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PUBLIC COMMENTARY

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2:45 PM TO 5:00 PM CST

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>> Hello, again. Hi, folks, so do we start?

>> Hi. Thank you.

>> I was lost.

>> Now you're fine.

(Laugh.)

>> Good afternoon, everyone. Thank you for joining us here today. Please be seated. Welcome all. My name's

Fernanda Lopes, and I serve as the chief of the Office of Health systems development at the Rhode Island Department of Health.

We're now going to have a brief announcement in Spanish to let people know that we have interpretation services available. A member of our staff is available to translate.

In the event a Spanish-speaking member of the public would prefer translation services to make a comment. Margarita?

(Speaking Spanish.)

>> Good afternoon. My name is Margarita. I work for the Rhode Island Department of Health, and I'm here to be the interpreter in case somebody prefer to do your own comments in Spanish.

>> Thank you, Margarita. Safety first. Please note the exits are located on either side in case of an emergency. And turning over to review the purpose and some important reminders to our joint public meetings... [unintelligible]

>> And our Our Lady of Fatima Hospital hospitals. These meetings are being held today March 19th, 2024 and March 26th, 2024 from 4:00 to 6:00 PM. Roger Williams medical center and our lady -- Our Lady of Fatima Hospital.

If you have comments that you wish to share.

The Teams chat will be disabled during the meeting. If you would like to submit a written comment, you may email that comment to healthcare@RAIG.RI.gov and/or fernanda.Lopes@health.ri.gov until March 2024. And, of course,

the last bullet goes without saying but please wait your turn and be respectful of other attendees.

At this time I'd like to introduce attorney general Neronha -- good afternoon to see you all. It's good to see this much interest -- I want to thank the Department of Health for your partnership, and this, and so many partners, and I welcome is beyond is beyond to the outside and Julie Harvey closer to me who are we don't of our four-member healthcare team. It grows ever larger because our healthcare becomes our mission. Looking forward to hearing public comments tonight and next time and thank you so much for coming out. I'll pass the baton.

>> I'm Sandra Powell, and I'm one of the deputy directors of the Rhode Island Department of Health. As the attorney general said, we work in partnership with the AG team for these types of applications, so I want to say a few words about this application and how we are all looking at it according to the law.

So with me -- I'm here on behalf of our acting director Dr. Bandy, who was unable to be here today, and I have a few staff members from the Department of Health at the very, very far right is Julie Wyman, who's our acting executive counsel.

Next to her is Alana Compel, who's also with the Department of Health and Fernanda Lopes who you just met and -- under this work sits, and we have other staff members

here in the audience and also other consultants who are working to really thoroughly review this application. A very important application.

So we're here to do really the important work to listen to your comments. This is what it's all about, and we're all on the same page on that, and we know for this application, the application concerns the acquisition of Rogers Williams Medical Center and Our Lady of Fatima Hospital through something called the charter Rhode Island charter incorporated - that means it will acquire the charter care hospital system including both hospitals and an estimated cost of the transaction according to the application we have is about \$193 million.

And that, as proposed will be financed by CharterCARE Health of Rhode Island, which is the local entity that will own the two hospitals.

So as you may know the health department is responsible for licensing healthcare facilities - including hospitals, which is part of our role, and we want to make sure that when we look at a proposed transaction like this one we're thinking about several things.

One of them is the future sustainability of the healthcare systems. We have to think about that. We have to think about the long-term impact on healthcare, on quality, safety and access, and that's important to every transaction we do because we have to work closely with the AG and his team, and we have a

very long and broad interest in the healthcare system in its ongoing sustainability. So there are many criteria that we look at. I won't go through all of them. You'll hear more about all of them when we will review such an application we follow the law, of course. I mean, look at issues like character, commitment, competence, standing in the community of the entity that's looking to acquire a hospital or a hospital system.

We want to make sure there's access for people that's maintained. And also, we want to make sure that traditionally underserved populations are able to access services is on, so we're looking at the big picture and the long picture on this.

The Hospital Conversion Act requires all of us to work together to protect the public's health and welfare and to ensure the viability of the healthcare system, and we're really looking forward to hearing your thoughts and comments and working very closely with our colleagues at the Office of Attorney general's office. So thank you very much and with that I'm going to turn it back over to Fernanda.

>> Thank you.

>> Fernanda: Thank you. And, again, welcome. I'd like to review the framework of the administrative and procedural processes that will be undertaken during today's meeting. First I'd like to note that this meeting is being recorded and will be posted on both the Attorney General and the Rhode Island Department of Health's websites.

We also have with us Partner Interpreting for CART services, so we hope to establish an audio recording and a transcript of this meeting for the record.

As this public meeting is being held as a hybrid meeting, we have a large number in attendance today. Both remotely and in person.

In order for it to be conducted in an organized and orderly manner, I'm requesting that those participating virtually please remain on mute until it is your turn to provide comments. Muting will help avoid any feedback and allow us all to hear from others and speaking one at a time. I really appreciate your flexibility in this hybrid environment.

As the link posted in the public notice to sign up for the joint public meeting is a live link, if you haven't already done so and are interested in providing comments during today's meeting, please sign up. For those of you in person, RIDOH staff is ready to assist you. Participants will be called on to provide their public comments in accordance to that active list.

It's important that the person speaking during the course of today's meeting identify themselves by name, affiliation, if any, and please spell it for us, so the record is clear.

Please refrain from posting reactions or engaging in chats.

Each participant in this meeting will have up to 3 minutes to speak. I ask comments by those speaking today please be

pointed, succinct and concise, so that we have an opportunity to hear from all who have public comments to share.

If you have already submitted written comments, please be advised that those are part of the record and do not need to be repeated here today. Written comments will continue to be accepted by both agencies through March 29th, 2024. In place of or should you want to supplement your verbal comment here today. We're here to listen to public comments regarding the hospital conversions application that is currently under review by both agencies. That is the Centurion Foundation Inc's., proposed acquisition of Roger Williams and Our Lady of Fatima Hospital. All verbal and written comments regarding the application will be considered by both agencies. We want to be able to hear from you, members of the community aside from our introductions the representatives from the two agencies will not be speaking in response to any specific comments. However, we're here to hear and record your comments.

Finally if are there any reporters with questions, please bring those to RIDOH's public office Joseph Wendelfin. I will call attorney Rocha to call applicant representatives for some brief comments and the proposed transactions. Thank you.

>> Good afternoon and thank you for scheduling this public meeting.

With Richard barretter we represent the transacting parties in the proposed transaction with the Centurion

Foundation to be the new owner and operator of Roger Williams Medical Center and Our Lady of Fatima Hospital. With your approval these two community hospitals be returned to nonprofit status under the local leadership of Jeffery Liebman and his management team and an independent local board.

Most importantly it will be under the leadership, sponsorship of Centurion whose mission to equip nonprofits with financial and technical resources to fulfill their mission -- missions. Here this transaction will ensure that the hospitals continue to provide access to the communities they serve of high quality needed and affordable healthcare. We believe the transacting parties meet all the statutory criteria. We look forward to continue review and ultimately approval of the hospital conversions act conversion.

At this time I'd like to introduce Jeff Liebman President and CEO of prospect charter care followed by Ben Mengle President of the Centurion Foundation. With your approval may we use the podium?

>> Thank you, Pat. My name is Jeff Liebman. I'm the president and CEO of Prospect CharterCARE, who currently owns both hospitals, Roger Williams and Our Lady of Fatima Hospital. These are located in Providence and the North Providence communities.

Let me spend a few minutes describing just some of the important services, by all means not all services, that we have

the privilege of providing. The first is cancer care I think everyone knows us as the cancer hospital in the region. We provide various high-level services, surgical oncology and EMT and radiation therapy. We also provide extremely high-level services in elder care with the only gerontology in the state. we have a growing gastroenterology service that we continue to add to. We are the largest inpatient program for any acute care hospital in the region with over 100 licensed beds for behavioral health patients. We're also an academic medical center training program and affiliation with Boston University School of Medicine, which is a primary feeder for primary care doctors who train here and stay in this state.

Our services to the community involved also very, very important features. Our emergency room at Roger Williams, which is the newest emergency room in the state where very recently we spent \$15 million. Has about 30s -- 30,000 emergency rooms a year. 7,000 inpatient admissions. Our Lady of Fatima Hospital emergency room has almost 24,000 emergency room visits and about 6,000.

As you know Prospect made a decision to exit the state. With that there was a robust process on a request for proposal to find people who are interested in helping us. Only one viable candidate came forward, which is Centurion to -- forward, which is Centurion to make sure our vision going forward. Not only a viable candidate but one that has a great solution. This

solution is good for our patients, good for our community, it's good for the state, and it's good for our employees.

Over the past 2 years we worked very closely with Ben Mingle Centurion's President and CEO who you'll be hearing in a few minutes and with his leadership we'll be going to local control, local governance not for-profit status to have a platform to grow

>> Thank you, Jeff. Thanks, everybody. Good afternoon. My name is Ben Mingle. I'm the president of Centurion Foundation.

Centurion Foundation is a very unique organization. We were founded as a charity in 1996. Our mission is to equip other nonprofits with the financial and technical resources for their charities to succeed. Centurion's mission assisting these other not for profits includes a wide range of activity that goes from owning the building, leasing the building.

(Pause.)

>> It includes a wide range of items leasing the buildings -- Centurion is solely focused on healthcare. Our mission today is only about changing the healthcare dynamics in this country. Centurion works closely with all of our clients, collaborating together.

To date Centurion assists 13 not-for-profits across the country in 36 facilities. Those facilities total a billion dollars in total financings, and we have a million patient encounters a year across these facilities, so we're very

intimately familiar with touching the patient population.
Centurion's clients include people like ascension, common spirit health, Boston medical center, and Centurion is currently delivering annual savings to its clients

If you heard from Jeff who responded to the RFP we at we're the only proposal who met the requirements kept these hospitals open with...[unintelligible]. Centurion is an expert of finance in local governances with the regulators approval we will own and operate the hospitals with Jeff and his management team running facilities. Our proposal to return local control [unintelligible] the existing management team under Mr. Liebman and under his leadership and local board govern these organizations to make sure they're meeting the needs of this community. There won't be any outside influence changing what's happened.

Centurion has worked closely with Jeff over the last 2 years, and we're excited -- he and his management team have all agreed to stay on with Centurion. Centurion is confident in the ability of its management team to convert these hospitals in self-sustaining organizations.

We will have a local board that is responsible for empowering, governing Mr. Leibman and his team.. [unintelligible]. Centurion's proposal will also ensure any excess revenues of these facilities re-invested back in the communities the increased charity care the increased capital

investment, the increased benefits to all the employees. Centurion proposal provides day 1 there will be an \$80 million backstop to capital reserves to serve as the backbone with financial wherewithal, which is all in line with other not-for-profit hospitals in the country, not just in Rhode Island.

I want to spend a minute recognized the concerns of the union. We understand their current position, and we are confident we will continue to work together with the union to ensure the viability -- viability of the two hospitals here.

To be clear we agree with existing contracts and work with the union for fair market and competitive compensation for the team. [unintelligible] and return jobs in Rhode Island that are currently in other states and in other countries.

In closing, Centurion is committed to empowering our local leadership team to implement and execute the hospital mission of delivering healthcare to community concerns.

Centurion is going to leverage both our intellectual and financial resources to ensure the hospital has access to capital that they desperately need to succeed in the future.

This has and always will be our guiding principle as an organization, the last 30 years we've been in existence.

And with the approval of the attorney general and the Department of Health, with look forward to being a leader in the Rhode Island healthcare community.

Lastly I'd like to thank the attorney general, the Department of Health for scheduling the meeting today. The time and review this process. With your approval we look forward to serving Rhode Island.

>> Thank you. I'd like to call Sarah coneckic, please.

>> My name is Sarah kenemic the patient experience center at Roger Williams center, excuse me, and Our Lady of Fatima Hospital. If you're not familiar with the term patient experience it entails all interactions shaped by an organization's culture that influences patient [unintelligible] which shapes the patient concerns, and I have a good pulse on the patient feedback, what they liked, what disliked from the time they walked through the doors to the time they get discharged, and I make it a priority to follow up as many patients as possible who take the time to share their feedback because I want to ensure our community feels heard especially if they're going out of a way to leave a survey, reach out -- in turn I feel very familiar with the organization's strengths and weakness. Our No. 1 strength is without a doubt the staff. It'd be close to impossible to do my job without a team equally as driven to meet patient needs. And from previous work experience I see how much better that strength becomes with localized leadership, and opportunities provided to nonprofits, it's without a doubt, enhancing the patient experience -- I'll wrap this up on comments under a real life survey from Roger

Williams medical center. This patient Anna couldn't be here tonight but share her words from her satisfaction survey last month. Anna states: My first contact person in the ER was very kind and acted fast to my needs, which I clearly needed. The nurses accommodated my request kindly and efficiently. the lady that cleaned my room in this morning was lovely, kind and professional and asked if I needed anything. She was so sweet. It certainly made my day. All the resident doctors were amazing and very informative and caring. The care I was given during my stay in CCU was amazing. I cannot say enough about the team working there. The care given to other patients was A-plus, yes, I wish I could -- excuse me, yes, I wish was never in the CCU, but I felt safe and cared for while I was there, and I'm thankful for every single person who helped me to get better. Thank you.

>> Frank Castellone?

>> Thank you, good afternoon. My name is Frank Castellone. I'm the director for safety security in the emergency management for charter health partners. Prior to that I worked for the state police here in Rhode Island for 25 years. I retired in 2014 as an executive officer for the Department of Public Safety. And was fortunate enough to come to CharterCARE to work.

I can tell you from my professional experience that the leadership here at CharterCARE is some of the best I ever worked

at. I don't take that lightly by saying that, but that is the truth.

I'm here in support of the application for Centurion Foundation, excuse me -- the sale of CharterCARE to the Centurion Foundation. Over the past 10 years, I've experienced some amazing and inspiring work done by our employees in the hospital in our not too busy emergency departments. So much, so I brought my own family to be treated at both hospitals. As we all aware healthcare workers work in a very tumultuous and challenging environment, and I have witnessed the best of people during these times.

I know we're at the crossroads right now here at CharterCARE, and I'd just like to say we really need the stability of this application to go through. I have faith in the Centurion Foundation. I believe this is the best opportunity for CharterCARE, and I thank you for your time.

>> Thank you, [unintelligible] Issa, please.

>> [First Name] Issa. I used to come to these meetings when I was in the legislature. The mind can only absorb what the bottom can endure, so I'll be extremely brief. I've been working in the healthcare field for about 40 years. Radiology, home care and just the last three part-time for CharterCARE. The hospitals are always an enemy because we were an independent testing facility, and I can't tell you what a wonderful experience it's been working with the management team there. I

call on the physicians and all the other providers by the way on behalf of Charter Care if there's a problem, issue and trying to clear it up and the manager has been unbelievably responsive to they're very professional, and I'm thoroughly impressed frankly if I would have known they were that good I would have started in the hospitals at the beginning of my career. There's an old saying if you're a good facility your doctors will bring their family there. I brought my mother there. If you're great, the doctors send their mothers to you as well.

I can't tell you the quality, the staff -- I've never not been encountered one rude or one short provider be it a nurse. They give them -- they give 100 percent. It really is impressive, the nurses, the NPs, or the PAs, the staff -- the rotation is fantastic. I was in the legislature when they allowed for-profit hospitals, and this -- if this application is allowed, and I hope it is, there will be no more for-profit hospitals. I don't think it's worked. Be it the reimbursements or whatever. There is no more money in medical -- I am so pleased and appreciative that Centurion has come forward, and I would ask you to consider approving the application, and I absolutely think if we don't, then it'll be a disservice to the people have the state. A lot of people don't have transportation. These facilities are centrally located. They serve everybody. They have the interpreters. They do the charity care they do the whole thing, and I'm, quite frankly,

happy to be affiliated with them.

>> Thank you. Melissa Bararo, please.

>> Hi, everybody my name is Melissa Bararo. I'm the director of business development at Charter Care, and I've been at the organization for 17 years. My role there is focused on Centurion --[unintelligible].

>> It serves as a liaison to the hospital, nursing homes, assisted living communities and their agencies. The program means that the most vulnerable communities get the care they need for doctors. Charter Care is the only hospital in the United States that does that that focuses on the patients[unintelligible].

Our emergency rooms accept patients from as far away as westerly [unintelligible] with no local options are available to them.

We take rate plans to accommodate all patients. We also have the facility to navigate for geriatric patients for psychological care, and I challenge the staff to manage patients --(Inaudible.)

>> I support Charter Care's application because the patients who live in the surrounding areas are counting on us. Centurion is the perfect partner to ensure that Charter Care gets back on solid ground, so we can continue our mission. Thank you.

>> Thank you. Ann Dugan, please.

>> CART PROVIDER: There's no audio.

(Inaudible.)

>> Ann Duggan. [unintelligible]... Roger Williams, Our Lady of Fatima Hospital and urge gentle care. Ironically I began my nursing care at Roger Williams. We call it the Rog in 1980. Now I'm just dating myself in this entire room.

In addition, I started the inpatient surgical oncology program. Sadly my brother Dennis was one of his first Rhode Island patients. The Roger Williams is an extraordinary hospital with its grow large program as well as many other service lines that meets the needs of the patients in our surrounding communities including my family members and friends.

In 1989 I had an opportunity to pursue a career change in the ambulatory surgery with surgical care affiliates, but I came full circle back to the Rog and brought my experience with me to the Charter Care portfolio. It's been a wonderful homecoming. Incredibly I got re-acquainted with many staff members who had worked there when I worked back in the 1980s. Over the past 6 years I've seen the dedication across-the-board from Jeff Liebman and his leadership team to the outstanding doctors and nurses and other professionals all with one goal: To ensure our quality care to all the patients we serve. The Rog and Fatima for me both personally and professionally are the hospitals I want to work with. I'm confident with Centurion with our local leadership will continue the tradition of excellence, and I hope you approve the application. Thank you.

>> Thank you. Susan Belavo, please.

(Pause.)

>> For any individual wanting to speak that is joined virtually, please raise your virtual hand, so we can unmute you. I call again on Susan Belavo?

I'll move on to Shari Clavet?

Shari Clavet?

>> She is unmuted on Teams. Shari, are you able to hear us. You can provide your comment.

>> Thank you, I am the VP of compliance and privacy for Charter Care at both facilities, and I have been here since the fall of 2019.

I wanted to share something that I don't see very often. I've been doing this a very long this time. I teach at each orientation when new employees are coming on and one thing that I've noted that I haven't seen in any other place that I've worked is the rate of return of employees who come back to Our Lady of Fatima Hospital or Roger Williams, and I think it's a remarkable testimony of what a wonderful organization this is and thank you.

>> Thank you. Dr. John Stuketes, please?

>> I'm John Stuketes. I currently serve as the chairman of medicine -- I'm a lifelong Rhode Islander. My family-owned a little bakery like the URI like a good Rhode Islander should.

I left Rhode Island to go to Boston medical school, but my

parents couldn't figure out why I did that. And one thing I learned how great it was and really the -- the uniqueness of not having huge healthcare systems and [unintelligible] I came back to Roger Williams in 1989, and I haven't left since and the main reason for that is at least from my point of view it's an absolute commitment to caring for parents [unintelligible] caring for healthcare patients.

I've been allowed to grow my departments with the leadership of the hospitals we were able to link up with both Rhode Island college and University of Rhode Island the state's first owned geriatric healthcare center and Roger Williams who have been able to add geriatricians to be able to care geriatrics, again, we were limited to access to funding because little guys can't get big loans like big guys, so we linked up with Our Lady of Fatima Hospital initially it was -- with Prospect.

Initially, it was a wonderful thing, and everybody was in support of capital they allowed us to grow and provided infrastructure, but the process came with its price. We weren't able to get grant if you could for our academic funding, and we weren't able to get loan forgiveness for residents to come in and stay in the state because the for-profits. They lost interest they want out of the state they're not paying their bills and not doing the things that they need to do and really they need to move on.

Another good thing it's come from -- they built an excellent support initiative. This came under Jeff's leadership with the rest of the administrators. Got us through COVID with one of the best outcomes for parents anywhere in the state. We were phenomenal taking care of COVID patients under same leadership team that got us through. We continued to survive through a cyberattack -- survive through a cyberattack and our IT was the -- we've put together a great team. We want to keep that going.

We know now that private equity doesn't work. In Massachusetts -- we need to get back to -- we need to get back to private, to local control, and that's really what we should do. Get to a new chapter. Get like Miss Powell said, focus on quality, access to what Rhode Islanders need to access -- healthcare Rhode Island again. Get a local board to direct us and move on. There's those who continue to support us, and we need to move and do this as soon as we can. Thank you.

>> Thank you. Dr. Rebecca Brown, please. Amanda Cox, please.

>> Amanda Cox. [No audio for first comments] Thank you for mentioning the cyberattack. I thought I would get through this without talking about that.

(Laugh.)

>> I've been with the organization for about 15 years. I started out as a clinical systems analyst supporting our lab

department and have gradually worked my way up through the organization.

Back in 2014, when Prospect medical holdings purchased Charter Care as a joint venture our IT department started to become centralized-- we outsourced a lot of our services we went from a Department of 54 employees down to a Department of 10 today.

Centurion partnership will be able to break off and start to rebuild our IT department. This will allow us to bring more jobs back to Rhode Island and provide better service and support that our hospital so desperately need. With this I urge the approval of this application. Thank you.

>> Channing Celeste?

(Inaudible.)

>> CART PROVIDER: There's no audio.

>> The many services we provide along with our efficiencies and overall professional attitudes --

(Inaudible.)

>> Our services range from pediatric dental, cataracts, podiatry. Lots of services --

(Inaudible.)

>> Over the past few years we added technology to our department as well as --

(Inaudible.)

>> Global sales -- neurosurgery there's also very one of the

first hospitals in Rhode Island to be doing the procedures,
which is an ENT procedure for parents --

(Inaudible.)

>> I'm very proud to be part of the Rhode Island family. I saw
a daughter and grandchild, and I would like to share a few
comments of the news I received from Google business -- I had a
recent procedure done at Fatima hospital and from start to
finish it was one of the nicest experiences. Staff at the front
desk and recovery was incredible, so thorough. I would
definitely recommend that the great facility. The staff and the
nurses and doctors are incredibly supportive, nice and
knowledgeable. Overall, my --

(Inaudible.)

>> I would highly recommend -- and we also get -- I would like
to take this time for every person who's involved who gave the
best care that was over and beyond what I expected. You all
make me feel very at ease and relaxed it's my first time at
Fatima, and I can tell you enough, thank you, thank you.

So these letters and reviews blessed to work with an
emergency staff with surgeons, an -- it's crucial for the
well-being of the state and especially our community thank you.

>> Thank you.

>> Jennifer Hudson-Parker?

I've unmuted your mic, Jennifer.

>> Hi, good afternoon. My name is Jennifer Hudson-Parker. I'm

one of the nursing directors of the surgical oncology inpatient program at Roger Williams hospital, and I've been there for the last 27 years. Certainly, I've seen a lot through the last few years. Most recently on inadequate funding to which we've had not been able to pay for services, supplies, equipment and things like that for our patients. I'm going to share a story from one of our patients who has been with us over the last 5 or 6 years, and she really tells the story how she has watched some of the neglect that has happened over the years and what the nursing staff is capable of doing, so I would just want to share. I write this to you as a concerned member of the Roger Williams Medical Center community. As you know I've been hospitalized more times than I care to count, over the past 5 years. During this time I've pretty much been treated very well inpatient, outpatient, home care, radiology, OR and, of course, the business office. I can honestly say that I've always been treated with courtesy and compassion. I cannot praise enough the professional staff as well as the ancillary employees that are here that deliver kindness, hard work, dedication and certainly compassion.

But, she says, Roger Williams is not without its faults. Staffing infrastructure and lack of broken equipment immediately come to mind. The current owners of this institution have made millions of dollars from this for-profit facility. If you are an inpatient, I hope that it doesn't rain because there are

leaks everywhere. She goes on to say that the nurses -- excuse me, wastes time by setting up IV pumps and finding out that sometimes they're not working.

She wanted to take the time and the opportunity to discuss these issues before the hospital is sold. If people of Rhode Island want and need Roger Williams medical center, however, it needs to return to the thriving and vibrant facility it once was. Remember, not all change is progress. If it isn't an improvement, it isn't progress. She asks the powers that be -- I say please think long and hard before you make this decision. Please vote to approve the acquisition. This is from a community member and a well known patient on here at Roger Williams hospital. Thank you for your time.

>> Thank you, Dr. NuBeal trahea. Okay. Thank you.

Dr. Nomen sunder.

>> Great job.

>> Thank you.

>> Thank you my name is Dr. Asunder. I'm one of the surgical oncologist. I've been with the facility for the past 20 years, and I'm the chief surgeon and Department of Oncology. A lot My patients I've treated across the state all from southern Mass and people come from all over the state to us.

[unintelligible...a difficult patient a grow large patient that's difficult we will take care of them. We have 5 partners and not only do we take care of these patients that are minorities and a

lot of applications -- we know that cancer care -- cancer incidents are in the elderly we take care of the elderly in a lot of ways, and we do have what we call a geriatric surgery program, which is unique to Roger Williams, and we also provide a lot of work for the minority for the good solid system, which is part of the whole thing.

We almost have 18 to 20,000 cancer visits per year, which will be hugely affected if these hospitals donate to us. I think it's a responsibility and accountability within the community that these hospitals need --. In that regard if you look becoming a not-for-profit status we not only do the clinical work, but we teach in addition. We do a lot of research. Research, unfortunately, do not give money to people who are for-profit organizations. they mainly do it for not-for-profit organizations, in fact, at one point in time Jeff, and I were trying to set up an international meeting, and we were trying to approach the Rhode Island Foundation which actually was supposed have to -- will not give us money because we were a for-profit organization, and I think it's difficult and there is no other organization supporting us in that regards I think Centurion will be a big boom to improve our quality of work and in terms of our accountability and getting [unintelligible] minorities into the whole healthcare scenario. Thank you.

>> Thank you. Joe De Santis?

Joe De Santis, if you are online, please raise your hand, so I may unmute you.

>> Joe DeSantis?

Move on to Dr. Lewis marienzi. Okay. Thank you, Maria Leonard?

Chris Collici?

>> Good it's to see you guys again. Chris Collici. I represent the United Nurses and Allied Professionals. Last name spelled C-a-l-l-a-c-i.

I have the good fortunate of representing the sea of purple in here. These are the folks that are the backbone of these hospitals. Without them these hospitals would not be here.

We rise in opposition to this application, and the reason why we do so as follows: These hospitals lost 88 million dollars during fiscal year '15 and fiscal year '20. They continue to lose money. At an unsustainable rate. Centurion's model force these hospitals to stand-alone and to be self-sustaining. They will put no money into capital projects. They will put no money to cover the operation of losses. This is a no-cash deal. 100 percent debt-financed.

We are supposed to go to the bond market meaning the local hospitals. Go to the bond market after you approve the deal. After you give them the keys to the facilities to borrow a principal amount of \$133 million. At a 6 to 7% probable

interest rate. Nobody is getting those rates right now.

Now, the principal amount is 133 million. Those bonds come due in 10 years, add another 93 in interest. Those bonds come due in 30 years, another \$279 million in interest. This crushing debt will hasten the demise of these hospitals because the debt is not being taken on by Centurion. The debt is being taken on by these facilities that are failing financially even the embattled and disgraced Prospect put \$40 million into these facilities. No money is coming from Centurion.

Now, if we get the bonds the hospitals are supposed to pledge their revenues to secure the debt. They don't have the revenues to security debt. If that doesn't work, they're supposed to take mortgages out on their facilities. Who knows if there's any liens on those facilities. The \$80 million figure that's going to be put on the balance sheet that's borrowed money. That's money that the local hospitals are borrowing. That's not a capitalization infusion from Centurion.

Now, you go to the bond market, we don't know whether somebody is going to issue the bonds, and it's after the deal. What if we don't get that financing?

Look, the model is based on finding untapped savings and generating new revenues. These hospitals have been trying to do that since prior to the affiliation of Roger Williams and Fatima hospital back in 2009.

They couldn't do it then. They couldn't do it as

Charter Care from '09 to '14 they couldn't do it as Prospect Charter Care from 2014-2024. Centurion doesn't own hospitals. It doesn't operate hospitals it doesn't know how to. How are they going to help us find untapped savings we have not been able to find for 15 years?

It's not there. Regrettably, it is not there. We would prefer to embrace this business model, but it fails. And at the heart of the hospital conversion act, it's to make sure that application is approved that the viability of our healthcare, infrastructure in this state is secured. And if this application isn't approved in its current form, not on this will it not be secured, but the future of these facilities will be in serious jeopardy. I'm going to ask to you reject this application.

>> Thank you. Tracy Crandall.

(Inaudible.)

>> I join this team -- this partnership and return it to a not-for-profit organization --

(Inaudible.)

>> The foundation of Rhode Island support of staff members is the best path forward.

In my short period of time here I have been inspired by the commitment of physicians, leadership and --

(Inaudible.)

>> Our chief enforcement office went to -- and she --

(Inaudible.)

>> When there are challenges in front of CharterCARE, it allows people to come together to make it happen is truly inspiring.

One thing that keeps --

(Inaudible.)

>> Is bringing in the talent, so you guys can do it what you do best.

As we as facing new talent without having experience with Charter Care, we have a problem where they come back --

(Inaudible.)

>> And they return to us in a very rapid rate, and they return to us because of the culture. Post-COVID we are not the only organization that's facing healthcare in providers all the way down to investigative tools.

One of the things that's been challenging for us is the waiting period and as we look to attract talent there's some uncertainty to face the future wherever you go. I strongly support this partnership with Centurion. It will bring stability, and stability back to the organization, and we can focus on what we do best: Reinvesting in Rhode Island, in the people that are here to attract patient care.

>> Thank you. Donna Sole?

>> [No audio].I've held various roles in small community hospitals. Academic medical centers and pretty much everything in between. We will be lost with the tertiary facilities to

provide care of the dramatic, the exotic and the complex.

The community possibilities --

(Inaudible.)

>> It is within those walls where families speak compassionate care with a dedicated staff who work so very hard to provide. Is that income staff who want to care for their neighbors, their friends, and they're each other's friends. When I have an opportunity to speak with patients I hear from them their praise for the care they received.

(Inaudible.)

>> When I went upstairs it was an amazing experience. The nurses at ER were so professional.

My husband, and I were very pleased on the care I was given. Hospital care -- nurses answered every question I asked. Med does were told to me every time they were given to me and as I had the medication. They are excellent nurses, and they have human qualities from another level and finally I do not have words. Thank you for saving my worth --

(Inaudible.)

>> However today we face -- the pandemic altered the trajectory of the work that we do. To find quality staff --

(Inaudible.)

>> We need to be able to recruit -- we are challenged today as long as the future of CharterCARE is concerned, so to are the --

(Inaudible.)

>> It patchy -- they make the difficult job updated computer systems and patient care. Community hospitals have the basics of healthcare and doing them well. I have the privilege of working with the leadership team that's devoted to doing that every day. I look forward to the Charter Care to make --
(Inaudible.)

>> Centurion stands ready to walk alongside for a brighter future -- if we're providing great care to our communities today to the challenges we're facing I know that we will be able to take the giant steps forward that will secure these hospitals for that future with Centurion on our side. In closing returning to a nonprofit status, keeping local hospitals local for the ability to let the leaders lead just what the doctor ordered. I ask you to approve the application to preserve the community hospitals of Charter. Thank you.

>> Thank you. Dr. Ratesh Rathor?

My name --

(Inaudible.)

>> I started at Roger medical center as a hematology fellow in the previous century, 1997, and I stayed on. I currently serve as division chief of oncology, and I'm teaching -- -- everybody has been supportive of these institutions in the community. I would like to just add a few words in terms of the utility and the necessity and sustainability of these institutions in our local space.

I really talk about what I do best and know best, which is the cancer care programs and the education programs. We serve about as my colleague had mentioned, 80 to 90,000 outpatient visits per year and specialize in high quality progress including complex surgical oncology as well as transplant -- bone marrow transplant, and we're going to do I aggressive immunology -- which is the first for our state and first for our patients.

What was briefly alluded to is we serve the minority population, which is an increasing and up to a third of the cases we see, but we also see federally underserved that populations coming from the PHC systems -- very vital point for their access to care services.

As being in their training area, most people talk about providing training programs but our graduates, whether they're in medicine or in the fellowships not only work in the CharterCARE system but across all systems. You will see primary care doctors working at Roger Williams across as a hospitalist in Kent or down in south County, and they provide services for the state and the region as a whole, and so I think that's a very wonderful thing. As a not-for-profit institution, we'll have significant direct cost-savings and direct costs, which will help the sustainability of the cancer programs, and I think we can't do that unless we become not-for-profit.

And finally, we will be able to attract more research

funding and actually better talent in terms of physicians and allied medical staff which can serve the population, so I think we have a utility in the area. We have the need, and I think the sustainability comes from growing the programs and going forward with the ownership -- and so that's why I like the talk and thank you for the opportunity.

>> Thank you. Lynn Redding.

>> My name is Lynn Redding. I'm the president of Roger Williams medical center local 5092, ERD nurses union.

First let me start out by saying I agree with Mr. Liebman. I agree with Dr. Stukitis. I agree with so many people who've spoken so far about the level of care that we provide, at those hospitals. That's not the debate. That's not the issue that we are here for. We know that we take great care of our patients. We know we have great doctors the grow large center is outstanding. We're not saying we don't want a nonprofit. What we're saying is we don't want this nonprofit because right now there are way too many unanswered questions.

One of them is, What are the services they are going to provide for us? Those services have been redacted from the public record.

What fees are they going to charge us? We're the ones funding this situation. We're the ones as a hospital between Roger Williams, Our Lady of Fatima Hospital and the home healthcare -- we're the ones who are having to support this

endeavor for Centurion. For a foundation.

We know that not-for-profit is better. We all have that belief. That's not the issue, but we're not Johns Hopkins. We're not Beth Israel Deaconess. We don't have that kind of funding behind us and for us to lay ourselves open again for financial loss is a huge mistake.

The best example I have is if you go into the hospital, and you say: I'm not feeling well, and we went say to you: Well, okay. I think we'll do some surgery. We're pretty sure that we'll have board-certified surgeons and anesthesiologists. We should have your recovery room set up, and we'll probably have great nurses for you, but we're not actually going to formalize this and really put it down on paper until after we've done the surgery on you.

Are you going to send your child to that hospital?
If they can't give you any kind of an assumption of a guarantee?
Are you going to send any loved one -- are you going to go there?

If it's all left up in the air until after the procedure, and that's what being asked of us. We're being asked to just assume it's going to go well, and we'll give you everything you need after we have closed the deal. So again we ask you to reject this offer.

>> Thank you, Mike solaro?

If attending virtually, please raise your virtual hand.

(Pause.)

>> I'll move on to Josephina cho Lenny?

>> Josephina, if you're attending virtually, please raise your hand.

>> There is a virtual hand up in it view all.

>> This is a reminder to the virtual participants that there is an online form to sign up to speak. Please raise your hand when we call you, that way we can unmute you.

>> I'll try Josephina choLenny one more time.

>> Shari Perry?

Shari Perry, if attending virtually, please raise your virtual hand. Susan Pratt?

>> Hi, I'm Susan Pratt, Pratt. I work at Fatima hospital.

I've been a nurse there for 33 years. I agree we have some of the best nurses. We all work together well. Actually, everybody works together great, and we're just very concerned about what Centurion is going to bring us, you know, when Prospect took us over, we thought that things were going to get better and instead, they really didn't, and there's just too much that we don't know right now about Centurion, and we're concerned, and that's all I have to say.

>> Thank you. Ryan Pagliero?

>> Good evening, every I work at Fatima hospital. I've been here about a year and a half. I'm not really going to back the deal. The money doesn't add up. It's common sense.

Everything's redacted in that application. The things I don't know unless we're going to be drilling for oil or mining for gold in the parking lot. If so, that'd be fun.

And I also question why anyone would want take this on and not front any money theirselves?

That's all I want to say. Thank you.

>> I'll try Shari Perry again?

Susan belevo?

>> There is somebody named belevo. That I've unmuted so Susan, if that's you, you're unmuted.

>> Is there a person by the name belevo who would like to provide public comment?

Joe DeSantis?

Dr. Lewis Marienzi?

Maria Leonard?

Joseph Feeney Chileni?

Dr. NaBeal chuLeah?

Donna Sole?

I believe spoke, okay? There anyone else in attendance who would like to provide comments but has not had an opportunity to speak tonight?

Online as well, please raise your virtual hands, and you will be unmuted?

Please come to the -- please come to the microphone.

>> No audio[Unintelligible]...Stewart wanted to buy landmark

hospital, and I was the only one who went to Woonsocket hospital to testify against it. I got booed is this the type of company you want to be taking Over land mark hospital?

We all saw what happened. Fortunately, the deal fell through, and we saw it happened in Massachusetts with private equity.

I've just been following from my office in east Providence.

Literally the date -- I'm reading and Leonard took \$658 million out of the corporation from what I was reading, and they sold the real estate, and they're going to be paying debt on their property that they own, and I'm just concerned that it's going to go bankrupt either way, and it's going to go bankrupt if it gets taken over or if it gets with the same company, and I'd like the people that did this to kind of bear the responsibility. That's what happening in Massachusetts.

They're just kind of fleeing the deal, and they don't want to maintain responsibility.

I was very impressed by Chris Collici from the union advertisement why they oppose it and that makes a lot of sense.

I'm not up on the detail on the finances, and I had a hard time finding it online but 31% of all the money in private equity comes from public pensioners. That's what did it to me guys that's where private equity gets their funds from, and I think the state of Rhode Island has to stop that, you know, nationally, and I think it's a national problem because it's going on in Massachusetts with Stewart is just as bad. Thank

you.

>> Thank you, is there anyone else in attendance who would like to provide comments but who has not had an opportunity to speak tonight?

>> There is someone online who raised their hand, so the user with the -- whose name J -- you're unmuted.

>> Yes, can you guys hear me?

>> Yes.

>> Yeah, so my name is Dr. Sudrina. I'm one of the anesthesiologist from Rhode Island, and I work in several hospitals. We have a group in Narragansett Bay anesthesia. I'm the CEO of the group. I've been in Rhode Island for the last 20 years. I worked in all healthcare systems. Competing healthcare systems. We provide -- we've been providing services at Roger Williams and Fatima for the last 10 years.

The reason why this is very important to us is we have worked in hospitals in Massachusetts, New Hampshire, everywhere, but the healthcare I believe is local. It is not national. It has to be served locally. The leaders have to be here locally, and that's where the investments have to happen. That's where the medicine profession has to be furthered.

With that being said, I can only speak for the Department of Anesthesia. We are facing unprecedented staffing shortage. We are having a hard time keeping the lights on in the operating rooms for a variety of reasons. We have not been

able to attract any anesthesiologists and nurse anesthesiologists for reasons beyond this meeting, but I know the state of Rhode Island is working to kind of improve that, but that being said, that local leadership of Roger Williams and Fatima, I have had contact with several leaders in my career but Dr. Leibman is one of the outstanding leaders who understands the vision and the strategy of these hospitals and especially the minority and the underserved as these hospitals are centrally located are taken care of. These hospitals have to survive. They need to be relevant to the community of Rhode Island, and we want to be part of that. Surrendering these hospitals to nonprofit status would help us tremendously but also attract more physicians and nurse anesthetists to the organization, and we can have a strong competition in this healthcare arena, otherwise, we're going to have one healthcare system that's not going to is everybody good for anybody, so I am speaking in support he of the application today.

>> Thank you. Dr. Nabil tubeba. Please come to the microphone.

(Inaudible.)

>> We serve the maximum purpose, and they --

(Inaudible.)

>> Regardless of --

(Inaudible.)

>> And we do that wholeheartedly. I'm proactive and -- we lost

several patients --

(Inaudible.)

>> I don't want to see that happen again. We're trying to --

(Inaudible.)

>> And our system can train those in the existing --

(Inaudible.)

>> Be supported programs. Thank you very much for the opportunity to let me say a few words about the program.

>> Thank you.

>> Dr. Lewis mariEnzi?

>> [No audio] It's been here a long-time. I was supportive of the for-profit. I was for the for-profit as the same nonprofit --

(Garbled.)

>> What I didn't realize and have learned is that the issue is what happens to the profits -- in a nonprofit, profits are put back in the hospital nursing, technology, infrastructure needs in for-profit -- although there was some initial investment, that money goes to the investors and --

(Inaudible.)

>> But it doesn't come back, so I would like to take the acknowledgement and turn to the -- I would like to go back to the nonprofit status to local governments and money back into the system, and I hope that will happen in a nonprofit setting. Thank you.

>> Thank you.

>> Fayear abdel fata?

>> [No audio]How busy we are. We need all the support, so the sale was a very important thing for our division, for the hospital and for everyone involved. Thank you.

>> Thank you. Is there anything else in attendance who would like to provide public comments?

>> Yes, there's someone online. Jeffrey bechen. I'm unmuting you now.

>> Mr. Bechen, you've been unmuted.

>> Good afternoon. Can you hear me?

>> Yes, yes.

>> Thank you. Thank you for the opportunity to speak. I've been with CharterCARE since July of 2019. And, obviously, I was not there for the initial stages of the engagement with Prospect, but I have been, you know -- I've been a part of many of the ups and downs that we've been through over the last several years. Particularly over the last 2 or 3 years.

One of the things that that is not being mentioned when we talk about the plans to try and turn this around through finances has been our performance as an organization in terms of the revenue operations, so I will be staying on as the vice president of our revenue cycle operations and my team is responsible for everything through registration to sending the bill out the door. Our metrics have constantly been the top in

it all of the Prospect facilities, and I know -- I feel -- I believe it in my heart, that if we can eliminate some of these corporate overheads that are thrown upon us due to being for-profit, and we can manage our money we can make money quick enough with help to turn this around, and I just -- I haven't heard anything like that. I just think folks should know that in terms of how well we do at getting paid by insurance companies, we do it just about as well as anybody around the Rhode Island market.

Thank you for the opportunity to speak, and I hope you approve this.

>> Thank you. Anything else in attendance today who would like to provide, please come to the mic.

>> Good evening and thank you. My name is Lynn blaze. I am president of united nurses and allied professionals but more importantly I'm a registered nurse, and I even spent my entire 40-year career within the St. Joe's healthcare system currently in the recovery room at Fatima hospital.

And as I'm sure you are aware that the UNAP is adamantly opposed to this deal as written, but I want you to know we as a union we as employees are committed to this organization. We want to see it succeed. We know the importance of it succeeding. We know the community counts on these hospitals. We know we provide a service that no other hospital in the state can take on. We have over probably 200 mental health beds. We

see over 50,000 patients in our emergency rooms every year. We serve the underserved, so we need these hospitals to survive but Centurion's deal as written is not going to make us survive. It is going to put the final dagger and close the doors of those hospitals forever. For that reason I oppose it and the UNAP oppose it, and we hope they can come back to the table with the way they put money in the table for those hospitals. Thank you.
Of

>> Hello my name Anthony Riley. I've been a nurse for about 10 years. I've only been at Roger Williams for about a month.

I want to reiterate a couple of things that I heard today. I've heard nice stories about a lot of individuals and the hospitals themselves, and this doesn't seem -- there seems to be anything in dispute. I think they're probably -- they're -- you know, they use the services that Fatima and myself and my wife. I was happy to go there but, unfortunately, I think as a couple of people pointed out it's really not the relevant question, and I want to relay why I say that -- when I was in nursing school I took a course in my bachelor's degree. First of all, I took -- we had one required course of statistics which we took, and then I took a course in quantitative and qualitative research.

Now, in that course they wanted us to do some research to find articles about the -- to go through those articles and analysis of the quality of the research that was done, but they

realized that we really didn't have, you know, a sufficient statistical background, so the way they presented it was like okay. Take a look at the research. Read the abstract, look at the methods. Kind of -- well, skip over physics because -- and then read the conclusion, okay? And it will give your analysis of that research. In my prior life before coming to work as a test development engineer in the semiconductor field, and I had -- I have a fairly reasonable background of statistical I'm not a major statistical articles, and I was able to go these articles of the statistics and much to my surprise some of the articles that I read really didn't support their own conclusions, so it seems to me what we're looking at here at the moment is, okay, what's the abstract?

Well, we want to save the hospitals. What's the methodology?

Well, we'll have Centurion buy it right, because they came forward. What's the conclusion. We'll have a nonprofit, and he everyone is going to live happily ever after, and they're skipping over that statistical part, how?

And what I'm seeing, you know, from our representatives is that question is not being sufficiently answered. I'm not even sure -- like I've said I've only been here a month, and I'm not even really sure we're 100 percent opposed as much as we're opposed as not having the information. If you want it done you have to answer the questions. You can't keep things hidden.

Thank you.

>> Thank you. Is there anyone else in attendance who would like to provide public comments. Lydia bogner, I have unmuted your mic. Lydia Bogner?

>> Can you hear me?

>> Yes.

>> I do have this laryngitis but wanted to take the opportunity to say a couple words tonight.

So my name is Lydia Bogner. I'm a judiciary transition over at Roger Williams not only am I a graduate of Roger Williams from long ago my own medical career started back in Europe and the remote part of Serbia, and I came to the Rog as an intern, and I completed my intern medical residency and with the training and mentorship that I received at the Rog I was able to get a pretty prestigious fellowship down at Duke university where I stayed on for several years getting some advanced degrees.

I came back to Rhode Island eventually and ultimately back to Roger Williams, and I'm just going to reiterate what everybody has said. When I came back, it literally felt like I was coming back home. It felt really good and sometimes a little deja vu to be surrounded by folks who spent their entire careers in this particular healthcare system so folks who were there when I was an intern and resident were still there. Awesome mentors with really dedicated and loyal folks, and I think I heard from several people saying the same things the

amount of trust and loyalty and kind of devotion we all feel stored these hospitals, and this healthcare system is totally equivocal.

The other thing I could say is having worked in different healthcare systems both in the south, and now up here is it's really good to be in a stable healthcare system in the sense the turn-around and the turnover -- it's low. It's folks who have dedicated their whole lives I've seen it in nurse, physicians, radiology departments and other disciplines that we have.

Being in this kind of supportive environment not only gives me that security and stability, but I was able to start a geriatric medical fellowship program which obviously helped with so many other people and through that fellowship because of the kind of network and the fostering, and this just rich environment that we've been in we've been able to bring about so many initiative in a very short period of time that's brought enormous benefit to the older adult population in Rhode Island. We're working on an innovative models of care like geriatric emergency rooms and partnering with the surgical collaborative team to do collaborative care and co-management and things you wouldn't expect from a small community hospital, but that we're able to do from Roger Williams 1, because we have access to such great mentors and 2, because of the network and the kind of environment that we are in and 3, because of all the training and learning programs that we have in all the trainees that we

have that go out into the world.

So a couple of things. I am inspired every single day by Roger Williams and not only by the people that I kind of mentioned, but the very hospitals that have this very unique spirit that I've never encountered anywhere else. I would really hate to see that disappear. I personally am speaking in support of this hospital, but not of Centurion who what other options do we have and maybe I'm naive in thinking that, but I would really hate to have what we have. It's truly special. Thank you for your time to speak today.

>> Thank you. Can you approach the microphone?

>> I just wanted to introduce myself. I'm Cindy Fenchel. I'm a medical secretary at Fatima hospital for 46 years. That's more than some people are the age in this room.

(Laugh.)

>> So also the union president from my local 5110 -- represent the very hard-working service workers, dietary, phlebotomy housekeeping, secretaries, et cetera. Very hard-working. I would say after our last contract they're pretty decently paid but considered the lowest paid in the hospital. I'm not usually a public speaker, and I wasn't going to talk today, but I do feel there are some things that I need to say on behalf of the service workers are.

I will say that the question comes up -- if it's not Centurion, then who?

I feel, and I have educated myself and learned that we will struggle with Prospect, but we will fail with Centurion, and this is a community hospital and it is our job to make sure it does not fail.

And then I would also like to say to Centurion direct, if you value all these healthcare workers like you say you do, you have not put a comprehensive health plan on the table. We don't know when you buy us what we will have for health insurance, and we have Prospect health insurance, and we have to get rid of it before you come in. You're not being honest, and there's too many things redacted on that.

And I also want to know how many people in this room read the application. Leadership is the first one to say it's great. Our attorney Chris Collici -- he read it. It's this high, and it's double-sided, and we took the time in our meetings to learn about it. How many of you read it. It's wonderful you have guarantee for jobs. Of course, you like Centurion. Leadership has a guarantee to have a job while this week my members are getting laid off, and I have been fighting to save their jobs, and that's what I have to say.

(Applause.)

>> Thank you. Is there anyone else either attendance either virtually or in person that would like to provide comment?

>> Sorry, there's -- oh, Kimberly belenition muted your mic. Kimberly, you raised your hand online. Your mic is unmuted.

She has lowered her hand.

>> The member of the public if you would like to approach?

>> Hello?

>> Oh?

Sorry is that Kimberly?

>> Yes, it is.

>> Okay.

>> Sorry about that. Thank you for letting me speak. There was a question about the how, and I would like to -- what I know of it and what's been shared there would be an 80 million dollar cash infusion to help recapitalize and when we talk about -- there's -- the current ownership, we do seem to be struggling. We've had some challenges with that. Even to the point of purchasing paper and to share some research with folks, do research on the Pennsylvania hospital and what happened with that under Prospect.

I do think Centurion is offering something to keep the control locally, keep the money locally. To Rhode Island.

I think going back to a nonprofit status, it will definitely help Rhode Island, and I think that until the want to be in the place that you're seeing some of the Massachusetts hospitals under the steward ownership currently. I think if anyone is really watching all of this and watching the barometer across the country, you'll see there are many hospitals struggling. By keeping your current leadership, which is very

strong at those two hospitals at Charter Care in place and working together, I think that is our best opportunity to keep the hospitals thriving for both Rhode Island and for the employees. Thank you.

>> Thank you.

>> Please approach the microphone. (Inaudible.)

>> [No audio, no name] From two people to about 8 people to 9 people. We have no support out there. And what I see -- I hear this great thing about not-for-profit all these great plans, everything's great but out there we're working sometimes until 8:00 at night. I drive the whole state I'm the only OT for this agency. Has a better job posted to support this?

No there is not. We have no jobs to support the direct line clinicians out there. And UNAP I don't see where the reality is and Centurion taking over and going to make things different. I see things just getting worse because how tight the reins are being pulled in and just generally where healthcare is going, so I share the frustration of all my union members with me and not knowing where we're going. We're sitting in the dark.

>> Thank you. That anyone else, please roach approach -- please approach.

>> I've prepared remarks, but I'm pretty moved in listening to them [unintelligible]. My name is Bob McDonald. I'm a clinical social worker at Fatima hospital. In the outpatient behavioral department. I love my job. I've been there for almost 5 years.

I've spent my entire career as a social worker, which is 25 years, working in nonprofits. Some have been great and some have been not so great. The argument that I'm hearing here is not so much the nonprofit type of thing. We're looking for transparency. That's what we're looking for. I make treatment plans for my patients. How we're going to get where we need to get in, say, 3 months. I'm meeting with a doctor weekly. Let's put down some objectives, evidence-based objectives. We all have been trained in this stuff. We're asking for the financials to do the same. I know it might be too soon to say this, but we've all heard have a bridge to sell, and that's what it really feels like and maybe they haven't been supported by our great roadways, but it seems like we'll be tormented moving forward without knowing any transparency what they have to offer. Thank you.

>> Anyone else in person or virtually who would like to provide comments?

>> And as a reminders for folks online please raise your hand if you would like to offer a comment.

>> Is there anyone who has already provided comment today but would like additional time to comment further?

Well, hearing no one -- oh, you have some?

No?

Kimberly?

>> Thank you. I would just say to --

>> Excuse me, can you just let us know what your name is, Kimberly -- what is the last name.

>> Kimberly valiant.

>> Okay. Thank you.

>> So I would just say to everybody in the room, think about the current date of where we are, the jobs that we can't get, the, you know, hearing about how those jobs aren't being posted, we're seeing it in my area as well, but we're not going to be able to get them posted where we currently sit, so that's not going to be -- it's not a solution. It hasn't been a solution. I have been here almost 3 years now, and I've watched that. Thank you. I think the only solution going forward -- the viable one is to go with Centurion who's at least offering to help us financially restructure, and that would allow these jobs that people are talking about, and I think that's working together with local leadership, so I'm not sure what detail folks are looking for on the phone or in the meeting personally, but I think that would be coming with a combination of Centurion and local leadership to start putting those goals together by the sale has to go through first. Thank you.

>> Thank you. Anyone else interested in providing additional public comment today?

Virtually, please raise your virtual hands or in person, please approach the microphone?

Hearing no one and seeing no raised hands, we are scheduled to

hear public comments through 6:00, so the attorney general and RIDOH representatives will remain here through 6:00. We'll hold it open until 6:00 PM should anyone still plan to join. I know we only have a few more minutes.

While this doesn't conclude our meeting at this time, I'd invite you to stay to hear any additional public comments for those who may arrive. Please know that your comments have been made part of the public record and for those who are choosing to leave our meeting, I would like to thank you for participating today, and I hope you have the rest of a goodnight.