

Department of Public Health
Hearing Application
For Determination of Need

Gloucester High School
32 Leslie O. Johnson Road
Gloucester, Massachusetts

Wednesday, December 6, 2017

5:05 p.m. - 8:00 p.m.

PELLEGRINO COURT REPORTING
P.O. Box 850070
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A P P E A R A N C E S

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P R O C E E D I N G S

1
2 MS. MANN: We're going to get
3 started. Thank you all for coming. My name
4 is Nora Mann. I am the director of the
5 Massachusetts Department of Public Health
6 Determination of Need Program.

7 This is a public hearing called
8 pursuant to the Determination of Need, or
9 DON, application that was filed on September
10 7 of this year in connection with a
11 transaction by which CareGroup, which is the
12 parent of Beth Israel Deaconess, the New
13 England Baptist, Mount Auburn and the Lahey
14 Health System and the Seacoast Regional
15 Health System, which is the parent of Anna
16 Jaques, intends to affiliate to create a new
17 comprehensive distributed healthcare delivery
18 system in eastern Massachusetts.

19 The hearing is being jointly
20 conducted with the Division of Healthcare
21 Facility Life Insurance Certification under
22 Mass. General Law, Chapter 111, Section 51G.
23 They are conducting the review of the
24 suitability of the applicant to own and

1 operate hospitals. And to that end, joining
2 me this evening is Steve Davis, who is the
3 licensure unit manager from the department's
4 Division of Healthcare Quality and Safety,
5 which regulates the licensure of hospitals.

6 By statute, before any license to
7 operate a healthcare facility can be issued,
8 any person intending to acquire that facility
9 has to apply for a determination of need.

10 Under the provisions of the regulation that
11 govern transfers of ownership, applicants
12 must offer a clear and convincing showing
13 under each of the three -- three of the
14 factors of the determination of need
15 regulation.

16 They need to show that there is
17 sufficient need for the project by the
18 applicant's existing patient panel, that the
19 project will add measurable public health
20 value in terms of improved outcomes and
21 patient quality of life, and provide a
22 reasonable assurance in health equity.

23 They need to show that the proposed
24 project will operate efficiently and further

1 -- and improve continuity and coordination of
2 care for the patient panel, that there has
3 been consultation with relevant government
4 agencies, as well as community engagement in
5 connection with the project, and that the
6 project will compete on the basis of price,
7 total medical expense, and provider costs.

8 In addition, we have to be able to
9 find that the applicant is in compliance with
10 all relevant laws and that there are
11 sufficient funds available for capital and
12 ongoing operating costs necessary to support
13 the project without negative impacts or
14 consequences to the patient panel.

15 This public hearing is an effort to
16 gather information and to hear the opinions
17 of interested parties about the proposed
18 transfer of ownership. It is not intended to
19 be a question and answer session. The DON
20 program will take all relevant information
21 into account in preparing its recommendation
22 to the Massachusetts Public Health Council,
23 whose decision on whether to approve this
24 determination of need, the proposed change of

1 ownership will be made at an upcoming meeting
2 of the Public Health Council.

3 First, tonight, we will hear from
4 the applicant. Following that, we will open
5 the hearing to public comment. If you wish
6 to speak and have not already done so, please
7 make sure that you're signed up on one of the
8 sign-in sheets at the desk in the lobby.
9 Make sure, as well, if you wish to speak that
10 your name and email address has been written
11 as legibly as possible so that we can send
12 the final staff report to you when it is
13 finished.

14 When I call your name, I will also
15 identify the next speaker, who will be
16 basically the on-deck speaker. When you come
17 up to speak at the microphone, please state
18 your name and spell it for our stenographer.
19 The entire proceedings are being transcribed,
20 and a transcript will be made available.

21 Each speaker will have one turn to
22 give testimony. Additional comments will be
23 accepted in writing either tonight or for the
24 next ten days. As I note, we will accept and

1 consider any comments equally, whether
2 they're submitted in writing or orally,
3 whether they're submitted before today,
4 tonight, or at any time for the next ten
5 days. Our mailing and email addresses are
6 available on a card at the desk out front.

7 We will offer folks -- in the
8 interest of making sure that everybody has an
9 opportunity to speak, I'm going to try and
10 ask people to limit their comments to about
11 three minutes. I will be as gracious and
12 polite as possible when using the hook, but I
13 will in the interest of everybody actually
14 getting to participate because it is
15 important that we hear from anybody who wants
16 to be heard from.

17 Finally, if you have written
18 testimony with you, please submit a copy of
19 that to our stenographer. It will become an
20 exhibit, as well as make her job much easier
21 in terms of deciphering words.

22 We have some elected officials as
23 well as our applicant, so immediately -- do
24 we want to have the elected officials come up

1 first?

2 MR. DAVIS: That would be fine.

3 That's great.

4 MS. MANN: I think that might --
5 what I understand is we have a lot of
6 conflicting schedules. So I'm going to ask
7 Representative Speliotis, followed by Mayor
8 Theken, and then we'll hear from the
9 applicant, and we'll open the floor at that
10 point.

11 REPRESENTATIVE SPELIOTIS: Thank
12 you very much for taking me out of turn.
13 I very much appreciate this. My name for
14 the record is Theodore Speliotis,
15 S-p-e-l-i-o-t-i-s. I represent the 13th
16 Essex District and reside in the town of
17 Danvers, Mass.

18 I come up here tonight to support
19 the merger of these facilities, and before I
20 make any further remarks, I'd like to say,
21 first, thank you for coming up to Gloucester
22 and being on the edge of our service area and
23 hope that that represents your sensitivity to
24 our facilities, Addison Gilbert and others on

1 the North Shore.

2 I cannot say any stronger possible
3 that I've been in office nearly my entire
4 adult life, and this has always been an issue
5 that has always come forth, because I only
6 live a few miles from Beverly Hospital.
7 And I'm pleased to say over the last few
8 years, with the consolidation or the merger
9 of Beverly Hospital with Lahey, that Addison
10 Gilbert has grown, it's grown well, and I
11 believe we're restoring some trust that
12 wasn't there a few years ago.

13 I hope that that can continue. I
14 don't know what criteria you can place in any
15 type of a merger or any kind of statements,
16 but I believe that that ought to be said, and
17 strongly said.

18 For that, on the record, I'm here
19 more to speak about my district about 20
20 miles south of here, and to say to you that
21 I'm very pleased that Lahey has sustained the
22 community service work that Beverly Hospital
23 was so strong on. Beverly Hospital perhaps
24 had the strongest mental health services

1 anywhere in the Commonwealth. Those have not
2 receded, and that's critical to our needs
3 today.

4 We also had partnerships even with
5 Salem Hospital at one time for the -- you may
6 recall about 10 or 15 years or more -- like
7 20 years ago, before the opioid epidemic took
8 such a -- you know, has taken front and
9 center, we were concerned about issues such
10 as teen suicide rates and folks -- and
11 prevention. And we opened a facility at an
12 old community hospital, which was a
13 partnership of Salem and Beverly, and those
14 type of efforts have continued under this
15 administration.

16 And I'd like to say I wasn't
17 enthralled with the idea, but I'm pleasantly
18 surprised that the two boards were able to
19 come together, and I understand that this
20 partnership has the same kind of relationship
21 and equal board sharing, not one overtaking
22 the other, but I understand.

23 And there are many speakers, I
24 don't want to take anymore of your time, but

1 to say that I support it primarily because I
2 understand what scale means, and I understand
3 the importance of being able to compete. And
4 I know that my particular district is a very
5 strong delivery of services and an attractive
6 marketplace for the healthcare industry.

7 That's not true everywhere. And I
8 think there needs to be enough balance so
9 that our local hospitals, our community
10 hospitals, can share along with the rest of
11 the Commonwealth the advantages that we have
12 just so close to us with the much larger
13 institutions. So I thank you for the
14 opportunity to speak, and I very much
15 appreciate it. Thank you.

16 MS. MANN: Thank you.

17 MR. DAVIS: Thank you, Senator.

18 MS. MANN: Mayor Theken, and then
19 Councilor O'Hara.

20 MAYOR THEKEN: Good evening,
21 everyone, and thank you to the residents of
22 Cape Ann for coming out. My name is Mayor
23 Sefatia, S-e, f, as in Frank, a, t, as in
24 Tom, i-a, Romeo, R-o-m-e-o, Theken,

1 T-h-e-k-en, the mayor of Gloucester, and also
2 still certified SHINE.

3 I'm going to talk to you this
4 evening. I have just a few things, and
5 please be patient, because I'm very
6 compassionate when it comes to healthcare,
7 and sometimes people might think I'm over-
8 compassionate.

9 Well, first of all, welcome to
10 Gloucester. I'm here tonight to speak to the
11 importance of Addison Gilbert Hospital and to
12 the Gloucester community. The nurses and
13 physicians provide us with healthcare that we
14 need and deserve. Most of us here tonight
15 have a friend, neighbor, or family member who
16 is employed by the hospital, and many of us,
17 nonprofit organizations rely on Addison
18 Gilbert Hospital's support to meet the health
19 and wellness needs of our community.

20 A strong Addison Gilbert Hospital
21 is essential to the health of Gloucester. To
22 that end, I voice my support of a new system
23 proposed by the applicants we've heard from
24 tonight, and you'll hear more. And I've

1 heard before it will strengthen the
2 importance asset, as we have.

3 So as mayor, I'm going to -- that's
4 it, but as a SHINE counselor -- SHINE is
5 serving health insurance needs for elders, it
6 used to be. Now, it's for everyone with
7 Medicare. I am the only certified mayor in
8 Massachusetts, and I think in the whole
9 United States, that still does SHIP or SHINE.

10 I volunteer, believe or not, still
11 for Lahey Health or anyone else for Addison
12 Gilbert Hospital where they have the little
13 office at the senior center on Friday. City
14 Hall closes at 12:30. I take a double shot
15 of espresso, everyone, and run down there.
16 During open enrollment, I've been there until
17 7:30 at night, because that's how complex
18 healthcare is getting.

19 When I was talking to the governor
20 and I asked him -- when there's a new
21 president, governors go to Washington, and I
22 asked him -- he went to the healthcare; are
23 we going to lose services? What's going to
24 happen and what's not going to happen? He

1 says you know what, we came back with
2 nothing.

3 All governors now are nonpartisans,
4 because it's done. Election is over. They
5 represent their whole state. So
6 Massachusetts has to be from Massachusetts,
7 and I says okay. He says we're going to have
8 to -- we're going to have a lot of cuts, and
9 we've going to have to do it ourselves.
10 We're going to have to regionalize. He's
11 asking all mayors to work together with other
12 communities.

13 And so Cape Ann deemed me, because
14 Rockport and Essex and Manchester don't have
15 a mayor, so they call me the Cape Ann mayor,
16 because I go volunteer everywhere. That's
17 how compassionate I am. That's how much I
18 need Gloucester. I need Gloucester Addison
19 Gilbert Hospital because my seniors can't
20 travel. You need to stabilize. I need it
21 not to change for the worse, but to become
22 better. And how can we do that?

23 What really hurt me is that people
24 need to realize what's happening. As a

1 mayor, I convinced my employees to go into
2 the GIC, not the GIC itself, but the plan of
3 Neighborhood Health Plan. Neighborhood
4 Health Plan, as you know, was purchased by
5 who? Partners. Do you realize now, everyone
6 got this new MassHealth enrollment. So
7 you're saying that people with low income
8 cannot have Neighborhood Health Plan.

9 If people with low income can't
10 have Neighborhood Health Plan, they cannot go
11 to any of the Partners hospitals unless
12 you're in an emergency. That's wrong. Right
13 there is wrong. So you're trying to tell me
14 that low-income people or people on the
15 Commonwealth Care, the Connector, cannot have
16 services in our own state, cannot go to Mass
17 General, cannot go to one of the teaching
18 hospitals? So why do I have healthcare?

19 How can I tell my seniors who are
20 also on Tufts Preferred -- see, what happens
21 people who are more -- you either pay now or
22 pay later, but people on fixed income has a
23 program that's called Tufts Preferred HMO.
24 They even have a plan that you don't even

1 have to pay a premium. They'll cover your
2 co-pays for certain things, and they will
3 also cover your prescription. So if you're
4 on a 1500-dollar income, and you're paying
5 \$900 for rent, you have no choice, but my
6 seniors aren't going to be able to go to Mass
7 General.

8 I know that you don't want to hear
9 that, but to me, it's very important. The
10 merger is important because I need to have
11 that ability to say we're going to be merging
12 larger. I need to say that to them, you're
13 going to be able to go to Boston, you'll be
14 able to go to St. Elizabeth's, you'll be able
15 to go to Anna Jaques. You're going to have
16 that opportunity to have those Boston
17 doctors, and we're not going to have to worry
18 about paying \$900 for a single family -- not
19 even -- two people to pay \$900 to stay on
20 Neighborhood.

21 I asked Addison Gilbert Hospital we
22 need emergent care because the deductibles in
23 our healthcare is too astronomical. Seniors
24 -- people who go to the emergency room, I

1 need an emergency room they can go to, or if
2 it's not that kind of an emergency, the
3 doctor can say send to the urgent care.

4 Everything that I've asked --
5 because I've worked -- so people know, I've
6 worked for Addison Gilbert Hospital for 20
7 years. So everything that I've asked, we've
8 complained, we fought back and forth, but I'm
9 getting.

10 I'm only asking you look at this
11 merger, because please don't cripple the City
12 of Gloucester or Cape Ann, because it's very
13 hard when we have insurances that we can't go
14 anywhere else, that we're being blocked in
15 our own state. And when the governor tells
16 us to regionalize for mayors, how am I not
17 going to be able to help the low income or
18 the working class, small businesses, or my
19 seniors? Yes, I want this merger, but I also
20 want to keep services at Addison Gilbert
21 Hospital and better. Thank you.

22 MS. MANN: Thank you very much.
23 Councilor O'Hara and then Councilor Flaherty.

24 MR. O'HARA: Hello. My name is

1 James O'Hara, J-a-m-e-s O'-H-a-r-a. I'm here
2 to represent not the city, but my
3 constituents, also to support the people of
4 Cape Ann, and I'll speak personally.

5 I'm not here to support or not to
6 support the merger. I'm here to support that
7 Addison Gilbert Hospital, as well as the
8 people of Cape Ann, need full services to be
9 provided, particularly in the emergency
10 sector. I don't know where either of you or
11 any of the people who came here, but you
12 probably drove 128, and traffic is not
13 decreasing, it's increasing. You can compare
14 it to New York City.

15 On a busy day in Gloucester, Cape
16 Ann has been discovered. We are now --
17 people refer to the Cape. They typically
18 refer to Cape Cod. Cape Ann has been
19 discovered. So we are inundated with visitor
20 traffic, which we welcome, because they bring
21 revenue into the city.

22 But with that said, they also slow
23 down movement of emergency vehicles,
24 emergency vehicles that transport sick

1 people. They do a lot of transports to
2 Beverly Hospital for services, which Addison
3 Gilbert does not -- or did in the past
4 provide, has since been eliminated. Seconds
5 count, minutes kill. Everyone deserves a
6 chance to survive. You can't move cars. You
7 can sit there in an ambulance, in a fire
8 truck, turn on the sirens. When you have
9 wall-to-wall traffic, there's no place to go.

10 As I wrote recently on Facebook,
11 I'd hate to be the person on T Wharf in
12 Rockport on a summer day who's having a heart
13 attack. People of Gloucester, they'll move
14 them to Beverly, you stand a chance. But
15 move that traffic. We're presently
16 considering 200 units at Fuller School site
17 that will just add more traffic to 128.

18 And again, movement of emergency
19 vehicles is critical to survival. We need to
20 continue the services and increase services
21 to our hospital, Addison Gilbert Hospital.
22 My concern is -- and I speak this from a
23 personal standpoint. I've been very much
24 involved in one person in the medical system

1 locally and in Boston, and one thing I've
2 noticed is doctors, I don't think, can
3 presently provide the service that they went
4 to school for. They are doing what big
5 brother tells them to do, instead of doing
6 what's needed to save a person's life.

7 And I look at the state to try to
8 minimize consolidation to owners, because you
9 limit owners, you limit competition, and you
10 limit service. Again, people deserve to
11 live. And when you're a doctor, where do you
12 work? You work at Lahey or you work at
13 Partners. If you don't do your job, if you
14 don't do what you're told, you may not have a
15 job.

16 And again, I speak this from
17 firsthand knowledge. I sat before a doctor
18 from a patient who had an infection, an
19 infection that a cub scout could have
20 identified. I stood there for an hour and 20
21 minutes with a patient. We walked out of the
22 hospital. I told that patient, my friend, my
23 partner, that I needed to get you to a
24 hospital, because they told her that she

1 didn't have an infection. For an hour and 20
2 minutes, they told her this.

3 I took her to an infectious disease
4 doctor. Within 30 seconds, they treated her
5 for an infection that later she had to have
6 her breast removed because the infection was
7 so far into her body, and a doctor, a medical
8 doctor, told her that she did not have an
9 infection. How does that --

10 I'm in construction. I represent
11 the people as a counselor. I could see it.
12 How does this happen? But that's what's
13 happening. And that wasn't just one
14 instance. It just went on and on and on. So
15 it's not fallacy that there are issues out
16 there, and I personally blame this on
17 consolidation.

18 I've spoken to Senator Tarr's
19 office countless times, and before I got
20 involved in ten operations from breast
21 cancer. Before that, I trusted doctors. You
22 know, if someone carries the brand that
23 they're a doctor, you trust that they tell
24 you -- they're telling you for your own best

1 good. Not the case.

2 My experience now, ten surgeries,
3 countless visits to doctors throughout Boston
4 and the North Shore; unfortunately, that is
5 not the case. If you don't have a patient
6 advocate -- and a real patient advocate, not
7 an advocate who is being paid for by the
8 hospital -- you don't have an advocate, and
9 you're risking the chance of survival.

10 So I ask you, the State of
11 Massachusetts, to consider who's purchasing
12 these hospitals and how many owners are out
13 there, because you -- I must tell you, you
14 follow the money, because it's all about
15 money. And I apologize, but again, life.
16 We're talking about someone's life. Thank
17 you very much.

18 MS. MANN: Thank you very much,
19 councilor.

20 MR. DAVIS: Thank you, councilor.

21 MS. MANN: Councilor Flaherty and
22 then Rep Ferrante.

23 MR. FLAHERTY: Tim Flaherty,
24 F-l-a-h-e-r-t-y. My name is Tim Flaherty. I

1 am the executive director at the Cape Ann
2 YMCA, which is affiliated with the North
3 Shore YMCA. I am also city councilor-at-
4 large for the City of Beverly. I am here to
5 voice my support for the affiliation.

6 From free programs for seniors to
7 supporting and lending their expertise to our
8 Livestrong program, for adult cancer
9 survivors, Addison Gilbert and Beverly
10 Hospitals help deliver programs that meet the
11 health and the wellness needs of our
12 communities.

13 The hospital support allowed us to
14 launch a new program this year called
15 Enhanced Fitness. This evidence-based
16 program for older adults that use simple,
17 easy to learn movements that motivate
18 individuals to stay active throughout their
19 life. We've had more than 50 participants in
20 each of the sessions we have served, of
21 seniors reporting have more energy, better
22 balance, increased upper body and lower body
23 strength, more flexibility, and range of
24 motion, a better sleep and greater sense of

1 independence.

2 These are just a few programs that
3 we work with the hospital on. There are many
4 more. Our communities need strong, attentive
5 hospitals. This merger would help sustain
6 the solid groundwork that we've laid so far.

7 On behalf of our organization, the
8 Y, and the communities we serve, from
9 Rockport, Gloucester, throughout Beverly's
10 area, and as a city councilor in Beverly, we
11 appreciate the support that they have given
12 us. So on behalf of the organization, thank
13 you, and I hope we support this merger.
14 Thank you.

15 MS. MANN: Thank you very much,
16 Councilor Flaherty.

17 MR. DAVIS: Thank you, Councilor.

18 MS. MANN: Rep Ferrante.

19 MS. FERRANTE: Ann Margaret
20 Ferrante, F-e-r-r-a-n-t-e, state
21 representative, 5th Essex District,
22 Gloucester, Rockport, and Essex. I want to
23 thank you for coming here tonight and
24 allowing us the opportunity to testify. I

1 also want to thank you, because my
2 understanding is this is the sole opportunity
3 to testify, and we were fortunate enough to
4 have it here in Gloucester tonight.

5 I come before you as a state
6 representative, as a resident of this city,
7 and also as a daughter. And I say a daughter
8 very specifically because my mother is here
9 with me tonight. She's sitting next to where
10 I was. She has a red sweater on. And many
11 people in this community know that in 2004,
12 it was discovered that my mother had a rare
13 blood disease, compounded by an acceleration
14 of Crohn's disease.

15 And I tell you that because as a
16 resident of this community, that opportunity
17 has allowed me to become very familiar with
18 the Addison Gilbert Hospital and the good
19 fortune that we are to have the staff, the
20 nursing, the emergency room, the care, the
21 primary care doctors at this facility. And I
22 tell you that, too, because as her rare blood
23 disease became known, she had 75 percent of
24 one lung covered in blood clots, 85 percent

1 of another.

2 Unfortunately, I apologize for
3 being here a little late, but I didn't
4 understand or was explained to me your
5 medical background, but if you have one, you
6 know that the chances of surviving with that
7 many blood clots in your system is not very
8 well.

9 When we took her to the emergency
10 room at Addison Gilbert Hospital, they told
11 her that she was in no position to be
12 transferred anywhere -- not to Beverly, not
13 to Mass General, not by ambulance, not by med
14 flight -- that whatever lifesaving techniques
15 would be done would have to be done there at
16 the community hospital.

17 I'm pleased to say that the staff
18 at Addison Gilbert Hospital did a tremendous
19 job, because my mother is still with us
20 today. And I don't think that that could
21 happen just anywhere. And as Councilor
22 O'Hara said, imagine if that was compounded
23 with a snowstorm. Imagine if that was
24 compounded by another act of God where travel

1 wouldn't be so easy. We would be in that
2 difficulty with many more cases, not just
3 with somebody who has a severe illness. So
4 as you can imagine, as a daughter, as a state
5 representative, and as a resident, the
6 community hospital is very important to me.

7 When Addison Gilbert Hospital
8 merged with Lahey, I know that the commission
9 that you represent had some requirements on
10 the hospital system to insure that we would
11 move towards viability for Addison Gilbert
12 Hospital, and I hope -- because I saw the
13 progress that was made with Addison Gilbert
14 Hospital.

15 Unfortunately, two years ago, my
16 mother had a second heart event, and in that
17 event, I was able to see through community
18 support and through the support of the Lahey
19 system and the Northeast system resources
20 that were in place that handled that
21 situation very differently. For example,
22 there was new equipment there. There was a
23 cardiologist there. There were more assets
24 there to insure the survivability of a

1 patient that was in critical need.

2 Having said that, I understand that
3 hospitals in this climate are merging because
4 they have to to survive. I also understand
5 that this merger in particular has the
6 ability to lower medical costs.

7 I heard the mayor speak earlier,
8 and I heard her speak to the importance of
9 making sure that somebody who is in the
10 Addison Gilbert system, the Lahey system,
11 right now has the option of going to Beth
12 Israel, has the option if they're working on
13 the South Shore to be able to make sure that
14 there is coverage throughout the system.

15 So I'd like to say in closing there
16 are a lot of services that I would like to
17 see the Addison Gilbert Hospital fulfill. I
18 know there are people who will testify
19 tonight that they would like to see at some
20 point a return of certain procedures and
21 surgical activities at the hospital, and that
22 in no way, shape, or form if anybody should
23 say that they would like to see the merger,
24 that they would like to see it at the expense

1 of our community hospital.

2 So as we go forward, I would
3 recommend to you that I think there are a
4 substantial amount of people in this
5 community who would like to see the merger --
6 but make no mistake, and let me be explicitly
7 clear about this -- not at the expense of the
8 community hospital, only at its benefit,
9 because I have seen firsthand the importance
10 of care delivery here, of emergency services.

11 She needed surgery the day after.
12 Having those blood clots cleared, it's not
13 something that's typically done here. It was
14 done on an emergency basis because she was
15 not transferrable to the Beverly facility and
16 it had to happen here. All the more reason
17 again why I share this with you, because it
18 needs to be here to sustain the life that's
19 here on Cape Ann.

20 So with that, again, I'm just going
21 to say it one more time, not to be
22 repetitive, but to be explicitly clear, if
23 the merger is recommended, if it is approved
24 -- and I hope that it is, because I've seen

1 the growth in services that we have seen with
2 the merger of the Lahey system -- I
3 anticipate that we will see a reduction in
4 costs. At no way, shape, or form should mine
5 or anybody else's support be seen as
6 something that would compromise or be in
7 favor of any compromise of any services here
8 for our community hospital. Thank you very
9 much.

10 MS. MANN: Thank you.

11 MR. DAVIS: Thank you,
12 representative.

13 MS. MANN: I'm going to ask the
14 applicant to come forward, and I think there
15 are several people on behalf of the applicant
16 who are going to speak, and then I will start
17 calling members of the public from the list.

18 DR. GRANT: Good evening. My name
19 is Dr. Howard Grant, G-r-a-n-t. I'm the
20 president and CEO of Lahey Health System.
21 I'd like to begin by thanking the Department
22 of Public Health for hosting this meeting and
23 giving us the opportunity to participate.
24 We're here tonight because we've asked the

1 state to approve an affiliation between Lahey
2 Health, Beth Israel Deaconess Medical Center,
3 New England Baptist Hospital, Mount Auburn
4 Hospital, and Anna Jaques Hospital.

5 I have come to appreciate that this
6 community has a great passion for Addison
7 Gilbert Hospital and for Beverly Hospital, so
8 I'm not surprised that there are so many
9 people here this evening, and I thank people
10 for taking time from their busy schedules to
11 attend. A number of leaders from our
12 proposed partner organizations are here
13 tonight to hear directly from the community.

14 With this affiliation, our vision
15 is to transform the region's healthcare
16 delivery system, to create a stronger and
17 more integrated organization designed to
18 provide expert care, a superior patient
19 experience and greater value, lower costs in
20 a rapidly-changing healthcare environment.
21 As separate health systems, we can continue
22 to provide great care and invest in our
23 communities, but together as a larger system,
24 we can do much more.

1 By joining together, we will create
2 a health system that has world-class academic
3 medical centers and teaching hospitals,
4 leading community hospitals, a premier
5 orthopedics hospital, coupled with and
6 complemented by superb physician networks and
7 clinical strengths and rehabilitation,
8 behavior health, long-term care, and post-
9 acute care.

10 I'm sure most people are thinking
11 sitting here it sounds nice, but what does
12 that really mean for me, my family, and my
13 community. Here's what it means.

14 As patients, you'll have access to
15 all of this in one network, one large
16 network, and your services will be much
17 better coordinated across all the different
18 aspects of your healthcare experience.

19 Your community will have greater
20 access to specialty care close to where you
21 live and work, and care will be delivered in
22 the most clinically appropriate and cost
23 effective setting.

24 You will have enhanced access to an

1 even broader range of sub-specialty services,
2 not only at Lahey and Burlington, but now
3 through a Harvard-affiliated academic medical
4 center in Boston, again, all in a
5 coordinated, thorough single network.

6 It will also mean our care can
7 continue to advance to keep pace with
8 developments in medicine and healthcare
9 delivery. For example, we will be able to
10 make the investments necessary to increase
11 our focus on keeping large populations of
12 patients on Cape Ann healthy, delivering even
13 higher quality care, reducing health
14 disparities in our communities, and expanding
15 access to behavioral health services.

16 It also means greater investments
17 in research and education for future
18 generations of clinicians and healthcare
19 professionals. As individual organizations,
20 investments like these are becoming
21 increasingly difficult, sometimes impossible
22 to manage.

23 And finally, on an even broader
24 scale, our state will have a system of high-

1 quality, lower-cost healthcare with services
2 located across Eastern Massachusetts. We
3 will have the scale necessary to create
4 insurance products that will be extremely
5 attractive to employers and consumers.

6 Now, I admit these are ambitious
7 goals, but I know we can do it because on a
8 smaller scale, we've done it already. I
9 visited this community six years ago to talk
10 about the same issues. When Beverly and
11 Addison Gilbert joined with Lahey Hospital
12 Medical Center, then known as Lahey Clinic,
13 to create Lahey Health, we talked about these
14 challenges.

15 In the past years, we have been
16 able to attract more patients to our
17 hospitals, add primary care physicians to the
18 community, bring more specialty services to
19 your community so patients don't have to
20 travel and maintain jobs and clinical
21 services here in Gloucester where people need
22 them the most. My colleague, Cindy
23 Donaldson, will speak about this in greater
24 detail.

1 In the three years since Winchester
2 Hospital partnered with Lahey Health, we've
3 had a similar impact by adding specialists
4 and primary care physicians in that
5 community. Similarly, Beth Israel Deaconess
6 Medical Center has community hospital
7 partners in Needham, Milton, and Plymouth,
8 and they have seen growth, investment, and
9 the addition of new clinical services in
10 recent years that have revitalized their
11 hospitals.

12 We're extremely proud of what we've
13 accomplished in Gloucester, Beverly, and
14 Winchester, but there are limits to what we
15 can do alone. We compete every day with some
16 of the most recognized healthcare brands in
17 the world. Our quality is just as good, if
18 not better, than what they offer. However,
19 their financial resources are much greater
20 than ours.

21 By coming together to create a new
22 system, we can combine our resources and
23 expertise of each organization with a shared
24 commitment to keep care in the community

1 whenever possible. This has the potential
2 for great benefits locally, in Cape Ann, and
3 statewide.

4 It's a very difficult time to be a
5 community hospital. Every year, we hear
6 about community hospitals that are forced to
7 reduce services, eliminate jobs, and in
8 several cases over recent years, shut down
9 entirely. But by being a part of an even
10 larger system, our essential community
11 hospitals, including Beverly and Addison
12 Gilbert, will have the resources and
13 infrastructure that they need to grow, to
14 maintain their competitiveness, and to adjust
15 to the challenging healthcare environment.

16 Statewide, we'll have a larger
17 impact. I don't need to tell anybody in this
18 room that healthcare is extremely expensive.
19 The State of Massachusetts has made
20 tremendous efforts to lower costs, but yet
21 they continue to increase year after year.
22 Much of this is driven by the fact that
23 patients are receiving care in very expensive
24 settings at the highest priced institutions

1 in our state.

2 Lahey Health, Beth Israel, New
3 England Baptist, Mount Auburn, and Anna
4 Jaques are some of the highest quality and
5 lowest cost healthcare systems in
6 Massachusetts. As one system, we can offer
7 patients, businesses, and insurers the
8 opportunity to receive care from well-
9 respected, high-quality physicians and
10 hospitals at a cost that is significantly
11 lower than higher cost alternatives.

12 If we attract as little as one
13 percent of the patients to our new system
14 from higher cost providers, it will reduce
15 healthcare costs in the Commonwealth by over
16 \$16 million. \$16 million in cost reductions
17 for every one percent of patients is an
18 incredible opportunity.

19 We're proud of the investments
20 we've made in our community hospitals and
21 believe that this affiliation will give us an
22 ability to invest even more. We're also
23 excited about the opportunity to create a
24 market-based solution to address

1 Massachusetts healthcare challenges.

2 The new system will give our
3 patients seamless access to new primary care
4 physicians and specialists throughout the
5 region. Having the best healthcare system in
6 the world is meaningless if patients can't
7 get an appointment. Our new system will give
8 patients access to thousands of physicians
9 who will share medical records to provide
10 seamless coordinated care.

11 I moved to Massachusetts seven
12 years ago to become CEO of Lahey Clinic. I'm
13 proud of what we've done, but I know we can
14 do a lot more if we create this system. We
15 can do more for our communities. Five years
16 ago, I stood at a meeting like this and told
17 you that Beverly Hospital and Addison Gilbert
18 should join Lahey Clinic to grow and succeed.
19 That was the right decision, as both
20 hospitals have found renewed success as part
21 of Lahey Health. I believe that success will
22 continue as part of this new system. It's
23 the right thing for the future of Lahey
24 Health, and it's the right thing for Addison

1 Gilbert Hospital.

2 I ask that the Department of Public
3 Health approve this affiliation as it has
4 been presented for the benefit of our
5 patients, their families, and the communities
6 we serve. Thank you very much.

7 MS. MANN: Thank you.

8 MR. DAVIS: Thank you.

9 MR. GOLDSTEIN: Good evening. My
10 name is Mark Goldstein, G-o-l-d-s-t-e-i-n,
11 and I am the president and CEO of Anna Jaques
12 Hospital in Newburyport, Mass. I would also
13 like to thank the Department of Public Health
14 for the opportunity to testify today to have
15 our community weigh in on what we believe is
16 a tremendous opportunity to transform the
17 healthcare landscape in Massachusetts.

18 My testimony today will focus
19 specifically on Anna Jaques Hospital and the
20 positive effects this new system will have on
21 our hospital, our patients, and most
22 importantly, our community.

23 Through the vision and charity of
24 Ms. Anna Jaques, the hospital was established

1 in 1884. We are one of the oldest hospitals
2 in Massachusetts. Her request back then was
3 pretty simple. It sits outside of my wall.
4 "Give compassionate care to residents of our
5 community." I suspect it's similar to what
6 Addison Gilbert is.

7 We honor her vision and commitment
8 every day. Our hospital is one of the
9 smallest hospitals, independent hospitals, in
10 Massachusetts. We're a 123-bed independent
11 community hospital serving 17 cities and
12 towns. Although we are a small hospital, we
13 are the largest employer in Newburyport with
14 1,200 employees and have 250 physicians on
15 our medical staff. Today, we treat over
16 6,000 patients each week.

17 Anna Jaques is widely recognized
18 for delivering high-quality care and a
19 superior patient experience at a much lower
20 cost than our competitors. Our commercial
21 insurance rates rank amongst the lowest in
22 the state, and despite that, the hospital has
23 had positive operating margins for the past
24 12 consecutive years, averaging approximately

1 one percent.

2 Anna Jaques is also clinically
3 affiliated with Beth Israel Deaconess Medical
4 Center. Together, over the past seven years,
5 we've brought more highly specialized
6 services to our community, as well as offered
7 care coordination to patients who need more
8 advanced treatment in Boston.

9 We see on a daily basis patients
10 benefitting from the community-based services
11 we offer in partnership with Beth Israel
12 Deaconess Medical Center, such as cancer
13 care, maternal fetal medicine, telestroke
14 services in the emergency department, and
15 primary care practices in Haverhill and
16 Amesbury.

17 Anna Jaques has enjoyed more than a
18 decade of solid performance by all accounts,
19 from our high quality of care to our improved
20 financial position. Patient satisfaction has
21 improved, service expansion and a very strong
22 reputation. Yet, we have reached a critical
23 point in our 134-year history. Costs
24 continue to rise while reimbursement rates

1 fall short. A one-percent operating margin
2 is just not going to be sufficient to meet
3 the technology needs that we have as a
4 community hospital. We need to reinvest in
5 our facility to remain a thriving, vibrant
6 community hospital.

7 The continued viability not only
8 for our hospital but for the community
9 hospital network in Eastern Massachusetts is
10 among the fundamental guiding principles
11 driving the creation of this new healthcare
12 delivery system.

13 The new system will build upon our
14 success. It will build on our successful
15 clinical integration with Beth Israel,
16 creating a stronger commitment among
17 hospitals that share the same vision and
18 values and have a stake in each other's
19 success.

20 The leaders of the new system, you
21 heard from Howard today, they understand the
22 high performing community hospitals like Anna
23 Jaques, Addison Gilbert, Beverly and Essex
24 County are critical to containing healthcare

1 costs. Beth Israel Deaconess Medical Center
2 and Lahey Health have a proven track record
3 of strengthening their community hospital
4 affiliates.

5 Joining the new healthcare network
6 will increase access to a broader range of
7 services for patients in our region closer to
8 where they live and work and provide the most
9 clinically appropriate and cost-effective
10 setting for them. This, in turn, will drive
11 more patients to Newburyport and Anna Jaques
12 Hospital and keep more care local.

13 Patients will also benefit from
14 increased access to nationally-recognized
15 specialists throughout the system. Joining
16 this system provides Anna Jaques with
17 increased flexibility and security that we
18 would be challenged to achieve on our own.
19 The size and scale of the network offers
20 enhanced efficiencies, access to capital and
21 improved care delivery.

22 Anna Jaques is honored to be among
23 the founding members of this new health
24 system that share our commitment to

1 strengthening high value, community-based
2 healthcare. I hope you support this
3 transaction. I want to thank you for having
4 us here tonight. Thank you very much.

5 MR. DAVIS: Thank you.

6 MS. MANN: Thank you. I believe
7 there's one more speaker for the applicant.

8 MS. CAFASSO-DONALDSON: Good
9 evening. My name is Cynthia Cafasso,
10 C-a-f-a-s-s-o, Donaldson, D-o-n-a-l-d-s-o-n.
11 I'm the vice-president for Addison Gilbert
12 Hospital and for Lahey Outpatient Center of
13 Danvers. I'm a lifelong Gloucester resident
14 and a proud graduate of this Gloucester High
15 School.

16 As Dr. Grant mentioned, Addison
17 Gilbert has thrived in the five years since
18 joining Lahey Health. We have increased
19 patient volume, we've improved access to
20 physicians, and we've enhanced the scope of
21 services available locally to patients. For
22 example, we will soon open a brand new urgent
23 care facility right here in Gloucester to
24 complement our existing emergency department

1 and provide patients and community with a
2 high-quality, convenient, and lower cost
3 alternative to the emergency department.

4 Our commitment to keeping patients
5 healthy and providing the high quality,
6 compassionate care our community deserves
7 goes well beyond the care delivered at
8 Addison Gilbert Hospital. Together with
9 Lahey Behavioral Health Services, we provide
10 essential behavioral health and substance use
11 disorder services to some of the most
12 vulnerable members of our community.

13 For example, our high-risk team is
14 helping patients both inside and outside of
15 the hospital to navigate the healthcare
16 delivery system and access the social,
17 behavioral, and medical services that they
18 need. This is just one example of what
19 Addison Gilbert provides to this community in
20 addition to clinical care. We are not
21 reimbursed for many of these services.
22 However, we do it because it is our mission
23 to care for this community.

24 As part of a larger organization,

1 we can continue to expand these efforts and
2 offer more patient care and more services
3 right here in our community. Gloucester
4 needs a strong and healthy Addison Gilbert
5 Hospital. Whether you come to us for all of
6 your healthcare needs or when you need
7 emergency care, we are here. This
8 affiliation will help insure that a strong,
9 stable Addison Gilbert Hospital will be here
10 for the people of Gloucester and Rockport for
11 years to come.

12 As I look around the room tonight,
13 I'm reminded of the passion my community has
14 for Addison Gilbert Hospital and for all that
15 we do to keep our patients and our community
16 healthy. I am confident that the proposed
17 affiliation with Lahey Health, Beth Israel
18 Deaconess, New England Baptist, Mount Auburn,
19 and Anna Jaques Hospitals will insure that
20 Addison Gilbert Hospital continues to thrive.

21 Thank you all for joining us this
22 evening. We will soon be launching a website
23 with additional information regarding the
24 planned new system. In the meantime, if you

1 have any questions, please reach out to me
2 directly at Addison Gilbert Hospital. Thank
3 you.

4 MR. DAVIS: Thank you.

5 MS. MANN: Thank you. I'm going to
6 ask Senator Tarr, and following Senator Tarr,
7 Ken Riehl.

8 SENATOR TARR: Thank you very much,
9 and good evening. I apologize. It was a
10 long walk from the back of the auditorium,
11 but I'm pleased to be here before you and
12 extremely pleased that you would come into
13 our community tonight to hear our testimony
14 and our thoughts on this absolute important
15 matter that is critical, not only to
16 healthcare here on Cape Ann, but also to our
17 region, and also throughout the Commonwealth
18 of Massachusetts.

19 And the reason I say that is that
20 we have been experiencing over the last
21 several years -- after the affiliation that
22 resulted in the Lahey Health System that we
23 are now part of on Cape Ann, we have seen a
24 particular model develop, and that model

1 relates to insuring that care is performed at
2 the appropriate level at the appropriate
3 place at the appropriate time. And
4 inherently, that means taking advantage of
5 the value proposition that our community
6 hospitals like Anna Jaques and Addison
7 Gilbert Hospital offer each and every day.

8 And so as we look at this potential
9 affiliation between not only several large
10 institutions, but also a number of community
11 hospitals, it's absolutely imperative that we
12 understand whether or not that model will
13 continue. If it continues, it holds enormous
14 potential in our region and throughout our
15 state to insure that we get the best value in
16 healthcare from what I will term as
17 decentralization to primary care being
18 offered our community hospitals and tertiary
19 and quaternary care being offered at our
20 medical centers in Boston and in Burlington
21 and in other places.

22 And so the reason that this is
23 critical is that there is hopefully to be
24 realized from this affiliation an economy of

1 scale, and that economy of scale can help all
2 of these institutions be competitive in a
3 marketplace that currently is dominated by
4 very few institutions, but to do so in a way
5 that expands the model of decentralized care
6 in our region and beyond.

7 Those economies of scale, I truly
8 believe, if they're able to be accomplished
9 and realized, need to be invested directly
10 into our community hospitals, so that not
11 only do we talk about as part of this
12 affiliation and the determination of need
13 proposal that is now before you, not only do
14 we talk about community hospitals surviving
15 it, we ought to be talking about them being
16 strengthened as a result of it.

17 And by that, I mean insuring that
18 services are offered at the community level
19 that are comprehensive, that are responsive
20 to the eight basic services that are
21 referenced in the licensure of every hospital
22 in the Commonwealth of Massachusetts, and
23 that allow a continuous spectrum of care that
24 begins in the community and leads to one of

1 these academic medical centers that would be
2 part of this affiliation without folks having
3 to leave the system and without folks having
4 to be alienated from the partners in care
5 that they currently have and would continue
6 to have if this affiliation agreement is
7 approved by you.

8 That being said, with regard to the
9 Commonwealth in general, we all know that
10 there is a tremendous difference in the cost
11 of various procedures as it relates to the
12 difference between a community hospital in a
13 community setting and an academic medical
14 center.

15 If we're able to insure that
16 procedures are done with quality outcomes at
17 those community hospitals when they are
18 appropriate to be done in those community
19 hospitals, we can embark on what I consider
20 to be the next bold chapter in trying to
21 achieve cost containment in healthcare in
22 Massachusetts.

23 The affiliation agreement presents
24 the opportunity for that to happen if, again,

1 the model that we have seen with Lahey Health
2 is expanded to include its partners like the
3 Beth Israel, Mount Auburn, Anna Jaques, and
4 their affiliates.

5 So my hope would be as you consider
6 this application that now pends before you,
7 you will do everything possible through this
8 process to insure that we protect and
9 strengthen community hospitals, that we
10 insure that services are offered at the
11 community level, that savings that are
12 achieved as a result of the economies of
13 scale that will be derived hopefully through
14 such an affiliation will be invested back
15 into care and quality care at every level
16 throughout the system, and that we will
17 continue to have a spectrum that allows
18 patients to get quality care at the right
19 setting for the needs that they have. All of
20 those things are potentially available
21 through this affiliation.

22 The last thing I would say is given
23 the scope and the magnitude of what pends
24 before you, I believe it's incumbent on the

1 proponents of this application to come to the
2 communities themselves and explain more
3 details of what is being proposed.

4 As you can see, we're all very
5 passionate in this part of the state about
6 these kinds of issues, and we're eager to be
7 more engaged and more educated and more
8 effective in the regulatory process. In
9 order to do that, we need to have more
10 information, more details, and more
11 discussion. And I would hope in your roles
12 as regulators that you would also encourage
13 the applicants to come forward and have those
14 community level discussions. They are
15 essential to the dialogue that we need to
16 have. Again, thank you.

17 MS. MANN: Thank you.

18 MR. DAVIS: Thank you, Senator.

19 SENATOR TARR: I appreciate your
20 interest, I appreciate your attention to this
21 matter, and I would suggest to you that what
22 we have before us is an affiliation that
23 holds enormous potential if it is properly
24 conditioned, properly executed, and properly

1 overseen. Thank you very much.

2 MS. MANN: Thank you, Senator.

3 MR. DAVIS: Thank you, Senator.

4 MS. MANN: Mr. Riehl, followed by
5 Julie LaFontaine.

6 MR. RIEHL: Good evening. My name
7 is Ken Riehl, R-i-e-h-l, and I am the CEO of
8 the Cape Ann Chamber of Commerce, and I also
9 would like to thank you this evening for
10 joining us here in Gloucester and on Cape Ann
11 to hear this important community feedback.

12 I'm here this evening to express
13 the Cape Ann Chamber of Commerce's strong
14 support of the creation of the new health
15 system proposed by Beth Israel Deaconess,
16 Lahey Health, Mount Auburn Hospital, New
17 England Baptist, and Anna Jaques.

18 The Cape Ann Chamber and our 900
19 business members, including many non-profits,
20 recognizes that high-quality healthcare is
21 critical to our mission of business growth,
22 economic prosperity, and the provision of
23 high quality of life for our citizens.

24 We have a longstanding and

1 steadfast partnership with Addison Gilbert
2 Hospital, including promotion of our
3 respective community services and programs
4 and board representation. Especially today,
5 in our tumultuous and politically charged
6 healthcare environment, and with businesses
7 increasingly burdened with higher healthcare
8 costs, it is critically important that we
9 provide the best care possible to our members
10 and to the community.

11 It is our sincere hope and belief
12 that this new health system will help insure
13 the long-term viability of Addison Gilbert
14 Hospital and all its partners in the group.
15 This, in turn, will enable AGH to serve the
16 health and wellness needs of Cape Ann
17 residents in a comprehensive and coordinated
18 way, offering wellness, emergency, and
19 primary care in the community close to home,
20 while also providing direct access to high-
21 quality, specialized services when needed.

22 Beverly and Addison Gilbert
23 Hospitals work with many other community
24 organizations like ours to identify the

1 health and wellness needs of our community
2 and deliver programs that reach those most
3 vulnerable. The creation of this new
4 healthcare system is essential to insuring
5 this work continues and that residents and
6 families in need have access to the
7 healthcare and support services they need.
8 We respectfully urge the department's
9 approval of this application, and thank you
10 for your consideration.

11 MS. MANN: Thank you, Mr. Riehl.

12 MS. DAVIS: Thank you.

13 MS. MANN: Ms. LaFontaine, follows
14 by Richard Nesto.

15 MS. LaFONTAINE: Good evening.

16 For the record, my name is Julie LaFontaine,
17 L-a-F-o-n-t-a-i-n-e. I'm here to speak in
18 support. I'm the executive director of the
19 Open Door, which is a nonprofit organization
20 based here in Gloucester that connects some
21 of our most vulnerable citizens to good food.
22 Last year, we served 7,000 people, including
23 one in six Gloucester residents.

24 The Open Door has had a

1 longstanding partnership with Addison Gilbert
2 Hospital because good food equals good
3 health. Cindy Donaldson, vice-president at
4 Addison Gilbert, serves on our board of
5 directors. Addison Gilbert's support of our
6 mobile market helps us provide fresh produce
7 and groceries at four neighborhood-based, two
8 school-based sites, and four senior-based
9 sites, and the program reaches close to 3,000
10 people in Gloucester, Rockport, Manchester,
11 Essex, and Ipswich.

12 The hospital is also a supporter of
13 our Senior Circle of Care, which connects
14 seniors to good health and healthy food and
15 involves the entire community in supporting
16 and reinforcing nutrition education to
17 promote healthy eating and a healthy
18 lifestyle.

19 I cannot stress enough the
20 importance of having reliable community
21 partners like Addison Gilbert Hospital to
22 meet the needs of our community's health.
23 They're essential in our efforts in providing
24 the services upon which so many in our

1 community rely.

2 It is of utmost importance to the
3 organizations, such as the Open Door, and
4 families and people living in the area that
5 our hospitals remain strong, and this is why
6 I am in full support of the proposed
7 affiliation, because we want and need Addison
8 Gilbert Hospital to remain a strong and vital
9 part of our community. For these reasons, I
10 urge you to approve the application.

11 MS. MANN: Thank you. Mr. Nesto,
12 followed by Shirley Conway.

13 MR. NESTO: Thank you very much.
14 My name is Dr. Richard Nesto, N-e-s-t-o. I'm
15 a practicing cardiologist, and I've had the
16 privilege of caring for patients from Cape
17 Ann over my entire career, first in Boston
18 and then for the last 17 years at Lahey
19 Health.

20 I'm the chief medical officer for
21 Lahey Health. For those of you who don't
22 know what a chief medical officer is, my day
23 job is basically to make sure patients get
24 the highest quality care in the location

1 that's most appropriate for that care to be
2 delivered. So we meet almost on a daily
3 basis, tracking patients in our Lahey system
4 -- Addison Gilbert, Beverly Hospital, and
5 Lahey Hospital Medical Center -- to make sure
6 care is delivered in the most appropriate
7 setting.

8 For a health system to be truly
9 functioning and live to the mission of what
10 Lahey has proposed, every hospital in the
11 system has to function at the highest level
12 so that patients can get their care as close
13 to home and as close to their families and as
14 close to their primary care doctors as
15 possible.

16 Take, for example, the specialty
17 outpatient care at Addison Gilbert, where
18 healthcare professionals from the Lahey
19 Health System now go to see patients. Those
20 patients no longer need to travel to Beverly,
21 or even to Lahey Hospital and Medical Center
22 in Burlington for their care.

23 Let me cite just a couple of other
24 examples. Between Addison Gilbert and

1 Beverly Hospital, which is now its own little
2 regional care system, we have an expanded
3 breast care program, we have an expanded lung
4 disease program, we have a program to handle
5 obesity-related diseases and treatments, and
6 we also have expanded our cancer programs.
7 And Addison Gilbert has a terrific, as you
8 know, cancer outpatient center.

9 So those are just some examples
10 since Lahey and Addison Gilbert came together
11 of the expansion of the services locally so
12 that patients can get a higher level of care
13 close to home.

14 On the other hand, patients who
15 need tertiary care now from this region can
16 come to Lahey Hospital and Medical Center.
17 And it's already been mentioned now with our
18 electronic medical record that care can be
19 delivered seamlessly, instantly, and the
20 continuity of care is now superb.

21 So we believe very strongly in
22 being committed to this concept of delivering
23 the highest quality care at the highest value
24 as has been mentioned in our region. This

1 affiliation with our other centers will
2 expand the range of services that are
3 possible to be delivered throughout the
4 entire network. It combines tertiary care
5 centers both in Boston and in Burlington, and
6 it really will deliver top rated, A rated,
7 high-quality care. So I think for this
8 reason that I respectfully urge your support
9 of this application. Thank you very much.

10 UNIDENTIFIED SPEAKER: Doctor,
11 could I ask you one question?

12 MS. MANN: No. I'm sorry. This is
13 not -- you can do that privately. This is
14 not set up as a question and answer period.
15 I'm sure they'll be happy to answer your
16 questions separately. Do we want to take
17 this --

18 UNIDENTIFIED SPEAKER: Yeah. It's
19 time sensitive.

20 MS. MANN: If you would introduce
21 yourself.

22 MR. PALIZIO: Good evening. My
23 name is Joe Palizio. I just want to speak on
24 Addison Gilbert Hospital. I had -- I've

1 ended up -- I had 47 knee operations and been
2 in the hospital more than I've been out.
3 Cindy introduced me to the high-risk
4 intervention team, and since I met them, I
5 haven't been in the hospital in two and a
6 half years. Addison Gilbert really saved my
7 life.

8 I just want to speak in favor of
9 the high intervention risk team. Jo Ellen
10 Falk is a member of there, and she really
11 turned my life around. And I got on the
12 methadone clinic for the pain, and once
13 again, I haven't been in the hospital in two
14 and a half years. So thank you.

15 MS. MANN: Thank you, Mr. Palizio.
16 Shirley Conway, followed by Scott Trenti.

17 MS. CONWAY: My name is Shirley
18 Conway, C-o-n-w-a-y. I am the director of
19 Geriatric Initiatives at Addison Gilbert
20 Hospital. I oversee the senior adult unit,
21 which provides inpatient care to the elderly
22 who have experienced a sudden change in
23 mental status or who are experiencing an
24 acute phase of a chronic disability or mood

1 disorder. These changes may place them at
2 risk in their homes or community-based
3 settings.

4 Our team is trained to meet the
5 specialized healthcare needs of older adults
6 and provides multi-disciplinary care in a
7 safe and comfortable environment. They
8 understand both the medical and emotional
9 needs of these patients and their families.

10 The patients we serve are some of
11 the most vulnerable in our community, and it
12 speaks to the critical importance of these
13 services Addison Gilbert provides to the
14 members of our community.

15 I support the creation of the new
16 healthcare system proposed by Lahey Health,
17 Beth Israel Deaconess Medical Center, New
18 England Baptist, Mount Auburn, and Anna
19 Jaques Hospital, as I believe it will insure
20 some of the most vulnerable members of our
21 community continue to have access to the
22 excellent and compassionate care my team
23 provides every single day. Thank you.

24 MS. MANN: Thank you.

1 MR. DAVIS: Thank you.

2 MS. MANN: Mr. Trenti, followed by
3 Lee Swekla.

4 MR. TRENTI: Good evening. My name
5 is Scott Trenti, T-r-e-n-t-i. I'm here today
6 to express my support for the proposed new
7 health system, comprised of Beth Israel
8 Deaconess Medical Center, Lahey Health, Mount
9 Auburn, New England Baptist, and Anna Jaques.

10 I am the chief executive officer at
11 Senior Care, Inc., located here in
12 Gloucester, as well as in Beverly. We are a
13 nonprofit, community-based organization that
14 provides and coordinates services to elders
15 and adults with disabilities who live in the
16 greater North Shore and Cape Ann area.

17 Senior Care is something referred
18 to as an aging service access point, or an
19 ASAP, and we're also an area agency on aging.
20 We are charged with providing and
21 implementing the state home care program and
22 an array of other services, including elder
23 protective services, Meals on Wheels,
24 etcetera.

1 We greatly value our partnership
2 with Beverly and Addison Gilbert Hospitals.
3 Just recently, we received a grant from the
4 hospitals to fund our Caring Connections
5 through Technology program. This program
6 seeks to help alleviate the chronic feelings
7 of isolation, loneliness, and/or depression
8 experienced by many seniors.

9 Ten seniors are matched with a
10 volunteer, who visits with the senior,
11 develops a relationship with them, provides
12 them with technical support and teaching them
13 the use of computers, etcetera, and this
14 volunteer will check in with them on a weekly
15 basis. They're provided with a tablet so
16 that they're able to reach out to both family
17 members, interact through the internet,
18 Skype, etcetera.

19 The team at Beverly Hospital --
20 this is one example of the partnership that
21 Senior Care has with Beverly Hospital and
22 Addison Gilbert Hospital. The team at
23 Beverly and Addison puts the work in with
24 community organizations like ours to identify

1 the health and wellness needs of people
2 living in our communities, like our elders,
3 and supports the programs that meet these
4 needs.

5 Each year, we receive hundreds of
6 referrals from both Addison Gilbert and
7 Beverly Hospital, referrals to our home care
8 program, referrals for meals, referrals for
9 folks that are experiencing economic
10 insecurity, money management programs and, in
11 a vast array, caregiver support and so forth.

12 We work very closely relative to
13 the high intervention task force that's
14 currently going on and the effectiveness of
15 that program, and certainly the senior adult
16 unit as well, which is a very unique program.
17 So all things considered, Lahey Health
18 System, and in particular Beverly Hospital
19 and Addison Gilbert Hospital, are key
20 partners of senior care, and, as I know, many
21 other community-based organizations.

22 As a licensed social worker with
23 more than 30 years experience in the
24 nonprofit field, I can tell you partnerships

1 like the one between Senior Care and Beverly
2 and Addison Gilbert Hospitals are critical to
3 our community. I am of the opinion this
4 affiliation will help sustain these
5 partnerships, will build upon them, will
6 bring more assets to bear, and I urge you to
7 approve the application. Thank you.

8 MR. DAVIS: Thank you.

9 MS. MANN: Thank you, Mr. Trenti.

10 Ms. Swekla, followed by June Boulter.

11 MS. SWEKLA: Hi. I'm Leanora
12 Swekla, L-e-a-n-o-r-a S-w-e-k-l-a, a/k/a Lea
13 Swekla. I am the president of the Addison
14 Gilbert Hospital Citizens Fund, and the
15 Citizens Fund is a grassroots citizen
16 controlled fund that donates money to Addison
17 Gilbert. Our mission is to support
18 comprehensive inpatient and outpatient care
19 on site at Addison Gilbert Hospital for the
20 benefit of the Cape Ann community.

21 We have over the course of the fund
22 contributed thousands of dollars for support
23 of and equipment for general and orthopedic
24 surgical services, the new cardiology suite,

1 and endoscopy suite. Our goal is and always
2 has been to support the hospital and bring
3 back surgical services to Gloucester.

4 Since the merger or takeover by
5 Northeast Health System, we have suffered
6 greatly. This community recognizes the
7 importance of having a full service hospital
8 right here on Cape Ann. Over the course of
9 several months, I've spoken to surgeons about
10 returning to the AGH OR.

11 One outright said they would love
12 that, one said he would consider it an honor
13 to operate on the same community that he
14 serves in his office, but said he was told he
15 could only operate at Beverly or Lahey, and
16 one simply said absolutely, but it's not
17 allowed. And yet another said it will never
18 happen unless those at the helm of AGH start
19 acting on behalf of your community. He also
20 stated that he would need the equipment and
21 allowable log time to sustain the number of
22 surgical cases he currently has at Beverly
23 Hospital, where many of his patients are Cape
24 Ann residents.

1 Not only are we in need in surgery,
2 but surgical consultation as well. Recently,
3 an 86-year-old woman who lives some doors
4 down from Addison Gilbert Hospital called me
5 and asked if I would give her a ride to the
6 hospital. When I asked her why, she said she
7 was having rectal bleeding. She had been
8 bleeding for hours.

9 I offered to call an ambulance for
10 her and told her I'd meet her at Addison
11 Gilbert, as I knew she had no family in the
12 area. She quickly became alarmed and begged
13 me not to do that because she feared she
14 would be taken to Addison -- she'd be taken
15 to Beverly Hospital. So I took her to the
16 hospital. I stayed with her, helped her get
17 undressed and waited through her initial exam
18 with the ER doc. I am not a doctor or a
19 nurse, but I know what I was seeing on the
20 monitor, that she would not be going home
21 that night.

22 When I felt she was in good hands,
23 I left. A short time later, she called and
24 said she was being admitted and thanked me

1 for the help. A short time after that, she
2 called again extremely agitated because
3 although they had a bed for her at Addison
4 Gilbert, they had no GI specialist at Addison
5 Gilbert to examine her.

6 Weeks before, during a conversation
7 with Mrs. Donaldson, she had assured me that
8 a doctor would, indeed, come if a GI bleed
9 needed attention. The doctor on call at
10 Beverly refused to come and said send her by
11 ambulance to Beverly Hospital, where he was.
12 Both the patient and myself were frustrated,
13 but when you need attention, you go.

14 A short while later, she called
15 again, this time in tears, saying that they
16 were sending her to Lahey. The situation was
17 this. We had a bed at AGH, but no doc.
18 Beverly had a doc at their hospital, but no
19 bed, so they had to transfer her to Lahey.
20 Did I mention that she was 86 years old?

21 Her biggest concern at that moment
22 was how she would get back home to Gloucester
23 from Lahey, no family, no transportation, no
24 support. This was not good patient care.

1 This is not how our healthcare delivery
2 system should work. Granted, in the
3 aftermath at Lahey, she was taken care of
4 very well. They're well trained in damage
5 control.

6 In another incident, while visiting
7 a patient in respiratory distress --

8 MS. MANN: Ms. Swekla, I just want
9 to be mindful of time.

10 MS. SWEKLA: What have I got left?

11 MS. MANN: You're over.

12 MS. SWEKLA: All right. So I'm
13 going to skip to the very end, then.

14 MS. MANN: And please submit your
15 written testimony, and we will read it and
16 include it, and it will be included in the
17 transcript.

18 MS. SWEKLA: Okay. Let me tell you
19 that over the years, Cape Ann residents have
20 donated millions of dollars to Addison
21 Gilbert Hospital. Monthly, we receive
22 letters asking for more donations. Same
23 matching gifts are available. I would like
24 to suggest at this time that these matching

1 gifts, whether doubled or tripled, some of
2 that money should go to surgical services and
3 surgical consultations as well for the good
4 of the Cape Ann community. Thank you.

5 MS. MANN: Thank you very much, Ms.
6 Swekla.

7 MR. DAVIS: Thank you.

8 MS. MANN: Ms. Boulter, followed by
9 Nancy Palmer. June Boulter, B-o-u-l-t-e-r,
10 followed by Nancy Palmer. To the extent
11 folks are able, when you're on deck, if you
12 could come down so that we can expedite
13 transitions between speakers, that would be
14 very helpful.

15 MS. BOULTER: I'm very glad to hear
16 all that I've heard tonight. I couldn't add
17 much more to it. I've had much experience,
18 and I feel that everyone has been so kind.
19 I think of the doctors, because it's not easy
20 for human beings to treat so intimately so
21 many. I wish there were more. Thank you. I
22 had no more, but thank you.

23 MR. DAVIS: Thank you.

24 MS. MANN: Thank you. Nancy

1 Palmer, followed by Ray Cryan.

2 MS. PALMER: Good evening. Thank
3 you. My name is Nancy Palmer, P-a-l-m-e-r,
4 and I am the chair of the Board of Trustees
5 for Northeast Hospital Corporation, which is
6 comprised of Addison Gilbert, Beverly, and
7 Bay Ridge Hospitals.

8 I am speaking tonight on behalf of
9 our board, some of the members who actually
10 come from Gloucester, to share our support of
11 the application of Lahey Health, Beth Israel
12 Deaconess Medical Center, New England Baptist
13 Hospital, Mount Auburn Hospital, and Anna
14 Jaques Hospital to create a unified nonprofit
15 health system.

16 I have been involved with community
17 hospitals of Cape Ann and North Shore for
18 over 25 years, and in that time, I have seen
19 incredible growth in the quality and range of
20 care that Addison Gilbert and Beverly
21 Hospital provide the members of their
22 communities.

23 When Lahey Health and Northeast
24 merged in 2012, the affiliation helped our

1 hospitals grow even stronger. At a time when
2 we see many residents traveling out of the
3 community to seek care, there has actually
4 been an increase in the number of patients
5 seeking care in Gloucester and Beverly.

6 The hospitals also continue to
7 expand services available to the patients
8 locally, including, certainly, but not
9 limited, to urgent care, which will soon be
10 open right here in Gloucester.

11 We firmly believe that the proposed
12 affiliation provides us with the opportunity
13 to further strengthen Addison Gilbert
14 Hospital and Beverly. It will result in more
15 physicians and services being available right
16 here in the community, which, in turn, will
17 result in more patients coming to Addison
18 Gilbert and Beverly Hospitals. And the more
19 patients we attract to Addison Gilbert and
20 Beverly, the brighter their futures will be,
21 and this merger will help us do that.

22 By creating this transformative
23 healthcare system, we will insure that
24 Addison Gilbert Hospital and Beverly Hospital

1 continue to thrive and remain a long-term
2 asset for the residents of Cape Ann and the
3 North Shore. Thank you for the opportunity
4 to speak tonight in support of this
5 affiliation.

6 MS. MANN: Thank you, Ms. Palmer.

7 MR. DAVIS: Thank you.

8 MS. MANN: Mr. Cryan, followed by
9 Peg O'Malley.

10 MR. CRYAN: Good evening. My name
11 is Ray Cryan, C-r-y-a-n. Up until my
12 retirement, I worked for the Department of
13 Public Health in Boston, and I was part of
14 the team that would go over transactions such
15 as this, the hospital mergers, affiliations.

16 One of the things I haven't heard
17 mentioned tonight, which I found very
18 important when I was working for the state,
19 was the continuation of local control. Local
20 control is important, because if you don't
21 have local control, you lose a lot of the
22 support that local communities provide.

23 I happened to be a patient of the
24 Winchester Hospital, and Winchester has

1 become part of the Lahey system. My
2 experience has been -- as an observer of the
3 scene, has been not so much positive as
4 negative with Lahey becoming involved with
5 them.

6 The other thing I would caution
7 folks is that consolidating hospitals isn't
8 necessarily going to save money. We only
9 have to look at Partners to see this. You
10 become the 800-pound gorilla. You wind up
11 strong-arming the insurance companies. So
12 that has to be considered and has to be very
13 carefully thought out. That's really all I
14 have to say, just a couple of points.

15 MS. MANN: Thank you, Mr. Cryan.

16 MR. DAVIS: Thank you.

17 MS. MANN: Ms. O'Malley. Following
18 Ms. O'Malley, Alexandra Connolly.

19 MS. O'MALLEY: Hello. My name is
20 Margaret O'Malley. I'm a registered nurse,
21 and I live in Gloucester, which, with
22 Rockport, makes up Cape Ann. This is the
23 home of about 37,000 people year round, a
24 number which doubles in the summer.

1 Demographic and public health data document
2 that community as significantly older and
3 suffer from more serious chronic illnesses
4 than state averages. We also have more
5 residents without access to a car or other
6 transportation.

7 Most significantly, most of us in
8 Gloucester, and everyone in Rockport, live on
9 an actual island surrounded by the North
10 Atlantic, with just two bridges leading in
11 and out. Both can, and do, become completely
12 blocked due to weather conditions, bridge
13 malfunctions, traffic conditions, and
14 accidents. An ice storm can make the steep
15 grade of the Route 28 bridge impassable.
16 Even greater storm surges and the inevitable
17 rise in sea levels pose even greater risks
18 that we will be completely isolated.

19 We have to be self-sufficient, and
20 so does our hospital, Addison Gilbert. These
21 are the reasons we say, without exaggeration,
22 that our lives depend upon the DPH placing a
23 binding condition on its approval of this
24 merger, that the new corporation be required,

1 at a minimum, to guarantee in writing and
2 indefinitely what the DPH itself has ruled
3 since 1984, that all eight minimum services
4 that must be in a hospital building as a
5 precondition for the authorized provision of
6 emergency services at that site be provided
7 at our hospital.

8 One of those services is surgical
9 services, which are immediately available for
10 life-threatening situations. This has not
11 been available at Addison Gilbert for a long
12 time. It is unconscionable that a Cape Ann
13 resident with life-threatening injuries who
14 should be in an OR in Gloucester is instead
15 in an ambulance trying to get to Beverly or
16 Burlington, a trip that can take an hour,
17 even when it's not rush hour.

18 Surgical teams cannot function
19 appropriately in life-threatening emergencies
20 if they do not work together on a routine
21 basis. We need this new organization to
22 recruit Gloucester-based surgeons and
23 anesthesia staff, restore appropriate
24 surgical equipment, and restore the array of

1 services appropriate to a community hospital.

2 Another required service to be
3 present 24/7, 365 is critical care beds. On
4 a Friday afternoon this past summer, nurses
5 told me that managers planned to close the
6 ICU at Addison Gilbert for the entire weekend
7 because of lack of nurse staffing.
8 Ultimately, the decision was reversed. They
9 found nurses.

10 We have a Cape Ann cardiologist
11 intensivist who staffs the Addison Gilbert
12 ICU 24/7. On the rare occasion when he needs
13 to be away, it's difficult for him to get
14 Beverly or Lahey to replace him.

15 This merger will include eight
16 community hospitals. Every single one of
17 them, even the smallest, like Beth Israel
18 Deaconess in Needham and Milton, has a
19 broader array of acute care services,
20 including routine surgery, than we have had
21 at Addison Gilbert for many years.

22 At Needham, a hospital with a
23 comparable number of beds as Addison Gilbert,
24 and located closer to BI Deaconess in Boston

1 than Addison Gilbert is to Beverly, a brand
2 new inpatient wing is being constructed and
3 routine surgery is performed. In Milton,
4 even closer to Boston, BI Deaconess provides
5 innovative robotic surgery and a state-of-
6 the-art spine center. BID Deaconess clearly
7 sees the wisdom, both clinically and
8 financially, of providing the highest quality
9 of care closest to where patients live.

10 The owners of Addison Gilbert have
11 shown no such wisdom. All surgery and most
12 other care that the Health Policy Commission
13 calls the relatively routine, low-intensity
14 care, best delivered in community hospitals,
15 have been transferred out of Addison Gilbert
16 and moved to Beverly and beyond. This
17 community deserves the same sense of safety
18 that people who live in Needham, Milton,
19 Newburyport, Winchester, and Plymouth, whose
20 hospitals will be in a new organization, will
21 enjoy.

22 Consider that every one of those
23 communities, if access to one hospital is
24 blocked, people can turn around and go in

1 another direction to the next nearest
2 facility. That is not possible for the
3 people of Cape Ann. There's only one way
4 out.

5 The protection and restoration of
6 services at Addison Gilbert will not be done
7 without firm binding conditions placed on the
8 merger by the determination of need staff.
9 As evidence of this, an AGH executive, after
10 making assurances to a local reporter
11 yesterday that, "Services and patients will
12 be returned to AGH," went on to say,
13 "Hospital officials have not yet mapped out a
14 plan for expanding services." Northeast and
15 Lahey have had 20 years to do so, and they
16 haven't done it.

17 Without a binding condition of
18 approval on this merger by determination of
19 need, AGH services will continue to decline,
20 and people will suffer unnecessary harm and
21 death. Please help us. Thank you.

22 MR. DAVIS: Thank you.

23 MS. MANN: Thank you, Ms. O'Malley.
24 Alexandra Connolly, followed by Barbara

1 Collins.

2 I just want to remind folks that
3 there are a lot of people who want to speak.
4 I want to make sure everybody has the
5 opportunity. If we can keep it to under
6 three minutes, and please, if you have
7 written testimony, submit it to our
8 stenographer. It will make her job much
9 easier.

10 Ms. Connolly, followed by Ms.
11 Collins. Alexandra Connolly. Barbara
12 Collins. Following Ms. Collins will be Peggy
13 Hegarty-Steck.

14 MS. COLLINS: My name is Barbara
15 Collins, C-o-l-l-i-n-s. I'm a resident of
16 Gloucester. I've lived here for about 15
17 years.

18 I was opposed to the Lahey merger
19 some years ago, which changed the character
20 of our local hospital and its relationship
21 with Beverly Hospital. I'm guardedly
22 optimistic about this one, but I'd like to
23 relay a short tale from a patient's point of
24 view, an elderly patient's point of view.

1 I'm not against large hospitals. I
2 spent much of my life working in them in the
3 United States and in the United Kingdom. As
4 someone with lots of orthopedic problems, I
5 think it would be quite nice to have an
6 affiliation with New England Baptist,
7 possibly without having to run into Boston to
8 do that.

9 But Addison Gilbert is a great
10 little hospital. They did a rotator cuff
11 repair for me some years ago. They repaired,
12 released one carpal tunnel syndrome. When
13 the second carpal tunnel syndrome came
14 around, I had to go to Beverly. If I had to
15 do anything now, and I did a few years ago, I
16 had to go outside of this area completely in
17 order to have it done.

18 And the healthcare proxy for an
19 85-year-old woman who has no family. She had
20 a stroke in 2014. She was taken to the
21 emergency room at Addison Gilbert Hospital.
22 She was transferred to Lahey in Burlington
23 because she needed neurologic and
24 neurosurgical attention and evaluation. I

1 could not go with her. It was late. I have
2 a vision problem. I cannot drive on 128 at
3 night.

4 She was at Lahey for five days. I
5 and my alternate healthcare proxy camped out
6 at Burlington because that was the only way
7 that we could get any information about what
8 was going on with her care. I finally stayed
9 overnight with some friends in Bedford, Mass.
10 in order to be close and to avoid the parking
11 fee at Lahey. For those of you who've been
12 there, you know.

13 That woman had a hemiparesis as a
14 result of that stroke. She had some mental
15 confusion. She ended up going to rehab for
16 several months and made a good recovery. In
17 early September of this year, she had a fall
18 in her bathroom. She hit her head. She had
19 a bleed in her brain. She was taken to the
20 emergency room at Addison Gilbert. They
21 determined with a CT scan that she had the
22 bleed. She needed to go to Lahey in
23 Burlington, where there was a neurosurgeon
24 who could attend to her.

1 She was there for three days.
2 Again, I could not get there to be with her.
3 We had great difficulty trying to get
4 information from that hospital about what was
5 going on. She was held -- I'm sorry. She
6 had another stroke the end of September of
7 this year. Again, she was sent to Lahey at
8 Burlington.

9 She waited in Addison Gilbert's ER
10 for an entire day until there was a bed
11 available, supposedly, at Lahey. When she
12 got to Lahey, she sat in Lahey's emergency
13 room for most of the night before she was
14 actually admitted. I'm sorry. I mis-spoke.
15 That was the previous stroke. She was
16 discharged home. With Lahey Home Health
17 Services, she did pretty well.

18 MS. MANN: Ms. Collins, I'm going
19 to ask you if you could wrap it up.

20 MS. COLLINS: All right. This
21 woman is still having problems at home. I'd
22 just like to make the case that it's very,
23 very difficult for elderly populations. Cape
24 Ann has a substantial elderly population.

1 Many of them have substantial health problems
2 or multiple health problems, uncontrolled
3 diabetes, cardiac problems, neurologic
4 problems.

5 We need care here locally. This
6 woman's most recent stroke at the end of
7 September, she was able to stay at Addison
8 Gilbert, and it was much, much better that
9 she could be here close to home, close to
10 people who care about her.

11 Please consider transportation
12 problems for the elderly and access to
13 specialized services such as neurosurgery,
14 neurologists, MRIs, etcetera, that are
15 difficult to travel to for an elderly person.
16 Thank you.

17 MS. MANN: Thank you. Peggy
18 Hegarty-Steck, followed by Jen Holmgren.

19 MS. HEGARTY-STECK: Hi. Good
20 evening. My name is Peggy Hegarty-Steck.
21 Hegarty is H-e-g-a-r-t-y. Stack is
22 S-t-e-c-k. I am the executive director of
23 Action, Inc. here in Gloucester. We serve
24 the broader Cape Ann area: Gloucester,

1 Rockport, Manchester, Essex, and Ipswich.

2 I'm here to express my support for the new
3 health system proposed by Lahey, Beth Israel,
4 and other community hospitals involved in
5 that application.

6 Action, Inc. has served as a
7 critical safety net for Cape Ann communities
8 for 52 years. We're a nonprofit community
9 service organization serving 7,000 people a
10 year, with a range of services from emergency
11 shelter for homelessness to job training in
12 the healthcare industry, education, fuel
13 assistance, anything to help people get
14 opportunity and have a higher quality of
15 life.

16 We regularly coordinate with
17 Addison Gilbert and Lahey Behavioral Health
18 on individual cases in order to provide the
19 best possible services to local people in
20 need. Whether it's the emergency department
21 or the Discover program, we know that we can
22 count on the support and collaboration of
23 Addison Gilbert. We really rely on that
24 relationship and the high quality of care

1 that Addison Gilbert provides to our local
2 residents. Having such high-quality care
3 here on Cape Ann is vital to the health and
4 wellness of our community, particularly with
5 at-risk populations.

6 On a broader level, we work with
7 Lahey and other key members as part of the
8 Gloucester High Risk Task Force, which other
9 folks have mentioned. This is just one
10 example, but the task force includes agencies
11 and city departments providing care to the
12 very high-risk individuals that live here in
13 our community. This group collaborated to
14 help vulnerable people get into drug
15 treatment, to help reduce emergency
16 department visits, and connect residents with
17 life-saving mental health services.

18 These are just a few examples.
19 There are others that I have written in the
20 written testimony, which I'll submit, where
21 Lahey -- particularly Addison Gilbert for us
22 here locally work with us to identify local
23 health and wellness needs of our community.
24 The creation of this new healthcare system

1 will help insure that this work continues,
2 but I want to echo what others have
3 mentioned, that for us having this local
4 strong community presence, high-quality care
5 right here on Cape Ann is really essential
6 for all residents, particularly at-risk
7 individuals, and some of the vulnerable
8 populations that have been mentioned earlier.

9 So I would just like to reiterate
10 that point, and I respectfully urge the
11 department to approve this application, and
12 thank you for your consideration.

13 MS. MANN: Thank you.

14 MR. DAVIS: Thank you.

15 MS. MANN: Ms. Holmgren, followed
16 by Mary Crockett.

17 MS. HOLMGREN: Thank you very much
18 to the Department of Public Health for
19 hosting this important hearing, and I do
20 appreciate you listening to everybody's
21 concerns here tonight, and I hope that they
22 help as this process moves forward.

23 My name for the record is Jennifer
24 Holmgren, H-o-l-m-g-r-e-n. I am a city

1 councilor elect for the City of Gloucester.

2 I haven't been sworn in yet, though.

3 I am a registered nurse, and I am a
4 Gloucester citizen and a mother and a wife.
5 And I could tell you so many personal stories
6 of how our wonderful Addison Gilbert
7 Hospital's doctors, nurses, and staff have
8 saved my loved ones' lives or just how
9 they've made our lives better.

10 Having such excellent care so close
11 to home is not only something we are
12 privileged to enjoy, but it is also something
13 we cannot do without as a community. And
14 many of the people who work at Addison
15 Gilbert live right here on Cape Ann, and our
16 care can't get much more personalized than
17 that.

18 As others have said, in healthcare,
19 minutes, and even seconds, count. Without
20 our incredible emergency department and
21 inpatient units, it might be too late for a
22 lot of people here who'd need to go up the
23 line to Beverly or further for stabilization
24 and care, as so many people have said. Our

1 population's needs certainly are changing. I
2 see it every time I go to work as a visiting
3 nurse. People are going home more acutely
4 ill with more management needs, and they need
5 sophisticated outpatient services close to
6 home to help them stay at home safely.

7 As a nurse who cut my teeth at
8 Addison Gilbert and Beverly Hospital, as a
9 citizen, and as a newly-elected city
10 councilor, I'm glad to hear the plan is to
11 bring more services back to Cape Ann. Thank
12 you.

13 MR. DAVIS: Thank you.

14 MS. MANN: Thank you. Mary
15 Crockett, followed by Mary Aloisio. Pardon
16 me for my terrible pronunciation. Ms.
17 Crockett.

18 MS. CROCKETT: Hello. My name is
19 Mary Crockett, C-r-o-c-k-e-t-t, and I'm the
20 program director for the Lahey Health
21 Behavioral Services Opioid Treatment Program
22 here in Gloucester. We provide medication-
23 assisted treatment and counseling to men and
24 women who are struggling with addiction to

1 opioids.

2 My team and I are located at
3 Addison Gilbert Hospital, and we work in
4 close collaboration with emergency services
5 providers, as well as clinicians across the
6 hospital.

7 Lahey Health Behavioral Services
8 recently opened opioid treatment centers in
9 Gloucester and in Danvers, where we offer all
10 three treatment options for opioid addiction.
11 There are very few locations in the state
12 where all three treatment options are
13 available for people seeking help, where
14 after completing an evaluation of the person
15 seeking treatment, a physician recommends
16 what they believe would be the best treatment
17 for that individual. We also offer same day
18 admissions where people seeking treatment can
19 be evaluated and started into treatment on
20 the same day.

21 I've worked in the addiction
22 treatment and recovery field for more than 20
23 years, and like many of you here in this
24 room, I have firsthand knowledge of the

1 critical need for the services we provide to
2 the community. The creation of the new
3 healthcare system proposed by Lahey Health,
4 Beth Israel Deaconess Medical Center, and the
5 other hospitals involved will insure members
6 of our community continue to have access to
7 the critically needed addiction services we
8 provide. Thank you.

9 MR. DAVIS: Thank you.

10 MS. MANN: Thank you, Ms. Crockett.
11 Following Mary is Grace Numerosi.

12 MS. ALOISIO: No, you said it
13 right. Mary Aloisio, A-l-o-i-s-i-o.

14 I am Mary Aloisio, and I have been
15 a registered nurse for 36 years. For the
16 past 18 years, I have worked at Addison
17 Gilbert Hospital, and I am currently a nurse
18 team leader at the ambulatory clinics in
19 Gloucester. I am also a lifelong Gloucester
20 resident and have raised my family here.

21 At the ambulatory clinic where I
22 work, medical specialists from across the
23 Lahey Health System rotate to Gloucester to
24 hold regular office hours, insuring everyone

1 has access to the best care and highest level
2 of expertise. This model of bringing top
3 tier specialty care to the community is one
4 that will only expand with Lahey Health's
5 planned affiliation.

6 Having access to high-quality
7 healthcare right where we live is essential
8 to the vitality of our community. If we are
9 unable to preserve the strength of our
10 community hospitals, people will have to
11 travel great distances for care, or in some
12 cases, not receive the care they need at all.
13 The planned affiliation will preserve Addison
14 Gilbert as a strong institution in our
15 community. Thank you.

16 MR. DAVIS: Thank you.

17 MS. MANN: Thank you. Grace
18 Numerosi, followed by Patti Page.

19 MS. NUMEROSI: For the record, my
20 name is Grace Numerosi, N-u-m-e-r-o-s-i. I'm
21 a Gloucester resident, born at Addison
22 Gilbert Hospital, but tonight I am here to
23 testify on behalf of Dr. Wayne Saltsman that
24 could not attend. And that is spelled

1 S-a-l-t-s-m-a-n. So I'm going to read this
2 on his behalf.

3 "I am a board-certified internist,
4 hospice and palliative care physician. I am
5 the section chief for Lahey Health Geriatrics
6 and Transitioning Care, and I am the chief
7 medical officer for Lahey Health Continuing
8 Care. I am here to voice my support for the
9 proposed application for affiliation of Lahey
10 Health, Beth Israel Deaconess Medical Center,
11 New England Baptist, Mount Auburn, and Anna
12 Jaques Hospitals.

13 "Lahey Health Continuing Care
14 comprises private duty home care, visiting
15 nurse, home skilled care, community hospice,
16 palliative care, senior adult day health
17 services, assisted living, skilled nursing
18 and rehab service. Our patients and clients
19 are the most medically complex and fragile
20 members of our community, and we take care
21 and responsibility of their care and health
22 as seriously as we do our own families.

23 "Many of our patients require care
24 plans and encompass a number of health

1 services, including physical and occupational
2 therapy, cardiology, diabetic, and nutrition
3 management and social work. We are
4 incredibly fortunate to be able to provide
5 access to the highly skilled and
6 compassionate health professionals of Beverly
7 and Addison Gilbert Hospitals, as well as
8 Lahey Hospital and Medical Center, Lahey
9 Medical Center in Peabody and Danvers
10 outpatient center in Danvers.

11 "As we are able to provide access
12 to this high level of quality care that spans
13 the North Shore, our patients and clients are
14 able to seek and receive the care they need
15 and they deserve within their own
16 communities.

17 "With this affiliation, I strongly
18 believe we would be able to strengthen the
19 reach and breadth of our services, allow more
20 patients, especially the elders, access to
21 the care they need and to maintain a wide
22 variety of services to those who have enabled
23 and entrusted us with their care."

24 Thank you for the opportunity to

1 present on behalf of Dr. Saltsman.

2 MR. DAVIS: Thank you.

3 MS. MANN: Thank you.

4 MS. NUMEROSI: I also have 30
5 written letters of support of the affiliation
6 from our community support members that I'd
7 like to submit.

8 MS. MANN: We can take those, and
9 if you want to submit your testimony, too.
10 Ms. Page, followed by Eileen Matz.

11 MS. PAGE: Hi. Thank you. Patti
12 Page, P-a-t-t-i P-a-g-e, a citizen of
13 Gloucester. Thank you for coming to
14 Gloucester. We are passionate about our
15 hospital, as you know, from this meeting and
16 ones in the past.

17 Under the proposed merger, there
18 will be a new corporation formed to deliver
19 healthcare. Once the merger is approved,
20 Addison Gilbert will be the weakest in the
21 group of hospitals with the least services.
22 This will create a need for equity in
23 services. To achieve parity with other
24 facilities in the group, I am advocating for

1 restoration of services, particularly acute
2 care and investments made in staffing levels
3 and equipment upgrades at Addison Gilbert.
4 Nonprofit hospitals post their yearly
5 financials, and although they do not claim
6 profit, they list millions in surplus funds.

7 At previous meetings,
8 administration officials have given
9 assurances there has been an increase in
10 services at Addison Gilbert. I've heard that
11 again here tonight. That may be true in
12 number, but not all services are weighted
13 equally in importance with regard to patient
14 safety.

15 To lose services such as acute care
16 surgical services and maternity labor and
17 delivery services is far from equivalent to
18 adding screening services, routine
19 procedures, and scheduled procedures, even if
20 some of these procedures are classified as
21 surgical. Although these routine services
22 are needed in our community, they alone do
23 not make our community safer on a daily basis
24 or during a disaster.

1 Presently, there's a lot of word-
2 smithing representations with regard to
3 availability of surgical services for
4 emergency room patients at Addison Gilbert.
5 In order to retain emergency room services, a
6 hospital is required to have the ability to
7 conduct emergency surgery.

8 Currently, there has not been an
9 emergency surgery performed at Addison
10 Gilbert in years. The claims of available
11 emergency surgical services, in that there is
12 an available operating room, and if deemed
13 necessary, a surgical team can be called in
14 to perform surgery, does not equate to actual
15 on site emergency services being performed.

16 Staffing infrastructure just is not
17 in place for this. There's no medical
18 consultant in residence to evaluate a patient
19 to call the surgical team, and I believe
20 there's no residential anesthesiologist.

21 Additionally, surgical teams, being
22 highly specialized, do not perform on the fly
23 like a mash unit. They need to be familiar
24 with their facility, have experience working

1 with each other, and need to be in residence
2 24/7, 365 to be an effective team and make
3 our community safe.

4 There is also an issue with
5 providing emergency surgery and emergency
6 services regionally. By whose measure is
7 emergency now defined? Patients that arrive
8 at Addison Gilbert are kept relatively
9 comfortable upon an -- until an available
10 surgical room or other emergency service is
11 identified at the nearest facility.

12 Regional emergency service units
13 are full, and emergency patients are waiting
14 in queue for transport to care facilities.
15 This can take several hours. Barbara Collins
16 testified to that earlier today.

17 Oops, lost my place. Don't time me
18 now.

19 Regional emergency units are full,
20 and emergency patients are waiting in queue,
21 and this can take hours. Patients are being
22 transported long distances in critical
23 condition. This is dangerous for the patient
24 and is taxing on the surgical teams and

1 servicing emergency personnel, not to mention
2 the toll it takes on the patient's personal
3 support system.

4 Although statistical outcomes are
5 positive, the risk is transferred to the
6 patients and hospital staff. Mentioned in
7 the Gloucester Times, there's a plan to open
8 an urgent care center off site of Addison
9 Gilbert campus. This is a concern for us if
10 urgent care is located somewhere other than
11 Addison Gilbert. The concern is this will
12 contribute to the further erosion of services
13 at Addison Gilbert.

14 I ask the Mass Department of Public
15 Health to objectively evaluate the community
16 needs and reality of available regional
17 resources. Statistical outcomes are in good
18 standing. Surplus funds are there. This is
19 a solid basis to provide these requests.

20 It would be prudent to include
21 contractual commitments for equity of
22 services, which include restoration of
23 services, particularly acute care, and
24 investments in staffing and equipment. These

1 actions would strengthen Addison Gilbert,
2 provide relief within the regional system of
3 facilities, and create trust and peace of
4 mind within the community. Thank you.

5 I would also like to strengthen on
6 Bruce Tarr's request.

7 MS. MANN: Ms. Page --

8 MS. PAGE: Yeah, I know.

9 MS. MANN: -- you're way over time.

10 MS. PAGE: I'd like you to request
11 the applicants bring to the community an
12 explanation of this merger. We've not heard
13 that publicly. Obviously, the hospital staff
14 knows about that. Thank you for your time.

15 MR. DAVIS: Thank you.

16 MS. MANN: Thank you, Ms. Page.

17 Ms. Matz, followed by John Maney.

18 MS. MATZ: Hi, my name is Eileen
19 Matz. It's E-i-l-e-e-n, last name Matz,
20 M-a-t-z. I'm a Gloucester resident and a
21 longtime volunteer at Addison Gilbert
22 Hospital, and I'm here to express my full
23 support for the affiliation between Lahey
24 Health, Beth Israel Deaconess Medical Center,

1 and the other community hospitals in the
2 application.

3 I am both a registered nurse and a
4 volunteer. I run a free weekly blood
5 pressure -- walk-in blood pressure clinic at
6 Addison Gilbert. I have been doing that for
7 over 30 years. We take blood pressures,
8 review results, medications, and educate
9 patients with regard to those results and how
10 to take better care of themselves, and a lot
11 more.

12 In 2016, there were more than 700
13 visits to the clinic, and we have already
14 reached that number for this year. Every
15 Monday at that clinic, I see the values of
16 having a strong community hospital here in
17 Gloucester. I'm an active member of this
18 community, and beyond my role as an Addison
19 Gilbert Hospital volunteer, my family and I
20 run a seasonal business that brings over
21 4,000 families to this community during the
22 summer.

23 I can say with certainty that many
24 of our important community organizations are

1 able to fulfill their missions and help so
2 many of our neighbors because of the support
3 they receive from Addison Gilbert. I hope
4 you will approve the application for these
5 hospitals and create a new healthcare team.
6 It will benefit the people, the organizations
7 who are here on Cape Ann. Thank you so much.

8 MR. DAVIS: Thank you.

9 MS. MANN: Thank you, Ms. Matz.

10 Mr. Maney, followed by Linda Gipstein.

11 MR. MANEY: Good evening. My name
12 is John Maney, M-a-n-e-y. I'm not a health
13 expert. I'm a user of services at Addison
14 Gilbert. And I'm encouraged by some of what
15 I hear tonight. However, I don't quite
16 understand the true impact of the proposed
17 merger, and that has left me with two
18 questions.

19 The first one is how does the
20 applicant in a remote headquarters balance
21 bottom line demands and share price demands
22 versus the needs of us in Gloucester. And
23 second, what mechanisms are in place to
24 insure that the proposed entity considers

1 Gloucester's needs? And to close, thanks for
2 having this meeting.

3 MS. MANN: Thank you. Ms.
4 Gipstein, followed by Gin Wallace.

5 MS. GIPSTEIN: Hi. My name is
6 Linda Gipstein, G-i-p-s-t-e-i-n. I'm a nurse
7 practitioner at the Gloucester High School
8 right here at the school-based health center.
9 I just wanted to tell you a little bit about
10 my great program. It's a collaboration
11 between the Gloucester Public Schools,
12 Massachusetts Department of Public Health,
13 and Addison Gilbert Hospital.

14 Because of the generosity and
15 support that I've had from Addison Gilbert
16 Hospital, we've been able to -- I've been
17 able to do as a public health nurse some
18 outreach to all the students and the staff at
19 Gloucester High School.

20 We provide health services, sports
21 physicals, sick visits, and I do a ton of
22 preventative care. So I create relationships
23 with my students, and over the four years, we
24 explore lots of different personal issues,

1 including reproductive health, drug and
2 alcohol use, personal relationships, safe
3 relationships, getting connected to the right
4 places that they need to get connected to,
5 and really try to help keep them on track for
6 graduation.

7 My team also includes a community
8 health worker and a social worker, and we are
9 really intimately involved with the processes
10 that happen in our school. We do some really
11 cool things as well, as far as a walking
12 club, a youth advisory council where we do
13 different projects doing improved school
14 environment.

15 I believe that Addison Gilbert
16 Hospital and Lahey Health are very dedicated
17 to continuing to have that type of community
18 support, and I am in support of the proposed
19 affiliation of Lahey Health, Beth Israel
20 Deaconess Medical Center, New England
21 Baptist, Mount Auburn, and Anna Jaques
22 Hospital. Thank you.

23 MS. MANN: Thank you very much.

24 Gin Wallace, followed by Paul Murphy.

1 MS. WALLACE: Good evening. I'm
2 here to express my support for the creation
3 of the new health system proposal that's
4 before you tonight. I'm speaking in two
5 different capacities.

6 First, in my role as executive
7 director of Beverly Main Streets, I've been
8 fortunate to work closely with Beverly
9 Hospital's CEO Phil Cormier, and VP of HR,
10 Althea Lyons, and their teams, as we have
11 partnered on several initiatives that improve
12 the quality of life for folks who live, work,
13 and study in Beverly, which is just down the
14 road.

15 One project in particular stands
16 out. In one of our board meetings, we were
17 discussing some options for getting services
18 for some homeless folks who frequent our
19 downtown. Althea serves on our board of
20 directors, and she offered to pull together a
21 meeting with Kevin Norton, CEO of Lahey
22 Behavioral Health. Kevin listened to our
23 concerns and offered multiple suggestions
24 about how Lahey could help us and help our

1 neighbors.

2 An immediate response was the
3 creation of a community meals collaboration
4 among churches, which were all located within
5 walking distance of the downtown, which for
6 that population is really important. Today,
7 those folks get a healthy meal every day, and
8 again, it's within walking distance, so
9 transportation isn't a problem.

10 Other programs and mental health
11 services are being worked on as well. We are
12 really lucky and blessed to have this kind of
13 nimble community leadership from Beverly
14 Hospital and Lahey Health, which we believe
15 is only possible because of the merger in
16 2012, and we believe that the next one is
17 going to be even stronger.

18 I'm also a parent of a child who
19 has received unique services at both Beverly
20 Hospital and Anna Jaques, and speaking as a
21 parent, I will tell you that it's difficult
22 to coordinate care between facilities that
23 are not connected. And so moving forward
24 with both of those facilities being under one

1 umbrella, it's going to do a lot for North
2 Shore families who are trying to get the
3 right services for their children.

4 So I respectfully urge that you
5 approve this application, and I thank you for
6 your consideration.

7 MS. MANN: Thank you very much.
8 Paul Murphy, followed by Hilary Jacobs. Mr.
9 Murphy? Ms. Jacobs. After Ms. Jacobs, Karen
10 Pischke.

11 MS. JACOBS: Good evening. Thank
12 you very much for being here today. My name
13 is Hilary Jacobs, Hilary with one L, and last
14 name Jacobs, J-a-c-o-b-s. I am the president
15 of Lahey Health Behavioral Services and a
16 social worker for over 30 years.

17 Lahey Health Behavioral Services is
18 the largest provider of mental health and
19 addiction services on the North Shore. We
20 provide essential services to some of the
21 most vulnerable members of our community
22 every day.

23 Our mission is to provide personal,
24 compassionate, state-of-the-art integrated

1 behavioral healthcare that makes a difference
2 in the lives of the people in the communities
3 we serve. Towards that end, we provide a
4 full continuum of services to families and
5 individuals of all ages in a variety of
6 settings, including inpatient, residential,
7 and outpatient programs. We also offer home-
8 and school-based services and community
9 education.

10 Here in Gloucester, we operate
11 numerous programs to address mental health
12 and substance use disorders, including
13 emergency services with mobile crisis teams,
14 outpatient counseling and day treatment,
15 school-based services and access to all three
16 FDA-approved medications for the treatment of
17 opioid use disorders.

18 We also participate with the city's
19 high-risk task force, the police-assisted
20 addiction and recovery initiative, and other
21 local groups as a true community partner.
22 Thousands of people and their families rely
23 on the mental health and education services
24 we provide. If it weren't for the services

1 we provide, many of their needs would go
2 unmet.

3 As part of a larger system, we can
4 insure that community members will continue
5 to have access to quality community-based
6 behavioral health services that they deserve.
7 The new system will allow us to expand
8 critically needed services and to help more
9 people in Gloucester, across Cape Ann, and
10 the North Shore.

11 For that reason, I express my full
12 support for the creation of the new
13 healthcare system proposed by Lahey Health,
14 Beth Israel Deaconess Medical Center, New
15 England Baptist, Mount Auburn, and Anna
16 Jaques Hospitals. Thank you.

17 MR. DAVIS: Thank you.

18 MS. MANN: Thank you very much.
19 Karen Pischke, followed by Zina Zappala.

20 MS. PISCHKE: I'm Karen Pischke.
21 It's P-i-s-c-h-k-e. Thanks for pronouncing
22 it correctly.

23 I'm a registered nurse, as well as
24 a resident of Gloucester. My last ICU job

1 was at Addison Gilbert, and I can testify
2 firsthand how important it is to have full
3 services there. For lives to be saved, we
4 have to have immediate access to surgery,
5 gastroenterologists, cardiologists.

6 People have already said time is so
7 important. Minutes matter, seconds even
8 matter, and having to divert services to
9 other hospitals, even if they're 16.5 miles
10 away, which Beverly Hospital is -- it's meant
11 to be a 20-minute commute, but if there's
12 traffic or an accident on the road, it could
13 be an hour-plus.

14 So I'm for any merger that creates
15 positive change. I think mergers often are
16 scary for people because it means there will
17 be change. One of those changes oftentimes
18 is layoffs, and you've heard from other
19 people here Addison Gilbert cannot afford to
20 have any reduction in staff. When you just
21 heard that the ICU was recently potentially
22 going to be closed because of lack of nurses,
23 that's a reality that I lived with when I was
24 working there.

1 So I think what was difficult with
2 the Northeast Healthcare System merger, there
3 was as a lack of transparency, which eroded
4 trust. So any merger will require
5 transparency and trust, and I think Lahey was
6 really good about that as far as having
7 public meetings with questions and answers,
8 and Bruce Tarr -- Senator Tarr spoke to that,
9 the importance of having ongoing meetings,
10 public meetings, with the ability for
11 questions and answers. So thank you very
12 much.

13 MS. MANN: Thank you very much.

14 MR. DAVIS: Thank you.

15 MS. MANN: Zina Zappala, followed
16 by Ann Rhineland. Ms. Zappala, or Mr.
17 Zappala. Ann Rhineland, followed by Janine
18 Burns.

19 MS. RHINELANDER: My name is Ann
20 Rhineland, a resident of Gloucester since
21 2005. I do have some medical and clinical
22 background, but that's not why I'm here. I'm
23 here as a grateful recipient of Addison
24 Gilbert's high-quality emergency services;

1 also, their high-quality intensive care
2 service. I'm here also to tell you why it
3 makes a difference not to inappropriately
4 move people up or down the line.

5 For surgical services, it seems
6 fine if they're elective surgery or highly
7 complex surgery. But my husband came to the
8 ER with a 103-degree temperature. The ER
9 nurses kept him at that or lower. And I was
10 pressured during the night by hospitalists to
11 transfer him to Beverly because he might need
12 some exploratory surgery.

13 The nurses in the ER said,
14 correctly, he's going to skyrocket. And it
15 wasn't a long trip. It was 15 minutes at
16 2:00 or 3:00 in the morning. He was 105.8
17 when he got there and required a good eight
18 hours of crucial, critical, painful icing.
19 There was nothing cost effective about that
20 procedure. I'd never seen Freon blankets and
21 mattresses and icing and icing and icing the
22 way that went on.

23 So minutes matter. And if a merger
24 is used to diminish primary care, that's

1 wrong. And in many ways, I think Lahey has
2 been committed to and has strengthened local
3 services, but eliminating surgical
4 capabilities in emergencies, in particular,
5 at the local level is not justified.

6 So I thank you very much. I
7 approve the merger to the extent it enriches
8 local accessibility and quality. There's
9 enough need in the world. Mass General
10 should be serving the globe. Secondary
11 hospitals can do well with their level of
12 capability. Primary is the most cost
13 effective preventive vehicle we have. So in
14 a regulatory capacity, we count on you to do
15 that, to make sure that happens. Thank you.

16 MS. MANN: Thank you.

17 MR. DAVIS: Thank you.

18 MS. MANN: Janine Burns, followed
19 by Sylvia Quesada.

20 MS. BURNS: Hi. Thank you for
21 coming. My name is Janine Burns, B-u-r-n-s,
22 and I am a retired registered nurse recently
23 from Addison Gilbert Hospital, working in the
24 ER.

1 I'm just here to testify how much
2 we need this hospital on this island. We do
3 have a very large population of elderly
4 people, and we do have a large population of
5 people that are food insecure, housing
6 insecure, mentally ill, substance abuse. We
7 have all the problems that everyone has, only
8 it seems a little more so.

9 Without this hospital continuing
10 the way it is now, and even improving, our
11 community will be in big trouble, really big
12 trouble in terms of the health of the
13 community, and I just hope -- you know what,
14 I've been very pleased with Lahey, with the
15 merger with Lahey and the care that we're
16 able to get if we cannot get the care we need
17 in this local hospital, but I hope that we're
18 not marginalized with a bigger merger
19 happening and that the Cape Ann community --
20 this hospital continues to grow and to
21 survive, because we need it. Thank you.

22 MS. MANN: Thank you.

23 MR. DAVIS: Thank you.

24 MS. MANN: Sylvia Quesada, followed

1 by John Doverman.

2 MS. QUESADA: Good evening. My
3 name is Sylvia Quesada, Q-u-e-s-a-d-a. I am
4 here as a private citizen. And I honestly
5 don't know whether that merger is a good
6 idea, because it totally depends on what it
7 will do to Addison Gilbert.

8 I found myself at the beginning of
9 this year having to battle cancer, and the
10 chemo treatment I went through caused
11 neuropathy and made me lame. I couldn't
12 walk. Therefore, I had no control over my
13 feet. I couldn't drive.

14 So luckily, there were certain
15 services at Addison Gilbert that were
16 relatively easy to get to, but anything else
17 I had to do out of town, Beverly, Danvers,
18 Peabody, 33 radiation treatments, I needed
19 help with transportation. So taking more
20 services away from Addison Gilbert will truly
21 be detrimental, not just to the elderly, but
22 to anybody who is facing a real health
23 crisis.

24 So really what will a merger do to

1 Addison Gilbert? I've heard tonight a couple
2 of people officially speak about we believe
3 that this will be an improvement, a merger.
4 I am with President Reagan, trust but verify.
5 How do we know? And before -- how this will
6 impact Addison Gilbert before a merger is
7 approved or rejected? That's my big
8 question. Thank you.

9 MR. DAVIS: Thank you.

10 MS. MANN: Thank you. John
11 Doverman. Al Johnson, followed by Sue
12 Gabriel. Is Ms. Gabriel here?

13 MR. JOHNSON: My name is Al
14 Johnson. I signed in, but I didn't think I
15 signed up. However, the reason I'm here is
16 my concern is for the fate of Addison Gilbert
17 Hospital, and I'll put a personal spin on it.

18 Several years ago while playing
19 basketball in Rockport, I suffered a heart
20 attack and was brought to Addison Gilbert as
21 a lifesaving measure before being transferred
22 to Mass General. At that time, my seventh
23 child was in his fourth year -- I'm sorry,
24 fourth month of expectancy, and now, in this

1 coming June, I'll go to see him graduate from
2 Gloucester High School.

3 So on behalf of myself, on behalf
4 of my children, and on behalf of my nine
5 grandchildren, I am very eternally grateful,
6 in fact, to Addison Gilbert. And I would
7 encourage you, regardless of what the cost is
8 in dollars and cents, consider the cost of
9 the lives of all of us in keeping Addison
10 Gilbert a viable hospital. Thank you.

11 MS. MANN: Thank you.

12 MR. DAVIS: Thank you.

13 MS. MANN: Sue Gabriel, followed by
14 Ross Burton.

15 MS. GABRIEL: Hi. I'm Sue Gabriel,
16 for the record, G-a-b-r-i-e-l. I'm a
17 resident of Beverly, Massachusetts, and I'm
18 also the executive director of Beverly Boot
19 Straps.

20 I think there's a great saying
21 here, "It's not what you know, but it's who
22 you know." Now, I want my doctors and my
23 nurses to know a lot, but I think if you've
24 really been paying attention to the

1 testimony, and I think you have, it's
2 obviously more than that. And I can tell
3 that Addison Gilbert is a very strong
4 community hospital, but Beverly Hospital is
5 as well.

6 I've unfortunately had to spend
7 some time there with patients, and when your
8 nurse knows your brother, it's just a
9 different level of care than if you go into a
10 system that you're nameless. There's a care
11 level that's just different.

12 And it's also true if the folks who
13 are in positions to care about the community
14 are somehow connected to the community, and
15 they work with a nonprofit such as ours
16 that's a social service agency working with a
17 very vulnerable population in Beverly. We
18 serve about ten percent of the community
19 there with hunger needs and housing needs.

20 When the hospital staff intimately
21 understands the community and the complexity
22 of those issues for those folks that are
23 vulnerable, they're able to invest in
24 programs that are really important and make a

1 big difference.

2 For us, the hospital happens to
3 have a real interest in nutrition and good
4 food and making sure people are fed. The
5 emergency room nurses ask are you hungry
6 today, and if a person is hungry today, then
7 the partnership that we've created with the
8 hospital allows for that person to get an
9 emergency bag and a referral right to our
10 services.

11 We run a mobile market. We take
12 great, nice, nutritious food out to those
13 places in the community that are hungry, and
14 we couldn't do it without the partnership of
15 the hospital. And I could go on and on and
16 on and on, but you get the gist.

17 Community hospitals are incredibly
18 important to their communities. And I'm in
19 favor of the merger if it means that we get
20 to keep these hospitals and the important
21 services, but also the important
22 relationships. Thank you for listening.

23 MS. MANN: Thank you. Ross Burton,
24 followed by Sandi Akers.

1 MR. BURTON: Good evening. I'm
2 Ross Burton, B-u-r-t-o-n. I was born in
3 Gloucester in the Addison Gilbert Hospital.
4 I graduated from Gloucester High School. I
5 have been involved with several of the
6 councilors here in times when Gloucester had
7 emergency response difficulties. We've
8 experienced loss of life on this island, and
9 if you live where I live, which is the other
10 end of the island, for me to get to Beverly
11 is 45 minutes.

12 On October 30, I cut my arm at 35
13 feet in the air, and you know what that
14 means, several stitches. I happened to have
15 a nurse friend who was with me, and if I had
16 to go to Beverly, I would have been in big
17 trouble.

18 So I'm here, actually, out of not
19 only my experience of living here, but I've
20 lived in Europe and I've lived in other
21 states. And my experience corporately was
22 working with mergers and acquisitions. So my
23 concern is there are 60,000 people who could
24 have been here tonight potentially:

1 Gloucester, Rockport, Essex, Ipswich. How
2 many people are here who don't have it in
3 their work life to be here? Maybe 50. Part
4 of that is people didn't know about this.

5 Why didn't they know about that,
6 because it went in the newspaper on Monday,
7 and the publication on Monday had two times
8 for it to be here. One was at 5:00 and the
9 other was at 6:00. So even if you saw it in
10 the newspaper, you didn't know what time to
11 show up.

12 So regulatory people, in my
13 opinion, represent our tax dollars that look
14 after detail. So if there are 60,000 people,
15 and only 50 people show up tonight, is that
16 really a representation of how the 60,000
17 people feel? I don't think so.

18 My experience in mergers and
19 acquisitions is lots of promises, big
20 commitments, and people believe it at the
21 time. But I've lived through -- I'm 71. I'm
22 geriatric. I've lived through the Danvers
23 closing, the Ipswich closing. I took my son
24 to the Ipswich Hospital because it was the

1 closest where I lived in Rowley at the time
2 with 108-plus temperature. I wouldn't have
3 made that run, and he was convulsing in my
4 arms.

5 So I just -- I'm here to say I
6 believe that the people who are promoting the
7 concept believe in the message. I heard it.
8 That's great, but the devil is in the detail.
9 So what I would like to see is the 60,000
10 people know a lot more in advance about this
11 meeting, that there are only two I read in
12 the state, this part of the state, this area.
13 I would like to see a lot more meetings, a
14 lot more explanations that our representative
15 talked about and others. I'd like to see a
16 lot more commitment, to the long-term
17 commitment to Addison Gilbert Hospital
18 specifically. That's it. Thank you.

19 MS. MANN: Thank you very much.
20 Sandi Akers, followed by Adrienne Naves.

21 MS. AKERS: Hello. My name is
22 Sandi Akers, A-k-e-r-s. I'm a registered
23 nurse, a lifelong resident of Rockport, and
24 currently the clinical administrator of the

1 CHART High Risk Intervention Team programs of
2 Beverly and Addison Gilbert Hospitals. We
3 heard earlier tonight from one of our clients
4 who benefitted from our services.

5 I'm here tonight to express my
6 support of the new healthcare system proposed
7 by Lahey Health, Beth Israel Deaconess
8 Medical Center, New England Baptist, Mount
9 Auburn, and Anna Jaques Hospital.

10 In 2015, Addison Gilbert and
11 Beverly Hospitals established a high-risk
12 intervention team with funding from the
13 Massachusetts Health Policy Commission's
14 community hospital acceleration,
15 revitalization, and transformation team,
16 otherwise known as CHART. Our goal is to
17 address complex needs of patients struggling
18 with multiple conditions who often find
19 themselves repeatedly hospitalized or
20 repeatedly in the emergency room due to
21 challenges in managing their health.

22 We've developed strategies to
23 improve coordination of care and help these
24 patients access healthcare services that they

1 need. To date, we've served over 4,300
2 patients and approximately 7,725 discharges.
3 Our clinical team of nurses, social workers,
4 pharmacists, and community health workers
5 provide these patients with the support
6 services they need to maintain their health.

7 We see patients all over Cape Ann
8 in the community, and we help patients access
9 the services they need. We do home visits.
10 We call them 48 hours after they've left the
11 hospital. We make sure that they've had
12 follow up medical appointments. We connect
13 with community-based resources, and we help
14 them access behavioral health services. Our
15 team assists many seeking help with substance
16 abuse services and accessing treatment
17 facilities.

18 We understand the value of
19 improving coordination of care when it comes
20 to helping patients navigate the healthcare
21 delivery system and to access social,
22 behavioral, and medical services they need.
23 To that end, I believe the creation of a new
24 health system will strengthen our ability to

1 deliver the care our community needs. Thank
2 you.

3 MR. DAVIS: Thank you.

4 MS. MANN: Thank you. Adrienne
5 Naves, followed by Cathy Salciccia.

6 MS. NAVES: Hi. My name is
7 Adrienne Naves, N-a-v-e-s. I'm just here as
8 a citizen of Gloucester, a 59-year-old that
9 lives on disability.

10 But my questions are if the merger
11 goes through, is everything that's being said
12 going to happen, because when I lose my
13 insurance in two months, I'm not going to be
14 able to go to my specialist. So are you
15 really going to open up an orthopedic
16 surgical?

17 Thirty-six years ago, my daughter
18 had a terrible accident when she was 14 and a
19 half months old. If my granddaughter had the
20 same accident today, she'd die, because
21 Addison Gilbert Hospital kept my daughter
22 alive. They don't have the capacity, the
23 nursing, the doctors -- I'm sorry, not the
24 nursing. They don't have enough doctors on

1 staff that could have kept my daughter alive.
2 That's how bad she was hurt.

3 I've had so many knee surgeries, I
4 can't keep up. My first knee was put in at
5 Addison Gilbert Hospital. My second and
6 third had to be put in out of town. I'm
7 having a very minor back procedure January 8
8 in Danvers outpatient Lahey that cannot be
9 accomplished in Gloucester. I don't
10 understand why. Because when everything got
11 taken over by Lahey in the beginning, they
12 closed brand new surgical suites, and they
13 just closed them up.

14 Are you going to bring back
15 orthopedic surgeons so we don't have to
16 travel to Peabody? Are you going to bring
17 back OB/GYN's? There's so much that
18 Gloucester needs back just for the people of
19 Gloucester to stay alive. My mother-in-law
20 fell and cracked six ribs, 92 years old.
21 They sent her to Beverly. Why couldn't they
22 have kept her here? Ninety-two years old.
23 She passed away 24 hours later, and family --
24 all the family was elderly, a lot of them.

1 They were fighting trying to figure out how
2 they'd get into Beverly to say goodbye to
3 her. I, myself, had to take a train, because
4 at the time, I didn't have a car.

5 Those are my concerns. Eighteen
6 years ago, my father was allowed to die in
7 the city he loved because Addison Gilbert
8 Hospital still had beds. That's my biggest
9 concern if this merger goes through. But
10 when my new health insurance comes in, I lose
11 my orthopedic specialists. I have three of
12 them. I have a rheumatoid arthritis
13 specialist in Peabody, and I'm going to lose
14 him. I won't be able to make the co-
15 payments. I live on disability, \$850 a
16 month, and I'm one of the ones that don't get
17 Section 8. I pay my rent, \$575 a month.
18 Now, today is December 6. I have \$4.44 last
19 a month.

20 Now, if I have to go to Peabody and
21 Beth Israel Deaconess, you know, how am I
22 going to get there, I can't afford the gas.
23 And there's probably 3,000 elderly that can't
24 either, and I'm not the only disabled person

1 in Gloucester in my situation. We need a
2 hospital, a real hospital.

3 Oh, and for the record, in 1969,
4 Gloucester was an island for ten days. In
5 1978, it was eight. We were a complete
6 island. I was in Magnolia at the time, and I
7 had a six-month-old baby, and I ran out of
8 Similac because I couldn't breast feed, and I
9 called the police station to see if they
10 could please bring me Similac, and they told
11 me it would take them five days. What was my
12 six-month-old supposed to do?

13 I was lucky. I was young. I just
14 about climbed out of the window because we
15 didn't shovel out, and I went next door to an
16 elderly lady, and she had evaporated milk in
17 cans, because I didn't know all that stuff
18 back then, I was young, and she told me how
19 to mix it with water to feed my six-month
20 old.

21 You know, how many people could
22 have died without Addison Gilbert. We had a
23 real Addison Gilbert thing. We don't now,
24 and I love Addison Gilbert. I'd rather have

1 all my procedures there. I knew the nurses
2 so well, they knew my name.

3 MS. MANN: Thank you.

4 MS. NAVES: Thank you very much for
5 listening to me.

6 MS. MANN: Thank you.

7 MR. DAVIS: Thank you.

8 MS. MANN: Cathy Salciccia. Cathy?

9 MS. NAVES: May I just say one more
10 thing quick, the question I was going to ask
11 Dr. Grant. The cancer oncologist at
12 Gloucester Hospital is marvelous, because I'm
13 a breast cancer survivor. But when I was a
14 breast cancer survivor, I could have
15 everything done in Gloucester. I had my
16 surgeries done here. And I do not believe
17 you could have a breast cancer surgery in
18 Gloucester anymore.

19 MS. MANN: Thank you.

20 MS. NAVES: And that's a crime.

21 MS. MANN: Ted Tarr, followed by
22 Howard Maki. Is Howard Maki here?

23 MR. TARR: Frederick Tarr, T-a-r-r.
24 I think cousin Bruce said it better than I

1 will, so I won't repeat what he said, but he
2 is vital to our interests, I think. I'm just
3 here to -- I haven't read the plans, but
4 yesterday, last evening about this time, I
5 collapsed at a meeting in West Gloucester.
6 The ambulance came quickly. I was
7 transferred into Addison Gilbert, treated
8 and, obviously, at work.

9 But I will say this. We need local
10 services, as has been said. I don't know if
11 I had to go up the line what the outcome
12 would have been. But we're all on an island.
13 We have been cut off before. It is a long
14 trip, even in the good conditions. So I am
15 advocating for as many local services as we
16 can possibly support here.

17 I think the hospital today when I
18 was escaping or being discharged, should I
19 say, was stressed. They had a lot of people
20 there. So they need strengthening, and they
21 need the local services. Thank you very
22 much.

23 MS. MANN: Thank you, Mr. Tarr.

24 MR. DAVIS: Thank you.

1 MS. MANN: Mr. Maki, followed by
2 Austin O'Keefe.

3 MR. MAKI: Good evening. I'm
4 Howard Maki, M-a-k-i. You know, I've heard a
5 lot of people come up here and say how
6 excited they were to see the merger coming
7 about. But the devil is in the details, and
8 there haven't been any details, and I'm quite
9 concerned about that.

10 Unless you live on Gloucester and
11 Cape Ann, and you've traveled from one part,
12 the farthest reaches of Cape Ann and Rockport
13 up to the AGH, you know in the summertime, it
14 can take 15, 20 minutes, even longer at
15 times. And then if you try to go from here
16 up to Beverly, depending on the traffic
17 conditions, it can take 30 to 40 minutes, and
18 it could be as little as 15. That's
19 critical.

20 I haven't heard that issue
21 addressed in the proposed merger, not a word.
22 I haven't heard anything addressed about
23 keeping our emergency room a real emergency
24 room. I've seen the AGH gutted over the

1 years, and all the words and flowers came out
2 ahead of time, but I don't see the results in
3 a positive way, and they've ignored that.

4 I think it's incumbent that this be
5 presented ahead of time what their plan
6 actually is. The citizens of this Cape
7 deserve to have a functioning emergency room
8 24/7, because that's going to be somebody's
9 life some time or later, and I don't -- you
10 know, they're always talking about all the
11 money they're going to save and how they're
12 already generating all these surpluses.
13 Well, why isn't it put back into Gloucester?

14 They've stripped Gloucester out of
15 as much money as they can. So if they're
16 doing so great, maybe they should share a
17 little with the Cape for a change, and I
18 think that's only fair.

19 One other item. With the great
20 regionalization of all these hospitals,
21 Gloucester is isolated, and that may be a
22 benefit someday. We don't know what's coming
23 down the pike as far as pandemics go, but
24 that isolation may be critical at some time,

1 and that's something that administrators -- I
2 would assume the military puts that into
3 their plan, and they probably have plans, but
4 I don't think the hospital has.

5 We did have a big pandemic about
6 100 years ago, and I saw a picture of my
7 grandmother who worked at the AGH where they
8 had tents out in front of the hospital for
9 the influenza. That could happen again, and
10 we would be totally unprepared with the
11 continued regionalization of facilities. And
12 that's just one little thing.

13 But again, this Cape deserves a
14 plan that addresses that, not some pie in the
15 sky, well, we're going to do great things
16 with our regionalization. Well, make that
17 great thing mandatory that they have us with
18 an emergency room. Thank you.

19 MS. MANN: Thank you.

20 MR. DAVIS: Thank you.

21 MS. MANN: Mr. O'Keefe, followed
22 by Joseph Muzio.

23 DR. O'KEEFFE: Good evening. My
24 name is Dr. Austin O'Keefe, O'-K-e-e-f-f-e.

1 I'm a physician that has worked in this
2 community for 40 years, but I'll bet no one
3 recognizes me, because I'm a radiologist and
4 I work in the dark. So I've seen all your
5 x-rays, but you haven't seen me.

6 But as well as practicing as a
7 physician, I've been on the boards of the
8 hospitals. I've been on the Addison Gilbert
9 board, I've been on the Beverly Hospital
10 board, and I still work on committees at the
11 Beverly Addison Gilbert meetings, and I've
12 been instrumental in the votes that were
13 taken that united Addison Gilbert with
14 Beverly, and subsequently Beverly with Lahey.

15 Those decisions weren't easy, but
16 they were necessary. And I know there's
17 always been angst in this community about the
18 decisions that were made, but if it's any
19 comfort or assurance, believe you me, from
20 the perspective of someone who is inherent in
21 these decisions, they were very necessary.
22 They were necessary for the continuation of
23 Addison Gilbert Hospital, which I am
24 convinced would not be here today except for

1 those decisions that we made.

2 We've continued to work in that
3 vein, always having -- I mean, I'm a
4 physician in this community. I'm passionate
5 about maintaining services in this community.
6 I'm passionate about the patients that we
7 care for, and I want the best for Addison
8 Gilbert and the physicians and the community,
9 and we continue to serve that.

10 And I hope I can assure you, the
11 people of Gloucester, that I am at meetings
12 where it's uppermost in the discussions every
13 day of how the finances can be provided, the
14 budgets can be provided, the capital can be
15 provided to continue to maintain and improve
16 and grow services at Addison Gilbert
17 Hospital. Thank you for your patience.

18 MS. MANN: Thank you, Doctor.
19 Joseph Muzio, followed by Stephen Dexter.

20 MR. MUZIO: Good evening. This
21 remark is to you two individuals up there.
22 You've been most patient and attentive, and I
23 thank you for that.

24 MS. MANN: Thank you.

1 MR. MUZIO: Thank you for inviting
2 citizens to attend this recently announced
3 meeting. It was announced in the Gloucester
4 Times on Monday, so with only 48 hours'
5 notice, citizens are welcomed, learn about an
6 intending merger. Whatever the population
7 attending tonight, we can only conjecture how
8 many more would have attended with more
9 adequate advanced notice.

10 There are various levels of
11 healthcare in the system's approach. Some
12 are at the community levels, others involving
13 more advanced technologies and equipment at a
14 higher level, and then even more programs
15 through regional health centers.

16 It would be extremely helpful if
17 the various hospital administrators in
18 leadership gave the citizenry far more
19 educational information about the underlying
20 plans and layers within these consolidations
21 and mergers. We can't only rely on quick
22 reports in the media.

23 For example, what are the stated
24 criteria to promote these mergers? What

1 specific roles will community-based
2 facilities serve? What economic forces are
3 driving these mergers? How will the citizens
4 be informed on a regular basis as to the
5 changing plans and new arrangements?

6 Such information needs to be
7 clearly presented and not simply put forth in
8 some public relations document. Gloucester,
9 Rockport, Magnolia, parts of Essex, and the
10 surrounding Cape Ann environs constitute a
11 viable community of diverse populations. We
12 occupy a vital component of mergers and
13 cannot ever be treated as some ancillary
14 third-world outpost.

15 Many of us have noted mergers
16 frequently result in a diminution of
17 facilities, services, and employment in
18 various areas of our society, and similarly,
19 we seek clarification, straight talk, and
20 specifics as to how the mergers will be
21 implemented to best serve the citizens, their
22 families, and their needed long-range
23 healthcare.

24 I thank you for that, and on an

1 anecdotal note, my wife and I were active in
2 the New York City area in various hospitals
3 and educational institutions professionally.
4 We came here nine years ago after looking at
5 the facilities here in the area, and they are
6 excellent, and they do -- certainly, we've
7 used them and have found them to be superb.

8 Both the addition of the Lahey
9 facilities where my wife has gone for macular
10 degeneration, where I had an intensive care
11 episode due to sepsis at Addison Gilbert
12 Hospital and found the staff -- every staff
13 member that are deeply involved in what was
14 -- I was able to recover. I was told that if
15 I had been not cared for that day that I
16 would have died.

17 Now, I'm very old, and my wife is
18 very old, but there are many cares that are
19 needed in this area. And I do hope that
20 whatever mergers do result that they are not
21 simply based on cost effectiveness. There
22 are many institutions that benefit, even
23 though they're not making so much money. We
24 do many things in our society for the total

1 society, and I hope that we consider to do
2 that in the future. Thank you very much.

3 MS. MANN: Thank you.

4 MR. DAVIS: Thank you.

5 MR. DEXTER: My name is Steve
6 Dexter, and I'm here to voice support for the
7 proposed affiliation of Lahey Health, Beth
8 Israel Deaconess Medical Center, New England
9 Baptist, Mount Auburn, and Anna Jaques.

10 As a small business owner -- our
11 business started in 1867, so we've been
12 around a while -- resident of Gloucester, and
13 a longtime supporter of Addison Gilbert
14 Hospital -- I'm a past board member. I was
15 on the board for about 12 years -- I have
16 firsthand knowledge of all the Addison
17 Gilbert Hospital has done for this community.

18 I was born on 3/28/41, so I've had
19 a long affiliation with Addison Gilbert
20 Hospital, along with my other nine siblings.
21 So we have a big family. I graduated right
22 out of this high school. And from providing
23 jobs to many residents to supporting our non-
24 profits to insuring we all have access to

1 excellent healthcare services, we need
2 Addison Gilbert Hospital, and it is a vital
3 part of our community.

4 I hope you will approve the
5 application. It is a turbulent time in
6 healthcare, and it is important to keep our
7 local hospitals strong. This affiliation
8 will do just that. Thank you for considering
9 this for the community of Cape Ann.

10 MR. DAVIS: Thank you.

11 MS. MANN: Thank you. Michael
12 Arsenious, followed by Val Gilman. Michael
13 Arsenious. Val Gilman. Following Val
14 Gilman, Hanoi Reyes.

15 MR. GILMAN: Thank you. My name is
16 Val Gilman, G-i-l-m-a-n. I live here in
17 Gloucester. I'm on the city council. I was
18 on the school committee for six years and was
19 a human resources professional for 25 years.

20 So I empathize with what you're
21 going through right now. I did want to say
22 something on behalf of Lee Swekla. She
23 actually did send out this information back
24 on November 26, and it was shared by 42

1 people on Facebook before I even got it, so
2 that means that a lot of people did see it in
3 addition to the ad.

4 But as a ward councilor, every time
5 I hear the ambulances coming through my
6 neighborhood -- and I live pretty far, almost
7 into Rockport -- it always worries me
8 because, first of all, we've always had to
9 worry about our fire station being open --
10 and presently it is, which is huge -- but the
11 issue of getting a person to the hospital if
12 they've had a heart attack or if they've been
13 in an automobile accident -- and we've had
14 some pretty bad ones on Washington Street,
15 which is our main road from the hospital all
16 the way into Rockport -- it's always a huge
17 concern for us in terms of getting people to
18 the hospital on time.

19 So I completely support this
20 application to take five major hospitals and
21 merge them. I do think it's important. I
22 assume that this is kind of a listening forum
23 right now where you're really trying to
24 listen to everyone and understand, and I

1 would hope that at the point where you pull
2 together more details, we'd have an
3 opportunity to do more public hearings.

4 I'm sure you have a plan, but I
5 just think that that would be very helpful.
6 But right now, I think it's been loud and
7 clear. We have a lot of people here tonight,
8 and I think the feedback has definitely been
9 to support our local hospital. We're very
10 far away from Beverly, in my case probably
11 about 30, 35 minutes, and knowing that that
12 local hospital is there for us for emergency
13 treatment is really -- it's very helpful.

14 And I just wanted to put a thank
15 you out to the Addison Gilbert Citizens Group
16 who really keep pushing hard to reestablish
17 services by fundraising, and that's been very
18 helpful. But I do appreciate you coming.
19 The Department of Public Health, thank you so
20 much for doing this, and I appreciate the
21 attentive listening. So thank you, and have
22 a good night.

23 MS. MANN: Thank you.

24 MR. DAVIS: Thank you. Hanoi

1 Reyes, followed by Altagracia Mae.

2 MS. REYES: Good evening, everyone.
3 My name is Hanoi Reyes. I am a Jamaica Plain
4 resident in the City of Boston, and I am also
5 here today on behalf of Lilith Council 12125,
6 and I am the president of the council and of
7 the immediate past state director for Lilith,
8 Massachusetts. Lilith is the largest and
9 oldest Hispanic organization, with over 1,400
10 councils across the city; also of the United
11 States of America, including Puerto Rico.

12 I am also here as a spokeswoman and
13 member of the Make Healthcare Affordable
14 Coalition, a nonprofit organization concerned
15 about the imminent rights and healthcare
16 opinions and negative impact that would arise
17 from the proposed 13 hospitals making a
18 merger, led by Beth Israel and Lahey Health.
19 I am here tonight on behalf of the families,
20 community members, and small businesses and
21 community leaders that we represent.

22 We urge the HBC to scrutinize this
23 mega-merger that would control one out of
24 three hospitals and reduce access to

1 community hospitals who are less fortunate.
2 As community hospitals outside the mega-
3 merger won't be able to compete, forced to
4 raise their prices or close, all small
5 businesses such as convenience stores will
6 see their premium insurance skyrocket. Beth
7 Israel prices are already up more than double
8 of community providers.

9 Therefore, I respectfully request
10 the HBC to review, investigate, and publish
11 the finance before approving this merger. We
12 have heard a lot, and I respect a lot of the
13 stories that have been shared today here, and
14 we've heard a lot of supporters who are
15 partners and also employees and members of
16 the community.

17 We don't oversee the quality, and
18 we don't question the quality of the services
19 being provided by these hospitals, but we do
20 want to know the details, and we want this
21 investigation to please take place because I
22 think it's only fair that we listen to
23 everyone.

24 This is a mega-merger that is going

1 to cover all Eastern Massachusetts, and I
2 don't believe that -- I was present yesterday
3 in the Boston meeting, and I'm present here
4 today, and I don't believe that we have heard
5 all of Eastern Massachusetts' concerns.
6 There has been a lack of time in informing
7 people of this meeting, and we need to be
8 more involved. Thank you.

9 MR. DAVIS: Thank you.

10 MS. MANN: Thank you, Ms. Reyes.
11 Altagracia Mae, followed by somebody whose
12 last name is Rose.

13 MS. MAE: Buenos noches.

14 MS. REYES: I will interpret for
15 Ms. Mae tonight.

16 MS. REYES FOR MS. MAE: Good
17 evening. My name is Altagracia Mae. I am a
18 resident of Lawrence and member of the Make
19 Healthcare Affordable Coalition. First, I
20 would like to express my gratitude for giving
21 me the opportunity to express my concerns
22 regarding this vision and this platform.

23 I've driven an hour to be here
24 tonight, and I'm sure that many members of my

1 communities would have loved to be here
2 tonight as well. I have heard all the
3 testimonies and stories in support of elected
4 officials, employees, patients, and other
5 parties this night. In our community -- in
6 our organization, we don't doubt that all the
7 healthcare entities are committed to their
8 patients. However, we are worried about the
9 impact that this will have -- this mega-
10 merger will have in the working class and the
11 communities of color.

12 Therefore, we respectfully solicit
13 that there is an investigation regarding the
14 impact, an independent investigation, a
15 complete investigation, and that it is
16 informed and published to our communities
17 before anything is approved. Let's see how
18 these costs will be covered.

19 In addition, I understand the
20 reduction of the elimination of competition.
21 And therefore, there's a risk for a monopoly
22 to be created regarding prices around certain
23 medical services. Thank you.

24 MR. DAVIS: Thank you.

1 MS. MANN: Thank you. I can't read
2 the first name. The last name is Rose, and
3 then Bonnie Kaplan. Is Mr. or Ms. Rose here?
4 Bonnie Kaplan.

5 MS. KAPLAN: Hi. I'm Bonnie
6 Kaplan, B-o-n-n-i-e K-a-p-l-a-n. And I've
7 noticed that just about everybody whose
8 spoken here tonight in support of this merger
9 is an employee of the entities who are asking
10 to merge, whereas the community has been
11 saying we don't want this merger if we're
12 going to lose our hospital, and that's the
13 way I feel. No hospital, no merger. We need
14 a guarantee that the hospital will stay open,
15 and I have a couple of points in support of
16 that.

17 Cape Ann has been described as the
18 island that you can drive to, except that
19 sometimes you can't drive to this island. We
20 have two bridges, but they're unreliable.
21 I've seen the traffic around the A. Piatt
22 Andrew Bridge be terrible and, in fact,
23 tomorrow the southbound traffic on the bridge
24 will temporarily be halted completely because

1 of an extra wide load coming through. And
2 our other bridge is a drawbridge, and it's
3 open, at least in the summer, constantly to
4 boat traffic, with lines of cars backed up
5 all over the place.

6 And also, our community -- not only
7 do our community residents need access to a
8 hospital, but so do our summer residents and
9 short-term visitors. I don't like to think
10 what it would do to our tourist economy if
11 all of these people didn't have access to a
12 hospital.

13 To put it another way, people
14 without timely medical care don't make good
15 customers for a hospital or a medical care
16 system, and that's a reason why I think
17 there's something unrealistic about the
18 merger if they won't guarantee keeping the
19 hospital open, because, basically, if they
20 kill people, they can't bill people. So this
21 is really an important point.

22 Also, there are those who don't
23 have a car or are unable to drive, and how
24 can they provide support to outpatients and

1 inpatients with their presence? They can
2 provide that support if the patient is in
3 Addison Gilbert Hospital, because we do have
4 some public transportation on Cape Ann.

5 So we won't benefit from this
6 merger unless the hospital stays open and
7 unless we know it does, because the anxiety
8 around not having a hospital is in itself bad
9 for our health. So thank you.

10 MS. MANN: Thank you very much.

11 MR. DAVIS: Thank you.

12 MS. MANN: This is the end of the
13 list of folks who have signed up. Is there
14 anybody else in the auditorium who would like
15 to be heard? Seeing no -- yes? You need to
16 stand up and come to the microphone. We'll
17 need your contact information as well.

18 MS. HALL: Hi. My name is Sue
19 Hall. I live here in Gloucester. I'm a
20 nurse at Addison Gilbert Hospital. I have
21 worked there since 1977. When I first worked
22 there, we had like 130 beds. We had
23 pediatrics, we had OB, we did surgeries. My
24 mother, in 1977, had back surgery. We did

1 surgeries.

2 After Lahey -- sorry. After the
3 merger with Northeast Health Systems, we lost
4 OB, we lost pediatrics. I was a pedi nurse
5 at that time. Then we mergered with Lahey,
6 and we sort of lost our surgeries. We do not
7 consistently do surgeries after that, and
8 very rarely now, except for colonoscopies.

9 I've seen us go from 130 beds, and
10 currently, we have 30 med surg beds and only
11 four ICU beds. I've seen our services
12 shrink, and I'm worried that with this merger
13 and, as other people pointed out, the fact
14 that we're so small, we might be deemed
15 unneeded and gotten rid of.

16 That is a big concern for me
17 because our population doubles in the
18 summertime. We have a lot of elderly. My
19 parents have used the services. My mother
20 was just a patient last week. My father has
21 been a patient many times. Even my husband
22 was in once, too.

23 But we need the services. And I
24 find that we've had a lot of people from

1 management here tonight representing their
2 part, and I know there are outpatient
3 services and a lot of good stuff Lahey has
4 done, but I'm very concerned not having the
5 services for our people in Gloucester. And
6 they haven't said exactly -- they said oh,
7 this will be good, this will be good, but I
8 would like to know how is it going to be
9 good, and I want to know are we going to get
10 some of our services back so we can be a real
11 hospital again. Thank you.

12 MS. MANN: Thank you.

13 MR. DAVIS: Thank you.

14 MS. MANN: All right. That closes
15 our testimony. We've gone through everybody
16 who signed up. We will be accepting written
17 testimony for the next ten days. That can be
18 submitted through email or to our offices at
19 250 Washington Street. I'm sorry, do you
20 want to speak?

21 UNIDENTIFIED FEMALE: I have a
22 question.

23 MS. MANN: This is --

24 UNIDENTIFIED FEMALE: I want to

1 know how to obtain a copy of the application.

2 MS. MANN: The application is
3 available online on the DPH website,
4 www.mass.gov/dph/don, determination of need.

5 UNIDENTIFIED FEMALE: Thank you.

6 MS. MANN: You're welcome. We'll
7 close tonight's hearing. Thank you very much
8 for your time. Good night.

9 (Whereupon, the hearing was
10 concluded at 8:00 p.m.)

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C E R T I F I C A T E

COMMONWEALTH OF MASSACHUSETTS

NORFOLK, ss.

I, ARLENE R. BOYER, a Certified Court Reporter and Notary Public in and for the Commonwealth of Massachusetts, do hereby certify:

That the proceedings herein was recorded by me and transcribed by me; and that such transcript is a true record of the proceedings, to the best of my knowledge, skill and ability.

IN WITNESS WHEREOF, I hereunto set my hand and notarial seal this 20th day of December 2017.

Arlene R. Boyer, CVR
Notary Public
My Commission Expires
December 14, 2018