

In The Matter Of:

*Public Hearing Re: Determination of Need Application
re CareGroup, Inc., Lahey Health Systems, Inc., etc.*

*Public Hearing Volume I
December 5, 2017*



**DORIS O. WONG
ASSOCIATES, INC.**

COURT REPORTERS

50 Franklin St., Boston, MA 02110
Phone (617) 426-2432

*Original File Public Hearing Vol.I.txt
Min-U-Script® with Word Index*

Volume I
Pages 1 to 144

COMMONWEALTH OF MASSACHUSETTS

DEPARTMENT OF PUBLIC HEALTH
DETERMINATION OF NEED PROGRAM

DIVISION OF HEALTH CARE FACILITY
LICENSURE AND CERTIFICATION

PUBLIC HEARING RE:

Determination of Need Application filed on
September 7, 2017, in connection with a transaction
by which CareGroup, Inc., Lahey Health Systems,
Inc., and Seacoast Regional Health Systems, Inc.,
intend to affiliate to create a new comprehensive
and distributed health care delivery system in
Eastern Massachusetts.

BEFORE:

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

Steve Davis
Licensure Unit Manager,
Division of Health Care Quality and Safety

Held at:
Roxbury Community College
Media Arts Center Auditorium
1234 Columbus Avenue
Boston, Massachusetts
Tuesday, December 5, 2017
5:00 p.m.

Carol H. Kusinitz,
Registered Professional Reporter

Public Hearing Volume I - December 5, 2017

	I N D E X	
	SPEAKER:	PAGE
1		
2		
3	Kevin Tabb, M.D. Beth Israel Deaconess Medical Center	11
4		
5	Ann-Ellen Hornidge Lahey Health Board of Trustees	16
6		
7	Jeannette Clough Mount Auburn Hospital	19
8		
9	Trish Hannon New England Baptist Hospital	22
10		
11	Bonny Gilbert Greater Boston Interfaith Organization	25
12		
13	Peter Smialek	28
14		
15	Guadaloupe Mota Greater Boston Interfaith Organization	32
16		
17	David Welch	34
18		
19	Linda Percy New England Baptist Hospital, Patient Family Advisory Council	38
20		
21	Brian Miller Madison Park High School Project Search	40
22		
23	Deborah Felton Fuller Village	42
24		
25	Myechia Minter-Jordan, M.D. Dimock Community Health Center	44
26		
27	Stephen Boswell, M.D. Fenway Community Health Center	47
28		
29	Rich Fernandez Beth Israel Deaconess Hospital-Milton	51
30		
31	Karen Peterson South Shore YMCA	53

Public Hearing Volume I - December 5, 2017

	I N D E X (Continued)	
	SPEAKER:	PAGE
1		
2		
3	Councilor Josh Zakim Boston City Council	54
4		
5	Eva Millona Massachusetts Immigrant and Refugee Advocacy Coalition	57
6		
7	Catherine D'Amato Greater Boston Food Bank	58
8		
9	Carl Sciortino AIDS Action Committee	60
10		
11	Phillomin Laptiste Bowdoin Street Health Center	62
12		
13	Swannie Jett, M.D. Brookline Public Health	65
14		
15	Rachel Rodrigues Louis D. Brown Peace Institute	66
16		
17	Kira Khazatsky Jewish Vocational Services	70
18		
19	Bill Henning Boston Center for Independent Living	72
20		
21	Kenneth Tangvik Hyde Square Task Force	74
22		
23	Amy Schectman Jewish Community Housing for the Elderly	76
24		
	Lisa Lachance Beth Israel Deaconess Medical Center, Center for Violence Prevention and Recovery	77
	William Boyd, M.D. Atrius Health	79
	Richard Weiner, M.D. Winchester Hospital	82

Public Hearing Volume I - December 5, 2017

	I N D E X (Continued)	
	SPEAKER:	PAGE
1		
2		
3	Patricia Fitzgerald New England Baptist Hospital	84
4		
5	Sarika Aggarwal, M.D. Beth Israel Deaconess Care Organization	86
6		
7	Kathleen Diamond Old Colony Hospice	88
8		
9	Michael Cruza Old Colony Hospice	90
10		
11	Donna Doherty Beth Israel Deaconess Hospital-Plymouth	91
12		
13	Kevin Coughlin Beth Israel Deaconess Hospital-Plymouth	94
14		
15	Stephanie Jones, M.D. Beth Israel Deaconess Medical Center Opioid Care Committee	96
16		
17	April Lamoureux	100
18		
19	Shari Gold-Gomez Beth Israel Deaconess Medical Center Interpreter Services	102
20		
21	Laura Adams Roxbury Tenants of Harvard	103
22		
23	Richard Rouse Mission Hill Main Streets	107
24		
	Joseph Li, M.D. Beth Israel Deaconess Hospital Medicine	108
	Ken Farbstein Greater Boston Interfaith Organization	110
	Marie Sanchez Mission Hill Neighborhood Housing Services	112

Public Hearing Volume I - December 5, 2017

	I N D E X (Continued)	
	SPEAKER:	PAGE
1		
2		
3	Michel Soltani	115
4	Nelson Lui	117
	South Cove Community Health Center	
5		
6	Bruce Keary	118
	Mission Hill Neighborhood Housing Services	
7	Mary Ann Nelson	118
	Mission Hill Health Movement	
8		
9	Hanoi Reyes	124
	Affordable Care Coalition	
10	Santa Rosado	124
	Affordable Care Coalition	
11		
12	Luz Corporan	126
	Affordable Care Coalition	
13	Patricia Flaherty	127
	Mission Hill Neighborhood Housing Services	
14		
15	Joanne Pokaski	132
	Beth Israel Deaconess Medical Center	
16	Carmen Pola	135
	Mission Hill Senior Legacy Project	
17		
18	Karen Gately	137
	Roxbury Tenants of Harvard	
19	Chhorvi Voinn Sumsethi	140
	Coalition for Affordable Health Care	

* * * *

20
21
22
23
24

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

2 HEARING OFFICER MANN: We're going to get
3 started, if everybody would take a seat, please.

4 While everybody is getting settled, I can
5 take care of some of the formalities here. Thank
6 you for coming. My name is Nora Mann. I am the
7 Director of the Massachusetts Department of Public
8 Health Determination of Need Program.

9 This is a public hearing that has been
10 called pursuant to a DoN application -- "DoN"
11 meaning Determination of Need -- that was filed on
12 September 7, 2017, in connection with a transaction
13 in which CareGroup, which is the parent of Beth
14 Israel Deaconess Medical Center, New England Baptist
15 Hospital, and Mount Auburn Hospital; Lahey Health
16 System; and Seacoast Regional Health Systems, which
17 is the parent of Anna Jaques Hospital, intend to
18 affiliate to create a new comprehension and
19 distributed health care delivery system in Eastern
20 Massachusetts.

21 You will note a couple of things. We have
22 an ASL interpreter. If somebody needs the
23 interpreter, would they let us know, please, by
24 contacting one of the people at the desk. If not,

1 and we don't have any requests, this will give her
2 an opportunity to take a break.

3 The hearing is being transcribed, and in
4 the interests of having a good transcription, when
5 folks are called up to speak, we will ask that you
6 state and spell your name and affiliation. And if
7 you have written testimony, please provide a copy of
8 that to our stenographer. If you vary from the
9 written text, she will take down what you're saying,
10 but it will help us have a good transcript of the
11 proceedings.

12 This hearing is being conducted jointly
13 with the Division of Health Care Facility Licensure
14 and Certification, pursuant to Massachusetts General
15 Laws Chapter 111, Section 51G. They are conducting
16 a review of the suitability of the Applicant to own
17 and operate the hospital. That is a different type
18 of review than the Determination of Need, but in the
19 interests of everybody's time and trying to
20 address -- to make sure that people could have an
21 opportunity to speak and address either or both of
22 those issues, this is a joint hearing.

23 To that end, joining me this evening is
24 Steve Davis, who is the Licensure Unit Manager from

1 the Division of Health Care Safety and Quality,
2 which regulates licensure of hospitals.

3 By statute, before any license to operate a
4 health care facility can be issued, any person
5 intending to acquire a health care facility must
6 apply for a Determination of Need. In this case, it
7 is under the provisions of 105 CMR 100.735. They
8 have to offer a clear and convincing showing under
9 each of Factors 1, 3, and 4.

10 The full text of the regulation is
11 available online, but in short, the Applicant must
12 demonstrate that there is sufficient need for the
13 project by its existing patient panel; that the
14 project will add measurable public health value in
15 terms of improved health outcomes, quality of life,
16 and provide reasonable assurance of health equity;
17 that the proposed project will operate efficiently
18 and effectively, furthering and improving continuity
19 and coordination of care for the Applicant's patient
20 panel; that the Applicant has provided evidence of
21 consultation with all government agencies that have
22 relevant licensure, certification or other
23 regulatory oversight; evidence of sound community
24 engagement; and that the project will compete on the

1 basis of price, total medical expenses, provider
2 costs, and other recognized measures of health care
3 spending.

4 In addition, the Department must find that
5 the Applicant is in compliance with all relevant
6 laws and regulations and that the Department can
7 make a finding that there are sufficient funds
8 available for capital and ongoing operating costs
9 necessary to support the project without negative
10 impacts or consequences to the existing patient
11 panel.

12 This hearing is an effort to gather
13 information and hear the opinions of interested
14 parties. It is not intended to be a question-and-
15 answer session.

16 The Department of Public Health will take
17 all relevant information into account in preparing
18 our recommendations. The decision will be made
19 ultimately by the Massachusetts Public Health
20 Council.

21 Today's proceedings will follow the
22 following timeline. First we will hear from the
23 Applicant. There will be four representatives who
24 will speak briefly on behalf of the associated

1 health systems.

2 If you wish to speak and you have not yet
3 signed up on a sheet in the hallway, please do that.
4 We will go from the sign-up sheet to determine the
5 order of speakers. As a courtesy, if there are
6 elected officials or others who for some reason have
7 a pressing need to leave early, we will fit them in
8 beforehand.

9 When your name is called, please come up to
10 the microphone right there, identify yourself by
11 stating and spelling your name and your affiliation,
12 if any, or your town of residence. We will also
13 announce the name of the next speaker and ask that
14 person to approach the front of the auditorium and
15 wait in proximity to the mic for your turn to speak.

16 Again, if you have any written testimony,
17 please provide it to the stenographer. Each speaker
18 will have one turn only to give testimony. However,
19 additional comments may be submitted to us in
20 writing.

21 We will accept and consider all comments
22 equally, whether they are given to us orally or in
23 writing at today's hearing or any time between now
24 and Monday, December 18th, close of business.

1 That's when public comment will close for this
2 proceeding. The email and the regular mailing
3 addresses can be found in the back of the room or
4 they are online.

5 So with that, I'm going to ask the
6 representatives of the Applicant to come forward and
7 identify yourself for our stenographer. Thank you.

8 DR. TABB: Good evening. My name is Dr.
9 Kevin Tabb, T-a-b-b, and I am --

10 HEARING OFFICER MANN: Dr. Tabb, if it's
11 awkward to have your back to all of those people, it
12 will not offend either Steve or me if you speak to
13 the larger number of people that's in the room.

14 DR. TABB: I appreciate the offer. Thank
15 you.

16 My name is Dr. Kevin Tabb, and I'm the CEO
17 of Beth Israel Deaconess Medical Center. I want to
18 begin by thanking the Department of Public Health
19 for hosting this meeting and giving us the
20 opportunity to participate, but I also want to thank
21 all of the community members that are here who took
22 time from what I know are busy schedules to attend,
23 and to thank the number of leaders from our proposed
24 partner organizations that are here to hear directly

1 from the community, thank them as well.

2 We're here tonight because we've asked the
3 Department to approve the application of Beth Israel
4 Deaconess Medical Center, Lahey Health, New England
5 Baptist Hospital, Mount Auburn Hospital, and Anna
6 Jaques Hospital to create a new non-profit
7 integrated health care system in Massachusetts.

8 With the creation of this new system, our
9 vision is to transform the region's health care
10 delivery system and create a stronger and more
11 integrated organization that will provide expert
12 patient care closer to home, especially for our most
13 vulnerable patients, seamless superior patient
14 experience, and unparalleled value in a rapidly
15 changing health care environment.

16 As separate organizations we can continue
17 to provide great care, but together as one health
18 system we believe we can do so much more. By
19 joining together, we'll create a health system that
20 has world-class academic medical centers and
21 teaching hospitals, leading community hospitals, and
22 a premier orthopedics hospital.

23 All of that will be complemented by
24 compassionate, best-in-class physician networks,

1 community health centers, and clinical strengths
2 across the entire continuum of care, from primary
3 care to behavioral health, long-term care, post-
4 acute care.

5 So what does this all mean for our
6 patients, for their families, our neighborhoods and
7 communities? For our patients, they will have
8 access to all of this in one network and services
9 that will be better coordinated across all of the
10 different aspects of the patient's health care
11 experience.

12 Our neighborhoods and communities will have
13 greater access to specialty care close to where they
14 live and work, and care will be delivered in the
15 most clinically appropriate and cost-effective
16 settings.

17 Our patients will have enhanced access to
18 an even broader range of subspecialty and tertiary
19 care, with the benefit of cutting-edge research and
20 a commitment to training the next generation of
21 physicians, nurses and allied health professionals.
22 And all of that will be coordinated through a single
23 network.

24 It also means that patient care will

1 continue to advance, keeping pace with new
2 discoveries and developments in medicine and in
3 health care delivery.

4 As stand-alone organizations, investments
5 to do these things are becoming increasingly
6 difficult, sometimes impossible to manage. We will
7 have the scale necessary to create new and
8 innovative health insurance products that will be
9 extremely attractive to employers and consumers.

10 We know that all of these things are
11 ambitious goals, but we're motivated by our
12 fundamental desire to dramatically improve the care
13 that we provide to our patients. And I'm confident
14 that we can do all of this, because on a smaller
15 scale, we have done a lot of it already.

16 You'll hear this evening from some of my
17 colleagues from our local community hospitals and
18 our affiliated community health centers. By coming
19 together to create a new health system, we can
20 combine the resources and expertise of each
21 organization with the shared commitment to keeping
22 care in the community whenever possible.

23 It has the potential for great benefits,
24 both locally and statewide. Locally, it's a very

1 difficult time to be a health care provider. Every
2 year we hear about community hospitals, community
3 health centers or local doctors' offices that are
4 forced to reduce services, eliminate jobs or shut
5 down entirely.

6 We're committed to ensuring that our
7 community affiliates will have the resources and
8 clinical infrastructure that they need in order to
9 grow, to maintain their competitiveness, and to
10 adjust to meet the changing health care needs of the
11 community.

12 As one system we can offer our patients,
13 our employees, businesses and health insurers the
14 opportunity to receive care from high-quality
15 physicians and hospitals at a cost that is
16 significantly lower than the high-cost alternatives.

17 If we attract as little as 1 percent of
18 patients to our new system from higher-cost
19 providers, it will reduce health care costs by \$16
20 million. \$16 million in cost reductions for every 1
21 percent of patients is an incredible opportunity for
22 all of us.

23 We're proud of the investments that we've
24 made in providing care in local communities, and

1 we're excited that this new system will give us the
2 ability to do even more. We're also excited about
3 the opportunity to create a market-based solution to
4 address Massachusetts' health care cost challenges.

5 In all of this, though, what we're most
6 excited about is the opportunity to do more for our
7 patients, for their families, and for the
8 communities that we're privileged to serve. We're
9 convinced that the creation of our new system is an
10 essential step in moving forward to achieving that
11 goal.

12 I respectfully ask that the Department of
13 Public Health approve this application. Thank you.

14 HEARING OFFICER MANN: Thank you, Dr. Tabb.

15 MS. HORNIDGE: Good evening. My name is
16 Ann-Ellen Hornidge. The first name is hyphenated,
17 Ann-Ellen. Hornidge is H-o-r-n-i-d-g-e.

18 I am a partner at the law firm of Mintz
19 Levin here in Boston and Chair of the Lahey Health
20 Board of Trustees. In the proposed new system, I
21 would hold the role of Chair of the Board of
22 Trustees of the combined organization.

23 I would like to begin by thanking the
24 Department of Public Health for holding this meeting

1 and thanking all of you for taking the time to come
2 here tonight and share your thoughts.

3 I am honored to have been named Chair of
4 the proposed new system and recognize the tremendous
5 responsibility that comes with the position. The
6 Board of Trustees is an important part of leadership
7 in any organization.

8 While the other Trustees of the new
9 organization have not yet been named, they will be
10 community, business and clinical leaders who each
11 will bring unique insight and expertise. If
12 approved, the Trustees of this new system will
13 support and guide system leadership in developing on
14 the promise of this affiliation.

15 The Massachusetts health care system needs
16 a catalyst for change, and I believe that we can be
17 that catalyst. By creating a high-quality, lower-
18 cost system of well-respected clinical
19 organizations, we can drive the change that
20 Massachusetts wants and needs. As Trustees, our
21 mission is to ensure that we achieve this vision.

22 For our patients, our new system can offer
23 access to thousands of physicians and clinicians
24 closer to where they live and work who share a

1 commitment to delivering integrated, high-quality
2 care in the most appropriate and convenient setting.

3 For our communities, we can invest in the
4 local clinicians, hospitals and health services they
5 rely on for care. We can improve the health of the
6 community by adding new services and supporting the
7 community groups we work with to care for vulnerable
8 and underserved populations, reduce health
9 disparities, and address public health issues like
10 addiction, hunger and chronic disease.

11 For our current and future employees, we
12 can be an employer of choice that offers competitive
13 salary and benefit opportunities in communities
14 across the Commonwealth.

15 For the people of Massachusetts, we can
16 create the health system they deserve, a health
17 system that advances medicine through groundbreaking
18 research and educates future generations of
19 physicians; a health system that cares for patients
20 where they prefer, rather than where they are told
21 they must go; a health system that is committed to
22 efficiency and providing high-quality care at lower
23 cost so communities, businesses, families and state
24 governments can commit resources to other

1 priorities; a health system that drives change by
2 demonstrating that there's a better way.

3 I am eager to have the opportunity to bring
4 these benefits to patients, communities and
5 businesses throughout Eastern Massachusetts, and I
6 respectfully request that the Department of Public
7 Health approve this affiliation so we can move
8 forward. Thank you.

9 HEARING OFFICER MANN: Thank you.

10 MS. CLOUGH: Good evening. My name is
11 Jeanette Clough, C-l-o-u-g-h, and I'm the President
12 and CEO of Mount Auburn Hospital in Cambridge.

13 I also want to thank the Department for the
14 opportunity to speak with you tonight and express my
15 gratitude to my colleagues and to the community
16 members who are here with us this evening.

17 We too are very excited about the
18 opportunity to come together into a new integrated
19 health care delivery system that brings new
20 opportunities to improve patient care, to improve
21 the health of broad populations, and to create more
22 affordable options for great health care in our
23 Commonwealth.

24 We are confident that Mount Auburn, as a

1 high-value tertiary and quaternary care provider, is
2 uniquely positioned, both geographically and
3 operationally, to add tremendous value to our shared
4 efforts.

5 Mount Auburn Hospital is a 220-bed Harvard
6 Medical School regional teaching hospital, serving
7 communities throughout the greater metropolitan
8 Boston/Cambridge area. Mount Auburn has more than
9 3,000 employees, including more than 900 physicians
10 and 700 nurses, committed to providing an
11 outstanding patient experience in keeping with our
12 motto of "Excellence with Compassion."

13 We are recognized regionally and nationally
14 for our focus on quality improvement and patient
15 safety and for our commitment to both clinical care
16 excellence and to teaching students of medicine and
17 the health professions, a commitment that has
18 remained steadfast.

19 In addition, Mount Auburn's subsidiary,
20 CareGroup Parmenter Home Care & Hospice, which
21 currently serves more than 50 communities in Eastern
22 Massachusetts, offers a wide range of in-home health
23 care to a diverse group of patients, including new
24 mothers, patients in need of rehabilitation therapy,

1 and older adult patients in need of skilled nursing
2 visits.

3 Finally, our palliative care and hospice
4 services provide transitional and end-of-life care
5 for those who are suffering terminal illness and
6 provide emotional support for their families.

7 Hospice is offered in the home, in skilled nursing
8 facilities, and in our ten-bed hospice residence.

9 We are confident that this new health
10 system will give each of us the unprecedented
11 opportunity to combine our unique resources, our
12 deep clinical and operational expertise, and our
13 investments in a shared effort to improve patient
14 care and to reduce overall health care spending.

15 We look forward to working together to
16 achieve success under new models of care and new
17 models of payment and to creating a new integrated
18 system that works for patients, for employers, for
19 health plans, for our clinicians and our staff, and
20 for the communities we proudly serve.

21 Thank you for the opportunity to speak with
22 you this evening, and I respectfully request the
23 Department's approval of our application. Thank you
24 very much.

1 HEARING OFFICER DAVIS: Thank you.

2 HEARING OFFICER MANN: Thank you.

3 MS. HANNON: Good evening. My name is
4 Trish Hannon, H-a-n-n-o-n, and I'm President and CEO
5 of New England Baptist Hospital in Boston.

6 Welcome to our neighborhood of Roxbury
7 Crossing and Mission Hill. I'm very glad to have
8 the opportunity to speak in favor of the application
9 for the creation of a new health system formed by my
10 colleagues at the Beth Israel Deaconess Medical
11 Center, Lahey Health, Mount Auburn Hospital, Anna
12 Jaques Hospital, and of course the New England
13 Baptist Hospital.

14 New England Baptist holds a unique position
15 as the only specialized hospital in this
16 affiliation. We're an orthopedic surgical referral
17 hospital for the region, and this new integrated
18 health system will provide a critical base of
19 primary care and specialty physicians that we need
20 to continue to serve our patients in our current
21 locations in Boston and also in Dedham, but it will
22 also create the opportunity for us to serve patients
23 in need for musculoskeletal care in new geographies
24 with our system partners.

1 The Baptist has been recognized as a
2 national leader in musculoskeletal care, and we wish
3 to be able to bring that value to new patients in
4 need throughout Eastern Massachusetts. Without this
5 opportunity, New England Baptist Hospital would
6 mightily struggle to remain a thriving organization.

7 The Baptist performs approximately 16,000
8 orthopedic surgeries per year, more than any other
9 hospital in New England. As a teaching institution
10 affiliated with Tufts University School of Medicine,
11 the Baptist has fellowships across nine
12 subspecialties in musculoskeletal medicine and
13 surgery.

14 The hospital is staffed by some of the
15 finest well-trained physicians, surgeons, nurses,
16 therapists and support staff, who together have
17 created a care model that's highly recognized for
18 preventing infections, lowering hospital
19 readmissions, and controlling total medical expense
20 for our population. We also take great pride in the
21 legendary service, having received top national
22 honors for patient satisfaction for the tenth
23 consecutive year in 2007.

24 The New England Baptist Hospital Board of

1 Trustees recently voted to join this new health
2 system as a founding member because it provides the
3 best opportunity for the New England Baptist to
4 continue our 125-year-old charitable mission,
5 serving now patients who have significant
6 musculoskeletal disorders and diseases. It
7 preserves our culture of excellence in clinical
8 outcomes.

9 We wish to grow the next generation of
10 physicians to diagnosis and treat musculoskeletal
11 disease and further develop their robust outcomes
12 research endeavor that informs future care delivery,
13 as well as preserving and fostering outstanding
14 orthopedic care within the new health system for
15 populations that we all serve together at lower
16 cost.

17 New England Baptist has a proud history of
18 service and partnership with our community. Many of
19 those community partners are here tonight, and I
20 offer my thanks to all of you for that. I also wish
21 to offer to you 75 letters of support in favor of
22 this application.

23 I would like to thank you at the Department
24 for taking the time to conduct this public hearing,

1 and I would certainly join my colleagues in urging
2 approval for this application. Thank you very much.

3 HEARING OFFICER MANN: Thank you.

4 HEARING OFFICER DAVIS: Thank you.

5 HEARING OFFICER MANN: We have about 45 or
6 50 folks who want to speak. In the interests of
7 making sure that everybody gets a chance, I'm going
8 to ask folks to try to limit what you're saying to
9 three or four minutes. And, again, we are happy to
10 accept any written testimony as well.

11 So the first speaker will be Bonny Gilbert,
12 followed by Peter Smialek. People get points for
13 good handwriting.

14 Ms. Gilbert.

15 MS. GILBERT: Bonny, B-o-n-n-y, Gilbert,
16 G-i-l-b-e-r-t, and I am with the Greater Boston
17 Interfaith Organization.

18 So good evening, and thank you for allowing
19 me this opportunity to speak. I am a member of the
20 Board of the Greater Boston Interfaith Organization,
21 GBIO. I chair our Healthcare Team, and I am a
22 member of the 10 Taxpayer Group GOTEACH, which is
23 made up of members of the Greater Boston Interfaith
24 Group.

1 GBIO is a social justice community
2 organizing organization that includes about 50
3 religious congregations -- Christians, Jews and
4 Muslims -- throughout the greater Boston area. GBIO
5 works together with and on behalf of these
6 congregants and many more. We work on a number of
7 different issues impacting us, and of course I'm
8 here tonight to talk about our health care concerns.

9 We care about the rising out-of-pocket
10 costs of health care that so many of us are
11 experiencing and the decreasing access to care, and
12 we care about changes in our community that impact
13 our health.

14 And we know that mergers such as these can
15 raise costs and lead to changes in access that can
16 impact our health. These are the reasons that we
17 filed as a 10 Taxpayer Group, to ensure that this is
18 not the impact of this proposed merger.

19 I am personally involved because I have
20 been experiencing the rise in costs out of my
21 family's pocket for a number of years now. We have
22 three children, and we have experienced a whole
23 variety of needs and care, including mental health
24 services.

1 We're lucky that no one has a terminal
2 illness, yet it has cost us over \$20,000 a year,
3 last year \$24,000 out of pocket, for each of these
4 last few years to provide our children and my
5 husband and me with the care that we need. So
6 that's well over \$60,000 in the last three years
7 alone out of pocket.

8 Just this last year, when signing up for
9 our insurance plan, we scrupulously reviewed every
10 option, as I know a lot of people do, and included
11 in our decision making the fact that one of the
12 plans included one of my son's medications in a tier
13 that would allow full coverage, after the
14 deductible, of course.

15 Six weeks later, when the plan took effect,
16 the medication had changed tiers and was no longer
17 covered at all, so new family cost of \$100 a month.
18 These are just some of the examples of what
19 consumers are going through and why we are here
20 tonight.

21 With all of this in mind, we would like to
22 strongly advocate for the HPC to complete a CIMR on
23 this merger to determine the true impact of this
24 merger on us, the patients, the consumers.

1 We also want to advocate that this
2 Determination of Need program not request an
3 Independent Cost Analysis to be done. We believe
4 that HPC has the competency to do this. They have a
5 staff. They have the funds. They have the
6 resources. They are truly a neutral body. We do
7 not see any benefit in having an additional study
8 done as well.

9 We are also here because we believe that a
10 critical component of this merger also needs to
11 include a serious commitment of the parties to carry
12 out various community benefits programs that address
13 social determinants of health, especially focused on
14 affordable housing and jobs.

15 It is for these reasons, our concerns over
16 exponential cost increases, access to care, and a
17 need for an improved health care environment, that
18 GBIO is testifying tonight, and I just want to thank
19 you for the time. Thank you very much.

20 HEARING OFFICER MANN: Thank you.

21 Peter. Following Peter is Guadalupe Mota.

22 MR. SMIALEK: My name is Peter Smialek,
23 S-m-i-a-l-e-k. I apologize for the handwriting. My
24 parents thought I was going to be a doctor, but I

1 didn't make it.

2 I'm here today as a former patient of the
3 Beth Israel Deaconess Medical System, I guess,
4 Milton and BIDMC-Boston. Again, I'm a resident of
5 Quincy, Massachusetts, went to UMass Amherst, and my
6 story is that of a relatively recent patient.

7 I'm here to speak about my experiences with
8 Beth Israel Deaconess-Milton and BIDMC-Boston in
9 telling you why I support the proposal to join the
10 various hospital systems under consideration today.

11 On August 24, 2014, I went out for a
12 routine training ride on my bicycle. I rode my bike
13 often and considered myself to be in the best shape
14 of my life, having completed a 75-mile charity ride
15 in June. The route I took was one of my usual ones
16 leading to and around Blue Hill.

17 I was in the process of getting home after
18 a few hours, when I suffered sudden cardiac arrest
19 not far from BID-Milton Hospital. Cardiac arrest at
20 any time is a severe emergency, and the odds of
21 surviving outside the hospital are very poor.

22 I was one of the very lucky ones. I
23 survived with no heart or brain damage.
24 Fortunately, people witnessed me passed out and

1 crashing on my bike. One gentlemen recognized I was
2 in cardiac arrest and began CPR, a nurse also
3 stopped to assist, as did several other people who
4 called 911 and stopped traffic.

5 The EMTs responded quickly and used the
6 defibrillator to restart my heart, and then they
7 rushed me to BID-Milton. The team at BID-Milton
8 worked to stabilize me, assessed my injuries, and
9 placed me in a medically induced coma and began
10 therapeutic hypothermia to minimize the risk of
11 brain damage. I was then rushed to BIDMC-Boston for
12 specialized heart care, spending two-plus weeks
13 recovering, before ultimately undergoing quadruple
14 bypass surgery.

15 I was extremely lucky, even blessed, to
16 survive, but I was also fortunate to have excellent
17 medical care nearby in Milton and Boston. I
18 survived because of the quick action of skilled
19 medical professionals, as well as the kindness of
20 strangers who helped me. I credit the rapid
21 treatment of my medical issues and the procedures in
22 place to get me into specialized care without delay
23 as having saved my life and minimized possible
24 damage.

1 It is impossible to adequately thank people
2 who saved your life. I received excellent care in
3 Milton and Boston, returning to Milton Hospital for
4 my cardiac rehab and other medical services. I am
5 grateful to be alive, and my family and my friends
6 give thanks to those regular citizens and
7 professionals who helped me on that fateful day.

8 I support the joining of the proposed
9 hospital systems as a way of ensuring that excellent
10 medical care continues to be provided in the Milton
11 area. We no longer have a hospital in Quincy, and
12 the BID System can only benefit from the synergy
13 with the other hospital systems, expanding its
14 ability to provide excellent health care access over
15 a wider spectrum of medical disciplines.

16 We all want and need excellent and lower-
17 cost community health care. With the ongoing
18 changes in health insurance, medical and pharma
19 costs rising, and increasing uncertainty about the
20 health care system, I urge you to favorably consider
21 the joining of Beth Israel Deaconess system with
22 Lahey Health, New England Baptist, Mount Auburn
23 Hospital and Anna Jaques Hospital, to ensure
24 continued responsive and high-quality health care in

1 the local area.

2 Thank you very much for your time.

3 HEARING OFFICER DAVIS: Thank you.

4 HEARING OFFICER MANN: Thank you.

5 Following Mr. Mota will be David Welch.

6 MR. MOTA: Good evening. My name is
7 Guadalupe Mota, M-o-t-a, and I am here with GBIO,
8 Greater Boston Interfaith Organization. I am also a
9 resident of Cambridge, Massachusetts.

10 As mentioned earlier, I'm part of GBIO and
11 part of the health care leadership team. GBIO is a
12 broad-based organization that works for public good,
13 by organizing groups across religions, ethnicities,
14 class and neighborhoods. We consist of about 50
15 congregations in Greater Boston, which represent
16 about 50,000 people. Tonight I'm here on behalf of
17 speaking for those individuals.

18 From our over 50,000 individuals, there are
19 three areas of health care where we are concerned.
20 One is the increasing cost of care; two, access to
21 health care; and three, the impact of social
22 determinants to the health outcomes.

23 We ask that, for a merger of Beth Israel
24 and Lahey to continue, the Department of Health

1 looks into the impact of the following: One, how to
2 decrease the health care costs for patients faced
3 with the merger; two, increasing the access to care
4 with the merger; and three, the total impact of
5 social determinants in health outcomes with this
6 merger.

7 I am quite familiar with the importance of
8 having access to care. I am personally a
9 hemophiliac, which means, when I cut myself, it
10 doesn't stop bleeding. From my hemophilia in the
11 past, I have frequent medicines and I also need to
12 have specialized care. In the past there have been
13 times when there hasn't been access to this care,
14 and it has cost me severe pain but also has put me
15 in life-threatening situations.

16 This is not the story that I have today.
17 This story represents a lot of people within Boston
18 that want to have care and access.

19 So today I speak to you as a GBIO leader
20 and as a patient and a community member that wants
21 patients to have reasonable-cost treatments and
22 accessibility.

23 To fully understand this merger, we ask
24 that the Department of Health support the Health

1 Policy Commission study to show that impact of the
2 merger in the community. GBIO feels that having a
3 neutral party study the impact of the merger will
4 help us have a perspective that is sound and rooted
5 in reality.

6 The study will provide sound evidence that
7 allows us to understand the nature of the merger and
8 the magnitude of the cost, accessibility and social
9 determinants. We ask that this be rooted in a
10 neutral party such as the HPC, since it provides
11 objective truth, and we feel it's in the best
12 interests.

13 So I speak today on behalf of our 50,000
14 constituents that we want to lower cost, increase
15 accessibility, and improve social determinant
16 outcomes of health. Thank you.

17 HEARING OFFICER DAVIS: Thank you.

18 HEARING OFFICER MANN: Thank you.

19 Mr. Welch, and after Mr. Welch, Linda
20 Percy.

21 MR. WELCH: Good evening. David Welch,
22 W-e-l-c-h, 1575 Tremont Street, which is right down
23 the street.

24 In 1973 I owned a small stock brokerage

1 firm in the City of Boston. I was a partner and
2 went broke. And to stay alive, I took a job as a
3 guard at the New England Baptist Hospital.

4 I can tell you, from the first night I
5 worked at that hospital, I loved it. I said, "I
6 want to stay here for the rest of my life," and sure
7 enough, for 33 years, I worked there.

8 But I take this as a little further. I'm
9 for the merger, and I just want to go back just a
10 little bit, because I was there during the wars, and
11 there's a lot of people in the audience here that
12 knows about those wars that we all went through in
13 this neighborhood, and one of them was with the
14 Lahey Clinic.

15 The Lahey Clinic owned a huge swath of land
16 over in the back of the Hill along with the Ruggles
17 Baptist Church. And then the Department of Public
18 Health, it was announced that the Lahey Clinic was
19 going to move to Burlington, and the Department of
20 Public Health had a DoN hearing.

21 One of the things that they found -- there
22 were several things that they found, little things
23 that they added to the DoN, but one of them was that
24 first they had closed Brooks Hospital in Brookline,

1 which they did -- they sold that, it's condominiums
2 now -- and the second thing was they could no longer
3 admit patients to the New England Baptist Hospital.

4 And every day Dr. Wise, who was the
5 Chairman of the Clinic, used to come by my office,
6 and he would stick his head in, and he would say,
7 "Dave, you know, we're moving, we're going, we're
8 moving." And I said, "Dr. Wise, I don't get it. I
9 don't get why you want to go out to Burlington."

10 He said, "You know, Dave, you have no
11 vision, you have no vision." And about every other
12 day he would stop in and say, "Did you get a vision
13 yet, Dave? Did you get the vision? Because we're
14 going, we're going." And I said "Okay."

15 But at the time our President, Greg McAfoos
16 at the time, got us all together, and he said,
17 "Look, folks, we can either die, or we can make
18 ourselves into one of the finest orthopedic
19 hospitals that ever was. What do you want to do?"

20 Well, human nature, you want to survive, so
21 the managers all said, "We want to stay. We've been
22 here since the late 1800s. We want to stay. We
23 want to stay alive as the New England Baptist
24 Hospital."

1 All the doctors, some of them were retired
2 Lahey physicians, all stuck behind it. We still
3 have the Lahey Pavilion up here, we have the Jordan
4 Floor, the Sarah Jordan Floor. Lahey was intimately
5 integrated into the Baptist Hospital.

6 So for years, I must admit, for me the
7 Lahey was a dirty word, the Lahey Clinic was a dirty
8 word. But we survived, and like the President said,
9 it's one of the premier hospitals. You will hear
10 more about that tonight.

11 So I will say it's not such a dirty word
12 anymore, the Lahey Clinic, but I do think the merger
13 is fine. I don't know all the intricacies of the
14 financial arrangements of this thing, I'm looking
15 forward to hear more about it, but the Baptist is a
16 premier hospital.

17 When the Brigham and Women's -- I hope
18 there is no one in here from Brigham and Women's --
19 the Brigham and Women's was telling their employees,
20 I heard it myself, telling their employees, "Don't
21 you go across Huntington Avenue. It's dangerous
22 over there. It's dangerous on that side of
23 Huntington Avenue," I finally went to their -- I was
24 the Security Director at the Baptist, and I went to

1 their Security Director and said, "Charlie, do you
2 understand you're insulting some of your employees
3 when you say that, some of the people that work
4 here?" He said, "You know, Dave, you've got a good
5 point. We'll stop saying it in our employee
6 orientation."

7 But when you stood down in Brigham Circle
8 and you looked up on the top of that hill, there was
9 the Baptist. It's always been there. Hopefully
10 it's always going to still be there.

11 So I'm for the merger. Thank you.

12 HEARING OFFICER MANN: Thank you very much.

13 HEARING OFFICER DAVIS: Thank you.

14 HEARING OFFICER MANN: After Ms. Percy is
15 Brian Miller.

16 MS. PERCY: My name is Linda Percy,
17 P-e-r-c-y. I live up on Mission Hill, right next
18 door to the hospital, almost.

19 I've been involved with various activities
20 up there, the Mission Link Bus, which is a bus that
21 helps seniors get to medical appointments, grocery
22 shopping, and helps them avoid the isolation of not
23 being able to get anyplace. And the Baptist is a
24 major funder of the Mission Link Bus.

1 I'm also a member of the Patient Family
2 Advisory Council at the Baptist, and I also have a
3 close connection with Beth Israel Deaconess, back
4 when it was just Beth Israel. I worked there for
5 ten years. And I am still affiliated by getting a
6 lot of my medical care there, and I get a lot of
7 medical care, surgical care at the Baptist. I owe a
8 lot of my mobility to four major orthopedic
9 operations at the Baptist.

10 I feel I have a good understanding for the
11 identity of both hospitals, the culture of both
12 hospitals. They are both very patient centered,
13 people first, then everything else comes.

14 I think the merger would be very good for
15 many reasons. It would allow both hospitals to
16 maintain their own identity and foster better
17 communication among staff, patients. You could get
18 your orthopedic surgery if you need it up there, and
19 the rest of your health care just down the bottom of
20 the hill, so to speak.

21 But there's a lot of confusion with medical
22 records and physicians being able to communicate
23 with each other. Sometimes patients forget what
24 medication they're on. And as more and more of the

1 records are being computerized, by having the merger
2 of several hospitals, it provides access to that, so
3 you don't go to one hospital and try to remember in
4 the emergency room what you take. They can look it
5 up if it was prescribed at another hospital.

6 So as a community member and also someone
7 who has seen the culture of both hospitals, how they
8 would get along together, I really am in favor of
9 the merger. I think it's a win-win situation for
10 many reasons. Thank you.

11 HEARING OFFICER MANN: Thank you.

12 HEARING OFFICER DAVIS: Thank you.

13 HEARING OFFICER MANN: After Mr. Miller,
14 Deborah Felton.

15 MR. MILLER: Hello. Brian Miller,
16 B-r-i-a-n M--l-l-e-r. I am special education
17 teacher over at our neighboring Madison Park High
18 School. I am part of a new and innovative program
19 called Project Search. Project Search is designed
20 to have transition-age special need students,
21 approximately 18 to 22 years old, participate in
22 fully immersed internships at a local community-
23 based business.

24 The partnership between the school and

1 business allows for the students to receive training
2 through job shadowing with New England Baptist
3 staff, staff members, to learn basic entry-level
4 skills in many areas. It allows our young people
5 who present with disability to social-emotional
6 development to be confident in an environment
7 they're not commonly used to. It allows them to
8 learn further career-readiness skill such as resume
9 writing, interview skills, and other professional
10 skills needed to be successful in the real world
11 after exiting high school.

12 Ms. Hannon and her New England Baptist
13 staff up on the Hill have been so gracious as our
14 host, not only opening up their business, but
15 opening up their hearts and minds and joining with
16 the Boston Public Schools in this new and innovative
17 and constructive way of educating our special needs
18 students.

19 So with that being said, very quickly,
20 thank you for your time, in the hopes that this
21 merger will only strengthen and hopefully further
22 that bond that's been created in this local
23 community with the existing neighborhood parties.
24 Thank you.

1 HEARING OFFICER DAVIS: Thank you.

2 HEARING OFFICER MANN: Thank you, Mr.
3 Miller.

4 After Ms. Felton, Dr. Minter-Jordan.

5 MS. FELTON: Good evening. My name is
6 Deborah Felton, F-e-l-t-o-n. I'm the Executive
7 Director of Fuller Village, an independent
8 not-for-profit senior community in Milton, situated
9 at the foot of the Blue Hills. I'm a 30-year
10 resident of Milton and have been in my position for
11 11 years.

12 Fuller Village is home to 400 residents
13 ranging from age from 58 to 100. Residents come
14 from the greater Boston area, as well as up and down
15 the Eastern Seaboard to be closer to their family.
16 And Fuller Village and BID-Milton are committed
17 partners in the Milton community.

18 The hospital is a vital aspect of the
19 Milton community. Our local Beth Israel Hospital is
20 less than a ten-minute ride from Fuller Village.
21 For my 400 residents it can be their lifeline in an
22 emergency.

23 As I see the resident in Fuller Village
24 age, many of them have made the decision to change

1 their physicians from a Boston doctor to a more
2 local practice affiliated with Beth Israel Deaconess
3 Milton.

4 This relationship gives the residents as
5 well as their families the knowledge and peace of
6 mind that their loved ones receive quality care in
7 an emergency and the option to engage with the best
8 surgeons if needed in the area. The hospital offers
9 every service and specialty that one needs to
10 maintain their health.

11 Doctors affiliated with BID-Milton are
12 committed and responsive to the needs of the
13 community. New residents who choose a doctor
14 affiliated with the hospital report to me that they
15 are pleased with the sensitivity of the physicians
16 and the care they receive. Further, BID-Milton
17 provides educational programs to our residents on
18 our campus as well as educational programs at the
19 hospital available to the public.

20 I wholeheartedly support the creation of a
21 new, high-quality, lower-cost health care system
22 that will benefit the residents of Fuller Village
23 and all of Eastern Massachusetts. This proposed
24 high-value system is essential to improving the

1 health of the community and ensuring the continued
2 provision of high-quality, affordable health care
3 close to home, with rapid access to major academic
4 medical centers.

5 I urge the Department to approve this
6 application. Thank you.

7 HEARING OFFICER DAVIS: Thank you.

8 HEARING OFFICER MANN: Thank you.

9 Dr. Minter-Jordan, and after Dr.
10 Minter-Jordan, Dr. Stephen Boswell.

11 DR, MINTER-JORDAN: Good evening. My name
12 is my name is Myechia Minter-Jordan. My first name
13 is spelled M-y-e-c-h-i-a. The last name is
14 M-i-n-t-e-r hyphen J-o-r-d-a-n.

15 I'm here to express support for the
16 application to create a new non-profit, high-value
17 health care system in Eastern Mass. I'm incredibly
18 supportive of Beth Israel Deaconess and their
19 leadership, and I can talk to that in a moment about
20 why I am so supportive.

21 I am the President and CEO of Dimock
22 Community Health Center, which is located right up
23 the street here in Roxbury, Massachusetts. We are
24 one of the largest employers in Roxbury. We serve

1 over 19,000 people each year, primarily in health
2 care, behavioral health, and child and family
3 programs.

4 We have been a long-standing partner of
5 Beth Israel Deaconess. It' probably almost as old
6 as I am in terms of the partnership, and I'm very
7 young -- no, I'm just kidding. It's been a long-
8 standing partnership, of which we're incredibly
9 appreciative.

10 Beth Israel Deaconess Medical Center
11 stepped up and partnered with Dimock Community
12 Health Center in ensuring that not only did we have
13 access for our patients to care, but also that we
14 have high-level providers providing care to our
15 patients. We partner in a number of ways, sharing
16 providers in our OB-GYN Department, our Internal
17 Medicine Department, as well as some of our other
18 specialty services.

19 As I mentioned, the partnership with BIDMC
20 has been long-standing, not only in terms of the
21 sharing of providers, but also in terms of the
22 sharing of residents. And we're very proud to be a
23 training ground for many of the residents that seek
24 their education in the Beth Israel Deaconess Medical

1 System.

2 Right now we're in an incredible time
3 within the health care system, lots of changes.
4 Accountable Care Organizations are forming, and it's
5 incredibly important to us as a community health
6 center to ensure that our patients have choice.

7 As I mentioned, in terms of the number of
8 patients that we see each year, 70 percent of those
9 patients are MassHealth or Medicaid. And so for me
10 as a leader within the public health care space,
11 it's incredibly important to enter into partnerships
12 with institutions that are like-minded, mission-
13 driven and about access to underserved populations.

14 I sincerely believe that the partnership
15 that's being proposed will not only further enhance
16 our ability to get our patients into care, but will
17 also respond to many of the changing needs of our
18 patients in terms of access to specialty care.

19 Additionally, with the formation of ACOs,
20 our reach has become much more broad, in terms of
21 serving a more broad geographic region. We're
22 currently in an ACO with 13 other community health
23 centers, all of whom will benefit from this type of
24 merger and group application.

1 Additionally, our patients continue to seek
2 care not only at Dimock, but also within the Beth
3 Israel Deaconess Medical System, and the ability to
4 communicate regarding our patients and to share
5 information has only been enhanced through our
6 partnership with the Beth Israel Deaconess Medical
7 Center.

8 The new system is important and it's
9 essential to our success in the future. It's also
10 important to our shared values and commitment to
11 improving the lives and the health of the patients
12 that we serve.

13 So I would formally ask for your approval
14 of this application, not only for the individuals
15 that have come before you, but as well as for
16 communities of underserved patients and their
17 families. Thank you.

18 HEARING OFFICER DAVIS: Thank you.

19 HEARING OFFICER MANN: Thank you, Doctor
20 Dr. Boswell, followed by Rich Fernandes.

21 DR. BOSWELL: Hello. Good evening. Sorry,
22 I have a cold, so if I cough now and then, please
23 forgive me.

24 My name is Dr. Steve Boswell,

1 B-o-s-w-e-l-l. I'm the President and CEO of Fenway
2 Community Health Center here in Boston.

3 Fenway Community Health Center is a health
4 center that cares for about 36,000 patients. We
5 have a lot of what I refer to as primary care
6 services, primary medical care services, some
7 secondary care services, including things like
8 pulmonary medicine, cardiology and other services.
9 And we provide a very large behavioral health
10 program that includes medically assisted treatment
11 for addiction services that has grown significantly
12 in this opioid epidemic.

13 We have over 700 employees, over 160,000
14 visits a year. And one of the things for which
15 Fenway is probably best known is the fact that, for
16 a very long period of time, we have been
17 particularly dedicated to caring for LGBT people who
18 live in the Boston region.

19 In fact, if you look at our patient
20 population, roughly 50 percent of all of our
21 patients are lesbian, gay, bisexual or transgender.
22 As such, 30 years ago, we saw the worst part of the
23 AIDS epidemic and found in Beth Israel Hospital at
24 that time a partner that could help us integrate and

1 coordinate care for phenomenally complicated
2 patients who were dying at Fenway Health at the rate
3 of about 15 to 20 patients a month, and these were
4 kids who were 18 to 25 years of age.

5 So we learned early on that not just saying
6 that you're supportive of diversity, but actually
7 practicing that diversity by embracing the needs of
8 a community that is under assault, is the best way
9 to demonstrate how much you care about an issue.

10 So for 30 years we have found a great
11 partner in Beth Israel Hospital, and Beth Israel
12 Deaconess Hospital, and now as the network hopefully
13 continues to grow, and we are here in support of
14 this application, to help us to actually improve our
15 care even more.

16 So of the roughly 36,000 patients that we
17 care for, we care for 2300 people who are HIV
18 infected. That is one of the largest cohorts of
19 patients with HIV infection in the country and the
20 largest in New England.

21 More recently, over the last ten years, we
22 have seen a significant growth in our transgender
23 population. This is an area of medicine, not just
24 culture, that is changing rapidly. And we know

1 relatively little about how to provide technically
2 competent as well as sensitive care to this patient
3 population, and we have found in Beth Israel
4 Deaconess Medical Center a great partner in doing
5 so. As we stand here today, we are caring for close
6 to 3,000 transgendered patients.

7 So as an LGBT health center, or a health
8 center that's known for its LGBT care, we are what I
9 refer to as a magnet health center. We draw
10 patients from all over the Commonwealth of
11 Massachusetts. And as a center that draws from all
12 over Massachusetts, we often find that our patients
13 need urgent care that they can more conveniently get
14 at locations closer to their homes.

15 The growth of a network like this allows us
16 to address some of those needs without patients
17 having to come to downtown Boston to get that care.
18 Integrating the care across this network allows us
19 to provide specialized care that we can't provide on
20 our own. So one of my patients, for example, had a
21 kidney transplant. We did not do that kidney
22 transplant; it was done at Beth Israel Deaconess
23 Medical Center.

24 These are the kinds of partnerships that

1 must be developed in medicine that really allow us
2 to knit together a comprehensive community health
3 center system and health system overall that really
4 can meet the needs of everyone that we serve.

5 So I stand here tonight in support of this
6 application and ask you to give it serious
7 consideration. Thank you.

8 HEARING OFFICER MANN: Thank you.

9 HEARING OFFICER DAVIS: Thank you, Doctor.

10 Rich Fernandez, followed by Karen Peterson.

11 MR. FERNANDEZ: Good evening. My name is
12 Rich Fernandez, F-e-r-n-a-n-d-e-z. I am the
13 President and CEO of Beth Israel Deaconess-Milton
14 Hospital.

15 Since becoming a member hospital of the
16 Beth Israel Deaconess System in 2012, we have grown
17 to become a leading regional community hospital
18 nationally known for quality and patient safety.
19 BID-Milton and BIDMC have successfully worked
20 together to bring new specialized care into a lower-
21 cost community setting.

22 Presently, we have over 22 BIDMC
23 specialists, representing 18 different specialties,
24 treating patients at BID-Milton and often performing

1 surgery right here in our community.

2 The partnership has brought new clinical
3 services, such as OB-GYN, gynecological oncology,
4 spine surgery, bariatric surgery, pulmonary
5 medicine, robotic surgery, and several other
6 specialties to a lower-cost community hospital
7 setting, saving patients from the South Shore region
8 from having to drive into a Boston academic medical
9 center to receive health care services.

10 Despite those numerous and far-reaching
11 accomplishments that improve the greater South Shore
12 community's access to high-quality, lower-cost
13 health care, the rapidly changing health care market
14 demands that we do more. We must quicken our
15 efforts to develop robust and effective Accountable
16 Care Organizations and population health management
17 programs that keep patients healthy and out of
18 hospitals.

19 I believe the joining of BIDMC with Lahey
20 Health, Mount Auburn Hospital, New England Baptist,
21 and Anna Jaques Hospital will provide us with the
22 critically needed scale and geographic coverage to
23 accomplish these goals, improve the health of our
24 patients in this community in Eastern Massachusetts,

1 while controlling costs.

2 I urge the approval of this proposal.

3 HEARING OFFICER MANN: Thank you very much.

4 HEARING OFFICER DAVIS: Thank you.

5 HEARING OFFICER MANN: After Ms. Peterson,
6 Josh Zakim, Councilor Zakim.

7 MS. PETERSON: Hi. My name is Karen
8 Peterson, and I am here today from the South Shore
9 YMCA, and I am in support of the merger.

10 I represent the South Shore YMCA as the
11 Association Director of Health and Wellness, and we
12 work quite a bit with Beth Israel Deaconess-Milton.
13 I've served on the Community Benefits Advisory
14 Committee as well as the CHNA Steering Committee,
15 and we've also been partners with the Diabetes Fair.
16 So we've done quite a bit with them over the last
17 few years, and we feel that the proposed joining of
18 these health care systems and hospitals is essential
19 to improving the health of the community.

20 I have been lucky enough to work on the
21 Prevention and Wellness Trust Fund through DPH,
22 thank you, and through that I've learned a lot about
23 clinical partnerships and really believe that
24 clinical collaboration is more important than ever

1 in this changing time, and also collaboration with
2 the community, I feel that we can really impact the
3 health of our community population.

4 As I said, with the unprecedented changes
5 under way in health care, a strong Beth Israel
6 Deaconess Hospital-Milton, as part of a
7 comprehensive, lower-cost system, which is crucial
8 here, is vital to the South Shore community, in
9 particular the efforts to improve public health
10 programming which we provide as well.

11 So I urge the Department to approve this
12 application. Thank you so much.

13 HEARING OFFICER DAVIS: Thank you.

14 HEARING OFFICER MANN: Thank you very much.

15 Councilor Zakim, then Eva Millona.

16 COUNCILOR ZAKIM: Thank you, Director Mann
17 and the Department of Public Health, for the
18 opportunity to speak tonight and to express my
19 support for this application of Beth Israel
20 Deaconess Medical Center and New England Baptist
21 Hospital, Lahey Health, and Mount Auburn Hospital in
22 Cambridge, to create this new non-profit health care
23 delivery system in Eastern Massachusetts.

24 Both BIDMC and New England Baptist Hospital

1 are important providers in the community I represent
2 in Boston. We're just over the line from the
3 district I represent, but both institutions are
4 there, as are many of the people I think you're
5 going to hear from tonight, residents, activists,
6 community leaders in the Mission Hill neighborhood
7 and the surrounding area.

8 They provide world-class medical care, but
9 have also been great neighbors and community
10 partners. Without naming any names, that's not
11 always the case for some of our large institutions
12 in this area, and that's why I'm here today to
13 support this, because both have been good neighbors
14 while also striving to provide top-quality health
15 care to folks across the city and across the region,
16 often regardless of their insurance status or
17 ability to pay. In addition, they're obviously
18 important employers in this district and across
19 Boston, providing thousands of jobs.

20 They are important partners to a host of
21 the organizations in my district and throughout the
22 Commonwealth. As I said, you're going to hear from
23 a lot of the folks there. I recognized a lot of
24 familiar faces in the crowd who I know have a lot of

1 good things to say about these institutions.

2 I think it's important, as we consider the
3 cost, as we consider the data, et cetera, not to
4 lose sight of what good neighbors both these
5 hospitals have been to the City of Boston, the
6 people who I represent. I think approval of this
7 application is important to ensure that patients who
8 need it are going to have access to high-quality,
9 cost-effective -- (microphone malfunction)

10 HEARING OFFICER MANN: I've created a
11 monster.

12 COUNCILOR ZAKIM: I'll just wrap up by
13 saying I think this is really important to provide
14 the necessary access to high-quality and effective
15 health care.

16 I'm confident that the creation of this new
17 system is consistent with the Commonwealth's goals
18 of improving health status and quality of life for
19 individuals, for families in our communities,
20 ensuring access to affordable, high-quality care
21 that's also close to home, and assisting the
22 Commonwealth in meeting its short- and long-term
23 goals for containing overall health care costs.

24 Thank you for your consideration this

1 evening and for your microphone, and I respectfully
2 urge the Department's approval of this application.

3 HEARING OFFICER DAVIS: Thank you.

4 HEARING OFFICER MANN: Thank you.

5 MS. MILLONA: Good evening, distinguished
6 members of the panel. Thank you so much for the
7 opportunity to speak to you today. My name is Eva
8 Millona, E-v-a M-i-l-l-o-n-a. I'm the Executive
9 Director of the Massachusetts Immigrant and Refugee
10 Advocacy Coalition.

11 We are the largest entity in New England
12 representing the foreign born of our Commonwealth,
13 about a million of new Americans and residents of
14 this Commonwealth. We are an umbrella organization
15 with 130 institutions, and Beth Israel has been a
16 very valued member of our communities.

17 So I'm here to express my support for the
18 application of the Beth Israel Medical Center
19 System, Lahey Health System, Mount Auburn Hospital,
20 New England Baptist Hospital, and Anna Jaques
21 Hospital to create a new lower-cost and high-quality
22 service.

23 We urge you on behalf of MIRA and the
24 residents of the communities that we represent that

1 the merger will benefit our immigrants and refugees
2 of our Commonwealth, and it will serve as a win-win
3 and it will serve the Commonwealth.

4 So thank you for the opportunity, and I
5 urge you to approve the application. Thank you so
6 very much.

7 HEARING OFFICER DAVIS: Thank you.

8 HEARING OFFICER MANN: Thank you.

9 Catherine D'Amato, and after Ms. D'Amato,
10 Carl Sciortino.

11 MS. D'AMATO: Thank you very much. My name
12 is Catherine D'Amato. I'm the President and CEO of
13 the Greater Boston Food Bank, and I'm here to
14 express the support of the Greater Boston Food Bank
15 for this application.

16 The Greater Boston Food Bank is the largest
17 distributor of food in New England to charitable
18 non-profits. We provide food for about 140,000
19 people each month, in 190 different cities and towns
20 across Eastern Massachusetts, shelters, pantries,
21 soup kitchens, et cetera.

22 Clearly research has shown that the food
23 insecure suffer from poorer health than the general
24 population. Food-insecure adults are at higher risk

1 for specific diseases and conditions such as
2 diabetes, hypertension and depression, and children
3 living in food-insecure households are at risk as
4 well for impaired brain development,
5 hospitalizations, iron deficiency anemia, and mental
6 health and behavior disorders.

7 Several years ago we began a very active
8 and productive partnership with the BI Deaconess in
9 terms of working with local community health systems
10 where food is brought in on a regular basis for
11 patients to address the connectivity between hunger
12 and health. And we are deeply, deeply appreciative
13 of this particular institution, and hopefully all
14 those who will join them, to be able to look at food
15 insecurity as a matter of public health, that it's
16 going to make a huge difference.

17 Those we serve need and deserve access to
18 lower-cost, high-quality health care in this
19 community, and where they live, work and play. And
20 we believe that in support of this particular
21 application and merger, they will not only live,
22 work and play, but they will thrive because of that
23 focus on food insecurity to move them to food
24 secure.

1 Thank you so much.

2 HEARING OFFICER DAVIS: Thank you.

3 HEARING OFFICER MANN: Thank you.

4 Mr. Sciortino and then Phillomin Laptiste.

5 MR. SCIORTINO: Good evening. My name is
6 Carl Sciortino, S-c-i-o-r-t-i-n-o. You actually
7 pronounced my name right, which is shocking. I
8 never get that. So thank you.

9 I'm currently the Executive Director of
10 AIDS Action Committee of Massachusetts. We are New
11 England's oldest and largest AIDS service
12 organization. Our mission is to end the HIV
13 epidemic by supporting those living with the virus,
14 by preventing new infections, and by addressing root
15 causes of the spread of HIV and co-morbidities.

16 We have been doing this work since 1983,
17 borne out of the Fenway Community Health Center,
18 which you heard about from Stephen Boswell earlier,
19 and today our work is really around care
20 coordination for those at risk of living with the
21 virus. AIDS Action Committee has a unique and
22 important relationship with the Beth Israel
23 Deaconess Medical Center. At the center of our work
24 is the goal of care coordination for some of our

1 community's most vulnerable residents.

2 People living with or at risk of HIV often
3 present AIDS Action Committee with a challenging set
4 of co-morbidities. Our clients often simultaneously
5 confront not only HIV care, but also complexities
6 due to homelessness, poverty, and other social
7 determinants of health that are often severe
8 obstacles to getting good care and achieving good
9 health outcomes.

10 We partner with Beth Israel Deaconess on a
11 regular basis to coordinate the care of our clients,
12 who are extremely vulnerable to falling out of care
13 and not succeeding in their HIV treatment regimens.
14 And we know how important that coordination is with
15 an institution that provides high-quality,
16 culturally sensitive care, and for those that we
17 serve, that's at the core of our challenge and our
18 mission.

19 We are supportive of the application of
20 Beth Israel to merge with the other entities in the
21 application because we believe they will enable our
22 efforts with our clients to better enhance the care
23 coordination across the system.

24 As you heard from Dr. Boswell, the

1 challenges in geography often present significant
2 obstacles and additional barriers to care
3 coordination.

4 Particularly in an era of rapid evolution
5 of our health systems and payment systems, we rely
6 on our clinical partners at Beth Israel Deaconess to
7 provide robust health services in as streamlined a
8 manner as possible. And it's our position that the
9 application to integrate with other institutions
10 will better enable us to do that work.

11 As an individual myself living with HIV, I
12 can tell you as a patient that Beth Israel's care is
13 exceptional, and I am looking forward to this system
14 of care being broadened through this merger myself
15 as well. Thank you.

16 HEARING OFFICER DAVIS: Thank you.

17 HEARING OFFICER MANN: Thank you.

18 Ms. Laptiste, followed by Swannie Jett.

19 MS. LAPTISTE: Good evening, everyone. My
20 name is Phillomin Laptiste, first name
21 P-h-i-l-l-o-m-i-n, last name L-a-p-t-i-s-t-e.

22 I'm the Executive Director for Bowdoin
23 Street Health Center. Our relationship with Beth
24 Israel is very unique. The Health Center first

1 became affiliated with Beth Israel years ago when we
2 were looking for a new hospital to build a
3 relationship with.

4 When we surveyed our patients, and we asked
5 them where would they like to go for their care,
6 without a doubt they all chose Beth Israel, and that
7 is how our relationship began. They were also the
8 only institution that we actually ever approached
9 and asked for a number of things, and they said yes
10 to everything. So with that, our relationship
11 began.

12 The mission of Bowdoin Street Health Center
13 is to provide excellent, compassionate care to our
14 patients as well as support the entire community.
15 And I must say, I've been there for close to ten
16 years, and we've been doing that and then some.

17 Our support and relationship with the
18 Medical Center not only comes from what we do
19 clinically with our patients, but we do a lot of
20 community health services that we offer to the
21 community.

22 When I think back to some of the things
23 that we have done in partnership with the Health
24 Center, I think of the work that we've done around

1 food access, the work that we've done around
2 workforce development and much more.

3 At our Health Center we have over 11,000
4 patients, and we have about 41,000 visits a year.
5 Additionally, we provide primary care services, but
6 we also offer specialty services which we would not
7 be able to do without our partnership with Beth
8 Israel, so specialty services such as behavioral
9 health, which is definitely needed in our community.
10 We offer services in OB-GYN, orthopedics, podiatry,
11 and much more. And all of that is services that our
12 providers through Beth Israel come to the Health
13 Center to make sure care is accessible to our
14 patients.

15 I am in support of this project because it
16 continues to offer seamless access to care for our
17 underserved community, and it's improving the
18 quality of life for our patients and also our
19 community. The new system is important and
20 essential to our success and future improvement to
21 shared values and commitment, and that is something
22 that we truly take to heart and hope that you
23 consider on behalf of the Health Center and the
24 medical system. Thank you.

1 HEARING OFFICER MANN: Thank you.

2 HEARING OFFICER DAVIS: Thank you.

3 HEARING OFFICER MANN: Dr. Jett, followed
4 by Rachel Rodrigues.

5 DR. JETT: Good evening. I'm Dr. Swannie
6 Jett, S-w-a-n-n-i-e, Health Commissioner for
7 Brookline, Public Health and Community Services.

8 I first want to thank DPH for actually
9 having the meeting, and I want to ensure that they
10 do approve this, first and foremost because as we
11 look to value of care, which we have operated our
12 medical system for such time, now we're moving to
13 value, and we really need to be looking to reduce
14 the health costs in the system, so a merger is an
15 efficient way to do that.

16 But the second part of this is when you
17 look at a Determination of Need, you really need to
18 begin to do community health assessments, drill down
19 to the social determinants of health, health equity
20 and social justice in communities, and you have to
21 do that by census tract, and you really begin to
22 dive into the poverty issues, the education level,
23 the economics of the community, transportation, and
24 how that system affects somebody's health.

1 So it's just not the health care as we have
2 done in the past, which was the medical model, but
3 really it's an upstream approach in looking at the
4 overall system and how it impacts health overall.
5 So for that I do approve this. Thank you.

6 HEARING OFFICER DAVIS: Thank you.

7 HEARING OFFICER MANN: Thank you, Doctor.

8 Ms. Rodriguez, followed by Kira Khazatsky.

9 MS. RODRIGUES: Thank you. My name is
10 Rachel Rodrigues, R-o-d-r-i-g-u-e-s, and I'm coming
11 to you from the Louis D. Brown Peace Institute
12 located in the Fields Corner neighborhood of
13 Dorchester.

14 I'm here to express our support for the
15 application of Beth Israel Deaconess Medical Center,
16 Lahey Health, Mount Auburn, New England Baptist,
17 Anna Jaques Hospital, to create a new, lower-cost,
18 high-quality, non-profit health care system in
19 Eastern Massachusetts.

20 The Louis D. Brown Peace Institute is a
21 center of healing, teaching and learning for
22 families and communities impacted by murder, trauma,
23 grief and loss, and we were founded in 1994. We
24 have a long-standing partnership with BIDMC rooted

1 in a shared commitment to serving survivors of
2 violence and their families with dignity and
3 compassion.

4 BIDMC is part of the vanguard in
5 acknowledging and addressing the unique and complex
6 needs of people impacted by violence and survivors
7 of homicide victims. These needs include but are
8 not limited to the highest-quality medical care.

9 BIDMC has collaborated with the Peace
10 Institute to offer staff training on best practices
11 for meeting the physical, emotional and practical
12 needs of families in the immediate aftermath of
13 their loved one's murder.

14 BIDMC has also implemented the Survivors
15 Burial and Resource Guide that offers families a
16 road map from death notification through the funeral
17 and burial process. Thanks to this dynamic
18 partnership, BIDMC providers have tools and training
19 to help families of murder victims to manage the
20 crisis and chaos after a homicide happens. BIDMC
21 staff also participates in the Serving Survivors of
22 Homicide Victims Providers Network that we organized
23 as part of their commitment to coordinated,
24 consistent and compassionate homicide response.

1 We also have a very new partnership with
2 BIDMC, a partnership that I don't know of existing
3 with another hospital and community-based
4 organization. BIDMC has a clinical social worker
5 based in our office at the Peace Institute to
6 provide counseling to survivors of homicide victims
7 in a setting where they feel most comfortable.

8 Our staff and BIDMC social workers
9 regularly collaborate in order to offer holistic
10 healing events and opportunities for survivors in
11 the months and years after their loved one is
12 murdered. And actually tomorrow night we have a
13 wreath-making holiday event that we've done on an
14 annual basis for many years now.

15 BIDMC is also an active partner in the
16 Peace Institute's Mother's Day Walk for Peace. The
17 Mother's Day Walk for Peace is a celebration of our
18 potential to create more peaceful communities.
19 Every year families from across the state and region
20 walk together towards peace.

21 The Mother's Day Walk for Peace started in
22 1996 so that mothers of murdered children could
23 receive support and love from their neighbors. And
24 22 years later, the Mother's Day Walk has become a

1 time-honored tradition and way to lift up our loved
2 one who have been murdered and embrace our shared
3 responsibility to create more peaceful communities.

4 Dr. Tabb in particular has been a
5 galvanizing force in growing support for the
6 Mother's Day Walk for Peace and has inspired health
7 systems across the state to participate in this
8 meaningful community initiative. And through this I
9 think BIDMC also learned about the many employees
10 that have been impacted by homicide and have brought
11 them into the cause.

12 We believe that the creation of this high-
13 value health care system will allow for more
14 opportunities to improve care for the survivor
15 community. We trust that BIDMC will do everything
16 in its power to implement effective and equitable
17 homicide response across the health system on a
18 broad scale that's rooted in the needs of local
19 communities.

20 In this way, BIDMC will be a leader in
21 Massachusetts and a model for the treatment and care
22 of families impacted by murder and what they need
23 and so deserve. So we respectfully urge the
24 Department to approve this application, and we thank

1 you for your consideration.

2 HEARING OFFICER DAVIS: Thank you.

3 HEARING OFFICER MANN: Thank you.

4 Ms. Khazatsky, followed by Bill Henning.

5 MS. KHAZATSKY: That was a great statement
6 and hard to follow.

7 I'm Kira Khazatsky, K-i-r-a
8 K-h-a-z-a-t-s-k-y, and I am the Chief Program
9 Officer at JVS, and I would like to read my
10 statement.

11 So, "Dear Commissioner, We are writing to
12 express our support for the application of the Beth
13 Israel Deaconess Medical Center System, Lahey Health
14 System, Mount Auburn Hospital, New England Baptist
15 Hospital, and Anna Jaques Hospital to create a new
16 lower-cost, high-quality, non-profit health care
17 system in Eastern Massachusetts.

18 "Jewish Vocational Service has partnered
19 with Beth Israel Deaconess Medical Center for nearly
20 a decade to provide career training and economic
21 opportunities for Boston area residents and
22 employees of the hospital. BIDMC is one of the
23 national leaders in health care workforce
24 development and is dedicated to being a stellar

1 employer as well as a provider of outstanding health
2 care services.

3 "The community partnership we share with
4 BIDMC continues to illustrate and reinforce the
5 ongoing and critical importance of BIDMC to the
6 health status and quality of life in our
7 neighborhood and surrounding communities.

8 "The creation of this high-value health
9 care system is essential to improving the health of
10 our communities and to ensuring continued access to
11 high-quality, affordable health care close to home,
12 and seamless access to care when needed."

13 In my own words, I would just like to add
14 that BIDMC is a key partner for JVS. We are the
15 largest workforce development organization in the
16 region, and as such, we serve about 20,000 job
17 seekers a year. So as you can imagine, we have
18 hundreds of employer partnerships.

19 BIDMC is what we call a key employer, and
20 what that means is that they are invested in their
21 employees, not just at the top high level of, you
22 know, docs and nurses, but are probably one of --
23 not probably, they are a hospital and a system that
24 has the best and most developed internal pathways

1 that we have ever seen, and we've been all over the
2 country.

3 So environmental services and patient food
4 and nutrition and parking services and all of the
5 other areas that make the hospital run get similar
6 attention around their careers as do those folks on
7 the clinical side.

8 So I just want to make sure that that was
9 obvious, because our clients are similar to MIRA.
10 We have refugees, immigrants, folks with
11 disabilities, single parents trying to come back
12 into the workforce, and they need that kind of an
13 employer to be successful in their careers.

14 So, please, we'd like to submit our support
15 for this application. Thank you.

16 HEARING OFFICER MANN: Thank you.

17 HEARING OFFICER DAVIS: Thank you.

18 HEARING OFFICER MANN: Mr. Henning,
19 followed by Ken Tangvik.

20 MR. HENNING: Good evening. My name is
21 Bill Henning. I'm Director of the Boston Center for
22 Independent Living. We provide services to people
23 with disabilities, approximately 4,000 people a
24 year, engage in advocacy. We're very supportive of

1 affordable, integrated and accessible housing, help
2 people to get jobs, work with many of the
3 organizations that have spoken here.

4 I would like to say that we have worked as
5 well with Beth Israel on supporting programs to
6 transition people upon discharge to community-based
7 services, which is very critical, so that they do
8 not face institutionalization in nursing homes,
9 which people may look at as more costly, but we
10 would look at as not the best place to live. I
11 don't think anyone desires to live in a nursing
12 home, and aggressive action on discharge is very
13 important.

14 I'm very aware as well that BID has worked
15 to improve its accessibility in compliance with the
16 Americans with Disabilities Act.

17 For those reasons, I would be supportive of
18 the merger, but I would also emphasize that the work
19 that they're doing around social determinants of
20 health is very encouraging. I would hope that this
21 would continue, especially as the folks from GBIO
22 mentioned around housing.

23 The lack of housing is probably the biggest
24 destabilizing factor. The people we serve, most of

1 them, 90 percent are on Medicaid, and I think, if
2 you can address the housing issue, you can probably
3 reduce medical costs radically, and radically as
4 well improve people's quality of life. So if this
5 can move that forward, that would be terrific.

6 On a final personal note, you have your
7 professional interactions, but last year my wife was
8 hit with breast cancer, ended up at BID, had a
9 double mastectomy, absolutely outstanding care and
10 service. I could compare it to when my father was
11 ill in another hospital, in another locale. It was
12 not good. Maybe it was a different time and era.

13 But on the personal level, I was
14 extraordinarily pleased, the family was pleased, and
15 she has had a very solid recovery. Thank you.

16 HEARING OFFICER DAVIS: Thank you.

17 HEARING OFFICER MANN: Thank you, Mr.

18 Henning.

19 Mr. Tangvik, followed by Amy Schectman.

20 MR TANGVIK: Good evening. My name is
21 Kenneth Tangvik, T-a-n-g-v-i-k. And I will just say
22 that I'm -- I know I'm on Page 3. A friend signed
23 me up on Page 3. My name is also on Page 5. So at
24 least you can cross one off, cross two off, and make

1 the night a little bit shorter.

2 I'm here tonight representing the Hyde
3 Square Task Force to express our organization's
4 support for this application. The Hyde Square Task
5 Force is a 25-year-old community-based non-profit in
6 Jamaica Plain. We serve over 1,000 predominantly
7 low-income youth in a variety of arts and culture,
8 college prep and success, and civic engagement
9 programs each year.

10 BIDMC has been supporting our organization
11 for several years in a variety of ways, including
12 providing financial support, providing career
13 education programs for teens, and placing volunteers
14 who have served on our construction committee for --
15 we have a newly renovated building that they played
16 a major role on. And also we have BIDMC staff on
17 our Board of Directors who play very important
18 roles.

19 I will also say that our youth have been
20 fighting for a recreation center in Jackson Square,
21 and they used some of the research from BIDMC to
22 make their case in this, and they continue to work
23 on that in getting TD Garden to pay up what they owe
24 for it.

1 So, in summary, we respectfully urge the
2 Department's approval of this application, and thank
3 you for your consideration. Thank you.

4 HEARING OFFICER MANN: Thank you very much.

5 HEARING OFFICER DAVIS: Thank you.

6 HEARING OFFICER MANN: Ms. Schectman,
7 followed by Lisa Lachance.

8 MS. SCHECTMAN: Thank you so much for this
9 opportunity to speak. My name is Amy Schectman.
10 I'm the President and CEO of Jewish Community
11 Housing for the Elderly. I speak in very strong
12 support of this application.

13 I'm not an expert in health care, and I'm
14 not an expert in hospitals, but I am an expert in
15 senior care and affordable housing, and I believe
16 very strongly that the cause of both are only served
17 by a strong BIDMC system, and so we support this.

18 We are a non-profit affordable housing
19 organization with 1500 residents on four different
20 campuses and another one coming next year.

21 We believe very strongly that every older
22 adult in Massachusetts should have the opportunity
23 to age in community, which means live a full life of
24 connection and purpose in a dynamic, supportive

1 environment.

2 An essential part of our strategic plan is
3 looking at the integration of housing and health
4 care to improve the ability of people to maintain
5 independent lives, independent of nursing homes.
6 And to do that, high-quality, senior-sensitive
7 health care is essential.

8 Beth Israel Deaconess is one of the only
9 ones and I would say the best with a strong
10 Department of Gerontology and a strong commitment to
11 older adults, which is sadly absent in most of the
12 health care systems.

13 Our residents now, and I would expect
14 future residents, depend completely on a strong
15 BIDMC. Almost all choose that system over all
16 others. And I believe this will strengthen and help
17 sustain that strength of this system. So we
18 strongly, strongly urge you to support this merger.
19 Thank you.

20 HEARING OFFICER DAVIS: Thank you.

21 HEARING OFFICER MANN: Thank you.

22 Ms. Lachance, followed by Bill Boyd.

23 MS. LACHANCE: Hello. My name is Lisa
24 Lachance, L-a-c-h-a-n-c-e. I am the Director of the

1 Center for Violence Prevention and Recovery, a
2 program of Beth Israel Deaconess Medical Center
3 Social Work Department, and I am here in support of
4 the application that Beth Israel Deaconess Medical
5 Center is making for this lower-cost, high-quality,
6 non-profit health care system that I think will
7 benefit many people.

8 Part of the reason that it was easy for me
9 to come up and talk to you about partnering with --
10 having a larger partnership, and maybe I should stay
11 on cue here -- is that we have a lot of
12 partnerships. One of the people that you just
13 heard, Rachel Rodrigues, with the Louis D. Brown
14 Peace Institute, is one of our partners, in working
15 with homicide survivors. We also work closely with
16 the Boston Area Rape Crisis Center, which works with
17 sexual assault survivors.

18 So basically one of the things that we do
19 across the life span for our patients is provide
20 really a resources for them, should they be impacted
21 by violence in their lifetime.

22 One of the things that we do is to try to
23 coordinate with area communities. The Boston Area
24 Rape Crisis Center, being one that I just mentioned,

1 runs groups, and we actually run groups counter to
2 them so that we can provide a full complement of
3 services to our clients.

4 When people experience trauma, one of the
5 things that we know is that they need services, and
6 we think this expanded network will help us to be
7 well positioned to help our partners really respond
8 to violence in a comprehensive way. And one of the
9 things that we want to do is to make sure that our
10 patients are all aware of and have access to that
11 kind of service.

12 So, for the victim services community, I
13 really appreciate being here, and also for an
14 expanded network where we can actually have a
15 greater impact for providing services to our
16 patients. Thank you.

17 HEARING OFFICER MANN: Thank you.

18 HEARING OFFICER DAVIS: Thank you.

19 HEARING OFFICER MANN: Mr. Boyd, followed
20 by Rick Weiner.

21 DR. BOYD: I'm Dr. William Boyd, Associate
22 Chief Medical Officer at Atrius Health. Thank you
23 for the opportunity to testify and express Atrius
24 Health's strong support for the pending application

1 for Beth Israel Deaconess Medical Center, Lahey
2 Health System, Mount Auburn Hospital, New England
3 Baptist Hospital and Anna Jaques to create a new,
4 high-quality, low-cost, non-profit health care
5 system in Eastern Massachusetts.

6 Atruis Health is the region's largest
7 non-profit independent multispecialty medical group,
8 caring for nearly 750,000 adult and pediatric
9 patient. Atrius Health has 34 medical practices and
10 over 900 physicians practicing in more than 50
11 specialties, along with our VNA Care, which is our
12 home health and hospice agency. So we span much of
13 this organization's new geography.

14 These hospitals are outstanding
15 institutions that we work with on a daily basis.
16 It's crucial to the people of Massachusetts that
17 they continue to thrive. Atrius Health has
18 thoughtfully partnered with these high-value
19 hospitals to provide collaborative care for our
20 patients.

21 In 2016, there were over 10,000 admissions
22 of Atrius Health patients to these hospitals, who
23 benefited from integrated, coordinated care. These
24 hospitals help to manage transitions of care,

1 ensuring that post-acute services are properly
2 arranged.

3 The comprehensive integration of these
4 hospitals with each other will further enhance the
5 development of coordinated clinical protocols,
6 ultimately improving care by avoiding unnecessary
7 emergency room visits and preventing hospital
8 readmissions. Additionally, instituting this merger
9 will allow new patient care innovations to be more
10 easily and consistently deployed for a larger number
11 of Atrius Health patients and others across
12 Massachusetts.

13 All these hospitals currently have best
14 practices that would also benefit from the
15 hospitals' proposal if allowed to spread across the
16 new larger, merged network of hospitals.

17 The creation of this integrated health care
18 system allows efficiencies in back-office operations
19 such as lab, purchasing, and human resources.
20 Furthermore, this integrated infrastructure will
21 accelerate the development of population management
22 programs and other initiatives to decrease costs and
23 medical expenses. We hope and expect the
24 consolidation will enable continued low-cost

1 community hospital options for patients.

2 Finally the creation of another large
3 integrated health care system in Massachusetts will
4 result in increased competition, which will provide
5 an opportunity for limited networks and other
6 products, resulting in market pressures to lower
7 costs.

8 In closing, Atrius Health strongly supports
9 the application for the merger, as we believe it to
10 be highly beneficial to the community at large. We
11 encourage the Department of Public Health to rule
12 favorably on this proposal.

13 Thank you again for the opportunity.

14 HEARING OFFICER MANN: Thank you, Dr. Boyd.

15 Rick Weiner, followed by Patricia
16 Fitzgerald.

17 DR. WEINER: Good evening. My name is Dr.
18 Richard Weiner, W-e-i-n-e-r. I'm CEO and Chief
19 Medical Officer of Winchester Hospital, which is a
20 229-bed community hospital which opened in 1912, the
21 same year as Fenway Park. I'm here to speak about
22 the Lahey Health System's commitment to keeping care
23 local, a commitment that would continue through this
24 affiliation.

1 Three years ago Winchester Hospital joined
2 Lahey Health, and in the three years since that
3 affiliation, Winchester Hospital has thrived. We've
4 seen more patient visits, we've added primary care
5 physicians, and we've brought more specialty
6 services to the community, allowing our patients to
7 have access to the care they need closer to home.

8 When patients go to Lahey Hospital and
9 Medical Center in Burlington for care that can
10 actually be delivered just as effectively at
11 Winchester Hospital, many are asked if they would
12 prefer to be cared for at Winchester, where it's
13 more convenient for them and for their families.

14 These patients have been grateful for the
15 opportunity to be transferred to Winchester, and we
16 at Winchester Hospital have been grateful to provide
17 them with their care. As a part of a larger
18 organization, we can continue to expand these
19 efforts and to offer more services in Winchester.

20 This is a very challenging time for
21 community hospitals. Joining this larger system
22 will help ensure our continued success and maintain
23 our efforts to care for the neediest and the most
24 vulnerable in our communities.

1 I'm confident that the proposed affiliation
2 will ensure that Winchester Hospital continues to
3 thrive, and I respectfully ask the Department of
4 Public Health for approval. Thank you.

5 HEARING OFFICER DAVIS: Thank you.

6 HEARING OFFICER MANN: Thank you, Dr.
7 Weiner.

8 Patricia Fitzgerald, followed by Sarika
9 Aggarwal. I destroyed that name, and I apologize.

10 MS. FITZGERALD: Good evening. My name is
11 Patricia Fitzgerald, F-i-t-z-g-e-r-a-l-d. I too am
12 here to express my support for the application of
13 Beth Israel Deaconess Medical Center System, Lahey
14 Health, Mount Auburn, New England Baptist, and Anna
15 Jaques Hospital to create a new, lower-cost, high-
16 quality, non-profit health care system in Eastern
17 Massachusetts.

18 I am a former resident and a lifelong
19 friend to this neighborhood of Mission Hill, a Board
20 member of the Mission Grammar School, and a proud
21 employee of New England Baptist Hospital. I have
22 had the privilege to work at New England Baptist for
23 just about half my life, and I have a passionate
24 interest in what is best for New England Baptist

1 Hospital, the neighborhood that it contributes so
2 generously to, the people it employs, but most
3 importantly for the patients it serves.

4 So today I come before you a Registered
5 Nurse, a caretaker. Every day at work I witness
6 patients that are in need of pain relief,
7 deformities corrected, and physical function
8 restored. And we do a really, really good job
9 helping people get their lives back. As a matter of
10 fact, that is the most common statement I hear from
11 many of our patients to their surgeons, nurses and
12 therapists, "Thank you for giving me my life back."

13 This community of Mission Hill is
14 surrounded by many major institutions, and to many
15 of its residents here the two that are most
16 treasured are the Mission Church right here on
17 Tremont Street at the bottom of the hill, known for
18 its many miraculous cures, and the other is New
19 England Baptist Hospital at the top of the hill,
20 where amazingly skilled physicians and surgeons have
21 improved the lives of so many in so many miraculous
22 ways.

23 I cannot pretend to know or understand all
24 the issues or complexities that are considered in

1 this decision, but I believe if we keep this about
2 people, our patients and our families, this
3 application would certainly be approved.

4 I encourage you to support this
5 application, which will enable New England Baptist
6 to serve a larger community, and we can continue to
7 help even more people get their lives back.

8 Thank you for listening.

9 HEARING OFFICER DAVIS: Thank you.

10 HEARING OFFICER MANN: Thank you.

11 Sarika -- I'm just not even going to try.

12 DR. AGGARWAL: I'll say it.

13 HEARING OFFICER MANN: Thank you.

14 Followed by Kathleen Diamond.

15 DR. AGGARWAL: Good evening. My name is
16 Dr. Sarika Aggarwal. The first name is
17 S-a-r-i-k-a, and the last name is A-g-g-a-r-w-a-l.

18 I am a primary care physician, also Chief
19 Medical Officer at the Beth Israel Deaconess Care
20 Organization, or BIDCO as we call it. I'm here to
21 show my support for the application to create a new,
22 lower-cost, high-quality health care system in
23 Eastern Massachusetts.

24 The new high-value health care system as

1 proposed would enable even more hospitals, doctors
2 and providers to coordinate patient care, share best
3 practices, and offer innovative population health
4 programs, all of which support the Commonwealth's
5 goal of improving health status, quality of life for
6 residents, and ensuring continued access to
7 affordable, high-quality care close to home.

8 BIDCO is an organization dedicated to
9 supporting doctors and hospitals in value-based
10 health care models. We are an Accountable Care
11 Organization, which means our network of doctors and
12 hospitals come together voluntarily to deliver
13 coordinated and high-quality care to their patients.

14 At BIDCO we believe most care should be
15 delivered in the community. Community-based care is
16 more convenient for patients, is lower cost, and has
17 outstanding quality outcomes.

18 Along with shifting care to the community,
19 we offer providers multiple population health
20 programs that address physical, medical, behavioral
21 and social determinants of health, as well as aim to
22 ensure that patients get their preventive
23 screenings, they see their PCPs instead of the ER
24 when it's appropriate, they take their medications

1 as prescribed, and they have access to health
2 coaches, home care services and nurses, as needed.

3 As you know, the Beth Israel Deaconess
4 System, the New England Baptist Hospital, and Anna
5 Jaques are all members of BIDCO and share our
6 commitment to community-based care. They will also
7 all participate in our MassHealth ACO or MassHealth
8 Accountable Care Organization, when the program
9 launches in March 2018.

10 I thank you for your consideration and
11 support the approval of this Determination of Need
12 application. Thank you.

13 HEARING OFFICER MANN: Thank you.

14 HEARING OFFICER DAVIS: Thank you.

15 HEARING OFFICER MANN: Ms. Diamond,
16 followed by Michael Cruza.

17 MS. DIAMOND: I'm Kathleen Diamond,
18 D-i-a-m-o-n-d. I'm the Director of Patient Care at
19 Old Colony Hospice. We are an independent,
20 non-profit, unaffiliated hospice that is completely
21 mission driven. Our only goal is to help patients
22 and families who are facing a terminal illness to do
23 so comfortably and with compassion, wherever they
24 call home.

1 We have had a long-standing relationship
2 with BIDMC-Milton, and also I have had a personal
3 one with both Boston and Milton. Professionally,
4 I've taken care of patients myself as a nurse at
5 Milton Hospital and worked together with the staff
6 there when a hospice patient needed to be
7 hospitalized. And this was always a really good
8 experience for the patient and the family, and the
9 care and the collaboration there was really
10 outstanding.

11 More recently, I have seen the outcome of
12 patients coming out of BID-Boston and BIDMC-Milton,
13 and being cared for in the community by us, and
14 again, the collaboration is outstanding. The
15 patients always have come to us having had wonderful
16 care, and the coordination of the care, making sure
17 that the patient's needs are met appropriately in
18 the community, is always done very well.

19 Personally, I've taken care of a friend who
20 had surgery at BID-Boston. She had absolutely
21 outstanding care from every single person, from the
22 parking lot attendant to the surgeon to the nurses.
23 And also myself and my children have had care at
24 Beth Israel Deaconess-Milton Center, and I

1 appreciate that center being there. It is my
2 hospital of choice, and I fully support bringing
3 that kind of care to all the people in the
4 communities that would be served by this
5 application.

6 HEARING OFFICER MANN: Thank you.

7 HEARING OFFICER DAVIS: Thank you.

8 HEARING OFFICER MANN: Mr. Cruza, followed
9 by Donna Doherty.

10 MR. CRUZA: Good evening. Mike Cruza,
11 C-r-u-z-a. With Kathy, I also work at Old Colony
12 Hospice & Palliative Care, where we provide all
13 things hospice and palliative care.

14 In working in health care in this area now
15 for the last 25 years and hospice care the last 14,
16 I have seen really a lot of the big highs and lows
17 of health care that you have all seen as well. And
18 in working with discharges, specifically from and
19 collaborating with many of the area BID hospitals,
20 we've just see an exemplary level of care and
21 compassion that really hospices can really notice
22 and appreciate.

23 So I don't know exactly what the merger
24 means financially or specifically to the community

1 at large from a planning point of view, but I can,
2 however, speak to the level of professionalism and
3 care that we see at Old Colony Hospice when working
4 with all of the BID facilities in Southeast
5 Massachusetts.

6 I can speak personally to how they care for
7 patients, and if this merger means making more great
8 health care happen in more parts of Massachusetts,
9 then Old Colony Hospice does support the merger.

10 Thank you for your time.

11 HEARING OFFICER DAVIS: Thank you.

12 HEARING OFFICER MANN: Thank you.

13 Ms. Doherty, followed by Kevin Coughlin.

14 MS. DOHERTY: Good evening. My name is
15 Donna Doherty, D-o-h-e-r-t-y, and I'm the Vice
16 President for Patient Care Services and Chief
17 Nursing Officer at BID in Plymouth.

18 I'm here to express my support for the
19 application of the BID Medical Center System, Lahey
20 Health, Mount Auburn Hospital, New England Baptist
21 Hospital, and Anna Jaques Hospital to create a new,
22 lower-cost, high-quality, non-profit health care
23 system in Eastern Massachusetts.

24 Thousands of patients and their family

1 members come through BID-Plymouth's doors every day
2 to receive outstanding safe and high-quality health
3 care that is also affordable. For us, joining the
4 BID family of hospitals has been a huge benefit for
5 the patients we care for every day.

6 Our nurses and physicians collaborate with
7 BIDMC physicians on a daily basis to provide life-
8 saving interventions for patients. From TeleStroke
9 with BIDMC neurologists to BIDMC specialists in
10 cardiology, radiation oncology, critical care and
11 neonatology, the collaboration with BIDMC Medical
12 Center has transformed how we deliver care to the
13 region and continue to make a positive difference in
14 the thousands of lives we care for at BID-Plymouth.

15 We have implemented a unique behavioral
16 health and substance abuse collaborative that is
17 saving the lives of individuals impacted by the
18 opioid crisis. Our program at BID-Plymouth has
19 served as a best practice across the state, and
20 we've achieved that by working collaboratively with
21 our colleagues in the BID System to address the
22 crisis, as well as our community members.

23 Daily we hear from our patients and their
24 family members how different the former Jordan

1 Hospital is now that we are a part of the BID
2 Medical Center System. We have always provided our
3 community with great care, yet being part of a
4 larger system offers our patients access to more
5 comprehensive specialty care, with physician
6 specialists from Boston providing that care in the
7 community where our patients live and work.

8 Patients across Massachusetts want high-
9 quality, affordable health care that's provided
10 close to home. The creation of the proposed health
11 system will serve patients within and outside of
12 Boston with more clinical options provided by a
13 system that is focused on providing high-quality
14 care at an affordable cost with exceptional patient
15 outcomes.

16 I believe that the proposed new health care
17 system is consistent with the Commonwealth's goals
18 of improving the health status and quality of life
19 for individuals and families throughout
20 Massachusetts, of ensuring continued access to
21 affordable, high-quality care close to home and
22 seamless access to tertiary and quaternary care when
23 needed, and assisting the Commonwealth in meeting
24 its short- and long-term health care cost

1 containment goals.

2 I thank you for your time and your
3 consideration, and I also ask the Massachusetts
4 Department of Health to support and approve the
5 application.

6 HEARING OFFICER MANN: Thank you.

7 Mr. Coughlin, followed by Harry Dow.

8 MR. COUGHLIN: Good evening. Kevin
9 Coughlin, C-o-u-g-h-l-i-n. I am the President and
10 CEO of Beth Israel Deaconess Hospital-Plymouth.

11 I am here to express my support for the
12 application of Beth Israel Deaconess Medical Center,
13 with Lahey Health, Mount Auburn Hospital, New
14 England Baptist Hospital, and Anna Jaques Hospital,
15 to create a new, lower-cost, high-quality,
16 non-profit health care system in Eastern
17 Massachusetts.

18 In January 2014, the former Jordan
19 Hospital, now BID-Plymouth, joined the Beth Israel
20 Deaconess family of hospitals to provide more than
21 250,000 individuals in our service area with new and
22 enhanced clinical services, programs, and access,
23 when needed, to specialists at BIDMC in Boston. Our
24 strong partnership with the BID System has resulted

1 in a number of benefits to the community of patients
2 that we serve as well as to our hospital.

3 Almost immediately upon joining with BIDMC,
4 specialists from Boston began working side-by-side
5 with our physicians, nurses and employees to provide
6 clinical support and collaboration in cardiology,
7 critical care, emergency medicine, neonatology,
8 radiation oncology, and stroke services. For our
9 patients, this means that they receive high-quality,
10 low-cost care without having to drive into Boston.

11 As a direct result of being part of the
12 Beth Israel Deaconess System, we have seen a steady
13 increase over the last three years in patients
14 coming to BID-Plymouth for both inpatient and
15 outpatient care. Since 2014, our inpatient volume
16 has grown by 23 percent and our outpatient volume
17 has grown by 10 percent. The growth is from
18 patients who were going to other high-cost hospitals
19 and health care providers outside of our service
20 area.

21 Looking ahead to the near future, the
22 creation of the new health care system is essential
23 to the future of Beth Israel Deaconess Hospital-
24 Plymouth and to ensure our continued ability to

1 provide access to affordable care in the community
2 that we serve.

3 It is our view at Beth Israel Deaconess
4 Hospital-Plymouth that the proposed new health care
5 system is consistent with the Commonwealth's goals
6 of improving the health status and quality of life
7 for individuals and families throughout
8 Massachusetts, of ensuring continued access to
9 affordable, high-quality care close to home, and
10 seamless access to tertiary and quaternary care when
11 needed.

12 I thank you for your time, your
13 consideration, and ask that the Massachusetts
14 Department of Public Health support this.

15 HEARING OFFICER MANN: Thank you.

16 HEARING OFFICER DAVIS: Thank you.

17 HEARING OFFICER MANN: Mr. Dow, followed by
18 Stephanie Jones. Harry Dow? (No response)
19 Stephanie Jones, followed by April Lamoureux.

20 DR. JONES: Good evening. My name is Dr.
21 Stephanie Jones, J-o-n-e-s. I am an
22 anesthesiologist and Vice-Chair for Education at
23 Beth Israel Deaconess Medical Center Department of
24 Anesthesia, Critical Care and Medicine. However,

1 tonight I'm here representing the Opioid Care
2 Committee, for which I serve as Chair, and
3 expressing our support for the application
4 presented.

5 Suffice it to say that I don't really need
6 to tell the DPH about the status of the opioid
7 crisis in the State of Massachusetts. Data shows
8 that there's been a 150 percent increase in opioid-
9 related deaths in Massachusetts between 2011 and
10 2015. While the death rate appears to be slowing,
11 the crisis is far from over.

12 My committee is a multidisciplinary
13 committee that was created earlier this year to
14 ensure a comprehensive approach for prescribing of
15 opioids, treatment of opioid use disorder, and
16 multimodal pain management. Membership comes from
17 multiple medical specialties, as well as nursing,
18 social work, and various representatives from our
19 community affiliates, some of which were here today.

20 In 2017 we had a fairly modest goal to
21 start with. We implemented an addiction treatment
22 team model and a comprehensive approach to opioid
23 use disorder, and we worked on complying with
24 various federal and state regulations surrounding

1 opioids.

2 For 2018 our goals are more ambitious, and
3 this is where Lahey and BIDMC can achieve what I
4 think is a very vital synergy. We intend to develop
5 a comprehensive education program for providers
6 charged with treating pain in the inpatient,
7 outpatient, chronic and acute settings, and we need
8 to improve access to inpatient and outpatient opioid
9 use disorder treatment, via education, community
10 outreach, and expansion of in-network services to
11 support patient referrals.

12 Lahey's strength lies in their extensive
13 experience in treating substance use disorder.
14 Lahey Health Behavioral Services is a system of
15 community-based mental health and substance abuse
16 services, including outpatient and residential drug
17 treatment.

18 Our ability to access such services from
19 BIDMC has been significantly limited by our lack of
20 sufficient existing referral structures. This is
21 discouraging and disheartening for physicians,
22 nurses, social workers and others at BI working hard
23 to provide opioid use disorder patients with further
24 treatment upon hospital discharge or after a visit

1 to the ER.

2 The cause of admission is often secondary
3 to substance use, such as endocarditis or hepatitis.
4 Ensuring timely and appropriate referral to
5 community-based treatment will elevate our ability
6 to care for this difficult patient population.

7 BIDMC, on the other hand, brings to the
8 table many years of expertise in education and
9 cutting-edge pain management. We must work to
10 reduce opioid misuse through new prescribing
11 practices, multimodal pain management strategies,
12 and education of patients and families regarding the
13 risks and benefits of opioid pain medications. It
14 will take an intensive educational campaign to shift
15 traditional prescribing practices while still
16 treating pain to our best ability.

17 BIDMC's physician educators are up to this
18 task, and including Lahey, Mount Auburn, New England
19 Baptist and Anna Jaques will broaden and strengthen
20 the impact of these initiatives.

21 I urge the Department to approve the
22 application set before you. Thank you for your
23 time.

24 HEARING OFFICER DAVIS: Thank you.

1 HEARING OFFICER MANN: Thank you.

2 Ms. Lamoureux, followed by Shari Gomez.

3 MS. LAMOUREUX: Good evening. My name is
4 April Anderson, A-n-d-e-r-s-o-n, Lamoureux,
5 L-a-m-o-u-r-e-u-x. I am a residence of Milton, and
6 I thank you for the opportunity to be here this
7 evening to express my support for the proposed
8 system merger.

9 In August of 2015, my husband was cycling
10 in the Blue Hills of Milton and was hit by a car,
11 and he was transferred by ambulance in critical
12 condition to a Boston hospital, where he was
13 stabilized and ultimately diagnosed with a
14 concussion.

15 After a few days of inpatient care, he was
16 discharged to go home with myself, my two young kids
17 and our brand-new baby. After we were home for a
18 few chaotic days, it became very obvious that
19 something was just not right. So I took him to
20 BIDMC-Milton emergency room, where it was quickly
21 determined that he had multiple active brain bleeds
22 and was in need of very specialized care.

23 The team at BID-Milton not only cared for
24 my husband's health care needs as a patient, but

1 they provided me with emotional support and
2 professional guidance as they worked through the
3 process to getting him admitted to a brain injury
4 rehab facility.

5 Several months later the caregiver became
6 the patient. I was ill at the time of my husband's
7 accident and misdiagnosed with the flu, and in fact
8 I had pneumonia, which then became a blood
9 infection. So this time my family delivered me back
10 to BID-Milton, now as the patient, and I was
11 diagnosed with sepsis and admitted for several days
12 of inpatient care myself.

13 The time, attention and compassion that my
14 family received at BID-Milton made all of the
15 difference for us. We are living proof that our
16 community-based hospitals literally save and change
17 lives on a daily basis. Our family could not be
18 more supportive of BID-Milton.

19 You know, people take health care for
20 granted until you really need it, and we are
21 tremendously grateful for the care that we received
22 at a community-based institution like BID-Milton.

23 Therefore, we are expressing our very
24 strong support for the pending merger, so that other

1 families like ours can have access to a high-
2 quality, lower-cost, individualized health care
3 system across Massachusetts. Thank you.

4 HEARING OFFICER MANN: Thank you.

5 HEARING OFFICER DAVIS: Thank you.

6 HEARING OFFICER MANN: Ms. Gomez, followed
7 by Laura Adams.

8 MS. GOLD-GOMEZ: Good evening. S-h-a-r-i
9 G-o-l-d, hyphen, G-o-m-e-z. Good evening, and thank
10 you for the opportunity to speak.

11 The work we do in Interpreter Services at
12 Beth Israel Deaconess Medical Center is very
13 important for a lot of the communities that we've
14 been speaking about tonight. I've been the Director
15 of Interpreter Services at Beth Israel Deaconess
16 Medical Center for 25 years.

17 The partnerships that we have forged with
18 the communities and our community health centers,
19 many of whom you've heard speak tonight, really
20 guide the work that we do. Beth Israel Deaconess
21 has one of the longest established histories in
22 Interpreter Services in the region. We serve over
23 70 different language groups every year, and we
24 support over 200,000 interpreted encounters every

1 year.

2 Earlier Dr. Tabb talked about our most
3 vulnerable populations, which are precisely the
4 patients that my talented and compassionate group of
5 medical interpreters serve. I believe we can do
6 better by working together throughout the new health
7 care system being proposed and to continue to
8 provide access and linguistic access in our
9 patients' communities, as well as at Beth Israel
10 Deaconess Medical Center.

11 For those reasons and many more, I support
12 this application, and I look forward to the
13 opportunities that await by leveraging the shared
14 values of all our combined institutions. Thank you.

15 HEARING OFFICER MANN: Thank you.

16 HEARING OFFICER DAVIS: Thank you.

17 HEARING OFFICER MANN: Ms. Adams, followed
18 by Richard Rouse.

19 MS. ADAMS: My name is Laura Adams,
20 A-d-a-m-s. I am a lifelong resident of Mission
21 Hill, and I am a former employee of the New England
22 Baptist Hospital. My mother is in the audience with
23 me tonight. She also worked at the Baptist when she
24 was in high school many moons ago, and I currently

1 have a sister working there as a Registered Nurse
2 now.

3 So I just want to say that New England
4 Baptist Hospital is a wonderful place to work, and
5 it is a hospital that reaches out to the community
6 to look for residents to work there, which we all
7 know employment is important to us. So thank you to
8 the doctors for doing that.

9 Currently I'm working at the Director of
10 Senior Services at the Roxbury Tenants of Harvard,
11 which is a section of Mission Hill. I work with
12 members at the New England Baptist Hospital, and I
13 know they are committed to improving the health and
14 well-being of the residents living in the community,
15 and they have been major supporters of programs for
16 seniors living in Mission Hill.

17 The New England Baptist Hospital has
18 brought the Senior Celtics Program into Mission
19 Hill. That's a very exciting program, and actual
20 Boston Celtics players come, and you should just see
21 the faces of the seniors when they're part of that
22 program. And that program is all about movement and
23 keeping the seniors active, which is very important,
24 as we know.

1 This last month, the month of November, the
2 physical therapists from the New England Baptist
3 Hospital came down to RTH and did four workshops on
4 fall prevention to keep them very safe. They showed
5 different tips of things, how to place things in our
6 apartments. We're thankful to the Baptist for that.

7 The New England Baptist Hospital sponsors
8 our walking group at RTH, another very vital program
9 that we have to keep the seniors active and keep
10 them out of their apartments and keep them involved
11 and engaged in the community.

12 Outside of RTH, the New England Baptist
13 Hospital sponsors the Mission Hill Seniors Legacy,
14 which you will hear more about tonight, but that's
15 bringing all the Mission Hill seniors together, and
16 that wouldn't be possible, I believe, without the
17 New England Baptist Hospital.

18 I'm also on the New England Baptist
19 Hospital Community Benefits Committee, so besides
20 the benefits that they do for me at RTH, I hear
21 about other things that they're doing in Mission
22 Hill and communities beyond that.

23 I'm also a volunteer myself with the New
24 England Baptist Hospital at the Doe House, and also

1 we do volunteer work at the Community Service, and
2 the employees that come from the New England Baptist
3 Hospital are not shy. They love being there
4 volunteering and just giving back. And that's
5 something I believe that they got from working at
6 the Baptist. When I worked there, they definitely
7 had that family feeling of working there that I wish
8 other organizations had, but they have it under
9 control at the Baptist.

10 Also at RTH we have a FAIR program, which
11 also the New England Baptist Hospital supports, and
12 that's greatly needed in our community. People
13 really do struggle, and they pay 50 percent of that.

14 Also, just one thing I want to mention is
15 two years ago Boston had very severe cold weather,
16 and my telephone rang, and it was a person from the
17 New England Baptist Hospital saying, "Laura, does
18 anybody down in your community need a coat?" I
19 said, "What?" She said, "Yeah, it's very cold out.
20 We want to make sure that everybody has a warm coat
21 there." You know, I was like, "Yeah, sure."

22 So it just shows to me that New England
23 Baptist Hospital is about the community, not just
24 about their patients at the hospital, that they

1 really do care about the community. And I feel that
2 Mission Hill would be lost without the New England
3 Baptist being here in Mission Hill.

4 So thank you for consideration, and I urge
5 the Department to support and approve of this
6 application. Thank you.

7 HEARING OFFICER MANN: Thank you.

8 HEARING OFFICER DAVIS: Thank you very
9 much.

10 HEARING OFFICER MANN: Mr. Rouse, followed
11 by Joseph Li.

12 MR ROUSE: Thank you very. Good evening.
13 My name is Richard, R-i-c-h-a-r-d, Rouse, R-o-u-s-e,
14 and I am the Director of the Mission Hill Main
15 Streets.

16 Mission Hill Main Streets is a small
17 non-profit consisting of residents, local residents,
18 small businesses and the institutions in the Mission
19 Hill area to preserve small business.

20 What brings me here? I've heard it all
21 tonight, agree with it all, but there is one thing
22 that this hospital, New England Baptist Hospital,
23 provides which was hinted at by Josh Zakim, and that
24 is what a good community partner they are. They are

1 without question the best. No matter what issue,
2 what problem there is in this neighborhood, they are
3 at the forefront. They are the leaders.

4 They will bring to this partnership -- they
5 are an asset because of all the wonderful work they
6 do medically and surgically, but also to assist all
7 of the other hospitals on how to do community
8 benefits and enhancement. They are the standard.
9 They get it. They are excellent.

10 I sincerely hope that this Determination of
11 Need is approved, and I make one promise, that I
12 will never ride a bicycle in Milton.

13 HEARING OFFICER MANN: Thank you.

14 Mr. Li, followed by Ken Farbstein.

15 DR. LI: I don't know how you follow that.

16 My name is Joseph Li, spelled L-i. I'm a
17 physician, and I'm an immigrant to this country, I'm
18 a naturalized U.S. citizen. I have lived in the
19 greater Boston area for about 25 years now.

20 For the past 15, 16 years, I've been a
21 resident of Needham, and currently I sit on the
22 Board of Advisors for Beth Israel Deaconess-Needham
23 Hospital. And my day job is I help lead a group of
24 physicians called Beth Israel Deaconess Hospital

1 Medicine. We're a group of about 100 physicians.
2 We provide care at all four of the BID hospitals in
3 Boston, Milton, Needham and Plymouth. At any given
4 time, my group of colleagues and I care for about
5 400 hospitalized patients at these four hospitals.

6 Despite what I just told you, I'm here to
7 speak on behalf of myself and my family and my
8 neighbors. So I have family members and I have a
9 number of neighbors who get care at Beth Israel
10 Deaconess in Needham. They used to get care at the
11 old Glover Memorial Hospital. What I can tell you
12 is that what I've seen at the Needham Hospital over
13 the past ten years is really a transformation of a
14 small community hospital.

15 Our family, our friends, our neighbors
16 really have top-notch access to the Boston
17 hospitals, the subspecialists. I have a number of
18 neighbors who are seriously ill who receive
19 chemotherapy at the Needham Hospital.

20 Prior to Beth Israel Deaconess involvement,
21 they would have to drive downtown, get their care,
22 and it doesn't sound like a lot until you're sick
23 yourself and you have to make that drive. That's at
24 least 30 minutes, go through the parking lot and so

1 forth. So it really means a lot to the patients and
2 families to be able to get that world-class care
3 locally.

4 I'm obviously in support of this
5 development of this low-cost, high-value health care
6 system. I really believe that, given the
7 opportunity, this would allow other communities to
8 really have the local care that Needham has seen
9 over the past ten years.

10 So thank you for giving me the opportunity
11 to speak.

12 HEARING OFFICER MANN: Thank you, Doctor.

13 HEARING OFFICER DAVIS: Thank you.

14 HEARING OFFICER MANN: Mr. Farbstein,
15 followed by Marie Sanchez.

16 MR. FARBSTEIN: I'm Ken Farbstein,
17 F-a-r-b-s-t-e-i-n, with Greater Boston Interfaith
18 Organization, and I thank you, I really applaud your
19 ability to listen. I would be Jello by now, but I
20 really appreciate it.

21 So, I'm on GBIO's Health Care Leadership
22 Team, and we really hope that you will do a careful,
23 impartial cost and market impact review with
24 consumer input, and there are two key reasons why.

1 First, with all due respect, no hospital
2 executive or community organization tonight has said
3 why or how the merger would decrease costs.

4 Sherlock Holmes famously said that the key piece of
5 evidence was that the dog did not bark, and I think
6 the silence was very revealing as it is here.

7 I think in the last two hours, many
8 hospital leaders and people I know and respect among
9 them have had the chance to explain why costs would
10 decline, but they've just told us about the high
11 quality and volume of the medical services they
12 provide. And their facts are true, but that's not
13 the point.

14 And I'm glad to hear the stories of
15 patients tonight who got excellent care from these
16 hospitals, but please keep in mind that their care
17 was excellent before any merger.

18 The second reason, prices are just way too
19 high. I had a physical at one of the hospitals that
20 are represented here tonight, just in the last
21 month, and the cost was \$900 for a physical.

22 GBIO is doing dozens of house meetings this
23 last month and over the next few months, and we're
24 hearing lots of stories about wildly high costs.

1 And here in Eastern Mass., as you know very well, we
2 have the highest prices in the world. So GBIO
3 doesn't yet have a formal position on the merger,
4 but we note that mergers often increase costs. That
5 was true with the Partners merger, and it's also
6 true in a lot of other industries.

7 So to sum up, when you do the cost -- when
8 we hope you do the cost and market impact review
9 with consumer input, please, we hope that you will
10 consider these two key questions: One, do these
11 hospitals really want to merge because they want to
12 improve quality, or is it to get a larger slice of
13 the pie? And, two, if it's to get more pie, do you
14 think that the cost to the public will go up or the
15 cost will go down? Thank you.

16 (Applause)

17 HEARING OFFICER DAVIS: Thank you.

18 HEARING OFFICER MANN: Thank you.

19 Ms. Sanchez, followed by Michel Soltani.

20 MS. SANCHEZ: Sorry, I don't have a long
21 story, but I'm Maria Sanchez, and I'm Board
22 President of the Mission Hill Neighborhood Housing
23 Services. I believe the Board will be giving a
24 letter of full support for the application. Thank

1 you for giving us the opportunity to be part of the
2 process and letting us know to be part of the
3 application, and hopefully you get it.

4 So, again, I'm President of Mission Church
5 Hispanic Social Committee, and I'm a long-term
6 resident of Mission Hill, and my son is State
7 Representative Jeffrey Sanchez, my mommy Debbie
8 Sanchez, and my grand-daughters Luna and Amie --
9 they have to be included -- they all grew up in the
10 neighborhood.

11 I am here tonight to support the
12 application in front of you for the New England
13 Baptist Hospital. It would be devastating, not me
14 only, for the whole community, if they were not a
15 part of our community.

16 Now, the New England Baptist Hospital was
17 founded in 1888 as a hospital that provided free
18 medical care for the community's poor. The hospital
19 has expanded since then and is now the premier
20 regional provider for orthopedic surgery and the
21 treatment for musculoskeletal diseases and
22 disorders.

23 With their commitment, hopefully the merger
24 includes the commitment that the new laboratory has

1 to be run by a committee.

2 But their commitment to serving our
3 community continues. They recognize that the health
4 and strength of the hospital is linked to the health
5 and strength of its neighborhood.

6 In addition to their commitment to clinical
7 excellence, New England Baptist is committed to
8 collaborating with community partners and residents
9 from across the Mission Hill/Roxbury neighborhood to
10 identify areas of special need and to improve the
11 overall health of the region.

12 I see each and every day how they are
13 committed to improving the health and well-being of
14 the residents of Mission Hill. New England Baptist
15 currently operates numerous educational, outreach,
16 and community-strengthening initiatives and
17 collaborates with many of the community's leading
18 services organizations.

19 They also offer an eight-to-ten-week paid
20 summer internship each year for eight to ten high
21 school and college students who permanently reside
22 in the Mission Hill and Roxbury community, and that
23 is engaging, enriching and rewarding, while
24 providing exposure to health and science-related

1 career paths.

2 This project is essential to the future of
3 New England Baptist Hospital.

4 I thank you for your consideration, and
5 urge and pray that the Department support and
6 approve of this application. So we all hope that
7 whoever becomes merged will be as committed at New
8 England Baptist is today. Thank you.

9 HEARING OFFICER DAVIS: Thank you.

10 HEARING OFFICER MANN: Thank you.

11 Ms. Sanchez, if you have written testimony,
12 it would be helpful if you can provide it.

13 MS. SANCHEZ: Mission Hill Neighborhoods
14 Housing Services will be sending a letter in the
15 full support from the entire Board. They weren't
16 able to be here.

17 HEARING OFFICER MANN: Thank you.

18 MR. SOLTANI: Hi. My name is Michel
19 Soltani, M-i-c-h-e-l S-o-l-t-a-n-i.

20 HEARING OFFICER MANN: Mr. Soltani, one
21 second. Nelson Liu is after you.

22 MR. SOLTANI: Thank you. I have been
23 around about 30 years in Mission Hill, always been
24 involved in small businesses, and actually I'm a

1 resident of the Mission Hill community, long-term
2 homeowner and business owner. I believe as a
3 business Baptist Hospital is one of the best
4 businesses in the district. They were always
5 involved in anything we have done, and you should
6 learn from your institutions.

7 They were always there when anyone needs
8 any help, no matter what it is, especially Christine
9 Dwyer was like a member of the family, and she is a
10 member of the family for this community. She was
11 always there no matter what for whom. No question
12 asked, you could always get help.

13 I have been as a patient a few times
14 myself, and everyone else, whenever they have a
15 problem, I would always ask Christine to help us,
16 and she always did.

17 On the basis of humanity and compassion,
18 they are the best, and they are the assets to this
19 community. The whole community really love them
20 because they are true human, and we urge you to
21 support them 100 percent. Thank you.

22 HEARING OFFICER DAVIS: Thank you.

23 HEARING OFFICER MANN: Thank you.

24 Mr. Liu, followed by Bruce Keary.

1 MR. LIU: My name is Nelson Liu. L-i-u is
2 the spelling of the last name. Thank you to the DPH
3 for the opportunity to comment along with the rest
4 of the public.

5 I am the current Board President of the
6 South Cove Community Health Center, serving for 45
7 years now in greater Massachusetts. We have five
8 locations through which we serve patients who make
9 nearly 180,000 visits a year. We have 300 staff
10 employed providing those services.

11 Our relationship with BIDMC goes back for
12 over 20 years, and that relationship has benefited
13 our patients, who often in many cases do not have
14 the ability to pay.

15 I have a personal relationship with BI in
16 the sense it is very much a part of my family
17 through the birth of several cousins, as well as the
18 death of my grandparents. The hospital has afforded
19 us the dignity and the patience to let us be able to
20 provide not just care for my family, but also at its
21 darkest hour, the passing of our relatives.

22 South Cove believes that this merger is
23 critical, essential to the financial well-being of
24 not just BI but to the other institutions it seeks

1 to merge with, in its ability to continue to provide
2 the quality health care to not just our patients who
3 linguistically are treated with the highest of
4 quality care, culturally sensitive care.

5 So our Board wholeheartedly supports this
6 merger, and we respectfully ask that the DPH approve
7 of this merger. Thank you.

8 HEARING OFFICER MANN: Thank you.

9 HEARING OFFICER DAVIS: Thank you.

10 HEARING OFFICER MANN: Mr. Keary, followed
11 by Mary Ann Nelson.

12 MR. KEARY: I'm Bruce Keary, K-e-a-r-y.
13 I've been a resident of Mission Hill since 1970.

14 Several decades ago the health of this
15 community got a lot better when the Baptist began
16 really investing in all of our organizations. And
17 it has been a leader among all of the community
18 institutions to help our neighborhood get better.
19 And like the Baptist says, "We're high on Mission
20 Hill." Thank you.

21 HEARING OFFICER MANN: Thank you, Mr.
22 Keary.

23 Ms. Nelson, followed by Hanoi Reyes.

24 MS. NELSON: Hi. I'm Mary Ann Nelson,

1 M-a-r-y, space, A-n-n N-e-l-s-o-n.

2 First, I'd like to make a comment in my
3 volunteer capacity as President of the Mission Hill
4 Link Bus. One of our Board members has already said
5 earlier that the New England Baptist is a key
6 supporter of the bus. The bus goes right by their
7 facility, and we see it as a way to improve
8 transportation in the neighborhood, and hopefully
9 bring more New England Baptist patients up from the
10 subway to the top of the hill and get them out of
11 their cars.

12 Now I'd like to read a few comments in my
13 professional capacity as the head of the Mission
14 Hill Health Movement. Mission Hill Health Movement
15 is a neighborhood organization that promotes good
16 health on Mission Hill. It started in the '60s
17 because the residents of Mission Hill were adjacent
18 to some of the best hospitals in the world, but many
19 did not have health care.

20 The Mission Hill Health Movement has not
21 taken an official position on the merger. It's
22 recognized that New England Baptist and Beth Israel
23 Deaconess have both supported our activities to
24 improve the consumption of fresh fruits and

1 vegetables by residents of Mission Hill, and we
2 appreciate their support. Many people have talked
3 about the support that the New England Baptist
4 Hospital has given local institutions, and we really
5 appreciate it.

6 We notice, the Health Movement notice that
7 with the new merger, two thirds of the residents of
8 Massachusetts will be in the service area of the new
9 system. We would like to know more about what the
10 impact of this merger will be on these communities.

11 We see this as a great opportunity for the
12 hospitals to work together to address the social
13 determinants for health, particularly employment and
14 housing. And we notice that some of the areas in
15 the merged areas have some of the most expensive
16 housing in the state, but also has many people with
17 chronic unemployment or underemployment. And we
18 hope that, as part of the merger, the hospitals
19 address these issues.

20 Someone has already observed that there
21 hasn't been much reporting on how the hospitals are
22 going to consolidate and save money. It's not clear
23 to me from what I've read what they propose to do.

24 You might not need seven -- I see

1 possibilities for consolidation of service, of
2 administrative services and some of the other
3 services that don't have to do with patient care,
4 but it's not addressed in the documents, and that
5 could provide an opportunity to save money. But
6 it's not clear if that's what they're planning to do
7 and how they will save money.

8 And I notice that some of the hospitals are
9 already at a lower cost than some of the others.
10 Will those hospitals' costs go up to meet the new
11 level of the partners, or will the others come down
12 to where the other partners are? We can't tell from
13 the documents.

14 A couple of years ago, New England Baptist
15 Hospital had told me that they were definitely
16 moving off the top of the Mission Hill, and they
17 were moving closer to Beth Israel Deaconess. Now
18 New England Baptist Hospital says they plan to stay
19 on top of the Hill, but they might not need all the
20 space they currently have.

21 This may be an issue with some of the other
22 locations where the medical institutions have
23 surplus property they don't need, and it's not clear
24 from the merger documents what they plan to do with

1 any surplus property. And if they're going to sell
2 any of their property as part of this merger, we
3 can't tell.

4 That would be really interesting for us to
5 know, so that communities across Eastern
6 Massachusetts can make plans for what will happen in
7 their neighborhood when the hospitals consolidate
8 and change. We note that Beth Israel Deaconess has
9 a proposal to build a new building, but that's not
10 discussed in the documents either, how the new
11 building fits in with the merger plan. I'm sure
12 they have a plan to do that, but they haven't shared
13 it with the community.

14 I also notice that -- you hear a lot of
15 people from Mission Hill saying how well they're
16 treated by New England Baptist and how much we like
17 working with them. We hope that this continues with
18 the merger, but that's not clear.

19 In another merger that took place among
20 hospitals, decision making about what community
21 benefits were allowed was taken out of the local
22 hospital and transferred to another part of the
23 operation, where their perspective of what is a
24 community benefit was different than what the person

1 who was adjacent to the community saw as a community
2 benefit. So that affected what communities
3 received.

4 I think this is something that all of the
5 hospitals currently share. I mean, a lot of
6 communities are experiencing the benefit of being
7 neighbors with hospitals, as well as some of the
8 costs. And I think that this needs to be explored a
9 little more, especially in communities where we're
10 dependent upon our relationship with the hospitals
11 for support of local activities that improve our
12 community.

13 HEARING OFFICER MANN: Ms. Nelson, I just
14 want to --

15 MS. NELSON: I'll wrap it up.

16 And then the other observation I've made of
17 being adjacent to hospitals is that, once they reach
18 a critical mass, their patient area suddenly goes
19 from Boston, Massachusetts, to the world. And I
20 haven't seen anything in the documents about how the
21 hospitals view changes in their -- in the global
22 medical market, how that might be affected by the
23 merger, and what positions they might take on those.

24 New England Baptist Hospital is the best

1 hospital for their services in the United States,
2 that means they're the best in the world, and will
3 we see more emphasis on international clients in
4 order to meet the costs of the hospital, or are we
5 going to see its continuing serving the residents of
6 Massachusetts?

7 Those are my comments. Thank you.

8 HEARING OFFICER MANN: Thank you.

9 HEARING OFFICER DAVIS: Thank you.

10 HEARING OFFICER MANN: Hanoi Reyes,
11 followed by Santa Rosado.

12 MS. REYES: Good evening. My name is Hanoi
13 Reyes, spelled H-a-n-o-i R-e-y-e-s, and I am here
14 accompanying, as the interpreter, Ms. Santa Rosado
15 and the following speaker, Luz Corporan.

16 We are here on behalf of the Affordable
17 Care Coalition, which is a coalition formed by
18 community members as well as community leaders that
19 are requesting an investigation prior to the merger,
20 due to the concerns that we have as a community.

21 MS. ROSADO: (Through Ms. Reyes as
22 interpreter) Good evening. My name is Santa
23 Rosado. I'm a Jamaica Plain resident. I'm a member
24 of the Health Care Affordable Coalition. As a

1 member of this community, I am very worried, and I
2 am opposed to the application of the megamerger led
3 by Beth Israel and the Lahey Center.

4 I am very concerned on the effect that it
5 will have on the community hospitals that serve
6 Latinos, African-Americans, Haitians, Cape Verdeans
7 and other communities. These communities are
8 worried that this megamerger will leave patients of
9 MassHealth and the Health Connector in the ashes,
10 they won't be as profitable, and they will be
11 leaving our communities without access to health
12 care in local hospitals.

13 Exactly because of these reasons, I would
14 like to express publicly my discontent with MIRA and
15 Hyde Square Task Force for supporting a megafusion
16 without requesting an independent investigation by
17 the HPC or other entities.

18 As previously stated, I feel a
19 responsibility to support any initiative that will
20 affect directly our community -- our immigrant
21 communities and our communities of color. As our
22 communities have been the spinal cord of their own
23 organizations, I would love to know whether their
24 Boards have voted in favor of supporting this

1 megafusion, and if so, believe me, they will be
2 receiving a letter.

3 Thank you, and good evening, and thank you
4 for allowing me the opportunity of expressing my
5 feelings in this platform.

6 HEARING OFFICER DAVIS: Thank you.

7 HEARING OFFICER MANN: Thank you.

8 Following Ms. Corporan will be Patricia
9 Flaherty.

10 MS. CORPORAN: (Through Ms. Reyes as
11 interpreter) Good evening. My name is Luz
12 Corporan. I am a Dorchester resident.

13 As a member of this community and a member
14 of Dorchester, I am against the application for the
15 megafusion. I am worried because if this megafusion
16 is approved, they will control two of the three
17 hospitals, and that will give them power to increase
18 prices that may lead them to control the market,
19 affecting directly the pockets of our families, our
20 families that day-to-day fight to support our
21 children and our basic necessities, forcing our
22 communities to pay for it.

23 We ask that there's an independent study
24 done by the HPC and that the results are presented

1 in front of our communities and families. Thank
2 you.

3 HEARING OFFICER DAVIS: Thank you.

4 HEARING OFFICER MANN: Thank you, Ms.
5 Corporan.

6 Ms. Flaherty, followed by Joanne Pokaski.

7 MS. FLAHERTY: Thank you for the
8 opportunity to speak tonight. My name is Patricia
9 Flaherty, F-l-a-h-e-r-t-y. I am here as a long-term
10 resident of Mission Hill, and as the Executive
11 Director of Mission Hill Neighborhood Housing
12 Services who has voted to support the application
13 before you.

14 Mission Hill Neighborhood Housing Services
15 is a non-profit community development corporation in
16 Mission Hill working on the development of
17 affordable housing and economic development projects
18 since 1974.

19 Mission Hill NHS would like to go on record
20 in support of the application for a Determination of
21 Need. As an organization, we support the
22 application of the Beth Israel Deaconess Medical
23 Center, Lahey Clinic, Mount Auburn Hospital, Anna
24 Jaques Hospital and the New England Baptist Hospital

1 in their proposal to create a new and lower-cost,
2 high-quality, non-profit health care system in the
3 area. We will focus our support on the New England
4 Baptist Hospital.

5 Mission Hill NHS very much supports the New
6 England Baptist Hospital staying on the top of
7 Mission Hill as an important member of our
8 community. We have grave concerns about the impacts
9 on our diverse residential community had NEBH been
10 forced to leave the neighborhood and sell the real
11 estate that makes up the very summit of Mission
12 Hill, a very likely scenario just two years ago.

13 We understand that as a specialized
14 orthopedic and musculoskeletal institution, as a
15 specialty tertiary care referral hospital, NEBH
16 needs a relationship with these other institutions
17 to provide care for their patients with these
18 specialized orthopedic needs.

19 We also know that New England Baptist
20 Hospital will benefit from a formal relationship
21 with a teaching hospital network to provide new
22 specialty physicians. NEBH needs a network of
23 primary care physicians to make referral of
24 patients, and the other institutions and we as the

1 consumer will benefit from the reduced competition
2 in the area of expertise that New England Baptist
3 Hospital has developed and excelled in over these
4 many years.

5 The project is essential to the future of
6 New England Baptist Hospital and will ensure
7 continued access to affordable health care in the
8 communities served. The fact that the plan allows
9 NEBH to continue to operate as an independent
10 facility in our neighborhood is essential to the
11 Mission Hill community.

12 NEBH has provided important community
13 support and benefits to the impacted neighborhood of
14 Mission Hill, and with this DoN we would like to see
15 the benefits for community members in need grow with
16 additional targeted funds.

17 We commend New England Baptist Hospital and
18 its current leadership, President Hannon, David
19 Passafaro, Chris Dwyer, for the leadership and
20 support it provides to many community-based
21 organizations, including Mission Hill Neighborhood
22 Housing Services, the organization I'm here
23 representing. Some of the institution's commitments
24 go as far back as 30 years or more, and I know

1 because I was part of putting those benefits in
2 place.

3 And long after their obligation expired,
4 New England Baptist Hospital continues to support
5 such projects as the care of McLaughlin Field,
6 maintaining our ballpark and our Little League field
7 for the City of Boston Parks Department and for the
8 neighborhood, and the Mission Hill Link Bus, which
9 you've heard a bit about tonight.

10 New England Baptist Hospital is the major
11 funder of this community bus that provides
12 transportation for residents, including our seniors
13 and mobility-impaired residents who can't traverse
14 the topography of the Hill or need to connect from
15 their homes to the retail area, banks, groceries and
16 medical care.

17 New England Baptist Hospital continues to
18 be a leading provider of support and services in the
19 Mission Hill neighborhood, including essential
20 programming for our seniors who experience
21 isolation, by providing activities and informational
22 sessions with senior housing developments like ours,
23 the Maria Sanchez House, and with seniors living on
24 the Hill, and also providing connections through

1 physical activities and social programming for
2 seniors to come together, such as the Maria Sanchez
3 House Thanksgiving Celebration, the monthly Senior
4 Birthdays with the Mission Hill Senior Legacy
5 Project, monthly bingo at various locations, the
6 Celtics physical activity programming for seniors
7 with Boston Senior Celtics, and the Mission Hill
8 Senior Prom which just happened this weekend.

9 And this goes a long way in demonstrating
10 social determinants of health. They really
11 support -- we build housing, but we need
12 institutions like New England Baptist Hospital to
13 help us with social services and providing
14 programming in our buildings.

15 They also are long and strong supporters of
16 Mission Hill NHS's Mission Hill Road Race, which is
17 the largest community-building activity on Mission
18 Hill. I also sit on the Boards of the Tobin
19 Community Center and Sociedad Latina, and I know how
20 important the involvement and the financial support
21 of the Baptist Hospital is to many Mission Hill
22 community-based organizations, including those
23 serving our area youth.

24 We trust that this merger will allow for

1 even more innovative way to partner, including
2 benefits addressing social determinants of health,
3 including affordable housing production and services
4 and local job creation.

5 We thank you for your consideration and
6 urge the Department to support and approve this
7 application. Thank you.

8 HEARING OFFICER MANN: Thank you.

9 Ms. Pokaski, followed by Carmen Pola.

10 MS. POKASKI: Good evening. My name is
11 Joanne Pokaski. I'm the Director of Workforce
12 Development at Beth Israel Deaconess Medical Center.
13 I am writing this to express my support for the
14 application of the Beth Israel Deaconess Medical
15 Center System, the Lahey Health System, Mount Auburn
16 Hospital, New England Baptist Hospital, and Anna
17 Jaques Hospital to create a new, lower-cost, high-
18 quality, non-profit health care system in Eastern
19 Massachusetts.

20 I've worked with Beth Israel Deaconess
21 Medical Center for 13 years, and in that time I've
22 come to have a great appreciation for the commitment
23 of all the employees to excellent patient care and
24 to improving the health of our community.

1 One way that BIDMC supports the health of
2 our community is by being a good employer. Our jobs
3 start at \$15 an hour, offer benefits, and are open
4 to a broad spectrum of education levels. We have a
5 robust internal career mobility program at the
6 Medical Center. We regularly run pipeline programs
7 to train our employees up into higher-skilled,
8 better-paying jobs at the Medical Center. Over 150
9 employee have moved to new roles as a result of
10 these programs.

11 BIDMC is also very hands-on in supporting
12 the careers of all employees. For the last ten
13 years we have offered free precollege and college
14 level courses on site at the Medical Center for
15 employees. Over 700 employees have taken a class
16 with us, and our pass rates for these courses range
17 from 83 to 98 percent. In addition, any employee
18 can meet with our career and academic advisor to get
19 support in growing their career.

20 We also offer our employees free ESOL
21 courses, a financial counseling program, tuition
22 reimbursement, scholarships, computer classes and
23 citizenship classes. If you are a good worker who
24 never got a college degree, BIDMC is an excellent

1 place to advance your education and build a career.

2 Prior to working at BIDMC, I was the
3 director of Boston Career Link, a one-stop career
4 center in Roxbury. Working at the career center, I
5 was frustrated with how difficult it was to connect
6 our job seekers to job at the hospitals. Our job
7 seekers would apply on line, then hear nothing. My
8 team and I would try to call the hospitals, but our
9 phone calls were not returned.

10 When I came to BIDMC, one of my goals was
11 to better connect community residents to BIDMC jobs.
12 Now all community-based organizations get their
13 phone calls returned, and we actively partner with
14 Boston area community-based organizations that are
15 interested in connecting their job seekers to
16 opportunities at the Medical Center.

17 We host about 20 internships a year from
18 YMCA Training Inc., St. Mary's Center for Women and
19 Children, and Bunker Hill Community College. We
20 also partner with about 15 other Boston
21 organizations who refer over 100 job candidates to
22 us annually.

23 BIDMC hires over 40 young people from the
24 community each year into paid summer jobs.

1 Organizations who refer these young people to us
2 include the Boston Private Industry Council, the
3 John D. O'Bryant School, ABCD Parker Hill, Bowdoin
4 Street Community Health Center, and the Mary Lyon
5 Pilot High School in Boston. We also host interns
6 during the school year from Sociedad Latina and
7 participate in the Boston Public Schools' Annual Job
8 Shadow Day.

9 I'm proud of BIDMC's track record as a good
10 employer, and I urge the Department's approval of
11 this application as an important step forward in our
12 efforts to maintain and enhance these critical
13 programs. Thank you for your consideration.

14 HEARING OFFICER MANN: Thank you.

15 HEARING OFFICER DAVIS: Thank you.

16 HEARING OFFICER MANN: Carmen Pola,
17 followed by K. Gately.

18 MS. POLA: Good evening. Buenas noches.

19 I'm here to support the merger of these
20 hospitals. At first I had a little bit of concern,
21 because I didn't want to lose New England Baptist
22 Hospital, because it meant a lot to us in the city
23 family. We love New England Baptist Hospital.

24 New England Baptist Hospital supported

1 Legacy from day one. They trusted us. They have
2 been loyal to us. They said to us, "You want to
3 work with the community, we're willing to give you
4 \$10,000 to get you started," and taught us how to
5 save a penny. We worked with \$10,000 in the
6 neighborhood for three years. We didn't dare use
7 it. We did not dare, because it was given by New
8 England Baptist Hospital.

9 We volunteer our time. We're there eight,
10 ten, eleven hours a day, seven days a week. We
11 don't have weekends. We do not believe in that.
12 And then we acquire a lady called Chris Dwyer, who
13 trusts in us and believes in us, still believes in
14 us, and we have created many programs, many
15 programs.

16 And we now say, they want to expand, they
17 have the right to. We believe in them. We believe
18 that they could share the good with other
19 communities, and we will maintain them and support
20 them wherever they go. We wish them well, success,
21 and great work that they've done with us to continue
22 doing wherever they go.

23 We will not let them go. We will grab on
24 to their skirt or pants and will stay with them. We

1 call her Mission Hill Senior Legacy Project mother.
2 She is our mother, and we don't let the mother go.
3 So thank you very much, muchas gracias, and buenas
4 noches.

5 HEARING OFFICER MANN: Buenas noches.

6 HEARING OFFICER DAVIS: Thank you.

7 HEARING OFFICER MANN: Thank you.

8 K. Gately, and you just need to spell your
9 name, because I'm having trouble reading it.

10 MS. GATELY: Gately, G-a-t-e-l-y, is my
11 last name. Karen, K-a-r-e-n, first name.

12 Good evening. I know it's been a long
13 evening, and hopefully I'm not being repetitive of
14 all the good things that were said tonight, but I
15 stayed because I felt this was important.

16 I grew up in Mission Hill, and I came back
17 about four years ago and currently serve as the
18 Executive Director of the Roxbury Tenants of
19 Harvard, providing housing and services for 2200
20 people in 1110 units of housing. We're located
21 directly down the hill from the New England Baptist
22 Hospital.

23 I can say firsthand that the New England
24 Baptist Hospital is definitely a pillar of the

1 community and a good neighbor, providing support to
2 the community through jobs, opportunities for teens
3 to explore careers, the Road Race, and the Prom that
4 just happened.

5 I can also say the support of seniors and
6 those that are mobility impaired is exemplary,
7 providing support for our walking group, support for
8 our residents who participate in the Legacy Project,
9 workshops such as slip and fall, sending staff
10 nurses and physical therapists and also the Celtics
11 to motivate our seniors to exercise and to stay
12 healthy.

13 They've been exemplary. They're there
14 where and when we need them, and for a small
15 hospital, they seem to be everywhere in Mission
16 Hill, doing this all the while by providing
17 excellent quality specialized care.

18 I'm in support of this basically for three
19 reasons. I had more, but because of the night, I
20 cut it down to three.

21 So the first one of why I'm in support of
22 this is to me it seems to be a common-sense
23 strategy. It seems to be a merger that will help
24 aid with the struggle to survive, allowing even more

1 effective, efficient alternatives for the people in
2 the community.

3 A larger system, I note there was some
4 mention of financial analysis, but I feel that a
5 larger system will help with technology, and
6 infrastructure upgrades will help with the cost and
7 allow more people to be served.

8 Reason No. 2, I think this new model will
9 allow for high-quality specialized orthopedic care
10 to continue, even expand to serve more people, not
11 only in Mission Hill, but other people as well.

12 No. 3, I think it's time for us to stand up
13 and support the institutions like New England
14 Baptist Hospital which has proven over the past
15 hundred years that community matters, a people-first
16 philosophy.

17 Yes, there are details that the community
18 want to know about, and quite frankly, probably
19 everybody does. But I think the merger will allow
20 for an integration of patient care through a new
21 health model, the ability to take on the financial
22 risk tied to overseeing groups of patients, and
23 simply the ability to continue to provide
24 specialized care to patients from the communities

1 all over.

2 I think, as I said before, it makes sense.
3 Therefore, I strongly urge you and thank you for
4 listening and strongly urge your approval of this
5 application.

6 HEARING OFFICER MANN: Thank you very much.

7 Chorvy -- it's hard for me to read this.
8 C-h-o-r-v-y. It's beautiful handwriting.

9 MS. SUMSETHI: Good evening. My name is
10 Chhorvi Voinn Sumsethi, C-h-h-o-r-v-i V-o-i-n-n,
11 last name S-u-m-s-e-t-h-i. I know that I have a
12 very strange name and last name, and I come from
13 Cambodia.

14 I've been living here for ten years, and
15 I'm a resident of Lowell, Massachusetts, since ten
16 years, and I'm also a member of the Coalition for
17 Affordable Health Care. Thank you for letting me
18 talk and give me the opportunity to be part of you
19 tonight.

20 I'm here to express a couple concerns in
21 regard of this merger. So I sit here a while and
22 hear all, but to me, first of all, people in my
23 community, most of them don't have access to Beth
24 Israel or Mount Auburn Hospital. We have Lowell

1 Community Health Center or Lowell General Hospital.

2 So to me having the merger would be the,
3 you know, great monopoly, and to me monopoly means
4 less competition, and competition actually
5 challenges the quality and also innovation in the
6 health care.

7 So, also, I am a working class person, and
8 I pay the health insurance for my whole family. So
9 to me this merger is a threat, not only to the local
10 hospital in my community, but also it creates a
11 raise in the health insurance premium, and people
12 like the working class like my family would be
13 affected, I think.

14 Also, this seems to me that it's not the
15 first merger in the health care history. There is
16 also merger in the past, let's say the one in
17 California, and I read some reports that say it has
18 contributed in increasing the premium, the insurance
19 premium, so which also means people like me who just
20 survive month by month will struggle to cover the
21 premium for the whole family.

22 Also, you know, I don't speak for only
23 myself, but I have some friends and people in my
24 community who own small businesses, so now to them

1 it's going to be, you know, the very high cost for
2 the premium.

3 So my suggestion, I mean, I'm not an expert
4 in health care, I just am talking tonight as a
5 resident, but I strongly urge the DPH to please
6 conduct an investigation, partial or full, in regard
7 to the possibility of raising costs.

8 Again, you know, I have no doubt that Mount
9 Auburn Hospital or New England Baptist Hospital,
10 they provide great health care. I have no doubt
11 about that. But, again, my community doesn't -- we
12 don't have access to that. And to me, you know, the
13 merging would just cause the closure of local
14 community health and hospitals that we -- I talk as
15 a resident of Lowell -- that we might lose our
16 hospital.

17 So thank you, again, for the opportunity,
18 and have a good evening.

19 HEARING OFFICER MANN: Thank you.

20 HEARING OFFICER DAVIS: Thank you.

21 HEARING OFFICER MANN: That is the end of
22 the list of people who have signed up. Is there
23 anybody else here who did not sign up that wants to
24 be heard? (No response)

1 Seeing no one, we will close this hearing.
2 I want to thank everybody for your time and very
3 thoughtful comment, and have a good evening.

4 (Whereupon the hearing was
5 adjourned at 7:55 p.m.)

6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24

C E R T I F I C A T E

I, Carol H. Kusinitz, Registered
Professional Reporter, do hereby certify that the
foregoing transcript, Volume I, is a true and
accurate transcription of my stenographic notes
taken on December 5, 2017.



Carol H. Kusinitz

Registered Professional Reporter

- - - -

	73:15	Adams (4) 102:7;103:17,19,19	39:2;53:13	ahead (1) 95:21
\$	accessible (2) 64:13;73:1	A-d-a-m-s (1) 103:20	Advocacy (2) 57:10;72:24	aid (1) 138:24
\$10,000 (2) 136:4,5	accident (1) 101:7	add (3) 8:14;20:3;71:13	advocate (2) 27:22;28:1	AIDS (5) 48:23;60:10,11,21; 61:3
\$100 (1) 27:17	accompanying (1) 124:14	added (2) 35:23;83:4	affect (1) 125:20	aim (1) 87:21
\$15 (1) 133:3	accomplish (1) 52:23	addiction (3) 18:10;48:11;97:21	affected (3) 123:2,22;141:13	alive (3) 31:5;35:2;36:23
\$16 (2) 15:19,20	accomplishments (1) 52:11	adding (1) 18:6	affecting (1) 126:19	allied (1) 13:21
\$20,000 (1) 27:2	account (1) 9:17	addition (5) 9:4;20:19;55:17; 114:6;133:17	affects (1) 65:24	allow (10) 27:13;39:15;51:1; 69:13;81:9;110:7; 131:24;139:7,9,19
\$24,000 (1) 27:3	Accountable (4) 46:4;52:15;87:10; 88:8	additional (4) 10:19;28:7;62:2; 129:16	affiliate (1) 6:18	allowed (2) 81:15;122:21
\$60,000 (1) 27:6	achieve (3) 17:21;21:16;98:3	Additionally (4) 46:19;47:1;64:5; 81:8	affiliated (7) 14:18;23:10;39:5; 43:2,11,14;63:1	allowing (4) 25:18;83:6;126:4; 138:24
\$900 (1) 111:21	achieved (1) 92:20	address (12) 7:20,21;16:4;18:9; 28:12;50:16;59:11; 74:2;87:20;92:21; 120:12,19	affiliates (2) 15:7;97:19	allows (8) 34:7;41:1,4,7; 50:15,18;81:18;129:8
A	achieving (2) 16:10;61:8	addresses (1) 121:4	affiliation (8) 7:6;10:11;17:14; 19:7;22:16;82:24; 83:3;84:1	almost (4) 38:18;45:5;77:15; 95:3
ABCD (1) 135:3	acknowledging (1) 67:5	addressed (1) 121:4	affordable (21) 19:22;28:14;44:2; 56:20;71:11;73:1; 76:15,18;87:7;92:3; 93:9,14,21;96:1,9; 124:16,24;127:17; 129:7;132:3;140:17	alone (1) 27:7
ability (15) 16:2;31:14;46:16; 47:3;55:17;77:4; 95:24;98:18;99:5,16; 110:19;117:14;118:1; 139:21,23	ACO (2) 46:22;88:7	addresses (1) 11:3	afforded (1) 117:18	along (5) 35:16;40:8;80:11; 87:18;117:3
able (8) 23:3;38:23;39:22; 59:14;64:7;110:2; 115:16;117:19	ACOs (1) 46:19	addressing (3) 60:14;67:5;132:2	African-Americans (1) 125:6	alternatives (2) 15:16;139:1
absent (1) 77:11	acquire (2) 8:5;136:12	adequately (1) 31:1	aftermath (1) 67:12	always (14) 38:9,10;55:11;89:7; 15,18;93:2;115:23; 116:4,7,11,12,15,16
absolutely (2) 74:9;89:20	across (23) 13:2,9;18:14;23:11; 32:13;37:21;50:18; 55:15,15,18;58:20; 61:23;68:19;69:7,17; 78:19;81:11,15; 92:19;93:8;102:3; 114:9;122:5	adjacent (3) 119:17;123:1,17	Again (9) 10:16;25:9;29:4; 82:13;89:14;113:4; 142:8,11,17	amazingly (1) 85:20
abuse (2) 92:16;98:15	Act (1) 73:16	adjourned (1) 143:5	agencies (1) 8:21	ambitious (2) 14:11;98:2
abuse (2) 92:16;98:15	action (5) 30:18;60:10,21; 61:3;73:12	adjust (1) 15:10	agency (1) 80:12	ambulance (1) 100:11
academic (4) 12:20;44:3;52:8; 133:18	active (5) 59:7;68:15;100:21; 104:23;105:9	administrative (1) 121:2	Aggarwal (4) 84:9;86:12,15,16	Americans (2) 57:13;73:16
accelerate (1) 81:21	actively (1) 134:13	admission (1) 99:2	A-g-g-a-r-w-a-l (1) 86:17	Amherst (1) 29:5
accept (2) 10:21;25:10	activists (1) 55:5	admissions (1) 80:21	age (4) 42:13,24;49:4; 76:23	Amie (1) 113:8
access (48) 13:8,13,17;17:23; 26:11,15;28:16; 31:14;32:20;33:3,8, 13,18;40:2;44:3; 45:13;46:13,18; 52:12;56:8,14,20; 59:17;64:1,16;71:10, 12;79:10;83:7;87:6; 88:1;93:4,20,22; 94:22;96:1,8,10;98:8, 18;102:1;103:8,8; 109:16;125:11;129:7; 140:23;142:12	activities (5) 38:19;119:23; 123:11;130:21;131:1	admitted (2) 101:3,11	ago (10) 48:22;59:7;63:1; 83:1;103:24;106:15; 118:14;121:14; 128:12;137:17	among (4) 39:17;111:8; 118:17;122:19
accessibility (4) 33:22;34:8,15;	activity (2) 131:6,17	adult (3) 21:1;76:22;80:8	aggressive (1) 73:12	Amy (2) 74:19;76:9
	actual (1) 104:19	adults (2) 58:24;77:11	ago (10) 48:22;59:7;63:1; 83:1;103:24;106:15; 118:14;121:14; 128:12;137:17	Analysis (2) 28:3;139:4
	actually (11) 49:6,14;60:6;63:8; 65:8;68:12;79:1,14; 83:10;115:24;141:4	advance (2) 14:1;134:1	agree (1) 107:21	Anderson (1) 100:4
	acute (2) 13:4;98:7	advances (1) 18:17		A-n-d-e-r-s-o-n (1) 100:4
		advisor (1) 133:18		anemia (1)
		Advisors (1) 108:22		
		Advisory (2)		

<p>59:5 Anesthesia (1) 96:24 anesthesiologist (1) 96:22 Ann (2) 118:11,24 A-n-n (1) 119:1 Anna (16) 6:17;12:5;22:11; 31:23;52:21;57:20; 66:17;70:15;80:3; 84:14;88:4;91:21; 94:14;99:19;127:23; 132:16 Ann-Ellen (2) 16:16,17 announce (1) 10:13 announced (1) 35:18 annual (2) 68:14;135:7 annually (1) 134:22 anymore (1) 37:12 anyplace (1) 38:23 apartments (2) 105:6,10 apologize (2) 28:23;84:9 appears (1) 97:10 applaud (1) 110:18 Applause (1) 112:16 Applicant (6) 7:16;8:11,20;9:5, 23;11:6 Applicant's (1) 8:19 application (60) 6:10;12:3;16:13; 21:23;22:8;24:22; 25:2;44:6,16;46:24; 47:14;49:14;51:6; 54:12,19;56:7;57:2, 18;58:5,15;59:21; 61:19,21;62:9;66:15; 69:24;70:12;72:15; 75:4;76:2,12;78:4; 79:24;82:9;84:12; 86:3,5,21;88:12;90:5; 91:19;94:5,12;97:3; 99:22;103:12;107:6; 112:24;113:3,12; 115:6;125:2;126:14; 127:12,20,22;132:7, 14;135:11;140:5</p>	<p>apply (2) 8:6;134:7 appointments (1) 38:21 appreciate (7) 11:14;79:13;90:1, 22;110:20;120:2,5 appreciation (1) 132:22 appreciative (2) 45:9;59:12 approach (4) 10:14;66:3;97:14, 22 approached (1) 63:8 appropriate (4) 13:15;18:2;87:24; 99:4 appropriately (1) 89:17 approval (11) 21:23;25:2;47:13; 53:2;56:6;57:2;76:2; 84:4;88:11;135:10; 140:4 approve (15) 12:3;16:13;19:7; 44:5;54:11;58:5; 65:10;66:5;69:24; 94:4;99:21;107:5; 115:6;118:6;132:6 approved (4) 17:12;86:3;108:11; 126:16 approximately (3) 23:7;40:21;72:23 April (2) 96:19;100:4 area (26) 20:8;26:4;31:11; 32:1;42:14;43:8; 49:23;55:7,12;70:21; 78:16,23,23;90:14,19; 94:21;95:20;107:19; 108:19;120:8;123:18; 128:3;129:2;130:15; 131:23;134:14 areas (6) 32:19;41:4;72:5; 114:10;120:14,15 around (8) 29:16;60:19;63:24; 64:1;72:6;73:19,22; 115:23 arranged (1) 81:2 arrangements (1) 37:14 arrest (3) 29:18,19;30:2 arts (1) 75:7</p>	<p>ashes (1) 125:9 ASL (1) 6:22 aspect (1) 42:18 aspects (1) 13:10 assault (2) 49:8;78:17 assessed (1) 30:8 assessments (1) 65:18 asset (1) 108:5 assets (1) 116:18 assist (2) 30:3;108:6 assisted (1) 48:10 assisting (2) 56:21;93:23 Associate (1) 79:21 associated (1) 9:24 Association (1) 53:11 assurance (1) 8:16 Atrius (7) 79:22,23;80:9,17, 22;81:11;82:8 Atruis (1) 80:6 attend (1) 11:22 attendant (1) 89:22 attention (2) 72:6;101:13 attract (1) 15:17 attractive (1) 14:9 Auburn (22) 6:15;12:5;19:12,24; 20:5,8;22:11;31:22; 52:20;54:21;57:19; 66:16;70:14;80:2; 84:14;91:20;94:13; 99:18;127:23;132:15; 140:24;142:9 Auburn's (1) 20:19 audience (2) 35:11;103:22 auditorium (1) 10:14 August (2) 29:11;100:9</p>	<p>available (3) 8:11;9:8;43:19 Avenue (2) 37:21,23 avoid (1) 38:22 avoiding (1) 81:6 await (1) 103:13 aware (2) 73:14;79:10 awkward (1) 11:11</p> <p style="text-align: center;">B</p> <p>baby (1) 100:17 back (15) 11:3,11;35:9,16; 39:3;63:22;72:11; 85:9,12;86:7;101:9; 106:4;117:11;129:24; 137:16 back-office (1) 81:18 ballpark (1) 130:6 Bank (3) 58:13,14,16 banks (1) 130:15 Baptist (102) 6:14;12:5;22:5,13, 14;23:1,5,7,11,24; 24:3,17,31;22;35:3, 17;36:3,23;37:5,15, 24;38:9,23;39:2,7,9; 41:2,12;52:20;54:20, 24;57:20;66:16; 70:14;80:3;84:14,21, 22,24;85:19;86:5; 88:4;91:20;94:14; 99:19;103:22,23; 104:4,12,17;105:2,6, 7,12,17,18,24;106:2, 6,9,11,17,23;107:3, 22;113:13,16;114:7, 14;115:3,8;116:3; 118:15,19;119:5,9,22; 120:3;121:14,18; 122:16;123:24; 127:24;128:4,6,19; 129:2,6,17;130:4,10, 17;131:12,21;132:16; 135:21,23,24;136:8; 137:21,24;139:14; 142:9 bariatric (1) 52:4 bark (1) 111:5</p>	<p>barriers (1) 62:2 base (1) 22:18 based (2) 40:23;68:5 basic (2) 41:3;126:21 basically (2) 78:18;138:18 basis (8) 9:1;59:10;61:11; 68:14;80:15;92:7; 101:17;116:17 beautiful (1) 140:8 became (4) 63:1;100:18;101:5, 8 become (3) 46:20;51:17;68:24 becomes (1) 115:7 becoming (2) 14:5;51:15 beforehand (1) 10:8 began (7) 30:2,9;59:7;63:7, 11;95:4;118:15 begin (4) 11:18;16:23;65:18, 21 behalf (8) 9:24;26:5;32:16; 34:13;57:23;64:23; 109:7;124:16 behavior (1) 59:6 behavioral (7) 13:3;45:2;48:9; 64:8;87:20;92:15; 98:14 behind (1) 37:2 believes (3) 117:22;136:13,13 beneficial (1) 82:10 benefit (15) 13:19;18:13;28:7; 31:12;43:22;46:23; 58:1;78:7;81:14;92:4; 122:24;123:2,6; 128:20;129:1 benefited (2) 80:23;117:12 benefits (15) 14:23;19:4;28:12; 53:13;95:1;99:13; 105:19,20;108:8; 122:21;129:13,15; 130:1;132:2;133:3</p>
---	--	--	--	--

<p>besides (1) 105:19</p> <p>best (21) 24:3;29:13;34:11; 43:7;48:15;49:8; 67:10;71:24;73:10; 77:9;81:13;84:24; 87:2;92:19;99:16; 108:1;116:3,18; 119:18;123:24;124:2</p> <p>best-in-class (1) 12:24</p> <p>Beth (76) 6:13;11:17;12:3; 22:10;29:3,8;31:21; 32:23;39:3,4;42:19; 43:2;44:18;45:5,10, 24;47:2,6;48:23; 49:11,11;50:3,22; 51:13,16;53:12;54:5, 19;57:15,18;60:22; 61:10,20;62:6,12,23; 63:1,6;64:7,12;66:15; 70:12,19;73:5;77:8; 78:2,4;80:1;84:13; 86:19;88:3;89:24; 94:10,12,19;95:12,23; 96:3,23;102:12,15,20; 103:9;108:22,24; 109:9,20;119:22; 121:17;122:8;125:3; 127:22;132:12,14,20; 140:23</p> <p>better (9) 13:9;19:2;39:16; 61:22;62:10;103:6; 118:15,18;134:11</p> <p>better-paying (1) 133:8</p> <p>beyond (1) 105:22</p> <p>BI (4) 59:8;98:22;117:15, 24</p> <p>bicycle (2) 29:12;108:12</p> <p>BID (12) 31:12;73:14;74:8; 90:19;91:4,17,19; 92:4,21;93:1;94:24; 109:2</p> <p>BID-Boston (2) 89:12,20</p> <p>BIDCO (4) 86:20;87:8,14;88:5</p> <p>BIDMC (45) 45:19;51:19,22; 52:19;54:24;66:24; 67:4,9,14,18,20;68:2, 4,8,15;69:9,15,20; 70:22;71:4,5,14,19; 75:10,16,21;76:17; 77:15;92:7,9,9,11;</p>	<p>94:23;95:3;98:3,19; 99:7;117:11;133:1, 11,24;134:2,10,11,23</p> <p>BIDMC-Boston (3) 29:4,8;30:11</p> <p>BIDMC-Milton (3) 89:2,12;100:20</p> <p>BIDMC's (2) 99:17;135:9</p> <p>BID-Milton (13) 29:19;30:7,7;42:16; 43:11,16;51:19,24; 100:23;101:10,14,18, 22</p> <p>BID-Plymouth (4) 92:14,18;94:19; 95:14</p> <p>BID-Plymouth's (1) 92:1</p> <p>big (1) 90:16</p> <p>biggest (1) 73:23</p> <p>bike (2) 29:12;30:1</p> <p>Bill (3) 70:4;72:21;77:22</p> <p>bingo (1) 131:5</p> <p>birth (1) 117:17</p> <p>Birthdays (1) 131:4</p> <p>bisexual (1) 48:21</p> <p>bit (6) 35:10;53:12,16; 75:1;130:9;135:20</p> <p>bleeding (1) 33:10</p> <p>bleeds (1) 100:21</p> <p>blessed (1) 30:15</p> <p>blood (1) 101:8</p> <p>Blue (3) 29:16;42:9;100:10</p> <p>Board (14) 16:20,21;17:6; 23:24;25:20;75:17; 84:19;108:22;112:21, 23;115:15;117:5; 118:5;119:4</p> <p>Boards (2) 125:24;131:18</p> <p>body (1) 28:6</p> <p>bond (1) 41:22</p> <p>Bonny (2) 25:11,15</p> <p>B-o-n-n-y (1)</p>	<p>25:15</p> <p>born (1) 57:12</p> <p>borne (1) 60:17</p> <p>Boston (52) 16:19;22:5,21; 25:16,20,23;26:4; 30:17;31:3;32:8,15; 33:17;35:1;41:16; 42:14;43:1;48:2,18; 50:17;52:8;55:2,19; 56:5;58:13,14,16; 70:21;72:21;78:16, 23;89:3;93:6,12; 94:23;95:4,10; 100:12;104:20; 106:15;108:19;109:3, 16;110:17;123:19; 130:7;131:7;134:3, 14,20;135:2,5,7</p> <p>Boston/Cambridge (1) 20:8</p> <p>Boswell (6) 44:10;47:20,21,24; 60:18;61:24</p> <p>B-o-s-w-e-l-l (1) 48:1</p> <p>both (17) 7:21;14:24;20:2,15; 39:11,11,12,15;40:7; 54:24;55:3,13;56:4; 76:16;89:3;95:14; 119:23</p> <p>bottom (2) 39:19;85:17</p> <p>Bowdoin (3) 62:22;63:12;135:3</p> <p>Boyd (5) 77:22;79:19,21,21; 82:14</p> <p>brain (5) 29:23;30:11;59:4; 100:21;101:3</p> <p>brand-new (1) 100:17</p> <p>break (1) 7:2</p> <p>breast (1) 74:8</p> <p>Brian (2) 38:15;40:15</p> <p>B-r-i-a-n (1) 40:16</p> <p>briefly (1) 9:24</p> <p>Brigham (4) 37:17,18,19;38:7</p> <p>bring (6) 17:11;19:3;23:3; 51:20;108:4;119:9</p> <p>bringing (2) 90:2;105:15</p>	<p>brings (3) 19:19;99:7;107:20</p> <p>broad (5) 19:21;46:20,21; 69:18;133:4</p> <p>broad-based (1) 32:12</p> <p>broaden (1) 99:19</p> <p>broadened (1) 62:14</p> <p>broader (1) 13:18</p> <p>broke (1) 35:2</p> <p>brokerage (1) 34:24</p> <p>Brookline (2) 35:24;65:7</p> <p>Brooks (1) 35:24</p> <p>brought (5) 52:2;59:10;69:10; 83:5;104:18</p> <p>Brown (3) 66:11,20;78:13</p> <p>Bruce (2) 116:24;118:12</p> <p>Buenas (3) 135:18;137:3,5</p> <p>build (4) 63:2;122:9;131:11; 134:1</p> <p>building (3) 75:15;122:9,11</p> <p>buildings (1) 131:14</p> <p>Bunker (1) 134:19</p> <p>Burial (2) 67:15,17</p> <p>Burlington (3) 35:19;36:9;83:9</p> <p>bus (8) 38:20,20,24;119:4, 6,6;130:8,11</p> <p>business (8) 10:24;17:10;40:23; 41:1,14;107:19; 116:2,3</p> <p>businesses (7) 15:13;18:23;19:5; 107:18;115:24;116:4; 141:24</p> <p>busy (1) 11:22</p> <p>bypass (1) 30:14</p>	<p>call (5) 71:19;86:20;88:24; 134:8;137:1</p> <p>called (7) 6:10;7:5;10:9;30:4; 40:19;108:24;136:12</p> <p>calls (2) 134:9,13</p> <p>Cambodia (1) 140:13</p> <p>Cambridge (3) 19:12;32:9;54:22</p> <p>came (3) 105:3;134:10; 137:16</p> <p>campaign (1) 99:14</p> <p>campus (1) 43:18</p> <p>campuses (1) 76:20</p> <p>can (53) 6:4;8:4;9:6;11:3; 12:16,18;14:14,19; 15:12;17:16,19,22; 18:3,5,12,15,24;19:7; 26:14,15;31:12;35:4; 36:17,17;40:4;42:21; 44:19;50:13;51:4; 54:2;62:12;71:17; 74:2,2,5,24;79:2,14; 83:9,18;86:6;90:21; 91:1,6;98:3;102:1; 103:5;109:11;115:12; 122:6;133:18;137:23; 138:5</p> <p>cancer (1) 74:8</p> <p>candidates (1) 134:21</p> <p>capacity (2) 119:3,13</p> <p>Cape (1) 125:6</p> <p>capital (1) 9:8</p> <p>car (1) 100:10</p> <p>cardiac (4) 29:18,19;30:2;31:4</p> <p>cardiology (3) 48:8;92:10;95:6</p> <p>care (290) 6:5,19;7:13;8:1,4,5, 19;9:2;12:7,9,12,15, 17;13:2,3,3,4,10,13, 14,19,24;14:3,12,22; 15:1,10,14,19,24; 16:4;17:15;18:2,5,7, 22;19:19,20,22;20:1, 15,20,23;21:3,4,14, 14,16;22:19,23;23:2, 17;24:12,14;26:8,9,</p>
		C		
		California (1) 141:17		

<p>10,11,12,23;27:5; 28:16,17;30:12,17,22; 31:2,10,14,17,20,24; 32:11,19,20,21;33:2, 3,8,12,13,18;39:6,7,7, 19,43:6,16,21;44:2, 17,45:2,13,14;46:3,4, 10,16,18;47:2;48:5,6, 7;49:1,9,15,17,17; 50:2,8,13,17,18,19; 51:20;52:9,13,13,16; 53:18;54:5,22;55:8, 15;56:15,20,23; 59:18;60:19,24;61:5, 8,11,12,16,22;62:2, 12,14;63:5,13;64:5, 13,16;65:11;66:1,18; 67:8;69:13,14,21; 70:16,23;71:2,9,11, 12;74:9;76:13,15; 77:4,7,12;78:6;80:4, 11,19,23,24;81:6,9, 17;82:3,22;83:4,7,9, 17,23;84:16;86:18,19, 22,24;87:2,7,10,10, 13,14,15,18;88:2,6,8, 18;89:4,9,16,16,19, 21,23;90:3,12,13,14, 15,17,20;91:3,6,8,16, 22;92:3,5,10,12,14; 93:3,5,6,9,14,16,21, 22,24;94:16;95:7,10, 15,19,22;96:1,4,9,10, 24;97:1;99:6;100:15, 22,24;101:12,19,21; 102:2;103:7;107:1; 109:2,4,9,10,21; 110:2,5,8,21;111:15, 16;113:18;117:20; 118:2,4,4;119:19; 121:3;124:17,24; 125:12;128:2,15,17, 23;129:7;130:5,16; 132:18,23;138:17; 139:9,20,24;140:17; 141:6,15;142:4,10</p> <p>cared (3) 83:12;89:13;100:23</p> <p>career (10) 70:20;75:12;115:1; 133:5,18,19;134:1,3, 3,4</p> <p>career-readiness (1) 41:8</p> <p>careers (4) 72:6,13;133:12; 138:3</p> <p>careful (1) 110:22</p> <p>caregiver (1) 101:5</p> <p>CareGroup (2) 6:13;20:20</p>	<p>cares (2) 18:19;48:4</p> <p>caretaker (1) 85:5</p> <p>caring (3) 48:17;50:5;80:8</p> <p>Carl (2) 58:10;60:6</p> <p>Carmen (2) 132:9;135:16</p> <p>carry (1) 28:11</p> <p>cars (1) 119:11</p> <p>case (3) 8:6;55:11;75:22</p> <p>cases (1) 117:13</p> <p>catalyst (2) 17:16,17</p> <p>Catherine (2) 58:9,12</p> <p>cause (4) 69:11;76:16;99:2; 142:13</p> <p>causes (1) 60:15</p> <p>celebration (2) 68:17;131:3</p> <p>Celtics (5) 104:18,20;131:6,7; 138:10</p> <p>census (1) 65:21</p> <p>Center (73) 6:14;11:17;12:4; 22:11;44:22;45:10, 12;46:6;47:7;48:2,3, 4;50:4,7,8,9,11,23; 51:3;52:9;54:20; 57:18;60:17,23,23; 62:23,24;63:12,18,24; 64:3,13,23;66:15,21; 70:13,19;72:21; 75:20;78:1,2,5,16,24; 80:1;83:9;84:13; 89:24;90:1;91:19; 92:12;93:2;94:12; 96:23;102:12,16; 103:10;117:6;125:3; 127:23;131:19; 132:12,15,21;133:6,8, 14;134:4,4,16,18; 135:4;141:1</p> <p>centered (1) 39:12</p> <p>centers (7) 12:20;13:1;14:18; 15:3;44:4;46:23; 102:18</p> <p>CEO (10) 11:16;19:12;22:4; 44:21;48:1;51:13;</p>	<p>58:12;76:10;82:18; 94:10</p> <p>certainly (2) 25:1;86:3</p> <p>Certification (2) 7:14;8:22</p> <p>cetera (2) 56:3;58:21</p> <p>Chair (5) 16:19,21;17:3; 25:21;97:2</p> <p>Chairman (1) 36:5</p> <p>challenge (1) 61:17</p> <p>challenges (3) 16:4;62:1;141:5</p> <p>challenging (2) 61:3;83:20</p> <p>chance (2) 25:7;111:9</p> <p>change (6) 17:16,19;19:1; 42:24;101:16;122:8</p> <p>changed (1) 27:16</p> <p>changes (6) 26:12,15;31:18; 46:3;54:4;123:21</p> <p>changing (6) 12:15;15:10;46:17; 49:24;52:13;54:1</p> <p>chaos (1) 67:20</p> <p>chaotic (1) 100:18</p> <p>Chapter (1) 7:15</p> <p>charged (1) 98:6</p> <p>charitable (2) 24:4;58:17</p> <p>charity (1) 29:14</p> <p>Charlie (1) 38:1</p> <p>chemotherapy (1) 109:19</p> <p>Chhorvi (1) 140:10</p> <p>C-h-h-o-r-v-i (1) 140:10</p> <p>Chief (5) 70:8;79:22;82:18; 86:18;91:16</p> <p>child (1) 45:2</p> <p>children (7) 26:22;27:4;59:2; 68:22;89:23;126:21; 134:19</p> <p>CHNA (1) 53:14</p>	<p>choice (3) 18:12;46:6;90:2</p> <p>choose (2) 43:13;77:15</p> <p>Chorvy (1) 140:7</p> <p>C-h-o-r-v-y (1) 140:8</p> <p>chose (1) 63:6</p> <p>Chris (2) 129:19;136:12</p> <p>Christians (1) 26:3</p> <p>Christine (2) 116:8,15</p> <p>chronic (3) 18:10;98:7;120:17</p> <p>Church (3) 35:17;85:16;113:4</p> <p>CIMR (1) 27:22</p> <p>Circle (1) 38:7</p> <p>cities (1) 58:19</p> <p>citizen (1) 108:18</p> <p>citizens (1) 31:6</p> <p>citizenship (1) 133:23</p> <p>City (5) 35:1;55:15;56:5; 130:7;135:22</p> <p>civic (1) 75:8</p> <p>class (4) 32:14;133:15; 141:7,12</p> <p>classes (2) 133:22,23</p> <p>clear (5) 8:8;120:22;121:6, 23;122:18</p> <p>Clearly (1) 58:22</p> <p>clients (6) 61:4,11,22;72:9; 79:3;124:3</p> <p>Clinic (7) 35:14,15,18;36:5; 37:7,12;127:23</p> <p>clinical (18) 13:1;15:8;17:10,18; 20:15;21:12;24:7; 52:2;53:23,24;62:6; 68:4;72:7;81:5;93:12; 94:22;95:6;114:6</p> <p>clinically (2) 13:15;63:19</p> <p>clinicians (3) 17:23;18:4;21:19</p>	<p>close (14) 10:24;11:1;13:13; 39:3;44:3;50:5;56:21; 63:15;71:11;87:7; 93:10,21;96:9;143:1</p> <p>closed (1) 35:24</p> <p>closely (1) 78:15</p> <p>closer (6) 12:12;17:24;42:15; 50:14;83:7;121:17</p> <p>closing (1) 82:8</p> <p>closure (1) 142:13</p> <p>CLOUGH (2) 19:10,11</p> <p>C-l-o-u-g-h (1) 19:11</p> <p>CMR (1) 8:7</p> <p>coaches (1) 88:2</p> <p>Coalition (5) 57:10;124:17,17, 24;140:16</p> <p>coat (2) 106:18,20</p> <p>cohorts (1) 49:18</p> <p>col (3) 47:22;106:15,19</p> <p>collaborate (2) 68:9;92:6</p> <p>collaborated (1) 67:9</p> <p>collaborates (1) 114:17</p> <p>collaborating (2) 90:19;114:8</p> <p>collaboration (6) 53:24;54:1;89:9,14; 92:11;95:6</p> <p>collaborative (2) 80:19;92:16</p> <p>collaboratively (1) 92:20</p> <p>colleagues (6) 14:17;19:15;22:10; 25:1;92:21;109:4</p> <p>college (5) 75:8;114:21; 133:13,24;134:19</p> <p>Colony (4) 88:19;90:11;91:3,9</p> <p>color (1) 125:21</p> <p>coma (1) 30:9</p> <p>combine (2) 14:20;21:11</p> <p>combined (2)</p>
---	--	---	--	--

<p>16:22;103:14 comfortable (1) 68:7 comfortably (1) 88:23 coming (6) 6:6;14:18;66:10; 76:20;89:12;95:14 commend (1) 129:17 comment (4) 11:1;117:3;119:2; 143:3 comments (4) 10:19,21;119:12; 124:7 Commission (1) 34:1 Commissioner (2) 65:6;70:11 commit (1) 18:24 commitment (19) 13:20;14:21;18:1; 20:15,17;28:11; 47:10;64:21;67:1,2,3; 77:10;82:22,23;88:6; 113:23,24;114:2,6; 132:22 commitments (1) 129:23 committed (9) 15:6;18:21;20:10; 42:16;43:12;104:13; 114:7,13;115:7 Committee (12) 53:14,14;60:10,21; 61:3;75:14;97:2,12, 13;105:19;113:5; 114:1 common (1) 85:10 commonly (1) 41:7 common-sense (1) 138:22 Commonwealth (10) 18:14;19:23;50:10; 55:22;56:22;57:12, 14;58:2,3;93:23 Commonwealth's (4) 56:17;87:4;93:17; 96:5 communicate (2) 39:22;47:4 communication (1) 39:17 communities (46) 13:7,12;15:24;16:8; 18:3,13,23;19:4;20:7, 21;21:20;47:16; 56:19;57:16,24; 65:20;66:22;68:18;</p>	<p>69:3,19;71:7,10; 78:23;83:24;90:4; 102:13,18;103:9; 105:22;110:7;120:10; 122:5;123:2,6,9; 125:7,7,11,21,21,22; 126:22;127:1;129:8; 136:19;139:24 community (154) 8:23;11:21;12:1,21; 13:1;14:17,18,22; 15:2,2,7,11;17:10; 18:6,7;19:15;24:18, 19;26:1,12;28:12; 31:17;33:20;34:2; 40:6;41:23;42:8,17, 19;43:13;44:1,2,2; 45:11;46:5,22;48:2,3; 49:8;51:2,17,21;52:1, 6,24;53:13,19;54:2,3, 8;55:1,6,9;59:9,19; 60:17;63:14,20,21; 64:9,17,19;65:7,18, 23;69:8,15;71:3; 76:10,23;79:12;82:1, 10,20;83:6,21;85:13; 86:6;87:15,18;89:13, 18;90:24;92:22;93:3, 7;95:1;96:1;97:19; 98:9;102:18;104:5, 14;105:11,19;106:1, 12,18,23;107:1,2,4; 108:7;109:14;111:2; 113:14,15;114:3,8,22; 116:1,10,19,19;117:6; 118:15,17;122:13,20, 24;123:1,1,12;124:18, 18,20;125:1,5,20; 126:13;127:15;128:8, 9;129:11,12,15; 130:11;131:19; 132:24;133:2;134:11, 19,24;135:4;136:3; 138:1,2;139:2,15,17; 140:23;141:1,10,24; 142:11,14 community- (1) 40:22 community-based (13) 68:3;73:6;75:5; 87:15;88:6;98:15; 99:5;101:16,22; 129:20;131:22; 134:12,14 community-building (1) 131:17 community's (4) 52:12;61:1;113:18; 114:17 community-strengthening (1) 114:16 co-morbidities (2) 60:15;61:4</p>	<p>compare (1) 74:10 Compassion (6) 20:12;67:3;88:23; 90:21;101:13;116:17 compassionate (4) 12:24;63:13;67:24; 103:4 compete (1) 8:24 competency (1) 28:4 competent (1) 50:2 competition (4) 82:4;129:1;141:4,4 competitive (1) 18:12 competitiveness (1) 15:9 complement (1) 79:2 complemented (1) 12:23 complete (1) 27:22 completed (1) 29:14 completely (2) 77:14;88:20 complex (1) 67:5 complexities (2) 61:5;85:24 compliance (2) 9:5;73:15 complicated (1) 49:1 complying (1) 97:23 component (1) 28:10 comprehension (1) 6:18 comprehensive (8) 51:2;54:7;79:8; 81:3;93:5;97:14,22; 98:5 computer (1) 133:22 computerized (1) 40:1 concern (1) 135:20 concerned (2) 32:19;125:4 concerns (5) 26:8;28:15;124:20; 128:8;140:20 concussion (1) 100:14 condition (1) 100:12</p>	<p>conditions (1) 59:1 condominiums (1) 36:1 conduct (2) 24:24;142:6 conducted (1) 7:12 conducting (1) 7:15 confident (6) 14:13;19:24;21:9; 41:6;56:16;84:1 confront (1) 61:5 confusion (1) 39:21 congregants (1) 26:6 congregations (2) 26:3;32:15 connect (3) 130:14;134:5,11 connecting (1) 134:15 connection (3) 6:12;39:3;76:24 connections (1) 130:24 connectivity (1) 59:11 Connector (1) 125:9 consecutive (1) 23:23 consequences (1) 9:10 consider (6) 10:21;31:20;56:2,3; 64:23;112:10 consideration (12) 29:10;51:7;56:24; 70:1;76:3;88:10;94:3; 96:13;107:4;115:4; 132:5;135:13 considered (2) 29:13;85:24 consist (1) 32:14 consistent (4) 56:17;67:24;93:17; 96:5 consistently (1) 81:10 consisting (1) 107:17 consolidate (2) 120:22;122:7 consolidation (2) 81:24;121:1 constituents (1) 34:14 construction (1)</p>	<p>75:14 constructive (1) 41:17 consultation (1) 8:21 consumer (3) 110:24;112:9;129:1 consumers (3) 14:9;27:19,24 consumption (1) 119:24 contacting (1) 6:24 containing (1) 56:23 containment (1) 94:1 continue (19) 12:16;14:1;22:20; 24:4;32:24;47:1; 73:21;75:22;80:17; 82:23;83:18;86:6; 92:13;103:7;118:1; 129:9;136:21;139:10, 23 continued (10) 31:24;44:1;71:10; 81:24;83:22;87:6; 93:20;95:24;96:8; 129:7 continues (9) 31:10;49:13;64:16; 71:4;84:2;114:3; 122:17;130:4,17 continuing (1) 124:5 continuity (1) 8:18 continuum (1) 13:2 contributed (1) 141:18 contributes (1) 85:1 control (3) 106:9;126:16,18 controlling (2) 23:19;53:1 convenient (3) 18:2;83:13;87:16 conveniently (1) 50:13 convinced (1) 16:9 convincing (1) 8:8 coordinate (4) 49:1;61:11;78:23; 87:2 coordinated (6) 13:9,22;67:23; 80:23;81:5;87:13 coordination (7)</p>
---	--	--	--	--

8:19;60:20,24; 61:14,23;62:3;89:16 copy (1) 7:7 cord (1) 125:22 core (1) 61:17 Corner (1) 66:12 Corporan (5) 124:15;126:8,10, 12;127:5 corporation (1) 127:15 corrected (1) 85:7 cost (29) 15:15,20;16:4; 17:18;18:23;24:16; 27:2,17;28:3,16; 31:17;32:20;33:14; 34:8,14;51:21;56:3; 87:16;93:14,24; 110:23;111:21;112:7, 8,14,15;121:9;139:6; 142:1 cost-effective (2) 13:15;56:9 costly (1) 73:9 costs (22) 9:2,8;15:19;26:10, 15,20;31:19;33:2; 53:1;56:23;65:14; 74:3;81:22;82:7; 111:3,9,24;112:4; 121:10;123:8;124:4; 142:7 cough (1) 47:22 Coughlin (4) 91:13;94:7,8,9 C-o-u-g-h-l-i-n (1) 94:9 Council (3) 9:20;39:2;135:2 Councilor (4) 53:6;54:15,16; 56:12 counseling (2) 68:6;133:21 counter (1) 79:1 country (3) 49:19;72:2;108:17 couple (3) 6:21;121:14;140:20 course (3) 22:12;26:7;27:14 courses (3) 133:14,16,21 courtesy (1)	10:5 cousins (1) 117:17 Cove (2) 117:6,22 cover (1) 141:20 coverage (2) 27:13;52:22 covered (1) 27:17 CPR (1) 30:2 crashing (1) 30:1 create (24) 6:18;12:6,10,19; 14:7,19;16:3;18:16; 19:21;22:22;44:16; 54:22;57:21;66:17; 68:18;69:3;70:15; 80:3;84:15;86:21; 91:21;94:15;128:1; 132:17 created (5) 23:17;41:22;56:10; 97:13;136:14 creates (1) 141:10 creating (2) 17:17;21:17 creations (12) 12:8;16:9;22:9; 43:20;56:16;69:12; 71:8;81:17;82:2; 93:10;95:22;132:4 credit (1) 30:20 crisis (7) 67:20;78:16,24; 92:18,22;97:7,11 critical (11) 22:18;28:10;71:5; 73:7;92:10;95:7; 96:24;100:11;117:23; 123:18;135:12 critically (1) 52:22 cross (2) 74:24,24 Crossing (1) 22:7 crowd (1) 55:24 crucial (2) 54:7;80:16 Cruza (4) 88:16;90:8,10,10 C-r-u-z-a (1) 90:11 cue (1) 78:11 culturally (2)	61:16;118:4 culture (5) 24:7;39:11;40:7; 49:24;75:7 cures (1) 85:18 current (4) 18:11;22:20;117:5; 129:18 currently (11) 20:21;46:22;60:9; 81:13;103:24;104:9; 108:21;114:15; 121:20;123:5;137:17 cut (2) 33:9;138:20 cutting-edge (2) 13:19;99:9 cycling (1) 100:9	10 days (4) 100:15,18;101:11; 136:10 day-to-day (1) 126:20 Deaconess (55) 6:14;11:17;12:4; 22:10;29:3;31:21; 39:3;43:2;44:18;45:5, 10,24;47:3,6;49:12; 50:4,22;51:16;54:6, 20;59:8;60:23;61:10; 62:6;66:15;70:13,19; 77:8;78:2,4;80:1; 84:13;86:19;88:3; 94:10,12,20;95:12,23; 96:3,23;102:12,15,20; 103:10;108:24; 109:10,20;119:23; 121:17;122:8;127:22; 132:12,14,20 Deaconess-Milton (4) 29:8;51:13;53:12; 89:24 Deaconess-Needham (1) 108:22 Dear (1) 70:11 death (3) 67:16;97:10;117:18 deaths (1) 97:9 Debbie (1) 113:7 Deborah (2) 40:14;42:6 decade (1) 70:20 decades (1) 118:14 December (1) 10:24 decision (5) 9:18;27:11;42:24; 86:1;122:20 decline (1) 111:10 decrease (3) 33:2;81:22;111:3 decreasing (1) 26:11 Dedham (1) 22:21 dedicated (3) 48:17;70:24;87:8 deductible (1) 27:14 deep (1) 21:12 deeply (2) 59:12,12 defibrillator (1)	30:6 deficiency (1) 59:5 definitely (4) 64:9;106:6;121:15; 137:24 deformities (1) 85:7 degree (1) 133:24 delay (1) 30:22 deliver (2) 87:12;92:12 delivered (4) 13:14;83:10;87:15; 101:9 delivering (1) 18:1 delivery (6) 6:19;12:10;14:3; 19:19;24:12;54:23 demands (1) 52:14 demonstrate (2) 8:12;49:9 demonstrating (2) 19:2;131:9 Department (33) 6:7;9:4,6,16;11:18; 12:3;16:12,24;19:6, 13;24:23;32:24; 33:24;35:17,19;44:5; 45:16,17;54:11,17; 69:24;77:10;78:3; 82:11;84:3;94:4; 96:14,23;99:21; 107:5;115:5;130:7; 132:6 Department's (4) 21:23;57:2;76:2; 135:10 depend (1) 77:14 dependent (1) 123:10 deployed (1) 81:10 depression (1) 59:2 deserve (3) 18:16;59:17;69:23 designed (1) 40:19 desire (1) 14:12 desires (1) 73:11 desk (1) 6:24 Despite (2) 52:10;109:6 destabilizing (1)
D				
		daily (4) 80:15;92:7,23; 101:17 damage (3) 29:23;30:11,24 D'Amato (4) 58:9,9,11,12 dangerous (2) 37:21,22 dare (2) 136:6,7 darkest (1) 117:21 data (2) 56:3;97:7 Dave (4) 36:7,10,13;38:4 David (3) 32:5;34:21;129:18 Davis (46) 7:24;22:1;25:4; 32:3;34:17;38:13; 40:12;42:1;44:7; 47:18;51:9;53:4; 54:13;57:3;58:7;60:2; 62:16;65:2;66:6;70:2; 72:17;74:16;76:5; 77:20;79:18;84:5; 86:9;88:14;90:7; 91:11;96:16;99:24; 102:5;103:16;107:8; 110:13;112:17;115:9; 116:22;118:9;124:9; 126:6;127:3;135:15; 137:6;142:20 day (16) 31:7;36:4,12;68:16, 17,21,24;69:6;85:5; 92:1,5;108:23; 114:12;135:8;136:1,		

73:24 destroyed (1) 84:9 details (1) 139:17 determinant (1) 34:15 determinants (11) 28:13;32:22;33:5; 34:9;61:7;65:19; 73:19;87:21;120:13; 131:10;132:2 Determination (9) 6:8,11;7:18;8:6; 28:2;65:17;88:11; 108:10;127:20 determine (2) 10:4;27:23 determined (1) 100:21 devastating (1) 113:13 develop (3) 24:11;52:15;98:4 developed (3) 51:1;71:24;129:3 developing (1) 17:13 development (12) 41:6;59:4;64:2; 70:24;71:15;81:5,21; 110:5;127:15,16,17; 132:12 developments (2) 14:2;130:22 Diabetes (2) 53:15;59:2 diagnosed (2) 100:13;101:11 diagnosis (1) 24:10 Diamond (4) 86:14;88:15,17,17 D-i-a-m-o-n-d (1) 88:18 die (1) 36:17 difference (3) 59:16;92:13;101:15 different (11) 7:17;13:10;26:7; 51:23;58:19;74:12; 76:19;92:24;102:23; 105:5;122:24 difficult (4) 14:6;15:1;99:6; 134:5 dignity (2) 67:2;117:19 Dimock (3) 44:21;45:11;47:2 direct (1) 95:11	directly (4) 11:24;125:20; 126:19;137:21 Director (19) 6:7;37:24;38:1; 42:7;53:11;54:16; 57:9;60:9;62:22; 72:21;77:24;88:18; 102:14;104:9;107:14; 127:11;132:11;134:3; 137:18 Directors (1) 75:17 dirty (3) 37:7,7,11 disabilities (3) 72:11,23;73:16 disability (1) 41:5 discharge (3) 73:6,12;98:24 discharged (1) 100:16 discharges (1) 90:18 disciplines (1) 31:15 discontent (1) 125:14 discouraging (1) 98:21 discoveries (1) 14:2 discussed (1) 122:10 disease (2) 18:10;24:11 diseases (3) 24:6;59:1;113:21 disheartening (1) 98:21 disorder (5) 97:15,23;98:9,13, 23 disorders (3) 24:6;59:6;113:22 disparities (1) 18:9 distinguished (1) 57:5 distributed (1) 6:19 distributor (1) 58:17 district (4) 55:3,18,21;116:4 dive (1) 65:22 diverse (2) 20:23;128:9 diversity (2) 49:6,7 Division (2)	7:13;8:1 docs (1) 71:22 doctor (7) 28:24;43:1,13; 47:19;51:9;66:7; 110:12 doctors (6) 37:1;43:11;87:1,9, 11;104:8 doctors' (1) 15:3 documents (5) 121:4,13,24; 122:10;123:20 Doe (1) 105:24 dog (1) 111:5 Doherty (4) 90:9;91:13,14,15 D-o-h-e-r-t-y (1) 91:15 DoN (5) 6:10,10;35:20,23; 129:14 done (14) 14:15;28:3,8;50:22; 53:16;63:23,24;64:1; 66:2;68:13;89:18; 116:5;126:24;136:21 Donna (2) 90:9;91:15 door (1) 38:18 doors (1) 92:1 Dorchester (3) 66:13;126:12,14 double (1) 74:9 doubt (3) 63:6;142:8,10 Dow (3) 94:7;96:17,18 down (13) 7:9;15:5;34:22; 38:7;39:19;42:14; 65:18;105:3;106:18; 112:15;121:11; 137:21;138:20 downtown (2) 50:17;109:21 dozens (1) 111:22 DPH (6) 53:21;65:8;97:6; 117:2;118:6;142:5 Dr (34) 11:8,8,10,14,16; 16:14;36:4,8;42:4; 44:9,9,10,11;47:20, 21,24;61:24;65:3,5,5;	69:4;79:21,21;82:14, 17,17;84:6;86:12,15, 16;96:20,20;103:2; 108:15 dramatically (1) 14:12 draw (1) 50:9 draws (1) 50:11 drill (1) 65:18 drive (5) 17:19;52:8;95:10; 109:21,23 driven (2) 46:13;88:21 drives (1) 19:1 drug (1) 98:16 due (3) 61:6;111:1;124:20 during (2) 35:10;135:6 Dwyer (3) 116:9;129:19; 136:12 dying (1) 49:2 dynamic (2) 67:17;76:24	40:16;45:24;65:22; 75:13;96:22;98:5,9; 99:8,12;133:4;134:1 educational (4) 43:17,18;99:14; 114:15 educators (1) 99:17 effect (2) 27:15;125:4 effective (4) 52:15;56:14;69:16; 139:1 effectively (2) 8:18;83:10 efficiencies (1) 81:18 efficiency (1) 18:22 efficient (2) 65:15;139:1 efficiently (1) 8:17 effort (2) 9:12;21:13 efforts (7) 20:4;52:15;54:9; 61:22;83:19,23; 135:12 eight (2) 114:20;136:9 eight-to-ten-week (1) 114:19 either (4) 7:21;11:12;36:17; 122:10 Elderly (1) 76:11 elected (1) 10:6 elevate (1) 99:5 eleven (1) 136:10 eliminate (1) 15:4 else (3) 39:13;116:14; 142:23 email (1) 11:2 embrace (1) 69:2 embracing (1) 49:7 emergency (7) 29:20;40:4;42:22; 43:7;81:7;95:7; 100:20 emotional (3) 21:6;67:11;101:1 emphasis (1) 124:3
E				
eager (1) 19:3 earlier (5) 32:10;60:18;97:13; 103:2;119:5 early (2) 10:7;49:5 easily (1) 81:10 Eastern (20) 6:19;19:5;20:21; 23:4;42:15;43:23; 44:17;52:24;54:23; 58:20;66:19;70:17; 80:5;84:16;86:23; 91:23;94:16;112:1; 122:5;132:18 easy (1) 78:8 economic (2) 70:20;127:17 economics (1) 65:23 educates (1) 18:18 educating (1) 41:17 education (11)				

emphasize (1) 73:18	105:2,7,12,17,18,24; 106:2,11,17,22;107:2, 22;113:12,16;114:7, 14;115:3,8;119:5,9, 22;120:3;121:14,18; 122:16;123:24; 127:24;128:3,6,19; 129:2,6,17;130:4,10, 17;131:12;132:16; 135:21,23,24;136:8; 137:21,23;139:13; 142:9	62:4;74:12 ESOL (1) 133:20 especially (5) 12:12;28:13;73:21; 116:8;123:9 essential (14) 16:10;43:24;47:9; 53:18;64:20;71:9; 77:2,7,95:22;115:2; 117:23;129:5,10; 130:19 established (1) 102:21 estate (1) 128:11 et (2) 56:3;58:21 ethnicities (1) 32:13 Eva (2) 54:15;57:7 E-v-a (1) 57:8 even (10) 13:18;16:2;30:15; 49:15;86:7,11;87:1; 132:1;138:24;139:10 evening (45) 7:23;11:8;14:16; 16:15;19:10,16; 21:22;22:3;25:18; 32:6;34:21;42:5; 44:11;47:21;51:11; 57:1,5;60:5;62:19; 65:5;72:20;74:20; 82:17;84:10;86:15; 90:10;91:14;94:8; 96:20;100:3,7;102:8, 9;107:12;124:12,22; 126:3,11;132:10; 135:18;137:12,13; 140:9;142:18;143:3 event (1) 68:13 events (1) 68:10 everybody (6) 6:3,4;25:7;106:20; 139:19;143:2 everybody's (1) 7:19 everyone (3) 51:4;62:19;116:14 everywhere (1) 138:15 evidence (4) 8:20,23;34:6;111:5 evolution (1) 62:4 exactly (2) 90:23;125:13 example (1)	50:20 examples (1) 27:18 excelled (1) 129:3 Excellence (4) 20:12,16;24:7; 114:7 excellent (12) 30:16;31:2,9,14,16; 63:13;108:9;111:15, 17;132:23;133:24; 138:17 exceptional (2) 62:13;93:14 excited (4) 16:1,2,6;19:17 exciting (1) 104:19 Executive (7) 42:6;57:8;60:9; 62:22;111:2;127:10; 137:18 exemplary (3) 90:20;138:6,13 exercise (1) 138:11 existing (5) 8:13;9:10;41:23; 68:2;98:20 exiting (1) 41:11 expand (3) 83:18;136:16; 139:10 expanded (3) 79:6,14;113:19 expanding (1) 31:13 expansion (1) 98:10 expect (2) 77:13;81:23 expense (1) 23:19 expenses (2) 9:1;81:23 expensive (1) 120:15 experience (7) 12:14;13:11;20:11; 79:4;89:8;98:13; 130:20 experienced (1) 26:22 experiences (1) 29:7 experiencing (3) 26:11,20;123:6 expert (5) 12:11;76:13,14,14; 142:3 expertise (5)	14:20;17:11;21:12; 99:8;129:2 expired (1) 130:3 explain (1) 111:9 explore (1) 138:3 explored (1) 123:8 exponential (1) 28:16 exposure (1) 114:24 express (16) 19:14;44:15;54:18; 57:17;58:14;66:14; 70:12;75:3;79:23; 84:12;91:18;94:11; 100:7;125:14;132:13; 140:20 expressing (3) 97:3;101:23;126:4 extensive (1) 98:12 extraordinarily (1) 74:14 extremely (3) 14:9;30:15;61:12
F				
			face (1) 73:8 faced (1) 33:2 faces (2) 55:24;104:21 facilities (2) 21:8;91:4 Facility (6) 7:13;8:4,5;101:4; 119:7;129:10 facing (1) 88:22 fact (6) 27:11;48:15,19; 85:10;101:7;129:8 factor (1) 73:24 Factors (1) 8:9 facts (1) 111:12 Fair (2) 53:15;106:10 fairly (1) 97:20 fall (2) 105:4;138:9 falling (1) 61:12 familiar (2)	

33:7;55:24 families (25) 13:6;16:7;18:23; 21:6;43:5;47:17; 56:19;66:22;67:2,12, 15,19;68:19;69:22; 83:13;86:2;88:22; 93:19;96:7;99:12; 102:1;110:2;126:19, 20;127:1 family (26) 27:17;31:5;39:1; 42:15;45:2;74:14; 89:8;91:24;92:4,24; 94:20;101:9,14,17; 106:7;109:7,8,15; 116:9,10;117:16,20; 135:23;141:8,12,21 family's (1) 26:21 famously (1) 111:4 far (3) 29:19;97:11;129:24 Farbstein (4) 108:14;110:14,16, 16 F-a-r-b-s-t-e-i-n (1) 110:17 far-reaching (1) 52:10 fateful (1) 31:7 father (1) 74:10 favor (4) 22:8;24:21;40:8; 125:24 favorably (2) 31:20;82:12 federal (1) 97:24 feel (8) 34:11;39:10;53:17; 54:2;68:7;107:1; 125:18;139:4 feeling (1) 106:7 feelings (1) 126:5 feels (1) 34:2 fellowships (1) 23:11 felt (1) 137:15 Felton (4) 40:14;42:4,5,6 F-e-l-t-o-n (1) 42:6 Fenway (6) 48:1,3,15;49:2; 60:17;82:21	Fernandes (1) 47:20 Fernandez (3) 51:10,11,12 F-e-r-n-a-n-d-e-z (1) 51:12 few (8) 27:4;29:18;53:17; 100:15,18;111:23; 116:13;119:12 Field (2) 130:5,6 Fields (1) 66:12 fight (1) 126:20 fighting (1) 75:20 filed (2) 6:11;26:17 final (1) 74:6 Finally (3) 21:3;37:23;82:2 financial (7) 37:14;75:12; 117:23;131:20; 133:21;139:4,21 financially (1) 90:24 find (2) 9:4;50:12 finding (1) 9:7 fine (1) 37:13 finest (2) 23:15;36:18 firm (2) 16:18;35:1 First (19) 9:22;16:16;25:11; 35:4,24;39:13;44:12; 62:20,24;65:8,10; 86:16;111:1;119:2; 135:20;137:11; 138:21;140:22; 141:15 firsthand (1) 137:23 fit (1) 10:7 fits (1) 122:11 Fitzgerald (4) 82:16;84:8,10,11 F-i-t-z-g-e-r-a-l-d (1) 84:11 five (1) 117:7 Flaherty (4) 126:9;127:6,7,9 F-l-a-h-e-r-t-y (1)	127:9 Floor (2) 37:4,4 flu (1) 101:7 focus (3) 20:14;59:23;128:3 focused (2) 28:13;93:13 folks (9) 7:5;25:6,8;36:17; 55:15,23;72:6,10; 73:21 follow (3) 9:21;70:6;108:15 followed (35) 25:12;47:20;51:10; 62:18;65:3;66:8;70:4; 72:19;74:19;76:7; 77:22;79:19;82:15; 84:8;86:14;88:16; 90:8;91:13;94:7; 96:17,19;100:2; 102:6;103:17;107:10; 108:14;110:15; 112:19;116:24; 118:10,23;124:11; 127:6;132:9;135:17 following (6) 9:22;28:21;32:5; 33:1;124:15;126:8 Food (12) 58:13,14,16,17,18, 22;59:10,14,23,23; 64:1;72:3 Food-insecure (2) 58:24;59:3 foot (1) 42:9 force (4) 69:5;75:3,5;125:15 forced (2) 15:4;128:10 forcing (1) 126:21 forefront (1) 108:3 foreign (1) 57:12 foremost (1) 65:10 forged (1) 102:17 forget (1) 39:23 forgive (1) 47:23 formal (2) 112:3;128:20 formalities (1) 6:5 formally (1) 47:13	formation (1) 46:19 formed (2) 22:9;124:17 former (5) 29:2;84:18;92:24; 94:18;103:21 forming (1) 46:4 forth (1) 110:1 fortunate (1) 30:16 Fortunately (1) 29:24 forward (9) 11:6;16:10;19:8; 21:15;37:15;62:13; 74:5;103:12;135:11 foster (1) 39:16 fostering (1) 24:13 found (6) 11:3;35:21,22; 48:23;49:10;50:3 founded (2) 66:23;113:17 founding (1) 24:2 four (8) 9:23;25:9;39:8; 76:19;105:3;109:2,5; 137:17 frankly (1) 139:18 free (3) 113:17;133:13,20 frequent (1) 33:11 fresh (1) 119:24 friend (3) 74:22;84:19;89:19 friends (3) 31:5;109:15;141:23 front (3) 10:14;113:12;127:1 fruits (1) 119:24 frustrated (1) 134:5 full (7) 8:10;27:13;76:23; 79:2;112:24;115:15; 142:6 Fuller (6) 42:7,12,16,20,23; 43:22 fully (3) 33:23;40:22;90:2 function (1) 85:7	Fund (1) 53:21 fundamental (1) 14:12 funder (2) 38:24;130:11 funds (3) 9:7;28:5;129:16 funeral (1) 67:16 further (8) 24:11;35:8;41:8,21; 43:16;46:15;81:4; 98:23 furthering (1) 8:18 Furthermore (1) 81:20 future (10) 18:11,18;24:12; 47:9;64:20;77:14; 95:21,23;115:2;129:5
G				
			galvanizing (1) 69:5 Garden (1) 75:23 Gately (4) 135:17;137:8,10,10 G-a-t-e-l-y (1) 137:10 gather (1) 9:12 gay (1) 48:21 GBIO (12) 25:21;26:1,4;28:18; 32:7,10,11;33:19; 34:2;73:21;111:22; 112:2 GBIO's (1) 110:21 General (3) 7:14;58:23;141:1 generation (2) 13:20;24:9 generations (1) 18:18 generously (1) 85:2 gentlemen (1) 30:1 geographic (2) 46:21;52:22 geographically (1) 20:2 geographies (1) 22:23 geography (2) 62:1;80:13 Gerontology (1)	

<p>77:10 gets (1) 25:7 Gilbert (4) 25:11,14,15,15 G-i-l-b-e-r-t (1) 25:16 given (5) 10:22;109:3;110:6; 120:4;136:7 gives (1) 43:4 giving (6) 11:19;85:12;106:4; 110:10;112:23;113:1 glad (2) 22:7;111:14 global (1) 123:21 Glover (1) 109:11 goal (5) 16:11;60:24;87:5; 88:21;97:20 goals (9) 14:11;52:23;56:17, 23:93;17:94;1:96:5; 98:2;134:10 goes (4) 117:11;119:6; 123:18;131:9 G-o-l-d (1) 102:9 GOLD-GOMEZ (1) 102:8 Gomez (2) 100:2;102:6 G-o-m-e-z (1) 102:9 good (61) 7:4,10;11:8;16:15; 19:10;22:3;25:13,18; 32:6,12;34:21;38:4; 39:10,14;42:5;44:11; 47:21;51:11;55:13; 56:1,4;57:5;60:5; 61:8,8;62:19;65:5; 72:20;74:12,20; 82:17;84:10;85:8; 86:15;89:7;90:10; 91:14;94:8;96:20; 100:3;102:8,9; 107:12,24;119:15; 124:12,22;126:3,11; 132:10;133:2,23; 135:9,18;136:18; 137:12,14;138:1; 140:9;142:18;143:3 GOTEACH (1) 25:22 government (1) 8:21 governments (1)</p>	<p>18:24 grab (1) 136:23 gracias (1) 137:3 gracious (1) 41:13 Grammar (1) 84:20 grand-daughters (1) 113:8 grandparents (1) 117:18 granted (1) 101:20 grateful (4) 31:5;83:14,16; 101:21 gratitude (1) 19:15 grave (1) 128:8 great (15) 12:17;14:23;19:22; 23:20;49:10;50:4; 55:9;70:5;91:7;93:3; 120:11;132:22; 136:21;141:3;142:10 greater (17) 13:13;20:7;25:16, 20,23;26:4;32:8,15; 42:14;52:11;58:13, 14,16;79:15;108:19; 110:17;117:7 greatly (1) 106:12 Greg (1) 36:15 grew (2) 113:9;137:16 grief (1) 66:23 groceries (1) 130:15 grocery (1) 38:21 ground (1) 45:23 groundbreaking (1) 18:17 group (12) 20:23;25:22,24; 26:17;46:24;80:7; 103:4;105:8;108:23; 109:1,4;138:7 groups (6) 18:7;32:13;79:1,1; 102:23;139:22 grow (4) 15:9;24:9;49:13; 129:15 growing (2) 69:5;133:19</p>	<p>grown (4) 48:11;51:16;95:16, 17 growth (3) 49:22;50:15;95:17 Guadeloupe (2) 28:21;32:7 guard (1) 35:3 guess (1) 29:3 guidance (1) 101:2 guide (3) 17:13;67:15;102:20 gynecological (1) 52:3</p> <p style="text-align: center;">H</p> <p>Haitians (1) 125:6 half (1) 84:23 hallway (1) 10:3 hand (1) 99:7 hands-on (1) 133:11 handwriting (3) 25:13;28:23;140:8 HANNON (4) 22:3,4;41:12; 129:18 H-a-n-n-o-n (1) 22:4 Hanoi (3) 118:23;124:10,12 H-a-n-o-i (1) 124:13 happen (2) 91:8;122:6 happened (2) 131:8;138:4 happens (1) 67:20 happy (1) 25:9 hard (3) 70:6;98:22;140:7 Harry (2) 94:7;96:18 Harvard (3) 20:5;104:10;137:19 head (2) 36:6;119:13 healing (2) 66:21;68:10 Health (274) 6:8,15,16,19;7:13; 8:1,4,5,14,15,16;9:2, 16,19;10:1,11:18;</p>	<p>12:4,7,9,15,17,19; 13:1,3,10,21;14:3,8, 18,19;15:1,3,10,13, 19;16:4,13,19,24; 17:15;18:4,5,8,9,16, 16,19,21;19:1,7,19, 21,22;20:17,22;21:9, 14,19;22:9,11,18; 24:1,14;26:8,10,13, 16,23;28:13,17;31:14, 17,18,20,22,24;32:11, 19,21,22,24;33:2,5, 24,24;34:16;35:18, 20;39:19;43:10,21; 44:1,2,17,22;45:1,2, 12;46:3,5,10,22; 47:11;48:2,3,3,9; 49:2;50:7,7,9;51:2,3; 52:9,13,13,16,20,23; 53:11,18,19;54:3,5,9, 17,21,22;55:14;56:15, 18,23;57:19;58:23; 59:6,9,12,15,18; 60:17;61:7,9;62:5,7, 23,24;63:12,20,23; 64:3,9,12,23;65:6,7, 14,18,19,19,24;66:1, 4,16,18;69:6,13,17; 70:13,16,23;71:1,6,8, 9,11;73:20;76:13; 77:3,7,12;78:6;79:22; 80:2,4,6,9,12,17,22; 81:11,17;82:3,8,11, 22;83:2;84:4,14,16; 86:22,24;87:3,5,10, 19,21;88:1;90:14,17; 91:8,20,22;92:2,16; 93:9,10,16,18,24; 94:4,13,16;95:19,22; 96:4,6,14;98:14,15; 100:24;101:19;102:2, 18;103:6;104:13; 110:5,21;114:3,4,11, 13,24;117:6;118:2, 14;119:14,14,16,19, 20;120:6,13;124:24; 125:9,11;128:2; 129:7;131:10;132:2, 15,18,24;133:1; 135:4;139:21;140:17; 141:1,6,8,11,15; 142:4,10,14 Healthcare (1) 25:21 Health's (1) 79:24 healthy (2) 52:17;138:12 hear (16) 9:13;11:24;14:16; 15:2;37:9,15;55:5,22; 85:10;92:23;105:14, 20;111:14;122:14;</p>	<p>134:7;140:22 heard (8) 37:20;60:18;61:24; 78:13;102:19;107:20; 130:9;142:24 HEARING (137) 6:2,9;7:3,12,22; 9:12;10:23;11:10; 16:14;19:9;22:1,2; 24:24;25:3,4,5;28:20; 32:3,4;34:17,18; 35:20;38:12,13,14; 40:11,12,13;42:1,2; 44:7,8;47:18,19;51:8, 9;53:3,4,5;54:13,14; 56:10;57:3,4;58:7,8; 60:2,3;62:16,17;65:1, 2,3;66:6,7;70:2,3; 72:16,17,18;74:16,17; 76:4,5,6;77:20,21; 79:17,18,19;82:14; 84:5,6;86:9,10,13; 88:13,14,15;90:6,7,8; 91:11,12;94:6;96:15, 16,17;99:24;100:1; 102:4,5,6;103:15,16, 17;107:7,8,10; 108:13;110:12,13,14; 111:24;112:17,18; 115:9,10,17,20; 116:22,23;118:8,9,10, 21;123:13;124:8,9, 10;126:6,7;127:3,4; 132:8;135:14,15,16; 137:5,6,7;140:6; 142:19,20,21;143:1,4 heart (4) 29:23;30:6,12; 64:22 hearts (1) 41:15 Hello (3) 40:15;47:21;77:23 help (22) 7:10;34:4;48:24; 49:14;67:19;73:1; 77:16;79:6,7;80:24; 83:22;86:7;88:21; 108:23;116:8,12,15; 118:18;131:13; 138:23;139:5,6 helped (2) 30:20;31:7 helpful (1) 115:12 helping (1) 85:9 helps (2) 38:21,22 hemophilia (1) 33:10 hemophiliac (1) 33:9</p>
---	---	--	---	--

<p>Henning (5) 70:4;72:18,20,21; 74:18</p> <p>hepatitis (1) 99:3</p> <p>Hi (3) 53:7;115:18;118:24</p> <p>High (11) 40:17;41:11;71:21; 103:24;111:10,19,24; 114:20;118:19;135:5; 142:1</p> <p>high- (5) 69:12;84:15;93:8; 102:1;132:17</p> <p>high-cost (2) 15:16;95:18</p> <p>higher (1) 58:24</p> <p>higher-cost (1) 15:18</p> <p>higher-skilled (1) 133:7</p> <p>highest (2) 112:2;118:3</p> <p>highest-quality (1) 67:8</p> <p>high-level (1) 45:14</p> <p>highly (2) 23:17;82:10</p> <p>high-quality (32) 15:14;17:17;18:1, 22;31:24;43:21;44:2; 52:12;56:8,14,20; 57:21;59:18;61:15; 66:18;70:16;71:11; 77:6;78:5;80:4;86:22; 87:7,13;91:22;92:2; 93:13,21;94:15;95:9; 96:9;128:2;139:9</p> <p>highs (1) 90:16</p> <p>high-value (7) 20:1;43:24;44:16; 71:8;80:18;86:24; 110:5</p> <p>Hill (72) 22:7;29:16;35:16; 38:8,17;39:20;41:13; 55:6;84:19;85:13,17, 19;103:21;104:11,16, 19;105:13,15,22; 107:2,3,14,16,19; 112:22;113:6;114:14, 22;115:13,23;116:1; 118:13,20;119:3,10, 14,14,16,17,20;120:1; 121:16,19;122:15; 127:10,11,14,16,19; 128:5,7,12;129:11,14, 21;130:8,14,19,24; 131:4,7,16,16,18,21;</p>	<p>134:19;135:3;137:1, 16,21;138:16;139:11</p> <p>Hill/Roxbury (1) 114:9</p> <p>Hills (2) 42:9;100:10</p> <p>hinted (1) 107:23</p> <p>hires (1) 134:23</p> <p>Hispanic (1) 113:5</p> <p>histories (1) 102:21</p> <p>history (2) 24:17;141:15</p> <p>hit (2) 74:8;100:10</p> <p>HIV (8) 49:17,19;60:12,15; 61:2,5,13;62:11</p> <p>hold (1) 16:21</p> <p>holding (1) 16:24</p> <p>holds (1) 22:14</p> <p>holiday (1) 68:13</p> <p>holistic (1) 68:9</p> <p>Holmes (1) 111:4</p> <p>home (19) 12:12;20:20;21:7; 29:17;42:12;44:3; 56:21;71:11;73:12; 80:12;83:7;87:7;88:2, 24;93:10,21;96:9; 100:16,17</p> <p>homelessness (1) 61:6</p> <p>homeowner (1) 116:2</p> <p>homes (4) 50:14;73:8;77:5; 130:15</p> <p>homicide (8) 67:7,20,22,24;68:6; 69:10,17;78:15</p> <p>honored (1) 17:3</p> <p>honors (1) 23:22</p> <p>hope (11) 37:17;64:22;73:20; 81:23;108:10;110:22; 112:8,9;115:6; 120:18;122:17</p> <p>Hopefully (8) 38:9;41:21;49:12; 59:13;113:3,23; 119:8;137:13</p>	<p>hopes (1) 41:20</p> <p>HORNIDGE (3) 16:15,16,17</p> <p>H-o-r-n-i-d-g-e (1) 16:17</p> <p>Hospice (13) 20:20;21:3,7,8; 80:12;88:19,20;89:6; 90:12,13,15;91:3,9</p> <p>hospices (1) 90:21</p> <p>Hospital (175) 6:15,15,17;7:17; 12:5,5,6,22;19:12; 20:5,6,22:5,11,12,13, 15,17;23:5,9,14,18, 24;29:10,19,21;31:3, 9,11,13,23,23;35:3,5, 24;36:3,24;37:5,16; 38:18;40:3,5;42:18, 19;43:8,14,19;48:23; 49:11,12;51:14,15,17; 52:6,20,21;54:21,21, 24;57:19,20,21;63:2; 66:17;68:3;70:14,15, 15,22;71:23;72:5; 74:11;80:2,3;81:7; 82:1,19,20;83:1,3,8, 11,16;84:2,15,21; 85:1,19;88:4;89:5; 90:2;91:20,21,21; 93:1;94:13,14,14,19; 95:2;98:24;100:12; 103:22;104:4,5,12,17; 105:3,7,13,17,19,24; 106:3,11,17,23,24; 107:22,22;108:23,24; 109:11,12,14,19; 111:1,8;113:13,16,17, 18;114:4;115:3; 116:3;117:18;120:4; 121:15,18;122:22; 123:24;124:1,4; 127:23,24,24;128:4,6, 15,20,21;129:3,6,17; 130:4,10,17;131:12, 21;132:16,16,17; 135:22,23,24;136:8; 137:22,24;138:15; 139:14;140:24;141:1, 10;142:9,9,16</p> <p>Hospital- (1) 95:23</p> <p>hospitalizations (1) 59:5</p> <p>hospitalized (2) 89:7;109:5</p> <p>Hospital-Milton (1) 54:6</p> <p>Hospital-Plymouth (2) 94:10;96:4</p> <p>hospitals (60) 8:2;12:21,21;14:17; 15:2,15;18:4;36:19; 37:9;39:11,12,15; 40:2,7;52:18;53:18; 56:5;76:14;80:14,19, 22,24;81:4,13,16; 83:21;87:1,9,12; 90:19;92:4;94:20; 95:18;101:16;108:7; 109:2,5,17;111:16,19; 112:11;119:18; 120:12,18,21;121:8; 122:7,20;123:5,7,10, 17,21;125:5,12; 126:17;134:6,8; 135:20;142:14</p> <p>hospitals' (2) 81:15;121:10</p> <p>host (4) 41:14;55:20; 134:17;135:5</p> <p>hosting (1) 11:19</p> <p>hour (2) 117:21;133:3</p> <p>hours (3) 29:18;111:7;136:10</p> <p>House (4) 105:24;111:22; 130:23;131:3</p> <p>households (1) 59:3</p> <p>housing (22) 28:14;73:1,22,23; 74:2;76:11,15,18; 77:3;112:22;115:14; 120:14,16;127:11,14, 17;129:22;130:22; 131:11;132:3;137:19, 20</p> <p>HPC (5) 27:22;28:4;34:10; 125:17;126:24</p> <p>huge (3) 35:15;59:16;92:4</p> <p>human (3) 36:20;81:19;116:20</p> <p>humanity (1) 116:17</p> <p>hundred (1) 139:15</p> <p>hundreds (1) 71:18</p> <p>hunger (2) 18:10;59:11</p> <p>Huntington (2) 37:21,23</p> <p>husband (2) 27:5;100:9</p> <p>husband's (2) 100:24;101:6</p> <p>Hyde (3) 75:2,4;125:15</p>	<p>hypertension (1) 59:2</p> <p>hyphen (2) 44:14;102:9</p> <p>hyphenated (1) 16:16</p> <p>hypothermia (1) 30:10</p> <hr/> <p style="text-align: center;">I</p> <hr/> <p>identify (3) 10:10;11:7;114:10</p> <p>identity (2) 39:11,16</p> <p>ill (3) 74:11;101:6;109:18</p> <p>illness (3) 21:5;27:2;88:22</p> <p>illustrate (1) 71:4</p> <p>imagine (1) 71:17</p> <p>immediate (1) 67:12</p> <p>immediately (1) 95:3</p> <p>immersed (1) 40:22</p> <p>Immigrant (3) 57:9;108:17;125:20</p> <p>immigrants (2) 58:1;72:10</p> <p>impact (15) 26:12,16,18;27:23; 32:21;33:1,4;34:1,3; 54:2;79:15;99:20; 110:23;112:8;120:10</p> <p>impacted (7) 66:22;67:6;69:10, 22;78:20;92:17; 129:13</p> <p>impacting (1) 26:7</p> <p>impacts (3) 9:10;66:4;128:8</p> <p>impaired (2) 59:4;138:6</p> <p>impartial (1) 110:23</p> <p>implement (1) 69:16</p> <p>implemented (3) 67:14;92:15;97:21</p> <p>importance (2) 33:7;71:5</p> <p>important (25) 17:6;46:5,11;47:8, 10;53:24;55:1,18,20; 56:2,7,13;60:22; 61:14;64:19;73:13; 75:17;102:13;104:7, 23;128:7;129:12;</p>
--	---	--	---

131:20;135:11; 137:15 importantly (1) 85:3 impossible (2) 14:6;31:1 improve (20) 14:12;18:5;19:20, 20:21;13;34:15; 49:14;52:11,23;54:9; 69:14;73:15;74:4; 77:4;98:8;112:12; 114:10;119:7,24; 123:11 improved (3) 8:15;28:17;85:21 improvement (2) 20:14;64:20 improving (14) 8:18;43:24;47:11; 53:19;56:18;64:17; 71:9;81:6;87:5;93:18; 96:6;104:13;114:13; 132:24 Inc (1) 134:18 include (3) 28:11;67:7;135:2 included (3) 27:10,12;113:9 includes (3) 26:2;48:10;113:24 including (13) 20:9,23;26:23;48:7; 75:11;98:16;99:18; 129:21;130:12,19; 131:22;132:1,3 increase (5) 34:14;95:13;97:8; 112:4;126:17 increased (1) 82:4 increases (1) 28:16 increasing (4) 31:19;32:20;33:3; 141:18 increasingly (1) 14:5 incredible (2) 15:21;46:2 incredibly (4) 44:17;45:8;46:5,11 Independent (10) 28:3;42:7;72:22; 77:5,5;80:7;88:19; 125:16;126:23;129:9 individual (1) 62:11 individualized (1) 102:2 individuals (8) 32:17,18;47:14;	56:19;92:17;93:19; 94:21;96:7 induced (1) 30:9 industries (1) 112:6 Industry (1) 135:2 infected (1) 49:18 infection (2) 49:19;101:9 infections (2) 23:18;60:14 information (3) 9:13,17;47:5 informational (1) 130:21 informs (1) 24:12 infrastructure (3) 15:8;81:20;139:6 in-home (1) 20:22 initiative (2) 69:8;125:19 initiatives (3) 81:22;99:20;114:16 injuries (1) 30:8 injury (1) 101:3 in-network (1) 98:10 innovation (1) 141:5 innovations (1) 81:9 innovative (5) 14:8;40:18;41:16; 87:3;132:1 inpatient (6) 95:14,15;98:6,8; 100:15;101:12 input (2) 110:24;112:9 insecure (1) 58:23 insecurity (2) 59:15,23 insight (1) 17:11 inspired (1) 69:6 instead (1) 87:23 Institute (5) 66:11,20;67:10; 68:5;78:14 Institute's (1) 68:16 instituting (1) 81:8	institution (6) 23:9;59:13;61:15; 63:8;101:22;128:14 institutionalization (1) 73:8 institutions (19) 46:12;55:3,11;56:1; 57:15;62:9;80:15; 85:14;103:14;107:18; 116:6;117:24;118:18; 120:4;121:22;128:16, 24;131:12;139:13 institution's (1) 129:23 insulting (1) 38:2 insurance (7) 14:8;27:9;31:18; 55:16;141:8,11,18 insurers (1) 15:13 integrate (2) 48:24;62:9 integrated (12) 12:7,11;18:1;19:18; 21:17;22:17;37:5; 73:1;80:23;81:17,20; 82:3 Integrating (1) 50:18 integration (3) 77:3;81:3;139:20 intend (2) 6:17;98:4 intended (1) 9:14 intending (1) 8:5 intensive (1) 99:14 interactions (1) 74:7 interest (1) 84:24 interested (2) 9:13;134:15 interesting (1) 122:4 interests (4) 7:4,19;25:6;34:12 Interfaith (5) 25:17,20,23;32:8; 110:17 Internal (3) 45:16;71:24;133:5 international (1) 124:3 interns (1) 135:5 internship (1) 114:20 internships (2) 40:22;134:17	interpreted (1) 102:24 interpreter (8) 6:22,23;102:11,15, 22;124:14,22;126:11 interpreters (1) 103:5 interventions (1) 92:8 interview (1) 41:9 intimately (1) 37:4 into (17) 9:17;19:18;30:22; 33:1;36:18;37:5; 46:11,16;51:20;52:8; 65:22;69:11;72:12; 95:10;104:18;133:7; 134:24 intricacies (1) 37:13 invest (1) 18:3 invested (1) 71:20 investigation (3) 124:19;125:16; 142:6 investing (1) 118:16 investments (3) 14:4;15:23;21:13 involved (5) 26:19;38:19; 105:10;115:24;116:5 involvement (2) 109:20;131:20 iron (1) 59:5 isolation (2) 38:22;130:21 Israel (75) 6:14;11:17;12:3; 22:10;29:3,8;31:21; 32:23;39:3,4;42:19; 43:2;44:18;45:5,10, 24;47:3,6;48:23; 49:11,11;50:3,22; 51:13,16;53:12;54:5, 19;57:15,18;60:22; 61:10,20;62:6,24; 63:1,6;64:8,12;66:15; 70:13,19;73:5;77:8; 78:2,4;80:1;84:13; 86:19;88:3;89:24; 94:10,12,19;95:12,23; 96:3,23;102:12,15,20; 103:9;108:22,24; 109:9,20;119:22; 121:17;122:8;125:3; 127:22;132:12,14,20; 140:24	Israel's (1) 62:12 issue (4) 49:9;74:2;108:1; 121:21 issued (1) 8:4 issues (7) 7:22;18:9;26:7; 30:21;65:22;85:24; 120:19 It' (1) 45:5
J				
Jackson (1) 75:20				
Jamaica (2) 75:6;124:23				
Jany (1) 94:18				
Jaques (16) 6:17;12:6;22:12; 31:23;52:21;57:20; 66:17;70:15;80:3; 84:15;88:5;91:21; 94:14;99:19;127:24; 132:17				
Jeanette (1) 19:11				
Jeffrey (1) 113:7				
Jello (1) 110:19				
Jett (4) 62:18;65:3,5,6				
Jewish (2) 70:18;76:10				
Jews (1) 26:3				
Joanne (2) 127:6;132:11				
job (12) 35:2;41:2;71:16; 85:8;108:23;132:4; 134:6,6,6,15,21;135:7				
jobs (9) 15:4;28:14;55:19; 73:2;133:2,8;134:11, 24;138:2				
John (1) 135:3				
join (4) 24:1;25:1;29:9; 59:14				
joined (2) 83:1;94:19				
joining (10) 7:23;12:19;31:8,21; 41:15;52:19;53:17; 83:21;92:3;95:3				
joint (1)				

7:22 jointly (1) 7:12 Jones (4) 96:18,19,20,21 J-o-n-e-s (1) 96:21 Jordan (4) 37:3,4;92:24;94:18 J-o-r-d-a-n (1) 44:14 Joseph (2) 107:11;108:16 Josh (2) 53:6;107:23 June (1) 29:15 justice (2) 26:1;65:20 JVS (2) 70:9;71:14	kind (3) 72:12;79:11;90:3 kindness (1) 30:19 kinds (1) 50:24 Kira (2) 66:8;70:7 K-i-r-a (1) 70:7 kitchens (1) 58:21 knit (1) 51:2 knowledge (1) 43:5 known (4) 48:15;50:8;51:18; 85:17 knows (1) 35:12	larger (11) 11:13;78:10;81:10, 16;83:17,21;86:6; 93:4;112:12;139:3,5 largest (9) 44:24;49:18,20; 57:11;58:16;60:11; 71:15;80:6;131:17 last (22) 27:3,4,6,8;44:13; 49:21;53:16;62:21; 74:7;86:17;90:15,15; 95:13;105:1;111:7, 20,23;117:2;133:12; 137:11;140:11,12 late (1) 36:22 later (3) 27:15;68:24;101:5 Latina (2) 131:19;135:6 Latinos (1) 125:6 launches (1) 88:9 Laura (3) 102:7;103:19; 106:17 law (1) 16:18 Laws (2) 7:15;9:6 lead (3) 26:15;108:23; 126:18 leader (5) 23:2;33:19;46:10; 69:20;118:17 leaders (7) 11:23;17:10;55:6; 70:23;108:3;111:8; 124:18 leadership (7) 17:6,13;32:11; 44:19;110:21;129:18, 19 leading (5) 12:21;29:16;51:17; 114:17;130:18 League (1) 130:6 learn (3) 41:3,8;116:6 learned (3) 49:5;53:22;69:9 learning (1) 66:21 least (2) 74:24;109:24 leave (3) 10:7;125:8;128:10 leaving (1) 125:11	led (1) 125:2 Legacy (5) 105:13;131:4; 136:1;137:1;138:8 legendary (1) 23:21 lesbian (1) 48:21 less (2) 42:20;141:4 letter (3) 112:24;115:14; 126:2 letters (1) 24:21 letting (2) 113:2;140:17 level (7) 65:22;71:21;74:13; 90:20;91:2;121:11; 133:14 levels (1) 133:4 leveraging (1) 103:13 Levin (1) 16:19 LGBT (3) 48:17;50:7,8 Li (4) 107:11;108:14,15, 16 L-i (1) 108:16 license (1) 8:3 Licensure (4) 7:13,24;8:2,22 lies (1) 98:12 life (16) 8:15;29:14;30:23; 31:2;35:6;56:18; 64:18;71:6;74:4; 76:23;78:19;84:23; 85:12;87:5;93:18; 96:6 life- (1) 92:7 lifeline (1) 42:21 lifelong (2) 84:18;103:20 life-threatening (1) 33:15 lifetime (1) 78:21 lift (1) 69:1 likely (1) 128:12 like-minded (1)	46:12 limit (1) 25:8 limited (3) 67:8;82:5;98:19 Linda (2) 34:19;38:16 line (2) 55:2;134:7 linguistic (1) 103:8 linguistically (1) 118:3 Link (5) 38:20,24;119:4; 130:8;134:3 linked (1) 114:4 Lisa (2) 76:7;77:23 list (1) 142:22 listen (1) 110:19 listening (2) 86:8;140:4 literally (1) 101:16 little (9) 15:17;35:8,10,22; 50:1;75:1;123:9; 130:6;135:20 Liu (4) 115:21;116:24; 117:1,1 L-i-u (1) 117:1 live (10) 13:14;17:24;38:17; 48:18;59:19,21; 73:10,11;76:23;93:7 lived (1) 108:18 lives (8) 47:11;77:5;85:9,21; 86:7;92:14,17;101:17 living (11) 59:3;60:13,20;61:2; 62:11;72:22;101:15; 104:14,16;130:23; 140:14 local (21) 14:17;15:3,24;18:4; 32:1;40:22;41:22; 42:19;43:2;59:9; 69:18;82:23;107:17; 110:8;120:4;122:21; 123:11;125:12;132:4; 141:9;142:13 locale (1) 74:11 Locally (3) 14:24,24;110:3
K	L			
Karen (3) 51:10;53:7;137:11 K-a-r-e-n (1) 137:11 Kathleen (2) 86:14;88:17 Kathy (1) 90:11 Keary (5) 116:24;118:10,12, 12,22 K-e-a-r-y (1) 118:12 keep (7) 52:17;86:1;105:4,9, 9,10;111:16 keeping (5) 14:1,21;20:11; 82:22;104:23 Ken (3) 72:19;108:14; 110:16 Kenneth (1) 74:21 Kevin (4) 11:9,16;91:13;94:8 key (6) 71:14,19;110:24; 111:4;112:10;119:5 Khazatsky (4) 66:8;70:4,5,7 K-h-a-z-a-t-s-k-y (1) 70:8 kidding (1) 45:7 kidney (2) 50:21,21 kids (2) 49:4;100:16	lab (1) 81:19 laboratory (1) 113:24 Lachance (4) 76:7;77:22,23,24 L-a-c-h-a-n-c-e (1) 77:24 lack (2) 73:23;98:19 lady (1) 136:12 Lahey (33) 6:15;12:4;16:19; 22:11;31:22;32:24; 35:14,15,18;37:2,3,4, 7,7,12;52:19;54:21; 57:19;66:16;70:13; 80:1;82:22;83:2,8; 84:13;91:19;94:13; 98:3,14;99:18;125:3; 127:23;132:15 Lahey's (1) 98:12 Lamoureux (4) 96:19;100:2,3,4 L-a-m-o-u-r-e-u-x (1) 100:5 land (1) 35:15 language (1) 102:23 Laptiste (4) 60:4;62:18,19,20 L-a-p-t-i-s-t-e (1) 62:21 large (5) 48:9;55:11;82:2,10; 91:1	launches (1) 88:9 Laura (3) 102:7;103:19; 106:17 law (1) 16:18 Laws (2) 7:15;9:6 lead (3) 26:15;108:23; 126:18 leader (5) 23:2;33:19;46:10; 69:20;118:17 leaders (7) 11:23;17:10;55:6; 70:23;108:3;111:8; 124:18 leadership (7) 17:6,13;32:11; 44:19;110:21;129:18, 19 leading (5) 12:21;29:16;51:17; 114:17;130:18 League (1) 130:6 learn (3) 41:3,8;116:6 learned (3) 49:5;53:22;69:9 learning (1) 66:21 least (2) 74:24;109:24 leave (3) 10:7;125:8;128:10 leaving (1) 125:11	led (1) 125:2 Legacy (5) 105:13;131:4; 136:1;137:1;138:8 legendary (1) 23:21 lesbian (1) 48:21 less (2) 42:20;141:4 letter (3) 112:24;115:14; 126:2 letters (1) 24:21 letting (2) 113:2;140:17 level (7) 65:22;71:21;74:13; 90:20;91:2;121:11; 133:14 levels (1) 133:4 leveraging (1) 103:13 Levin (1) 16:19 LGBT (3) 48:17;50:7,8 Li (4) 107:11;108:14,15, 16 L-i (1) 108:16 license (1) 8:3 Licensure (4) 7:13,24;8:2,22 lies (1) 98:12 life (16) 8:15;29:14;30:23; 31:2;35:6;56:18; 64:18;71:6;74:4; 76:23;78:19;84:23; 85:12;87:5;93:18; 96:6 life- (1) 92:7 lifeline (1) 42:21 lifelong (2) 84:18;103:20 life-threatening (1) 33:15 lifetime (1) 78:21 lift (1) 69:1 likely (1) 128:12 like-minded (1)	

<p>located (3) 44:22;66:12;137:20</p> <p>locations (5) 22:21;50:14;117:8; 121:22;131:5</p> <p>long (6) 48:16;112:20; 130:3;131:9,15; 137:12</p> <p>long- (1) 45:7</p> <p>longer (3) 27:16;31:11;36:2</p> <p>longest (1) 102:21</p> <p>long-standing (4) 45:4,20;66:24;89:1</p> <p>long-term (6) 13:3;56:22;93:24; 113:5;116:1;127:9</p> <p>look (11) 21:15;36:17;40:4; 48:19;59:14;65:11, 17;73:9,10;103:12; 104:6</p> <p>looked (1) 38:8</p> <p>looking (7) 37:14;62:13;63:2; 65:13;66:3;77:3; 95:21</p> <p>looks (1) 33:1</p> <p>lose (3) 56:4;135:21;142:15</p> <p>loss (1) 66:23</p> <p>lost (1) 107:2</p> <p>lot (26) 14:15;27:10;33:17; 35:11;39:6,6,8,21; 48:5;53:22;55:23,23, 24;63:19;78:11; 89:22;90:16;102:13; 109:22,24;110:1; 112:6;118:15;122:14; 123:5;135:22</p> <p>lots (2) 46:3;111:24</p> <p>Louis (3) 66:11,20;78:13</p> <p>love (5) 68:23;106:3; 116:19;125:23; 135:23</p> <p>loved (5) 35:5;43:6;67:13; 68:11;69:1</p> <p>low-cost (4) 80:4;81:24;95:10; 110:5</p> <p>Lowell (4)</p>	<p>140:15,24;141:1; 142:15</p> <p>lower (7) 15:16;18:22;24:15; 34:14;82:6;87:16; 121:9</p> <p>lower- (3) 17:17;31:16;51:20</p> <p>lower-cost (16) 43:21;52:6,12;54:7; 57:21;59:18;66:17; 70:16;78:5;84:15; 86:22;91:22;94:15; 102:2;128:1;132:17</p> <p>lowering (1) 23:18</p> <p>low-income (1) 75:7</p> <p>lows (1) 90:16</p> <p>loyal (1) 136:2</p> <p>lucky (4) 27:1;29:22;30:15; 53:20</p> <p>Luna (1) 113:8</p> <p>Luz (2) 124:15;126:11</p> <p>Lyon (1) 135:4</p>	<p>management (5) 52:16;81:21;97:16; 99:9,11</p> <p>Manager (1) 7:24</p> <p>managers (1) 36:21</p> <p>MANN (83) 6:2,6;11:10;16:14; 19:9;22:2;25:3,5; 28:20;32:4,34;18; 38:12,14;40:11,13; 42:2;44:8;47:19;51:8; 53:3,5;54:14,16; 56:10;57:4;58:8;60:3; 62:17;65:1,3;66:7; 70:3;72:16,18;74:17; 76:4,6;77:21;79:17, 19;82:14;84:6;86:10, 13;88:13,15;90:6,8; 91:12;94:6,9;15,17; 100:1;102:4,6; 103:15,17;107:7,10; 108:13;110:12,14; 112:18;115:10,17,20; 116:23;118:8,10,21; 123:13;124:8,10; 126:7;127:4;132:8; 135:14,16;137:5,7; 140:6;142:19,21</p> <p>manner (1) 62:8</p> <p>Many (37) 24:18;26:6,10; 39:15;40:10;41:4; 42:24;45:23;46:17; 55:4;68:14;69:9;73:2; 78:7;83:11;85:11,14, 14,18,21,21;90:19; 99:8;102:19;103:11, 24;111:7;114:17; 117:13;119:18;120:2, 16;129:4,20;131:21; 136:14,14</p> <p>map (1) 67:16</p> <p>March (1) 88:9</p> <p>Maria (3) 112:21;130:23; 131:2</p> <p>Marie (1) 110:15</p> <p>market (6) 52:13;82:6;110:23; 112:8;123:22;126:18</p> <p>market-based (1) 16:3</p> <p>Mary (3) 118:11,24;135:4</p> <p>M-a-r-y (1) 119:1</p> <p>Mary's (1)</p>	<p>134:18</p> <p>Mass (3) 44:17;112:1;123:18</p> <p>Massachusetts (51) 6:7,20;7:14;9:19; 12:7;17:15,20;18:15; 19:5;20:22;23:4;29:5; 32:9;43:23;44:23; 50:11,12;52:24; 54:23;57:9;58:20; 60:10;66:19;69:21; 70:17;76:22;80:5,16; 81:12;82:3;84:17; 86:23;91:5,8,23;93:8, 20;94:3,17;96:8,13; 97:7,9;102:3;117:7; 120:8;122:6;123:19; 124:6;132:19;140:15</p> <p>Massachusetts' (1) 16:4</p> <p>MassHealth (4) 46:9;88:7,7;125:9</p> <p>mastectomy (1) 74:9</p> <p>matter (5) 59:15;85:9;108:1; 116:8,11</p> <p>matters (1) 139:15</p> <p>may (4) 10:19;73:9;121:21; 126:18</p> <p>Maybe (2) 74:12;78:10</p> <p>McAfoos (1) 36:15</p> <p>McLaughlin (1) 130:5</p> <p>mean (3) 13:5;123:5;142:3</p> <p>meaning (1) 6:11</p> <p>meaningful (1) 69:8</p> <p>means (12) 13:24;33:9;71:20; 76:23;87:11;90:24; 91:7;95:9;110:1; 124:2;141:3,19</p> <p>meant (1) 135:22</p> <p>measurable (1) 8:14</p> <p>measures (1) 9:2</p> <p>Medicaid (2) 46:9;74:1</p> <p>Medical (77) 6:14;9:1;11:17; 12:4,20;20:6;22:10; 23:19;29:3;30:17,19, 21;31:4,10,15,18; 38:21;39:6,7,21;44:4;</p>	<p>45:10,24;47:3,6;48:6; 50:4,23;52:8;54:20; 55:8;57:18;60:23; 63:18;64:24;65:12; 66:2,15;67:8;70:13, 19;74:3;78:2,4;79:22; 80:1,7,9;81:23;82:19; 83:9;84:13;86:19; 87:20;91:19;92:11; 93:2,94:12;96:23; 97:17;102:12,16; 103:5,10;111:11; 113:18;121:22; 123:22;127:22; 130:16;132:12,14,21; 133:6,8,14;134:16</p> <p>medically (3) 30:9;48:10;108:6</p> <p>medication (2) 27:16;39:24</p> <p>medications (3) 27:12;87:24;99:13</p> <p>medicine (13) 14:2;18:17;20:16; 23:10,12;45:17;48:8; 49:23;51:1;52:5;95:7; 96:24;109:1</p> <p>medicines (1) 33:11</p> <p>meet (5) 15:10;51:4;121:10; 124:4;133:18</p> <p>meeting (6) 11:19;16:24;56:22; 65:9;67:11;93:23</p> <p>meetings (1) 111:22</p> <p>megafusion (4) 125:15;126:1,15,15</p> <p>megamerger (2) 125:2,8</p> <p>member (17) 24:2;25:19,22; 33:20;39:1;40:6; 51:15;57:16;84:20; 116:9,10;124:23; 125:1;126:13,13; 128:7;140:16</p> <p>members (14) 11:21;19:16;25:23; 41:3;57:6;88:5;92:1, 22,24;104:12;109:8; 119:4;124:18;129:15</p> <p>Membership (1) 97:16</p> <p>Memorial (1) 109:11</p> <p>mental (3) 26:23;59:5;98:15</p> <p>mention (2) 106:14;139:4</p> <p>mentioned (5) 32:10;45:19;46:7;</p>
	M			
	<p>Madison (1) 40:17</p> <p>magnet (1) 50:9</p> <p>magnitude (1) 34:8</p> <p>mailing (1) 11:2</p> <p>Main (2) 107:14,16</p> <p>maintain (7) 15:9;39:16;43:10; 77:4;83:22;135:12; 136:19</p> <p>maintaining (1) 130:6</p> <p>major (7) 38:24;39:8;44:3; 75:16;85:14;104:15; 130:10</p> <p>makes (2) 128:11;140:2</p> <p>making (6) 25:7;27:11;78:5; 89:16;91:7;122:20</p> <p>malfunction (1) 56:9</p> <p>manage (3) 14:6;67:19;80:24</p>			

<p>73:22;78:24 merge (3) 61:20;112:11;118:1 merged (3) 81:16;115:7;120:15 merger (62) 26:18;27:23,24; 28:10;32:23;33:3,4,6, 23;34:2,3,7;35:9; 37:12;38:11;39:14; 40:1,9;41:21;46:24; 53:9;58:1;59:21; 62:14;65:14;73:18; 77:18;81:8;82:9; 90:23;91:7,9;100:8; 101:24;111:3,17; 112:3,5;113:23; 117:22;118:6,7; 119:21;120:7,10,18; 121:24;122:2,11,18, 19;123:23;124:19; 131:24;135:19; 138:23;139:19; 140:21;141:2,9,15,16 mergers (2) 26:14;112:4 merging (1) 142:13 met (1) 89:17 metropolitan (1) 20:7 mic (1) 10:15 Michael (1) 88:16 Michel (2) 112:19;115:18 M-i-c-h-e-l (1) 115:19 microphone (3) 10:10;56:9;57:1 might (5) 120:24;121:19; 123:22,23;142:15 mightily (1) 23:6 Mike (1) 90:10 Miller (5) 38:15;40:13,15,15; 42:3 million (3) 15:20,20;57:13 Millona (3) 54:15;57:5,8 M-i-l-l-o-n-a (1) 57:8 Milton (16) 29:4;30:17;31:3,3, 10;42:8,10,17,19; 43:3;89:3,5;100:5,10; 108:12;109:3</p>	<p>mind (3) 27:21;43:6;111:16 minds (1) 41:15 minimize (1) 30:10 minimized (1) 30:23 M-i-n-t-e-r (1) 44:14 Minter-Jordan (5) 42:4;44:9,10,11,12 Mintz (1) 16:18 minutes (2) 25:9;109:24 MIRA (3) 57:23;72:9;125:14 miraculous (2) 85:18,21 misdiagnosed (1) 101:7 mission (70) 17:21;22:7;24:4; 38:17,20,24;55:6; 60:12;61:18;63:12; 84:19,20;85:13,16; 88:21;103:20;104:11, 16,18;105:13,15,21; 107:2,3,14,16,18; 112:22;113:4,6; 114:9,14,22;115:13, 23;116:1;118:13,19; 119:3,13,14,16,17,20; 120:1;121:16;122:15; 127:10,11,14,16,19; 128:5,7,11;129:11,14, 21;130:8,19;131:4,7, 16,16,17,21;137:1,16; 138:15;139:11 mission- (1) 46:12 misuse (1) 99:10 M-I-l-e-r (1) 40:16 mobility (3) 39:8;133:5;138:6 mobility-impaired (1) 130:13 model (6) 23:17;66:2;69:21; 97:22;139:8,21 models (3) 21:16,17;87:10 modest (1) 97:20 moment (1) 44:19 mommy (1) 113:7 Monday (1) 10:24</p>	<p>money (3) 120:22;121:5,7 monopoly (2) 141:3,3 monster (1) 56:11 month (9) 27:17;49:3;58:19; 105:1,1;111:21,23; 141:20,20 monthly (2) 131:3,5 months (3) 68:11;101:5;111:23 moons (1) 103:24 more (58) 12:10,18;16:2,6; 19:21;20:8,9,21;23:8; 26:6;37:10,15;39:24, 24;43:1;46:20,21; 49:15,21;50:13; 52:14;53:24;64:2,11; 68:18;69:3,13;73:9; 80:10;81:9;83:4,5,13, 19;86:7;87:1,16; 89:11;91:7,8;93:4,12; 94:20;98:2;101:18; 103:11;105:14; 112:13;119:9;120:9; 123:9;124:3;129:24; 132:1;138:19,24; 139:7,10 most (17) 12:12;13:15;16:5; 18:2;61:1;68:7;71:24; 73:24;77:11;83:23; 85:2,10,15;87:14; 103:2;120:15;140:23 Mota (4) 28:21;32:5,6,7 M-o-t-a (1) 32:7 mother (4) 103:22;137:1,2,2 mothers (2) 20:24;68:22 Mother's (5) 68:16,17,21,24; 69:6 motivate (1) 138:11 motivated (1) 14:11 motto (1) 20:12 Mount (23) 6:15;12:5;19:12,24; 20:5,8,19;22:11; 31:22;52:20;54:21; 57:19;66:16;70:14; 80:2;84:14;91:20; 94:13;99:18;127:23;</p>	<p>132:15;140:24;142:8 move (4) 19:7;35:19;59:23; 74:5 moved (1) 133:9 movement (5) 104:22;119:14,14, 20;120:6 moving (6) 16:10;36:7,8;65:12; 121:16,17 much (27) 12:18;21:24;25:2; 28:19;32:2;38:12; 46:20;49:9;53:3; 54:12,14;57:6;58:6, 11;60:1;64:2,11;76:4, 8;80:12;107:9; 117:16;120:21; 122:16;128:5;137:3; 140:6 muchas (1) 137:3 multidisciplinary (1) 97:12 multimodal (2) 97:16;99:11 multiple (3) 87:19;97:17;100:21 multispecialty (1) 80:7 murder (4) 66:22;67:13,19; 69:22 murdered (3) 68:12,22;69:2 musculoskeletal (7) 22:23;23:2,12;24:6, 10;113:21;128:14 Muslims (1) 26:4 must (9) 8:5,11;9:4;18:21; 37:6;51:1;52:14; 63:15;99:9 Myechia (1) 44:12 M-y-e-c-h-i-a (1) 44:13 myself (13) 29:13;33:9;37:20; 62:11,14;89:4,23; 100:16;101:12; 105:23;109:7;116:14; 141:23</p>	<p>32:6;38:16;42:5; 44:11,12,12,13;47:24; 51:11;53:7;57:7; 58:11;60:5,7;62:20, 20,21;66:9;72:20; 74:20,23;76:9;77:23; 82:17;84:9,10;86:15, 16,17;91:14;96:20; 100:3;103:19;107:13; 108:16;115:18;117:1, 2;124:12,22;126:11; 127:8;132:10;137:9, 11,11;140:9,11,12,12 named (2) 17:3,9 names (1) 55:10 naming (1) 55:10 national (3) 23:2,21;70:23 nationally (2) 20:13;51:18 naturalized (1) 108:18 nature (2) 34:7;36:20 near (1) 95:21 nearby (1) 30:17 nearly (3) 70:19;80:8;117:9 NEBH (5) 128:9,15,22;129:9, 12 necessary (3) 9:9;14:7;56:14 necessities (1) 126:21 Need (47) 6:8,11;7:18;8:6,12; 10:7;15:8;20:24;21:1; 22:19,23;23:4;27:5; 28:2,17;31:16;33:11; 39:18;40:20;50:13; 56:8;59:17;65:13,17, 17;69:22;72:12;79:5; 83:7;85:6;88:11;97:5; 98:7;100:22;101:20; 106:18;108:11; 114:10;120:24; 121:19,23;127:21; 129:15;130:14; 131:11;137:8;138:14 needed (11) 41:10;43:8;52:22; 64:9;71:12;88:2;89:6; 93:23;94:23;96:11; 106:12 Needham (6) 108:21;109:3,10, 12,19;110:8</p>
--	--	--	---	--

<p>neediest (1) 83:23</p> <p>needs (24) 6:22;15:10;17:15; 20:26;23;28:10; 41:17;43:9,12;46:17; 49:7;50:16;51:4;67:6, 7,12;69:18;89:17; 100:24;116:7;123:8; 128:16,18,22</p> <p>negative (1) 9:9</p> <p>neighbor (1) 138:1</p> <p>neighborhood (26) 22:6;35:13;41:23; 55:6;66:12;71:7; 84:19;85:1;108:2; 112:22;113:10;114:5, 9;118:18;119:8,15; 122:7;127:11,14; 128:10;129:10,13,21; 130:8,19;136:6</p> <p>neighborhoods (4) 13:6,12;32:14; 115:13</p> <p>neighboring (1) 40:17</p> <p>neighbors (9) 55:9,13;56:4;68:23; 109:8,9,15,18;123:7</p> <p>Nelson (8) 115:21;117:1; 118:11,23,24,24; 123:13,15</p> <p>N-e-l-s-o-n (1) 119:1</p> <p>neonatology (2) 92:11;95:7</p> <p>network (12) 13:8,23;49:12; 50:15,18;67:22;79:6, 14;81:16;87:11; 128:21,22</p> <p>networks (2) 12:24;82:5</p> <p>neurologists (1) 92:9</p> <p>neutral (3) 28:6;34:3,10</p> <p>New (161) 6:14,18;12:4,6,8; 14:1,7,19;15:18;16:1, 9,20;17:4,8,12,22; 18:6;19:18,19;20:23; 21:9,16,16,17;22:5,9, 12,14,17,23;23:3,5,9, 24;24:1,3,14,17; 27:17;31:22;35:3; 36:3,23;40:18;41:2, 12,16;43:13,21; 44:16;47:8;49:20; 51:20;52:2,20;54:20,</p>	<p>22,24;56:16;57:11,13, 20,21;58:17;60:10, 14;63:2;64:19;66:16, 17;68:1;70:14,15; 80:2,3,13;81:9,16; 84:14,15,21,22,24; 85:18;86:5,21,24; 88:4;91:20,21;93:16; 94:13,15,21;95:22; 96:4;99:10,18;103:6, 21;104:3,12,17;105:2, 7,12,17,18,23;106:2, 11,17,22;107:2,22; 113:12,16,24;114:7, 14;115:3,7;119:5,9, 22;120:3,7,8;121:10, 14,18;122:9,10,16; 123:24;127:24;128:1, 3,5,19,21;129:2,6,17; 130:4,10,17;131:12; 132:16,17;133:9; 135:21,23,24;136:7; 137:21,23;139:8,13, 20;142:9</p> <p>newly (1) 75:15</p> <p>next (6) 10:13;13:20;24:9; 38:17;76:20;111:23</p> <p>NHS (2) 127:19;128:5</p> <p>NHS's (1) 131:16</p> <p>night (4) 35:4;68:12;75:1; 138:19</p> <p>nine (1) 23:11</p> <p>noches (3) 135:18;137:4,5</p> <p>non-profit (18) 12:6;44:16;54:22; 66:18;70:16;75:5; 76:18;78:6;80:4,7; 84:16;88:20;91:22; 94:16;107:17;127:15; 128:2;132:18</p> <p>non-profits (1) 58:18</p> <p>Nora (1) 6:6</p> <p>note (5) 6:21;74:6;112:4; 122:8;139:3</p> <p>not-for-profit (1) 42:8</p> <p>notice (6) 90:21;120:6,6,14; 121:8;122:14</p> <p>notification (1) 67:16</p> <p>November (1) 105:1</p>	<p>number (11) 11:13,23;26:6,21; 45:15;46:7;63:9; 81:10;95:1;109:9,17</p> <p>numerous (2) 52:10;114:15</p> <p>nurse (4) 30:2;85:5;89:4; 104:1</p> <p>nurses (11) 13:21;20:10;23:15; 71:22;85:11;88:2; 89:22;92:6;95:5; 98:22;138:10</p> <p>nursing (7) 21:1,7;73:8,11; 77:5;91:17;97:17</p> <p>nutrition (1) 72:4</p>	<p>28:20;32:3,4;34:17, 18;38:12,13,14;40:11, 12,13;42:1,2;44:7,8; 47:18,19;51:8,9;53:3, 4,5;54:13,14;56:10; 57:3,4;58:7,8;60:2,3; 62:16,17;65:1,2,3; 66:6,7;70:2,3,9;72:16, 17,18;74:16,17;76:4, 5,6;77:20,21;79:17, 18,19,22;82:14,19; 84:5,6;86:9,10,13,19; 88:13,14,15;90:6,7,8; 91:11,12,17;94:6; 96:15,16,17;99:24; 100:1;102:4,5,6; 103:15,16,17;107:7,8, 10;108:13;110:12,13, 14;112:17,18;115:9, 10,17,20;116:22,23; 118:8,9,10,21;123:13; 124:8,9,10;126:6,7; 127:3,4;132:8; 135:14,15,16;137:5,6, 7;140:6;142:19,20,21</p> <p>offices (1) 15:3</p> <p>official (1) 119:21</p> <p>officials (1) 10:6</p> <p>often (11) 29:13;50:12;51:24; 55:16;61:2,4,7;62:1; 99:2;112:4;117:13</p> <p>old (7) 40:21;45:5;88:19; 90:11;91:3,9;109:11</p> <p>older (3) 21:1;76:21;77:11</p> <p>oldest (1) 60:11</p> <p>once (1) 123:17</p> <p>oncology (3) 52:3;92:10;95:8</p> <p>one (55) 6:24;10:18;12:17; 13:8;15:12;27:1,11, 12;29:15,22;30:1; 32:20;33:1;35:13,21, 23;36:18;37:9,18; 40:3;43:9;44:24; 48:14;49:18;50:20; 68:11;69:2;70:22; 71:22;74:24;76:20; 77:8;78:12,14,18,22, 24;79:4,8;89:3; 102:21;106:14; 107:21;108:11; 111:19;112:10; 115:20;116:3;119:4; 133:1;134:10;136:1;</p>	<p>138:21;141:16;143:1</p> <p>ones (4) 29:15,22;43:6;77:9</p> <p>one's (1) 67:13</p> <p>one-stop (1) 134:3</p> <p>ongoing (3) 9:8;31:17;71:5</p> <p>online (2) 8:11;11:4</p> <p>only (23) 10:18;22:15;31:12; 41:14,21;45:12,20; 46:15;47:2,5,14; 59:21;61:5;63:8,18; 76:16;77:8;88:21; 100:23;113:14; 139:11;141:9,22</p> <p>open (1) 133:3</p> <p>opened (1) 82:20</p> <p>opening (2) 41:14,15</p> <p>operate (4) 7:17;8:3,17;129:9</p> <p>operated (1) 65:11</p> <p>operates (1) 114:15</p> <p>operating (1) 9:8</p> <p>operation (1) 122:23</p> <p>operational (1) 21:12</p> <p>operationally (1) 20:3</p> <p>operations (2) 39:9;81:18</p> <p>opinions (1) 9:13</p> <p>opioid (10) 48:12;92:18;97:1,6, 15,22;98:8,23;99:10, 13</p> <p>opioid- (1) 97:8</p> <p>opioids (2) 97:15;98:1</p> <p>opportunities (8) 18:13;19:20;68:10; 69:14;70:21;103:13; 134:16;138:2</p> <p>opportunity (38) 7:2,21;11:20;15:14, 21;16:3,6;19:3,14,18; 21:11,21;22:8,22; 23:5;24:3;25:19; 54:18;57:7;58:4;76:9, 22;79:23;82:5,13; 83:15;100:6;102:10;</p>
O				
		<p>OB-GYN (3) 45:16;52:3;64:10</p> <p>objective (1) 34:11</p> <p>obligation (1) 130:3</p> <p>O'Bryant (1) 135:3</p> <p>observation (1) 123:16</p> <p>observed (1) 120:20</p> <p>obstacles (2) 61:8;62:2</p> <p>obvious (2) 72:9;100:18</p> <p>obviously (2) 55:17;110:4</p> <p>odds (1) 29:20</p> <p>off (3) 74:24,24;121:16</p> <p>offend (1) 11:12</p> <p>offer (18) 8:8;11:14;15:12; 17:22;24:20,21; 63:20;64:6,10,16; 67:10;68:9;83:19; 87:3,19;114:19; 133:3,20</p> <p>offered (2) 21:7;133:13</p> <p>offers (5) 18:12;20:22;43:8; 67:15;93:4</p> <p>office (2) 36:5;68:5</p> <p>OFFICER (131) 6:2;11:10;16:14; 19:9;22:1,2;25:3,4,5;</p>		

<p>110:7,10;113:1; 117:3;120:11;121:5; 126:4;127:8;140:18; 142:17 opposed (1) 125:2 option (2) 27:10;43:7 options (3) 19:22;82:1;93:12 orally (1) 10:22 order (4) 10:5;15:8;68:9; 124:4 organization (27) 12:11;14:21;16:22; 17:7,9;23:6;25:17,20; 26:2;32:8,12;57:14; 60:12;68:4;71:15; 75:10;76:19;83:18; 86:20;87:8,11;88:8; 110:18;111:2;119:15; 127:21;129:22 organizations (18) 11:24;12:16;14:4; 17:19;46:4;52:16; 55:21;73:3;106:8; 114:18;118:16; 125:23;129:21; 131:22;134:12,14,21; 135:1 organization's (2) 75:3;80:13 organized (1) 67:22 organizing (2) 26:2;32:13 orientation (1) 38:6 orthopedic (10) 22:16;23:8;24:14; 36:18;39:8,18; 113:20;128:14,18; 139:9 orthopedics (2) 12:22;64:10 others (6) 10:6;77:16;81:11; 98:22;121:9,11 ours (2) 102:1;130:22 ourselves (1) 36:18 out (16) 26:20;27:3,7;28:12; 29:11,24;36:9;52:17; 60:17;61:12;89:12; 104:5;105:10;106:19; 119:10;122:21 outcome (1) 89:11 outcomes (9)</p>	<p>8:15;24:8,11;32:22; 33:5;34:16;61:9; 87:17;93:15 out-of-pocket (1) 26:9 outpatient (5) 95:15,16;98:7,8,16 outreach (2) 98:10;114:15 outside (4) 29:21;93:11;95:19; 105:12 outstanding (10) 20:11;24:13;71:1; 74:9;80:14;87:17; 89:10,14,21;92:2 over (38) 27:2,6;28:15;31:14; 32:18;35:16;37:22; 40:17;45:1;48:13,13; 49:21;50:10,12; 51:22;53:16;55:2; 64:3;72:1;75:6;77:15; 80:10,21;95:13; 97:11;102:22,24; 109:12;110:9;111:23; 117:12;129:3;133:8, 15;134:21,23;139:14; 140:1 overall (6) 21:14;51:3;56:23; 66:4,4;114:11 overseeing (1) 139:22 oversight (1) 8:23 owe (2) 39:7;75:23 own (6) 7:16;39:16;50:20; 71:13;125:22;141:24 owned (2) 34:24;35:15 owner (1) 116:2</p>	<p>pants (1) 136:24 parent (2) 6:13,17 parents (2) 28:24;72:11 Park (2) 40:17;82:21 Parker (1) 135:3 parking (3) 72:4;89:22;109:24 Parks (1) 130:7 Parmenter (1) 20:20 part (25) 17:6;32:10,11; 40:18;48:22;54:6; 65:16;67:4,23;77:2; 78:8;83:17,93:1,3; 95:11;104:21;113:1, 2,15;117:16;120:18; 122:2,22;130:1; 140:18 partial (1) 142:6 participate (6) 11:20;40:21;69:7; 88:7;135:7;138:8 participates (1) 67:21 particular (4) 54:9;59:13,20;69:4 particularly (3) 48:17;62:4;120:13 parties (3) 9:14;28:11;41:23 partner (15) 11:24;16:18;35:1; 45:4,15;48:24;49:11; 50:4;61:10;68:15; 71:14;107:24;132:1; 134:13,20 partnered (3) 45:11;70:18;80:18 partnering (1) 78:9 partners (13) 22:24;24:19;42:17; 53:15;55:10,20;62:6; 78:14;79:7;112:5; 114:8;121:11,12 partnership (19) 24:18;40:24;45:6,8, 19;46:14;47:6;52:2; 59:8;63:23;64:7; 66:24;67:18;68:1,2; 71:3;78:10;94:24; 108:4 partnerships (6) 46:11;50:24;53:23; 71:18;78:12;102:17</p>	<p>parts (1) 91:8 party (2) 34:3,10 pass (1) 133:16 Passafaro (1) 129:19 passed (1) 29:24 passing (1) 117:21 passionate (1) 84:23 past (8) 33:11,12;66:2; 108:20;109:13;110:9; 139:14;141:16 paths (1) 115:1 pathways (1) 71:24 patience (1) 117:19 patient (40) 8:13,19;9:10;12:12, 13;13:24;19:20; 20:11,14;21:13; 23:22;29:2,6;33:20; 39:1,12;48:19;50:2; 51:18;62:12;72:3; 80:9;81:9;83:4;87:2; 88:18;89:6,8;91:16; 93:14;98:11;99:6; 100:24;101:6,10; 116:13;121:3;123:18; 132:23;139:20 patients (110) 12:13;13:6,7,17; 14:13;15:12,18,21; 16:7;17:22;18:19; 19:4;20:23,24;21:1, 18;22:20,22;23:3; 24:5;27:24;33:2,21; 36:3;39:17,23;45:13, 15;46:6,8,9,16,18; 47:1,4,11,16;48:4,21; 49:2,3,16,19;50:6,10, 12,16,20;51:24;52:7, 17,24;56:7;59:11; 63:4,14,19;64:4,14, 18;78:19;79:10,16; 80:20,22;81:11;82:1; 83:6,8,14;85:3,6,11; 86:2;87:13,16,22; 88:21;89:4,12,15; 91:7,24;92:5,8,23; 93:4,7,8,11;95:1,9,13, 18;98:23;99:12; 103:4;106:24;109:5; 110:1;111:15;117:8, 13;118:2;119:9; 125:8;128:17,24;</p>	<p>139:22,24 patients' (1) 103:9 patient's (2) 13:10;89:17 Patricia (5) 82:15;84:8,11; 126:8;127:8 Pavilion (1) 37:3 pay (6) 55:17;75:23; 106:13;117:14; 126:22;141:8 payment (2) 21:17;62:5 PCPs (1) 87:23 peace (12) 43:5;66:11,20;67:9; 68:5,16,16,17,20,21; 69:6;78:14 peaceful (2) 68:18;69:3 pediatric (1) 80:8 pending (2) 79:24;101:24 penny (1) 136:5 people (58) 6:24;7:20;11:11,13; 18:15;25:12;27:10; 29:24;30:3;31:1; 32:16;33:17;35:11; 38:3;39:13;41:4;45:1; 48:17;49:17;55:4; 56:6;58:19;61:2;67:6; 72:22,23;73:2,6,9,24; 77:4;78:7,12;79:4; 80:16;85:2,9;86:2,7; 90:3;101:19;106:12; 111:8;120:2,16; 122:15;134:23;135:1; 137:20;139:1,7,10,11; 140:22;141:11,19,23; 142:22 people-first (1) 139:15 people's (1) 74:4 per (1) 23:8 percent (11) 15:17,21;46:8; 48:20;74:1;95:16,17; 97:8;106:13;116:21; 133:17 Percy (4) 34:20;38:14,16,16 P-e-r-c-y (1) 38:17 performing (1)</p>
	P			
	<p>pace (1) 14:1 Page (3) 74:22,23,23 paid (2) 114:19;134:24 pain (8) 33:14;85:6;97:16; 98:6;99:9,11,13,16 palliative (3) 21:3;90:12,13 panel (4) 8:13,20;9:11;57:6 pantries (1) 58:20</p>			

<p>51:24 performs (1) 23:7 period (1) 48:16 permanently (1) 114:21 person (6) 8:4;10:14;89:21; 106:16;122:24;141:7 personal (4) 74:6;13;89:2; 117:15 personally (4) 26:19;33:8;89:19; 91:6 perspective (2) 34:4;122:23 Peter (4) 25:12;28:21,21,22 Peterson (4) 51:10;53:5,7,8 pharma (1) 31:18 phenomenally (1) 49:1 Phillomin (2) 60:4;62:20 P-h-i-l-l-o-m-i-n (1) 62:21 philosophy (1) 139:16 phone (2) 134:9,13 physical (9) 67:11;85:7;87:20; 105:2;111:19,21; 131:1,6;138:10 physician (5) 12:24;86:18;93:5; 99:17;108:17 physicians (23) 13:21;15:15;17:23; 18:19;20:9;22:19; 23:15;24:10;37:2; 39:22;43:1,15;80:10; 83:5;85:20;92:6,7; 95:5;98:21;108:24; 109:1;128:22,23 pie (2) 112:13,13 piece (1) 111:4 pillar (1) 137:24 Pilot (1) 135:5 pipeline (1) 133:6 place (7) 30:22;73:10;104:4; 105:5;122:19;130:2; 134:1</p>	<p>placed (1) 30:9 placing (1) 75:13 Plain (2) 75:6;124:23 plan (8) 27:9,15;77:2; 121:18,24;122:11,12; 129:8 planning (2) 91:1;121:6 plans (3) 21:19;27:12;122:6 platform (1) 126:5 play (3) 59:19,22;75:17 played (1) 75:15 players (1) 104:20 please (11) 6:3,23;7:7;10:3,9, 17;47:22;72:14; 111:16;112:9;142:5 pleased (3) 43:15;74:14,14 Plymouth (3) 91:17;95:24;109:3 pm (1) 143:5 pneumonia (1) 101:8 pocket (3) 26:21;27:3,7 pockets (1) 126:19 podiatry (1) 64:10 point (3) 38:5;91:1;111:13 points (1) 25:12 Pokaski (4) 127:6;132:9,10,11 Pola (3) 132:9;135:16,18 Policy (1) 34:1 poor (2) 29:21;113:18 poorer (1) 58:23 population (11) 23:20;48:20;49:23; 50:3;52:16;54:3; 58:24;81:21;87:3,19; 99:6 populations (5) 18:8;19:21;24:15; 46:13;103:3 position (6)</p>	<p>17:5;22:14;42:10; 62:8;112:3;119:21 positioned (2) 20:2;79:7 positions (1) 123:23 positive (1) 92:13 possibilities (1) 121:1 possibility (1) 142:7 possible (4) 14:22;30:23;62:8; 105:16 post- (1) 13:3 post-acute (1) 81:1 potential (2) 14:23;68:18 poverty (2) 61:6;65:22 power (2) 69:16;126:17 practical (1) 67:11 practice (2) 43:2;92:19 practices (6) 67:10;80:9;81:14; 87:3;99:11,15 practicing (2) 49:7;80:10 pray (1) 115:5 precisely (1) 103:3 precollege (1) 133:13 predominantly (1) 75:6 prefer (2) 18:20;83:12 premier (4) 12:22;37:9,16; 113:19 premium (5) 141:11,18,19,21; 142:2 prep (1) 75:8 preparing (1) 9:17 prescribed (2) 40:5;88:1 prescribing (3) 97:14;99:10,15 present (3) 41:5;61:3;62:1 presented (2) 97:4;126:24 Presently (1)</p>	<p>51:22 preserve (1) 107:19 preserves (1) 24:7 preserving (1) 24:13 President (16) 19:11;22:4;36:15; 37:8;44:21;48:1; 51:13;58:12;76:10; 91:16;94:9;112:22; 113:4;117:5;119:3; 129:18 pressing (1) 10:7 pressures (1) 82:6 pretend (1) 85:23 preventing (3) 23:18;60:14;81:7 Prevention (3) 53:21;78:1;105:4 preventive (1) 87:22 previously (1) 125:18 price (1) 9:1 prices (3) 111:18;112:2; 126:18 pride (1) 23:20 primarily (1) 45:1 primary (8) 13:2;22:19;48:5,6; 64:5;83:4;86:18; 128:23 Prior (3) 109:20;124:19; 134:2 priorities (1) 19:1 Private (1) 135:2 privilege (1) 84:22 privileged (1) 16:8 probably (7) 45:5;48:15;71:22, 23;73:23;74:2;139:18 problem (2) 108:2;116:15 procedures (1) 30:21 proceeding (1) 11:2 proceedings (2) 7:11;9:21</p>	<p>process (4) 29:17;67:17;101:3; 113:2 production (1) 132:3 productive (1) 59:8 products (2) 14:8;82:6 professional (4) 41:9;74:7;101:2; 119:13 professionalism (1) 91:2 Professionally (1) 89:3 professionals (3) 13:21;30:19;31:7 professions (1) 20:17 profitable (1) 125:10 Program (17) 6:8;28:2;40:18; 48:10;70:8;78:2;88:8; 92:18;98:5;104:18, 19,22,22;105:8; 106:10;133:5,21 programming (5) 54:10;130:20; 131:1,6,14 programs (18) 28:12;43:17,18; 45:3;52:17;73:5;75:9, 13;81:22;87:4,20; 94:22;104:15;133:6, 10;135:13;136:14,15 project (13) 8:13,14,17,24;9:9; 40:19,19;64:15; 115:2;129:5;131:5; 137:1;138:8 projects (2) 127:17;130:5 Prom (2) 131:8;138:3 promise (2) 17:14;108:11 promotes (1) 119:15 pronounced (1) 60:7 proof (1) 101:15 properly (1) 81:1 property (3) 121:23;122:1,2 proposal (6) 29:9;53:2;81:15; 82:12;122:9;128:1 propose (1) 120:23</p>
---	---	---	---	--

<p>proposed (16) 8:17;11:23;16:20; 17:4;26:18;31:8; 43:23;46:15;53:17; 84:1;87:1;93:10,16; 96:4;100:7;103:7</p> <p>protocols (1) 81:5</p> <p>proud (5) 15:23;24:17;45:22; 84:20;135:9</p> <p>proudly (1) 21:20</p> <p>proven (1) 139:14</p> <p>provide (50) 7:7;8:16;10:17; 12:11,17;14:13;21:4, 6;22:18;27:4;31:14; 34:6;48:9;50:1,19,19; 52:21;54:10;55:8,14; 56:13;58:18;62:7; 63:13;64:5;68:6; 70:20;72:22;78:19; 79:2;80:19;82:4; 83:16;90:12;92:7; 94:20;95:5;96:1; 98:23;103:8;109:2; 111:12;115:12; 117:20;118:1;121:5; 128:17,21;139:23; 142:10</p> <p>provided (8) 8:20;31:10;93:2,9, 12;101:1;113:17; 129:12</p> <p>provider (6) 9:1;15:1;20:1;71:1; 113:20;130:18</p> <p>providers (12) 15:19;45:14,16,21; 55:1;64:12;67:18,22; 87:2,19;95:19;98:5</p> <p>provides (8) 24:2;34:10;40:2; 43:17;61:15;107:23; 129:20;130:11</p> <p>providing (19) 15:24;18:22;20:10; 45:14;55:19;75:12, 12;79:15;93:6,13; 114:24;117:10; 130:21,24;131:13; 137:19;138:1,7,16</p> <p>provision (1) 44:2</p> <p>provisions (1) 8:7</p> <p>proximity (1) 10:15</p> <p>Public (28) 6:7,9;8:14;9:16,19; 11:1,18;16:13,24;</p>	<p>18:9;19:6;24:24; 32:12;35:17,20; 41:16;43:19;46:10; 54:9,17;59:15;65:7; 82:11;84:4;96:14; 112:14;117:4;135:7</p> <p>publicly (1) 125:14</p> <p>pulmonary (2) 48:8;52:4</p> <p>purchasing (1) 81:19</p> <p>purpose (1) 76:24</p> <p>pursuant (2) 6:10;7:14</p> <p>put (1) 33:14</p> <p>putting (1) 130:1</p>	<p>rang (1) 106:16</p> <p>range (3) 13:18;20:22;133:16</p> <p>ranging (1) 42:13</p> <p>Rape (2) 78:16,24</p> <p>rapid (3) 30:20;44:3;62:4</p> <p>rapidly (3) 12:14;49:24;52:13</p> <p>rate (2) 49:2;97:10</p> <p>rates (1) 133:16</p> <p>rather (1) 18:20</p> <p>reach (2) 46:20;123:17</p> <p>reaches (1) 104:5</p> <p>read (5) 70:9;119:12; 120:23;140:7;141:17</p> <p>reading (1) 137:9</p> <p>readmissions (2) 23:19;81:8</p> <p>real (2) 41:10;128:10</p> <p>reality (1) 34:5</p> <p>really (40) 40:8;51:1,3;53:23; 54:2;56:13;60:19; 65:13,17,21;66:3; 78:20;79:7,13;85:8,8; 89:7,9;90:16,21,21; 97:5;101:20;102:19; 106:13;107:1;109:13, 16;110:1,6,8,18,20, 22;112:11;116:19; 118:16;120:4;122:4; 131:10</p> <p>reason (4) 10:6;78:8;111:18; 139:8</p> <p>reasonable (1) 8:16</p> <p>reasonable-cost (1) 33:21</p> <p>reasons (9) 26:16;28:15;39:15; 40:10;73:17;103:11; 110:24;125:13; 138:19</p> <p>receive (9) 15:14;41:1;43:6,16; 52:9;68:23;92:2;95:9; 109:18</p> <p>received (5) 23:21;31:2;101:14,</p>	<p>21;123:3</p> <p>receiving (1) 126:2</p> <p>recent (1) 29:6</p> <p>recently (3) 24:1;49:21;89:11</p> <p>recognize (2) 17:4;114:3</p> <p>recognized (7) 9:2;20:13;23:1,17; 30:1;55:23;119:22</p> <p>recommendations (1) 9:18</p> <p>record (2) 127:19;135:9</p> <p>records (2) 39:22;40:1</p> <p>recovering (1) 30:13</p> <p>recovery (2) 74:15;78:1</p> <p>recreation (1) 75:20</p> <p>reduce (7) 15:4,19;18:8;21:14; 65:13;74:3;99:10</p> <p>reduced (1) 129:1</p> <p>reductions (1) 15:20</p> <p>refer (4) 48:5;50:9;134:21; 135:1</p> <p>referral (5) 22:16;98:20;99:4; 128:15,23</p> <p>referrals (1) 98:11</p> <p>Refugee (1) 57:9</p> <p>refugees (2) 58:1;72:10</p> <p>regard (2) 140:21;142:6</p> <p>regarding (2) 47:4;99:12</p> <p>regardless (1) 55:16</p> <p>regimens (1) 61:13</p> <p>region (10) 22:17;46:21;48:18; 52:7;55:15;68:19; 71:16;92:13;102:22; 114:11</p> <p>Regional (4) 6:16;20:6;51:17; 113:20</p> <p>regionally (1) 20:13</p> <p>region's (2) 12:9;80:6</p>	<p>Registered (2) 85:4;104:1</p> <p>regular (4) 11:2;31:6;59:10; 61:11</p> <p>regularly (2) 68:9;133:6</p> <p>regulates (1) 8:2</p> <p>regulation (1) 8:10</p> <p>regulations (2) 9:6;97:24</p> <p>regulatory (1) 8:23</p> <p>rehab (2) 31:4;101:4</p> <p>rehabilitation (1) 20:24</p> <p>reimbursement (1) 133:22</p> <p>reinforce (1) 71:4</p> <p>related (1) 97:9</p> <p>relationship (14) 43:4;60:22;62:23; 63:3,7,10,17;89:1; 117:11,12,15;123:10; 128:16,20</p> <p>relatively (2) 29:6;50:1</p> <p>relatives (1) 117:21</p> <p>relevant (3) 8:22;9:5,17</p> <p>relief (1) 85:6</p> <p>religions (1) 32:13</p> <p>religious (1) 26:3</p> <p>rely (2) 18:5;62:5</p> <p>remain (1) 23:6</p> <p>remained (1) 20:18</p> <p>remember (1) 40:3</p> <p>renovated (1) 75:15</p> <p>repetitive (1) 137:13</p> <p>report (1) 43:14</p> <p>reporting (1) 120:21</p> <p>reports (1) 141:17</p> <p>represent (6) 32:15;53:10;55:1,3; 56:6;57:24</p>
	Q			
	<p>quadruple (1) 30:13</p> <p>Quality (23) 8:1,15;20:14;43:6; 51:18;56:18;64:18; 71:6;74:4;84:16;87:5, 17;93:9,18;96:6; 102:2;111:11;112:12; 118:2,4;132:18; 138:17;141:5</p> <p>quaternary (3) 20:1;93:22;96:10</p> <p>question-and- (1) 9:14</p> <p>quick (1) 30:18</p> <p>quicken (1) 52:14</p> <p>quickly (3) 30:5;41:19;100:20</p> <p>Quincy (2) 29:5;31:11</p> <p>quite (4) 33:7;53:12,16; 139:18</p>			
	R			
	<p>Race (2) 131:16;138:3</p> <p>Rachel (3) 65:4;66:10;78:13</p> <p>radiation (2) 92:10;95:8</p> <p>radically (2) 74:3,3</p> <p>raise (2) 26:15;141:11</p> <p>raising (1) 142:7</p>			

Representative (1) 113:7	17:5;69:3;125:19	30:10;58:24;59:3; 60:20;61:2;139:22	S	S-c-i-o-r-t-i-n-o (1) 60:6
representatives (3) 9:23;11:6;97:18	31:24;43:12	risks (1) 99:13		screenings (1) 87:23
represented (1) 111:20	35:6;39:19;117:3	road (3) 67:16;131:16;138:3	sadly (1) 77:11	scrupulously (1) 27:9
representing (5) 51:23;57:12;75:2; 97:1;129:23	30:6	robotic (1) 52:5	safe (2) 92:2;105:4	Seaboard (1) 42:15
represents (1) 33:17	85:8	robust (4) 24:11;52:15;62:7; 133:5	Safety (3) 8:1;20:15;51:18	Seacoast (1) 6:16
request (3) 19:6;21:22;28:2	82:4;95:11;133:9	rode (1) 29:12	salary (1) 18:13	seamless (5) 12:13;64:16;71:12; 93:22;96:10
requesting (2) 124:19;125:16	94:24	Rodrigues (4) 65:4;66:9,10;78:13	same (1) 82:21	Search (2) 40:19,19
requests (1) 7:1	82:6	R-o-d-r-i-g-u-e-s (1) 66:10	Sanchez (10) 110:15;112:19,20, 21;113:7,8;115:11, 13;130:23;131:2	seat (1) 6:3
research (5) 13:19;18:18;24:12; 58:22;75:21	resume (1) 41:8	Rodriguez (1) 66:8	Santa (3) 124:11,14,22	second (4) 36:2;65:16;111:18; 115:21
reside (1) 114:21	retail (1) 130:15	role (2) 16:21;75:16	Sarah (1) 37:4	secondary (2) 48:7;99:2
residence (3) 10:12;21:8;100:5	retired (1) 37:1	roles (2) 75:18;133:9	Sarika (3) 84:8;86:11,16	Section (2) 7:15;104:11
resident (16) 29:4;32:9;42:10,23; 84:18;103:20;108:21; 113:6;116:1;118:13; 124:23;126:12; 127:10;140:15;142:5, 15	returned (2) 134:9,13	room (5) 11:3,13;40:4;81:7; 100:20	S-a-r-i-k-a (1) 86:17	secure (1) 59:24
residential (2) 98:16;128:9	returning (1) 31:3	root (1) 60:14	satisfaction (1) 23:22	Security (2) 37:24;38:1
residents (33) 42:12,13,21;43:4, 13,17,22;45:22,23; 55:5;57:13,24;61:1; 70:21;76:19;77:13, 14;85:15;87:6;104:6, 14;107:17,17;114:8, 14;119:17;120:1,7; 124:5;130:12,13; 134:11;138:8	revealing (1) 111:6	rooted (4) 34:4,9;66:24;69:18	save (5) 101:16;120:22; 121:5,7;136:5	Seeing (1) 143:1
Resource (1) 67:15	review (4) 7:16,18;110:23; 112:8	Rosado (4) 124:11,14,21,23	saved (2) 30:23;31:2	seek (2) 45:23;47:1
resources (7) 14:20;15:7;18:24; 21:11;28:6;78:20; 81:19	reviewed (1) 27:9	roughly (2) 48:20;49:16	saving (3) 52:7;92:8,17	seekers (4) 71:17;134:6,7,15
respect (2) 111:1,8	rewarding (1) 114:23	Rouse (4) 103:18;107:10,12, 13	saw (2) 48:22;123:1	seeks (1) 117:24
respectfully (8) 16:12;19:6;21:22; 57:1;69:23;76:1;84:3; 118:6	Reyes (6) 118:23;124:10,12, 13,21;126:10	R-o-u-s-e (1) 107:13	saying (7) 7:9;25:8;38:5;49:5; 56:13;106:17;122:15	seem (1) 138:15
respond (2) 46:17;79:7	R-e-y-e-s (1) 124:13	route (1) 29:15	scale (4) 14:7,15;52:22; 69:18	seems (3) 138:22,23;141:14
responded (1) 30:5	Rich (3) 47:20;51:10,12	routine (1) 29:12	scenario (1) 128:12	sell (2) 122:1;128:10
response (4) 67:24;69:17;96:18; 142:24	Richard (3) 82:18;103:18; 107:13	Roxbury (7) 22:6;44:23,24; 104:10;114:22;134:4; 137:18	Schectman (4) 74:19;76:6,8,9	sending (2) 115:14;138:9
responsibility (3)	R-i-c-h-a-r-d (1) 107:13	RTH (5) 105:3,8,12,20; 106:10	schedules (1) 11:22	senior (10) 42:8;76:15;104:10, 18;130:22;131:3,4,7, 8;137:1
	Rick (2) 79:20;82:15	Ruggles (1) 35:16	scholarships (1) 133:22	seniors (14) 38:21;104:16,21, 23;105:9,13,15; 130:12,20,23;131:2,6; 138:5,11
	ride (4) 29:12,14;42:20; 108:12	rule (1) 82:11	School (11) 20:6;23:10;40:18, 24;41:11;84:20; 103:24;114:21;135:3, 5,6	senior-sensitive (1) 77:6
	right (11) 10:10;34:22;38:17; 44:22;46:2;52:1;60:7; 85:16;100:19;119:6; 136:17	run (4) 72:5;79:1;114:1; 133:6	Schools (1) 41:16	sense (2) 117:16;140:2
	rise (1) 26:20	runs (1) 79:1	Schools' (1) 135:7	sensitive (3) 50:2;61:16;118:4
	rising (2) 26:9;31:19	rushed (2) 30:7,11	science-related (1) 114:24	sensitivity (1) 43:15
	risk (6)		Sciortino (4) 58:10;60:4,5,6	separate (1) 12:16

<p>sepsis (1) 101:11</p> <p>September (1) 6:12</p> <p>serious (2) 28:11;51:6</p> <p>seriously (1) 109:18</p> <p>serve (26) 16:8;21:20;22:20, 22:24;15:44;24; 47:12;51:4;58:2,3; 59:17;61:17;71:16; 73:24;75:6;86:6; 93:11;95:2;96:2;97:2; 102:22;103:5;117:8; 125:5;137:17;139:10</p> <p>served (7) 53:13;75:14;76:16; 90:4;92:19;129:8; 139:7</p> <p>serves (2) 20:21;85:3</p> <p>service (13) 23:21;24:18;43:9; 57:22;60:11;70:18; 74:10;79:11;94:21; 95:19;106:1;120:8; 121:1</p> <p>services (62) 13:8;15:4;18:4,6; 21:4;26:24;31:4; 45:18;48:6,6,7,8,11; 52:3,9;62:7;63:20; 64:5,6,8,10,11;65:7; 71:2;72:3,4,22;73:7; 79:3,5,12,15;81:1; 83:6,19;88:2;91:16; 94:22;95:8;98:10,14, 16,18;102:11,15,22; 104:10;111:11; 112:23;114:18; 115:14;117:10;121:2, 3;124:1;127:12,14; 129:22;130:18; 131:13;132:3;137:19</p> <p>serving (9) 20:6;24:5;46:21; 67:1,21;114:2;117:6; 124:5;131:23</p> <p>session (1) 9:15</p> <p>sessions (1) 130:22</p> <p>set (2) 61:3;99:22</p> <p>setting (4) 18:2;51:21;52:7; 68:7</p> <p>settings (2) 13:16;98:7</p> <p>settled (1) 6:4</p>	<p>seven (2) 120:24;136:10</p> <p>several (10) 30:3;35:22;40:2; 52:5;59:7;75:11; 101:5,11;117:17; 118:14</p> <p>severe (4) 29:20;33:14;61:7; 106:15</p> <p>sexual (1) 78:17</p> <p>Shadow (1) 135:8</p> <p>shadowing (1) 41:2</p> <p>shape (1) 29:13</p> <p>share (8) 17:2,24;47:4;71:3; 87:2;88:5;123:5; 136:18</p> <p>shared (9) 14:21;20:3;21:13; 47:10;64:21;67:1; 69:2;103:13;122:12</p> <p>Shari (1) 100:2</p> <p>S-h-a-r-i (1) 102:8</p> <p>sharing (3) 45:15,21,22</p> <p>sheet (2) 10:3,4</p> <p>shelters (1) 58:20</p> <p>Sherlock (1) 111:4</p> <p>shift (1) 99:14</p> <p>shifting (1) 87:18</p> <p>shocking (1) 60:7</p> <p>shopping (1) 38:22</p> <p>Shore (5) 52:7,11;53:8,10; 54:8</p> <p>short (1) 8:11</p> <p>short- (2) 56:22;93:24</p> <p>shorter (1) 75:1</p> <p>show (2) 34:1;86:21</p> <p>showed (1) 105:4</p> <p>showing (1) 8:8</p> <p>shown (1) 58:22</p>	<p>shows (2) 97:7;106:22</p> <p>shut (1) 15:4</p> <p>shy (1) 106:3</p> <p>sick (1) 109:22</p> <p>side (2) 37:22;72:7</p> <p>side-by-side (1) 95:4</p> <p>sight (1) 56:4</p> <p>sign (1) 142:23</p> <p>signed (3) 10:3;74:22;142:22</p> <p>significant (3) 24:5;49:22;62:1</p> <p>significantly (3) 15:16;48:11;98:19</p> <p>signing (1) 27:8</p> <p>sign-up (1) 10:4</p> <p>silence (1) 111:6</p> <p>similar (2) 72:5,9</p> <p>simply (1) 139:23</p> <p>simultaneously (1) 61:4</p> <p>sincerely (2) 46:14;108:10</p> <p>single (3) 13:22;72:11;89:21</p> <p>sister (1) 104:1</p> <p>sit (3) 108:21;131:18; 140:21</p> <p>site (1) 133:14</p> <p>situated (1) 42:8</p> <p>situation (1) 40:9</p> <p>situations (1) 33:15</p> <p>Six (1) 27:15</p> <p>skill (1) 41:8</p> <p>skilled (4) 21:1,7;30:18;85:20</p> <p>skills (3) 41:4,9,10</p> <p>skirt (1) 136:24</p> <p>slice (1) 112:12</p>	<p>slip (1) 138:9</p> <p>slowing (1) 97:10</p> <p>small (8) 34:24;107:16,18, 19;109:14;115:24; 138:14;141:24</p> <p>smaller (1) 14:14</p> <p>Smialek (3) 25:12;28:22,22</p> <p>S-m-i-a-l-e-k (1) 28:23</p> <p>social (22) 26:1;28:13;32:21; 33:5;34:8,15;61:6; 65:19,20;68:4,8; 73:19;78:3;87:21; 97:18;98:22;113:5; 120:12;131:1,10,13; 132:2</p> <p>social-emotional (1) 41:5</p> <p>Sociedad (2) 131:19;135:6</p> <p>sold (1) 36:1</p> <p>solid (1) 74:15</p> <p>Soltani (5) 112:19;115:18,19, 20,22</p> <p>S-o-l-t-a-n-i (1) 115:19</p> <p>solution (1) 16:3</p> <p>somebody (1) 6:22</p> <p>somebody's (1) 65:24</p> <p>someone (2) 40:6;120:20</p> <p>sometimes (2) 14:6;39:23</p> <p>son (1) 113:6</p> <p>son's (1) 27:12</p> <p>Sorry (2) 47:21;112:20</p> <p>sound (4) 8:23;34:4,6;109:22</p> <p>soup (1) 58:21</p> <p>South (7) 52:7,11;53:8,10; 54:8;117:6,22</p> <p>Southeast (1) 91:4</p> <p>space (3) 46:10;119:1;121:20</p> <p>span (2) 78:19;80:12</p>	<p>speak (28) 7:5,21;9:24;10:2, 15;11:12;19:14; 21:21;22:8;25:6,19; 29:7;33:19;34:13; 39:20;54:18;57:7; 76:9,11;82:21;91:2,6; 102:10,19;109:7; 110:11;127:8;141:22</p> <p>speaker (4) 10:13,17;25:11; 124:15</p> <p>speakers (1) 10:5</p> <p>speaking (2) 32:17;102:14</p> <p>special (4) 40:16,20;41:17; 114:10</p> <p>specialists (5) 51:23;92:9;93:6; 94:23;95:4</p> <p>specialized (12) 22:15;30:12,22; 33:12;50:19;51:20; 100:22;128:13,18; 138:17;139:9,24</p> <p>specialties (4) 51:23;52:6;80:11; 97:17</p> <p>specialty (11) 13:13;22:19;43:9; 45:18;46:18;64:6,8; 83:5;93:5;128:15,22</p> <p>specific (1) 59:1</p> <p>specifically (2) 90:18,24</p> <p>spectrum (2) 31:15;133:4</p> <p>spell (2) 7:6;137:8</p> <p>spelled (3) 44:13;108:16; 124:13</p> <p>spelling (2) 10:11;117:2</p> <p>spending (3) 9:3;21:14;30:12</p> <p>spinal (1) 125:22</p> <p>spine (1) 52:4</p> <p>spoken (1) 73:3</p> <p>sponsors (2) 105:7,13</p> <p>spread (2) 60:15;81:15</p> <p>Square (4) 75:3,4,20;125:15</p> <p>St (1)</p>
---	---	--	---	---

134:18 stabilize (1) 30:8 stabilized (1) 100:13 staff (14) 21:19;23:16;28:5; 39:17;41:3,3,13; 67:10,21;68:8;75:16; 89:5;117:9;138:9 staffed (1) 23:14 stand (3) 50:5;51:5;139:12 stand-alone (1) 14:4 standard (1) 108:8 standing (1) 45:8 start (2) 97:21;133:3 started (4) 6:3;68:21;119:16; 136:4 state (9) 7:6;18:23;68:19; 69:7;92:19;97:7,24; 113:6;120:16 stated (1) 125:18 statement (3) 70:5,10;85:10 States (1) 124:1 statewide (1) 14:24 stating (1) 10:11 status (7) 55:16;56:18;71:6; 87:5;93:18;96:6;97:6 statute (1) 8:3 stay (9) 35:2,6;36:21,22,23; 78:10;121:18;136:24; 138:11 stayed (1) 137:15 staying (1) 128:6 steadfast (1) 20:18 steady (1) 95:12 Steering (1) 53:14 stellar (1) 70:24 stenographer (3) 7:8;10:17;11:7 step (2)	16:10;135:11 Stephanie (3) 96:18,19,21 Stephen (2) 44:10;60:18 stepped (1) 45:11 Steve (3) 7:24;11:12;47:24 stick (1) 36:6 still (5) 37:2;38:10;39:5; 99:15;136:13 stock (1) 34:24 stood (1) 38:7 stop (3) 33:10;36:12;38:5 stopped (2) 30:3,4 stories (2) 111:14,24 story (4) 29:6;33:16,17; 112:21 strange (1) 140:12 strangers (1) 30:20 strategic (1) 77:2 strategies (1) 99:11 strategy (1) 138:23 streamlined (1) 62:7 Street (7) 34:22,23;44:23; 62:23;63:12;85:17; 135:4 Streets (2) 107:15,16 strength (4) 77:17;98:12;114:4, 5 strengthen (3) 41:21;77:16;99:19 strengths (1) 13:1 striving (1) 55:14 stroke (1) 95:8 strong (10) 54:5;76:11,17;77:9, 10,14;79:24;94:24; 101:24;131:15 stronger (1) 12:10 strongly (9)	27:22;76:16,21; 77:18,18;82:8;140:3, 4;142:5 structures (1) 98:20 struggle (4) 23:6;106:13; 138:24;141:20 stuck (1) 37:2 students (5) 20:16;40:20;41:1, 18;114:21 study (5) 28:7;34:1,3,6; 126:23 submit (1) 72:14 submitted (1) 10:19 subsidiary (1) 20:19 subspecialists (1) 109:17 subspecialties (1) 23:12 subspecialty (1) 13:18 substance (4) 92:16;98:13,15; 99:3 subway (1) 119:10 succeeding (1) 61:13 success (6) 21:16;47:9;64:20; 75:8;83:22;136:20 successful (2) 41:10;72:13 successfully (1) 51:19 sudden (1) 29:18 suddenly (1) 123:18 suffer (1) 58:23 suffered (1) 29:18 suffering (1) 21:5 Suffice (1) 97:5 sufficient (3) 8:12;9:7;98:20 suggestion (1) 142:3 suitability (1) 7:16 sum (1) 112:7 summary (1)	76:1 summer (2) 114:20;134:24 summit (1) 128:11 SUMSETHI (2) 140:9,10 S-u-m-s-e-t-h-i (1) 140:11 superior (1) 12:13 support (86) 9:9;17:13;21:6; 23:16;24:21;29:9; 31:8;33:24;43:20; 44:15;49:13;51:5; 53:9;54:19;55:13; 57:17;58:14;59:20; 63:14,17;64:15; 66:14;68:23;69:5; 70:12;72:14;75:4,12; 76:12,17;77:18;78:3; 79:24;84:12;86:4,21; 87:4;88:11;90:2;91:9, 18;94:4,11;95:6; 96:14;97:3;98:11; 100:7;101:1,24; 102:24;103:11;107:5; 110:4;112:24;113:11; 115:5,15;116:21; 120:2,3;123:11; 125:19;126:20; 127:12,20,21;128:3; 129:13,20;130:4,18; 131:11,20;132:6,13; 133:19;135:19; 136:19;138:1,5,7,7, 18,21;139:13 supported (2) 119:23;135:24 supporter (1) 119:6 supporters (2) 104:15;131:15 supporting (8) 18:6;60:13;73:5; 75:10;87:9;125:15, 24;133:11 supportive (8) 44:18,20;49:6; 61:19;72:24;73:17; 76:24;101:18 supports (5) 82:8;106:11;118:5; 128:5;133:1 sure (10) 7:20;25:7;35:6; 64:13;72:8;79:9; 89:16;106:20,21; 122:11 surgeon (1) 89:22 surgeons (4)	23:15;43:8;85:11, 20 surgeries (1) 23:8 surgery (9) 23:13;30:14;39:18; 52:1,4,4,5;89:20; 113:20 surgical (2) 22:16;39:7 surgically (1) 108:6 surplus (2) 121:23;122:1 surrounded (1) 85:14 surrounding (3) 55:7;71:7;97:24 surveyed (1) 63:4 survive (4) 30:16;36:20; 138:24;141:20 survived (3) 29:23;30:18;37:8 surviving (1) 29:21 survivor (1) 69:14 survivors (8) 67:1,6,14,21;68:6, 10;78:15,17 sustain (1) 77:17 Swannie (2) 62:18;65:5 S-w-a-n-n-i-e (1) 65:6 swath (1) 35:15 synergy (2) 31:12;98:4 System (106) 6:16,19;12:7,8,10, 18,19;14:19;15:12, 18;16:1,9,20;17:4,12, 13,15,18,22;18:16,17, 19,21;19:1,19;21:10, 18;22:9,18,24;24:2, 14;29:3;31:12,20,21; 43:21,24;44:17;46:1, 3;47:3,8;51:3,3,16; 54:7,23;56:17;57:19, 19;61:23;62:13; 64:19,24;65:12,14,24; 66:4,18;69:13,17; 70:13,14,17;71:9,23; 76:17;77:15,17;78:6; 80:2,5;81:18;82:3; 83:21;84:13,16; 86:22,24;88:4;91:19, 23;92:21;93:2,4,11, 13,17;94:16,24;95:12,
--	--	--	--	--

22:96:5;98:14;100:8; 102:3;103:7;110:6; 120:9;128:2;132:15, 15,18;139:3,5 Systems (11) 6:16;10:1;29:10; 31:9,13;53:18;59:9; 62:5,5;69:7;77:12 System's (1) 82:22	telling (3) 29:9;37:19,20 ten (10) 39:5;49:21;63:15; 109:13;110:9;114:20; 133:12;136:10; 140:14,15 Tenants (2) 104:10;137:18 ten-bed (1) 21:8 ten-minute (1) 42:20 tenth (1) 23:22 terminal (3) 21:5;27:1;88:22 terms (8) 8:15;45:6,20,21; 46:7,18,20;59:9 terrific (1) 74:5 tertiary (5) 13:18;20:1;93:22; 96:10;128:15 testify (1) 79:23 testifying (1) 28:18 testimony (5) 7:7;10:16,18;25:10; 115:11 text (2) 7:9;8:10 thankful (1) 105:6 thanking (3) 11:18;16:23;17:1 thanks (3) 24:20;31:6;67:17 Thanksgiving (1) 131:3 therapeutic (1) 30:10 therapists (4) 23:16;85:12;105:2; 138:10 therapy (1) 20:24 Therefore (2) 101:23;140:3 thirds (1) 120:7 though (1) 16:5 thought (1) 28:24 thoughtful (1) 143:3 thoughtfully (1) 80:18 thoughts (1) 17:2	thousands (4) 17:23;55:19;91:24; 92:14 threat (1) 141:9 three (13) 25:9;26:22;27:6; 32:19,21;33:4;83:1,2; 95:13;126:16;136:6; 138:18,20 thrive (3) 59:22;80:17;84:3 thrived (1) 83:3 thriving (1) 23:6 throughout (8) 19:5;20:7;23:4; 26:4;55:21;93:19; 96:7;103:6 tied (1) 139:22 tier (1) 27:12 tiers (1) 27:16 time-honored (1) 69:1 timeline (1) 9:22 timely (1) 99:4 times (2) 33:13;116:13 tips (1) 105:5 Tobin (1) 131:18 today (13) 29:2,10;33:16,19; 34:13;50:5;53:8; 55:12;57:7;60:19; 85:4;97:19;115:8 Today's (2) 9:21;10:23 together (19) 12:17,19;14:19; 19:18;21:15;23:16; 24:15;26:5;36:16; 40:8;51:2,20;68:20; 87:12;89:5;103:6; 105:15;120:12;131:2 told (4) 18:20;109:6; 111:10;121:15 tomorrow (1) 68:12 tonight (28) 12:2;17:2;19:14; 24:19;26:8;27:20; 28:18;32:16;37:10; 51:5;54:18;55:5;75:2; 97:1;102:14,19;	103:23;105:14; 107:21;111:2,15,20; 113:11;127:8;130:9; 137:14;140:19;142:4 took (6) 11:21;27:15;29:15; 35:2;100:19;122:19 tools (1) 67:18 top (8) 23:21;38:8;71:21; 85:19;119:10;121:16, 19;128:6 top-notch (1) 109:16 topography (1) 130:14 top-quality (1) 55:14 total (3) 9:1;23:19;33:4 towards (1) 68:20 town (1) 10:12 towns (1) 58:19 track (1) 135:9 tract (1) 65:21 tradition (1) 69:1 traditional (1) 99:15 traffic (1) 30:4 train (1) 133:7 training (8) 13:20;29:12;41:1; 45:23;67:10,18; 70:20;134:18 transaction (1) 6:12 transcribed (1) 7:3 transcript (1) 7:10 transcription (1) 7:4 transferred (3) 83:15;100:11; 122:22 transform (1) 12:9 transformation (1) 109:13 transformed (1) 92:12 transgender (2) 48:21;49:22 transgendered (1)	50:6 transition (1) 73:6 transition-age (1) 40:20 transitional (1) 21:4 transitions (1) 80:24 transplant (2) 50:21,22 transportation (3) 65:23;119:8;130:12 trauma (2) 66:22;79:4 traverse (1) 130:13 treasured (1) 85:16 treat (1) 24:10 treated (2) 118:3;122:16 treating (4) 51:24;98:6,13; 99:16 treatment (11) 30:21;48:10;61:13; 69:21;97:15,21;98:9, 17,24;99:5;113:21 treatments (1) 33:21 tremendous (2) 17:4;20:3 tremendously (1) 101:21 Tremont (2) 34:22;85:17 Trish (1) 22:4 trouble (1) 137:9 true (5) 27:23;111:12; 112:5,6;116:20 truly (2) 28:6;64:22 Trust (3) 53:21;69:15;131:24 trusted (1) 136:1 Trustees (7) 16:20,22;17:6,8,12, 20;24:1 trusts (1) 136:13 truth (1) 34:11 try (5) 25:8;40:3;78:22; 86:11;134:8 trying (2) 7:19;72:11
T				
TABB (8) 11:8,9,10,14,16; 16:14;69:4;103:2 T-a-b-b (1) 11:9 table (1) 99:8 talented (1) 103:4 talk (5) 26:8;44:19;78:9; 140:18;142:14 talked (2) 103:2;120:2 talking (1) 142:4 Tangvik (4) 72:19;74:19,20,21 T-a-n-g-v-i-k (1) 74:21 targeted (1) 129:16 Task (4) 75:3,4;99:18; 125:15 taught (1) 136:4 Taxpayer (2) 25:22;26:17 TD (1) 75:23 teacher (1) 40:17 teaching (6) 12:21;20:6,16;23:9; 66:21;128:21 Team (7) 25:21;30:7;32:11; 97:22;100:23;110:22; 134:8 technically (1) 50:1 technology (1) 139:5 teens (2) 75:13;138:2 telephone (1) 106:16 TeleStroke (1) 92:8				

<p>Tufts (1) 23:10 tuition (1) 133:21 turn (2) 10:15,18 two (13) 32:20;33:3;74:24; 85:15;100:16;106:15; 110:24;111:7;112:10, 13;120:7;126:16; 128:12 two-plus (1) 30:12 type (2) 7:17;46:23</p>	<p>7:5;10:3,9;25:23; 27:8;37:3;38:8,17,20; 39:18;40:5;41:13,14, 15;42:14;44:22; 45:11;56:12;69:1; 74:8,23;75:23;78:9; 99:17;112:7,14; 113:9;119:9;121:10; 123:15;128:11;133:7; 137:16;139:12; 142:22,23 upgrades (1) 139:6 upon (4) 73:6;95:3;98:24; 123:10</p>	<p>98:9 Vice (1) 91:15 Vice-Chair (1) 96:22 victim (1) 79:12 victims (4) 67:7,19,22;68:6 view (3) 91:1;96:3;123:21 Village (6) 42:7,12,16,20,23; 43:22 violence (5) 67:2,6;78:1,21;79:8</p>	<p>wants (3) 17:20;33:20;142:23 warm (1) 106:20 wars (2) 35:10,12 way (14) 19:2;31:9;41:17; 49:8;54:5;65:15;69:1, 20;79:8;111:18; 119:7;131:9;132:1; 133:1 ways (3) 45:15;75:11;85:22 weather (1) 106:15 week (1) 136:10 weekend (1) 131:8 weekends (1) 136:11 weeks (2) 27:15;30:12 Weiner (5) 79:20;82:15,17,18; 84:7 W-e-i-n-e-r (1) 82:18 Welch (5) 32:5;34:19,19,21, 21 W-e-l-c-h (1) 34:22 Welcome (1) 22:6 well-being (3) 104:14;114:13; 117:23 Wellness (2) 53:11,21 well-respected (1) 17:18 well-trained (1) 23:15 weren't (1) 115:15 whenever (2) 14:22;116:14 Whereupon (1) 143:4 whenever (3) 88:23;136:20,22 whole (5) 26:22;113:14; 116:19;141:8,21 wholeheartedly (2) 43:20;118:5 wide (1) 20:22 wider (1) 31:15 wife (1)</p>	<p>74:7 wildly (1) 111:24 William (1) 79:21 willing (1) 136:3 Winchester (9) 82:19;83:1,3,11,12, 15,16,19;84:2 win-win (2) 40:9;58:2 Wise (2) 36:4,8 wish (6) 10:2;23:2;24:9,20; 106:7;136:20 within (6) 24:14;33:17;46:3, 10;47:2;93:11 without (13) 9:9;23:4;30:22; 50:16;55:10;63:6; 64:7;95:10;105:16; 107:2;108:1;125:11, 16 witness (1) 85:5 witnessed (1) 29:24 Women (1) 134:18 Women's (3) 37:17,18,19 wonderful (3) 89:15;104:4;108:5 word (3) 37:7,8,11 words (1) 71:13 work (37) 13:14;17:24;18:7; 26:6;38:3;53:12,20; 59:19,22;60:16,19,23; 62:10;63:24;64:1; 73:2,18;75:22;78:3, 15;80:15;84:22;85:5; 90:11;93:7;97:18; 99:9;102:11,20; 104:4,6,11;106:1; 108:5;120:12;136:3, 21 worked (14) 30:8;35:5,7;39:4; 51:19;73:4,14;89:5; 97:23;101:2;103:23; 106:6;132:20;136:5 worker (2) 68:4;133:23 workers (2) 68:8;98:22 workforce (5) 64:2;70:23;71:15;</p>
U	<p>upstream (1) 66:3 urge (19) 31:20;44:5;53:2; 54:11;57:2,23;58:5; 69:23;76:1;77:18; 99:21;107:4;115:5; 116:20;132:6;135:10; 140:3,4;142:5 urgent (1) 50:13 urging (1) 25:1 use (7) 97:15,23;98:9,13, 23;99:3;136:6 used (5) 30:5;36:5;41:7; 75:21;109:10 usual (1) 29:15</p>	<p>virus (2) 60:13,21 vision (6) 12:9;17:21;36:11, 11,12,13 visit (1) 98:24 visits (6) 21:2;48:14;64:4; 81:7;83:4;117:9 vital (4) 42:18;54:8;98:4; 105:8 VNA (1) 80:11 Vocational (1) 70:18 Voinn (1) 140:10 V-o-i-n-n (1) 140:10</p>	<p>volume (3) 95:15,16;111:11 voluntarily (1) 87:12 volunteer (4) 105:23;106:1; 119:3;136:9 volunteering (1) 106:4 volunteers (1) 75:13 voted (3) 24:1;125:24;127:12 vulnerable (6) 12:13;18:7;61:1,12; 83:24;103:3</p>	
	V			
<p>ultimately (4) 9:19;30:13;81:6; 100:13 UMass (1) 29:5 umbrella (1) 57:14 unaffiliated (1) 88:20 uncertainty (1) 31:19 under (7) 8:7,8;21:16;29:10; 49:8;54:5;106:8 underemployment (1) 120:17 undergoing (1) 30:13 underserved (4) 18:8;46:13;47:16; 64:17 unemployment (1) 120:17 unique (7) 17:11;21:11;22:14; 60:21;62:24;67:5; 92:15 uniquely (1) 20:2 Unit (1) 7:24 United (1) 124:1 units (1) 137:20 University (1) 23:10 unnecessary (1) 81:6 unparalleled (1) 12:14 unprecedented (2) 21:10;54:4 up (36)</p>	<p>value (7) 8:14;12:14;20:3; 23:3;65:11,13;69:13 value-based (1) 87:9 valued (1) 57:16 values (3) 47:10;64:21;103:14 vanguard (1) 67:4 variety (3) 26:23;75:7,11 various (6) 28:12;29:10;38:19; 97:18,24;131:5 vary (1) 7:8 vegetables (1) 120:1 Verdeans (1) 125:6 via (1)</p>	W	<p>wait (1) 10:15 Walk (6) 68:16,17,20,21,24; 69:6 walking (2) 105:8;138:7</p>	

72:12;132:11 working (20) 21:15;59:9;78:14; 90:14,18;91:3;92:20; 95:4;98:22;103:6; 104:1,9;106:5,7; 122:17;127:16;134:2, 4;141:7,12 works (4) 21:18;26:5;32:12; 78:16 workshops (2) 105:3;138:9 world (5) 41:10;112:2; 119:18;123:19;124:2 world-class (3) 12:20;55:8;110:2 worried (3) 125:1,8;126:15 worst (1) 48:22 wrap (2) 56:12;123:15 wreath-making (1) 68:13 writing (5) 10:20,23;41:9; 70:11;132:13 written (5) 7:7,9;10:16;25:10; 115:11	134:23;135:1 youth (3) 75:7,19;131:23 Z Zakim (6) 53:6,6;54:15,16; 56:12;107:23 1 1 (3) 8:9;15:17,20 1,000 (1) 75:6 10 (3) 25:22;26:17;95:17 10,000 (1) 80:21 100 (4) 42:13;109:1; 116:21;134:21 100.735 (1) 8:7 105 (1) 8:7 11 (1) 42:11 11,000 (1) 64:3 111 (1) 7:15 1110 (1) 137:20 125-year-old (1) 24:4 13 (2) 46:22;132:21 130 (1) 57:15 14 (1) 90:15 140,000 (1) 58:18 15 (3) 49:3;108:20;134:20 150 (2) 97:8;133:8 1500 (1) 76:19 1575 (1) 34:22 16 (1) 108:20 16,000 (1) 23:7 160,000 (1) 48:13 18 (3) 40:21;49:4;51:23 180,000 (1) 117:9	1800s (1) 36:22 1888 (1) 113:17 18th (1) 10:24 19,000 (1) 45:1 190 (1) 58:19 1912 (1) 82:20 1970 (1) 118:13 1973 (1) 34:24 1974 (1) 127:18 1983 (1) 60:16 1994 (1) 66:23 1996 (1) 68:22 2 2 (1) 139:8 20 (3) 49:3;117:12;134:17 20,000 (1) 71:16 200,000 (1) 102:24 2007 (1) 23:23 2011 (1) 97:9 2012 (1) 51:16 2014 (3) 29:11;94:18;95:15 2015 (2) 97:10;100:9 2016 (1) 80:21 2017 (2) 6:12;97:20 2018 (2) 88:9;98:2 22 (3) 40:21;51:22;68:24 2200 (1) 137:19 220-bed (1) 20:5 229-bed (1) 82:20 23 (1) 95:16 2300 (1) 49:17	24 (1) 29:11 25 (4) 49:4;90:15;102:16; 108:19 250,000 (1) 94:21 25-year-old (1) 75:5 3 3 (4) 8:9;74:22,23; 139:12 3,000 (2) 20:9;50:6 30 (5) 48:22;49:10; 109:24;115:23; 129:24 300 (1) 117:9 30-year (1) 42:9 33 (1) 35:7 34 (1) 80:9 36,000 (2) 48:4;49:16 4 4 (1) 8:9 4,000 (1) 72:23 40 (1) 134:23 400 (3) 42:12,21;109:5 41,000 (1) 64:4 45 (2) 25:5;117:6 5 5 (1) 74:23 50 (7) 20:21;25:6;26:2; 32:14;48:20;80:10; 106:13 50,000 (3) 32:16,18;34:13 51G (1) 7:15 58 (1) 42:13	6 60s (1) 119:16 7 7 (1) 6:12 7:55 (1) 143:5 70 (2) 46:8;102:23 700 (3) 20:10;48:13;133:15 75 (1) 24:21 750,000 (1) 80:8 75-mile (1) 29:14 8 83 (1) 133:17 9 90 (1) 74:1 900 (2) 20:9;80:10 911 (1) 30:4 98 (1) 133:17
Y year (25) 15:2;23:8,23;27:2, 3,8;45:1;46:8;48:14; 64:4;68:19;71:17; 72:24;74:7;75:9; 76:20;82:21;97:13; 102:23;103:1;114:20; 117:9;134:17,24; 135:6 years (45) 26:21;27:4,6;35:7; 37:6;39:5;40:21; 42:11;48:22;49:4,10, 21;53:17;59:7;63:1, 16;68:11,14,24; 75:11;83:1,2;90:15; 95:13;99:8;102:16; 106:15;108:19,20; 109:13;110:9;115:23; 117:7,12;121:14; 128:12;129:4,24; 132:21;133:13;136:6; 137:17;139:15; 140:14,16 YMCA (3) 53:9,10;134:18 young (5) 41:4;45:7;100:16;				