this
4 project will bring to -- will bring Norwood
5 to a desperate situation.

6 The hospital is now being built, but we
7 have grave concerns, and we hope to have
8 more discussion on this in the future,
9 perhaps find a better solution than the one
10 currently proposed. Thank you.

11 MR. RENAUD: Thank you. Operator,
12 could you please let the next speaker in?

13 THE OPERATOR: Thank you. Our next
14 speaker is Ray Breton. Your line is open.

15 MR. BRETON: Thank you. I'm Ray
16 Breton. I also the president of the South
17 Norwood Alliance for the Mentally Ill.
18 We've been dealing with this kind of problem
19 for many years.

20 I have closely reviewed the DoN for
21 Good Samaritan. I think it's a good one,
22 but I think that the applicant is a little
23 bit misguided. He has proposed -- he has
24 assumed that what he is doing is making a

1 regional contribution, but when actually if
2 you read the DoN carefully, you see that he
3 is making a local contribution. It's going
4 to be great for Brockton, but it completely
5 leaves Norwood in the lurch. As a matter of
6 fact, as I showed in my written testimony
7 that you already have, it is very much
8 likely to make the boarding town -- boarding
9 times in the Norwood ER skyrocket, just go
10 fantastically.

11 The problem is that there were 61 beds
12 that were being serviced in Norwood by the
13 old hospital. That is pre -- the pre-
14 catastrophic hospital. Those 61 beds are
15 still going to be needed, but the beds in
16 Brockton Good Samaritan are going to be
17 taken by those other 22 towns around Norwood
18 -- around Brockton, I'm sorry. And so they
19 will not be able by and large to be
20 accessed.

21 So I am suggesting this, that you
22 approve that the -- you approve the Good
23 Samaritan DoN with a provision that is
24 conditionally, conditionally that the

1 applicant also -- the condition would be
2 that the applicant construct at least a 20-
3 bed inpatient unit on the Norwood campus,
4 and there's some provision of that in the
5 Norwood DoN. So I think that's what needs
6 to be done, and I certainly hope that it is
7 going to be done.

8 I have a further question, however.
9 Someone told me that the build out at Good
10 Samaritan is going to extend until 2030.
11 Now, the Norwood Hospital is scheduled to
12 become operational in 2024. If that's true,
13 then there's a whole six years in which
14 there is no -- nothing to replace in either
15 Brockton or in Norwood, so I think that
16 needs to be cleared up. If that's the case,
17 then it accelerates the need to do a present
18 build out in the Norwood Hospital. Thank
19 you for your attention.

20 MR. RENAUD: Thank you for your
21 testimony. Operator, could you please let
22 the next speaker in.

23 THE OPERATOR: We are showing no
24 further in the queue. Once again, Star 1

1 and please unmute your phone and record your
2 name. Star 1 for any comments.

3 MR. RENAUD: Okay, since we do not have
4 any speakers in the queue right now, we will
5 wait 10 minutes, and if no one joins the
6 queue, I will provide some closing comments.

7 (Pause)

8 THE OPERATOR: Our next speaker I
9 believe is Jill. Please state and spell
10 your name clearly when prompted. Jill, go
11 ahead, your line is open.

12 MS. MAZZOLA: Hi, my name is Jill
13 Mazzola, M-A-Z-Z-O-L-A. I'm a resident of
14 Norwood, and I oppose this project on the
15 grounds of suitability, I'll call it,
16 because Steward has closed a couple of
17 units. This past year in '22, the unit on
18 -- at Good Samaritan was closed because lack
19 of staffing. They've also closed some of
20 their substance abuse units, and they moved
21 them from one unit to another unit to
22 another unit.

23 So I think, number one, I think they
24 will have a lot of difficulty staffing a 70-

1 bed hospital with all mental health
2 patients. I don't know where they foresee
3 getting their staffing from, but I agree
4 with the last caller that some of these beds
5 should remain at Norwood Hospital.

6 There's a great need, and the service
7 area does not include much of what Norwood
8 Hospital included and the closest one
9 probably would be downtown Boston or
10 Bournewood in West Roxbury which is a
11 private psych facility. So thank you very
12 much for your cooperation and listening to
13 me. Thank you.

14 MR. RENAUD: Thank you. Operator,
15 could you please let the next speaker in?

16 THE OPERATOR: George Sigel, your line
17 is open.

18 MR. SIGEL: Oh, thank you. I just
19 thought maybe there was a possibility of
20 using some of the unused time. I kind of
21 agree with everybody, and that's the
22 problem, that there's a need for a solid
23 program in the Brockton area and the 20
24 communities that surround the Brockton area.

1 However, that should not come at the expense
2 of programming that is needed in the Norwood
3 area.

4 Further, I am very surprised that the
5 State in its responsibility to oversee the
6 ebb and flow of services as provided by
7 these large corporations have not paid
8 attention to the deficits that are being
9 created in Norwood. Not that it's at the
10 expense of services that are needed in the
11 Brockton area, but it's being -- the
12 Brockton proposal really is being used to
13 totally obfuscate the reality that no
14 services for substance abuse or mental
15 illness are being developed in the Norwood
16 area, which has nothing to do with services
17 that are needed in the -- in the Brockton
18 area.

19 And it's very interesting to me that
20 the town officials represented at this
21 meeting are town officials that obviously
22 have close ties to the Brockton community,
23 and good luck to us all. However, you will
24 note that the town officials from Norwood

1 are absent from this so-called hearing,
2 when, in fact, I think they would have a lot
3 to say about the needs that are not going to
4 be met in the Norwood and surrounding areas
5 through this proposal.

6 I personally don't oppose the proposal
7 for Good Samaritan. But I am surprised, as
8 I said earlier, shocked, that the State in
9 its wisdom has kind of overlooked the
10 reality of the earlier proposal to build a
11 smaller hospital in Norwood that totally
12 excluded any services inpatient for the
13 Norwood proposal that is fast being built as
14 we speak.

15 There are needs everywhere. Why the
16 State in its wisdom would overlook the
17 proposal submitted in Norwood and then allow
18 as an explanation, it's all on tape, that
19 the proposal in Brockton would be even
20 better than any proposal allowed in Norwood,
21 that's just totally absurd, and I think it
22 is being used by the Steward officials to
23 basically cloud the fact that Brockton's
24 gain, in fact, is Norwood's loss.

1 And Brockton either using flexible --
2 flexible build-out space or just repurposing
3 the smaller facility that's being built, all
4 that is still possible, and I'm hoping the
5 State wakes up to the fact this is an
6 opportunity that was dropped by the State
7 from the mayor down through the Department
8 of Health to the DoN process, et cetera, et
9 cetera.

10 And Brockton sounds to me like a good
11 proposal. I've read the DoN carefully.
12 However, it is now coming out of the hide of
13 the program that Steward is proposing for
14 the Norwood area. Thank you.

15 MR. RENAUD: Thank you. Operator,
16 please let the next speaker in.

17 THE OPERATOR: I'm showing no further
18 speakers. Once again, Star 1 if you would
19 like to speak.

20 MR. RENAUD: Okay, at this point, we
21 will wait 10 minutes. If there are no
22 additional speakers, I will have some
23 closing comments.

24 THE OPERATOR: Kathleen Rooney, your

1 line is open.

2 MS. ROONEY: Thank you. Can you hear
3 me?

4 MR. RENAUD: Yes.

5 MS. ROONEY: Okay, sorry. Thank you.
6 My name is Kathleen Rooney, R-O-O-N-E-Y. I
7 am a Norwood resident and former Steward
8 employee. And while I on one hand support
9 the fact that there will be a new facility
10 in Brockton, it's really only replacing the
11 beds that were in Norwood Hospital and the
12 beds that they closed at Good Samaritan, and
13 the fact that it's not -- hasn't started
14 being built yet means that all of those beds
15 are now out of the system.

16 And I'm going to follow up on what Jill
17 said that Steward has many -- had some units
18 closed, some psychiatric units closed, in
19 their other hospitals, and the units that
20 are open are not filled to capacity, and
21 they won't go to capacity. I assume it's
22 because of staffing.

23 But I just want to be on record for the
24 Department of Public Health to know that

1 including Norwood and Good Samaritan, there
2 are probably close to 140 beds that are now
3 out of commission in the mental health field
4 in the state because they are not able to
5 staff these units, or for whatever reason,
6 they are not filling these units to
7 capacity.

8 So that is a big problem obviously, and
9 the wait times in the ERs are bad and that
10 the wait times in the ER in Norwood are
11 going to increase because there's nowhere
12 for them to go. Like someone said earlier,
13 normally the hospitals that have units
14 absorb their people from their emergency
15 rooms.

16 So I just want to, like I said, be on
17 record. I just want the Department of
18 Public Health to know that Steward has many
19 psych beds that they are not utilizing right
20 now. Thank you for your time.

21 MR. RENAUD: Thank you. Operator,
22 could you please let the next speaker in.

23 THE OPERATOR: I'm showing no further
24 speakers. Once again, Star 1 if you would

1 like to speak.

2 MR. RENAUD: We will give another 10
3 minutes. If there are no further speakers,
4 I will have some closing comments.

5 (Pause)

6 THE OPERATOR: We do have one coming
7 through. Neil Patterson, your line is open.

8 MR. RENAUD: Okay.

9 MR. PATTERSON: Well, I'm optimistic.
10 I think the future generation, younger
11 people, are going to be in tune with what's
12 going on in the world, and they want to -- I
13 believe they want to help save the world.
14 We all have things to be grateful for and
15 our children so important. They are having
16 a lot of health problems too.

17 It's serious, but I believe that there
18 will be quality employees for different
19 hospitals and stuff. I really believe that.

20 MR. RENAUD: Thank you for your
21 testimony. Operator, could you please let
22 the next speaker in.

23 THE OPERATOR: Once again, Star 1 if
24 you would like to speak.

1 MR. RENAUD: Okay, right now we do not
2 have anyone in the queue. So we will wait
3 10 minutes, and if we don't have a speaker,
4 I will make some closing comments.

5 (Pause)

6 THE OPERATOR: George Sigel, your line
7 is open.

8 MR. SIGEL: Thank you again. I'll be
9 very brief. I really want the record to
10 show that this is hardly an open forum, an
11 open meeting. It is an opportunity to vent,
12 and I'm glad that I've had this opportunity.
13 However, it totally neglects the problem
14 that is of concern to those of us who have
15 formed an advocacy group on behalf of
16 behavioral health beds to be incorporated
17 maybe to flexible space that's incorporated
18 in the Norwood proposal.

19 But this has nothing to do really with
20 the Brockton proposal. In my opinion the
21 State in its -- with its responsibility for
22 oversight has really dropped the ball and
23 created a further problem with which I think
24 is being neglected. Thank you.

1 MR. RENAUD: Thank you. Operator,
2 could you please let the next speaker in.

3 THE OPERATOR: Once again, Star 1 if
4 you would like to speak.

5 MR. RENAUD: Okay, with no one in the
6 queue, we will wait.

7 (Pause)

8 THE OPERATOR: Showing no comments at
9 this time.

10 MR. RENAUD: Okay, thank you.

11 (Pause)

12 THE OPERATOR: No further comments at
13 this time, sir.

14 MR. RENAUD: Thank you for the update.
15 We will wait a few more minutes.

16 (Pause)

17 MR. RENAUD: Since there are no
18 additional speakers in the queue, we will
19 now end the public hearing.

20 As a reminder, written comments will be
21 accepted through Monday, October 2, 2023.
22 Thank you for your testimony.

23 THE OPERATOR: And this does conclude
24 today's conference. You may disconnect at

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this time.

(Whereupon, public hearing was
concluded at 6:47 p.m.)

C E R T I F I C A T E

COMMONWEALTH OF MASSACHUSETTS

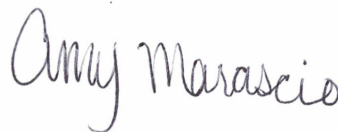
NORFOLK, SS.

I, Amy Marascio, a Professional Court Reporter and Notary Public in and for the Commonwealth of Massachusetts, do hereby certify that the foregoing telephonic public hearing was taken before me on September 20, 2023.

The said telephonic public hearing was taken audiographically by myself and then transcribed under my direction. To the best of my knowledge, the within transcript is a complete, true and accurate record of said telephonic public hearing.

I am not connected by blood or marriage with any of the said parties, nor interested directly or indirectly in the matter in controversy.

In witness whereof, I have hereunto set my hand this 22nd day of September 2023.



Amy Marascio, Notary Public

My Commission Expires:

May 31, 2030

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