

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

DEPARTMENT OF HEALTH

PROCEEDING AT HEARING :
 IN RE :
 APPLICATION TO ELIMINATE :
 INPATIENT OBSTETRICAL :
 SERVICES AT MEMORIAL :
 HOSPITAL OF RHODE ISLAND :

ORIGINAL

DATE: March 14, 2016
 TIME: 5:00 P.M.
 PLACE: Goff Junior High
 School
 974 Newport Avenue
 Pawtucket, RI

BEFORE:

DR. NICOLE ALEXANDER-SCOTT, DIRECTOR OF HEALTH

MICHAEL DEXTER, CHIEF, CENTER FOR HEALTH
SYSTEMS POLICY & REGULATIONS

STEVE MORRIS, ESQUIRE

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1 (COMMENCED AT 5:06 P.M.)

2 MR. DEXTER: Good evening. We'll begin
3 the program. My name is Mike Dexter. I'm the
4 Chief of Health Systems Policies and Regulations of
5 the Rhode Island Department of Health. We are here
6 for a community meeting about Memorial Hospital's
7 proposal regarding their birthing center. With me
8 up on the stage is the Director of Health, Dr.
9 Alexander-Scott, and Steve Morris, who is the
10 deputy legal counsel for the Rhode Island
11 Department of Health.

12 The exits -- you can see the exits in the
13 back and the side here and there is a restroom in
14 the back to left. Now I'll introduce you to Dr.
15 Alexander-Scott.

16 DR. ALEXANDER-SCOTT: Thank you, Michael.
17 I'm going to speak briefly. I want to thank
18 everyone who's here for coming out today. I know
19 it's not easy for people to make time on their
20 schedules to come to community meetings such as
21 this. So I do appreciate you taking that time
22 really to help us get an understanding that is as
23 informed and as comprehensive as possible on this
24 issue.

25 As Mike said, this is a meeting that the

1 Department of Health organized to hear from the
2 community about changes that Care New England has
3 proposed for Memorial Hospital's obstretical unit.
4 Mike used the term "reverse certificate of need"
5 and we certainly messaged that as well. To be
6 clear, that's a review process that the Department
7 of Health conducts prior to the potential closure
8 of or reduction in a hospital emergency department
9 or primary care services. That would include this
10 type of scenario.

11 By law, these services cannot be
12 eliminated or reduced without the approval of the
13 Department of Health. It was important to us that
14 we organize these community meetings to hear from
15 you, the public, and those impacted before any
16 decision is made. In a few moments, Mike is going
17 to outline for you how today's meeting is going to
18 be structured. One thing that he will explain is
19 that for procedural reasons, we will not be
20 responding to comments that are made or questions
21 that are posed. We are, indeed, listening. Please
22 know that all of your thoughts, no matter where you
23 come down on this issue, all of your thoughts are
24 being recorded by a stenographer and will be
25 considered in our decision-making process.

1 So I'll thank you again for being here.
2 We definitely look forward to hearing from you, and
3 we'll pass things back to Mike so you can hear the
4 structure of how this will unfold. Thank you.

5 MR. DEXTER: Thank you. Okay. We will be
6 having three meetings, and the dates and times for
7 the other two meetings are on the sheet that you
8 got when you signed in.

9 This meeting is about Memorial Hospital's
10 proposal regarding their obstetrics unit. The
11 hospital has also filed a second proposal regarding
12 their urgent care services with the Department of
13 Health. However, this meeting is not intended to
14 address that application. That is also another
15 reverse -- as we call it.

16 Now, I'm just going to give you the legal
17 citation so we know exactly why we're here and the
18 criteria that will be used in order to assess the
19 plan of the Memorial Hospital. Again, it's Rhode
20 Island General Law 23-17.14-18, and very simply,
21 prior to the elimination or significant reduction
22 of an emergency department or primary care service
23 which existed for at least one year and which
24 significantly served the uninsured or under
25 insured, the hospital shall provide a written plan

1 to the director which shall describe the impact of
2 the proposal on, one, access to health care
3 services for the underserved populations; two, the
4 delivery of health care services on the affected
5 community; and, three, other licensed hospitals or
6 health care providers in the affected community or
7 in the state.

8 In addition to submitting comments
9 verbally, you can submit written comments to the
10 Department of Health via e-mail or via US Post.
11 We're at 3 Capitol Hill, Providence, Rhode Island
12 02908. We do have a special page on our website
13 you can also submit written comment. It's
14 www.health.ri.gov/memorial. And also at that same
15 address, you can get more information about
16 Memorial Hospital's proposal.

17 In terms of tonight, if you have not
18 signed in at the back table, please do so. We're
19 going to be calling people up to speak in the order
20 that they have signed in, and we will call three at
21 a time in order to be more efficient. So we can
22 make sure that everyone is heard, we are going to
23 limit each person's remarks to three minutes.
24 Again, you can always submit written comments if
25 you feel like you have more to express than you can

1 in three minutes.

2 Now we will start the public comment
3 process, and the first speaker will be Dr.
4 Angelleen Peters-Lewis from Care New England.

5 DR. PETERS-LEWIS: Dr. Scott and other
6 Department of Health Officials, Good afternoon.
7 Thank you for the opportunity to offer comments
8 about the planned relocation of the obstetrics unit
9 at Memorial Hospital. My name is Angelleen
10 Peters-Lewis, and I'm a chief nursing officer for
11 Care New England. I am here speaking on behalf of
12 the leadership of Care New England as well as the
13 leadership of Memorial Hospital. I'm joined by my
14 colleagues, board members, executives, and other
15 clinicians from Care New England.

16 We really realize that this is a highly
17 charged and sensitive and emotional issue for the
18 staff of the Memorial birthing center and our
19 patients' families and the community that we serve,
20 and that's why the proposal that we make to you was
21 after careful deliberation and thoughtful
22 consideration. There is nothing that we would want
23 more than to keep the services as they currently
24 exist at Memorial Hospital. But to do so would
25 ignore the realities of our current health care

1 environment, both statewide and national as well as
2 the financial challenges that we face as a health
3 care system.

4 So we at Care New England have had to
5 weigh the facts and the emotions. Yet, in the end,
6 we believe this is the most rational course that
7 addresses the volume trends, the best standard of
8 care, and the financial's viability of sustaining
9 Memorial's units. All three of these areas are
10 critically important to all of us. We want -- but
11 not more important than meeting the high quality of
12 care that we have set for ourselves and we have
13 promised to our patients and families.

14 First and foremost, we'd like to be clear
15 that in spite of the financial losses that we've
16 experienced, it remains our goal to keep a strong,
17 viable but restructured Memorial Hospital alive and
18 well in the Pawtucket community, serving the
19 communities that we have pledged to serve. This
20 includes an emergency room, a wide assortment of
21 primary and ambulatory services -- ambulatory
22 services, and a small inpatient unit. This plan,
23 we believe, allows us to be good financial stewards
24 of our resources and to honor the mandates of the
25 Affordable Care Act.

1 The Obstetrical Unit at Memorial, because
2 of its geographic positions, the socio-economic
3 status of the population, and its appeal to those
4 less -- interested in a less interventional birth
5 experience represents a diverse universe of
6 patients with diverse needs. To serve the needs of
7 these patients and families and provide every
8 opportunity for the healthiest birth outcome, the
9 standard of care requires that we avail the mother
10 and the newborn with a full array of services to
11 assure a safe delivery.

12 For those of us who have been in
13 obstetrics a long time, we often say that the
14 safest births are ones that already happened, and
15 that mom and baby are home. We know that safe
16 child birth occurs within the context of the team
17 that includes nurses, physicians,
18 anesthesiologists, and most importantly fully
19 trained obstretical providers and 24/7 anesthesia
20 coverage. While all these services and supports do
21 not currently exist at Memorial Hospital, they do
22 exist within the Care New England system. If we
23 reflect on the size of our state, we know that
24 there are -- is an excess of obstetrical beds and
25 within 15 miles, there are several obstetrical

1 services.

2 So the choice for us wrapped in the health
3 care reform and new health care environment and our
4 commitment to patient safety, the choice for us was
5 apparent, maintain the emergency room and other
6 valuable primary care services and relocate our
7 obstetrical program to Women & Infants, a national
8 center of excellence, as well as Kent Hospital,
9 which is known for its warm and personal woman's
10 care unit. Two choices for women and families who
11 want to seek care within our system.

12 Further, we want to use the footprint of
13 Memorial inpatient services in our concerns about
14 the intrinsic link between volume and quality.
15 It's well known, and most importantly well
16 documented in the literature, that the more you do
17 something, the better you are at it. As we've
18 evaluated the future of Memorial Hospital and its
19 obstetric units, we do approximately 400 births a
20 year. That is on the edge of viability, not just
21 financially, but in terms of patient safety.
22 Clearly, as we have been reminded, we've all been
23 reminded in recent days, they're undeniable
24 strengths of Memorial maternity program, not the
25 least among these is a high level of patient

1 satisfaction and patient loyalty.

2 It is useful to keep in mind that we're
3 nearing completion of the provider obtaining
4 privileges at other Care New England. So if and
5 when there is approval of our plan, we will be
6 ready to make a seamless transition of our
7 obstetrical services to Women & Infants or Kent
8 based on what patients and families choose.

9 We hope the essence of what exists at
10 Memorial is not just a name but it's a philosophy
11 of care, and we are committed to being a community
12 of clinicians advancing clinical excellence,
13 enhancing patient quality in delivering an
14 exceptional patient experience.

15 In addition we believe that we have a
16 responsibility to go further in our community in
17 eliminating racial and ethnic disparities. Our
18 commitment at Women & Infants' Hospital and Kent to
19 become -- to take the journey to become a
20 baby-friendly hospital was really grounded in our
21 decision to raise the standard of care for all
22 patients and families, but especially for racial
23 and -- those of racial and ethnic backgrounds. If
24 we're allowed to make this transition, we believe
25 we will be able to serve all patients and families,

1 including the most underserved well.

2 While we do not pretend to know it all,
3 while Women & Infants is one of the leaders in
4 advancing the knowledge about medical science of
5 obstetrics, gynecology, and new born pediatrics, we
6 do want to continue to engage with our patients and
7 families so that we can learn from them about how
8 to enhance the patient experience at Women &
9 Infants and Kent Hospital.

10 One way we have engaged our community is
11 through regular forums with patient and family
12 advisory members where we learn from them about how
13 to continue your patient experience. We want you
14 to know as I close that we are really committed to
15 our patients and families. We consider it a
16 privilege to be partners in their care, and we are
17 going to work hard to deliver on our promise to
18 create an exceptional patient experience. Thank
19 you for the opportunity to comment.

20 MR. DEXTER: Thank you. For the first --
21 the next speaker will be David Coughlin, the State
22 Representative. And following Mr. Coughlin, we
23 have Alana Bibeau and Lauren Fontaine.

24 MR. COUGHLIN: Thank you, Dr. Scott,
25 members of the panel for allowing me to speak

1 tonight. I'm Dave Coughlin, the State
2 Representative in the General Assembly for House
3 District 60, which is a Pawtucket district and
4 actually borders the place where we are this
5 evening. I'll try to keep my remarks well under
6 the three minutes.

7 Just going to tell you that I am, as a rep
8 for this community, especially outraged by what is
9 going on here, what Care New England is planning to
10 do to Memorial Hospital. Biggest outrage I have is
11 with the closing of the birth center. As the
12 previous speaker said, there were 400 births, 400
13 children born into this world last year at the
14 birth center here at Memorial Hospital. As late as
15 this evening, constituents were telling me as I
16 walked in the hall, Dave, we don't know how we're
17 going to get to Women & Infants or Kent County if
18 we have to have our children there. It's a real
19 concern. It's a serious logistics issue here in
20 the City of Pawtucket. Many of our people do not
21 have the transportation means to get to Women &
22 Infants or they don't have the means to get to Kent
23 County.

24 Second, I'm finding it very discouraging
25 when a decision like this is being made on the

1 basis of an Excel spreadsheet. We're dealing with
2 people's lives here. We're dealing with their
3 health, and it seems now that health care is being
4 determined like every other business -- health care
5 decisions are being determined like every other
6 business decision; give us a spreadsheet, let's do
7 an income statement, let's do a balance sheet and
8 make a business decision that's right. It may work
9 for the dollars and cents. It's not going to work
10 for this community. I'm also concerned about the
11 number of people who are going to be laid off when
12 this process takes place. These are Pawtucket
13 residents, professional people, they're working at
14 Memorial right now. It's going to cost them their
15 jobs. It's going to cost the state money if they
16 go on Unemployment, and it's going to cause them
17 great financial hardship. I hope I stayed with the
18 three minutes. Thank you.

19 MR. DEXTER: Thank you. Alana Bibeau.

20 MS. BIBEAU: Hi. I'm here on behalf of
21 the Coalition to Save the Memorial Birthing Center.
22 Care New England's lack of transparency has had and
23 will continue to have a detrimental effect on
24 pregnant women who will lack access to the kind of
25 family-centered, evidence-based care that's the

1 hallmark of giving birth at Memorial. Keeping the
2 unit open is not just about preserving culturally
3 centered care. It's also for the direct effect
4 that that care has on the early years of a child's
5 life.

6 The median annual income for families with
7 kids in Central Falls is the lowest in the state at
8 less than \$29,000 a year. Pawtucket and Central
9 Falls both have unacceptable rates of childhood
10 poverty, especially for children under 6, with
11 Pawtucket at 32.9 percent and Central Falls at 43.8
12 percent. Seven percent of Central Falls' infants
13 are born with all three statistically identified
14 risk factors for poor infant health outcomes:
15 Mothers without a high school degree; single
16 mothers; and mothers younger than age 20. Between
17 2009 and 2013, Pawtucket had the second highest
18 preterm birth rate in the state.

19 The Centers for Disease Control and
20 Prevention has recognized that access to prenatal
21 care can reduce maternal deaths and other negative
22 pregnancy outcomes, and that women who do not
23 receive this care are three to four times more
24 likely to die around the time of birth than women
25 who attend even one prenatal appointment. Black

1 women in Rhode Island have the highest rate of
2 delayed prenatal care in the state at almost 19
3 percent. Pawtucket and Central Falls as a whole
4 have the second and third highest rates of delayed
5 prenatal care in the state; and to believe that
6 pregnant women, many of whom have no transportation
7 of their own, can easily travel to Women & Infants
8 or Kent Hospital is absurd. Closing this unit is
9 not only irresponsible, it is inhumane. These
10 statistics also exist within the national maternal
11 health crisis. The United States is one of only
12 eight countries where the risks from child birth
13 have risen in the past generation, and this is
14 despite advancements in prenatal care, access to
15 medical technology, and frequent intervention in
16 the labor process. The C-section rate is twice as
17 high as the World Health Organization deemed safe
18 with no decrease in the number of mothers and
19 babies that are dying around the time of birth.

20 In 2014, the American College of
21 Obstetricians and Gynecologists and the Society for
22 Maternal Fetal Health urged maternity care
23 providers to reduce the primary C-section rate by
24 utilizing more effective, low-risk tools to improve
25 birth outcomes and to reduce unnecessary

1 interventions. These practices are standard of
2 care at Memorial, where providers offer
3 family-centered, evidence-based care for some of
4 the state's most vulnerable population and for
5 parents traveling to Pawtucket from as far away as,
6 believe it or not, New Hampshire to actively seek
7 out this kind of care. In fact, this unit at
8 Memorial is the only one in the state that strives
9 routinely to implement the principles of
10 mother-friendly care as outlined by the National
11 Coalition for Improving Maternity Services Mother
12 Friendly Childbirth Initiative. This model of care
13 is qualitatively different than the care provided
14 in other Rhode Island OB Units. It also costs less
15 and results in better outcomes for mothers and
16 babies.

17 Businesses and health institutions should
18 be incentivized and encouraged to invest in poor
19 and historically oppressed communities, and this is
20 a critical part of the public/private partnership
21 model that the Department of Health is willing to
22 address health equity in the state.

23 This week you're going to hear voices of
24 patients affected by the decision to close this
25 unit. You will receive on Thursday a petition with

1 close to 3200 signatures at this point and over a
2 hundred letters written in opposition to this
3 closure from people in the community. But I hope
4 that you listen hard to hear the voices of the
5 people who aren't going to be able to get here, and
6 that you think long and hard about why that might
7 be. Closing the unit at Memorial would create,
8 rather than eliminate, additional barriers to
9 access for the women and families in our state who
10 are most critically in need of the kind of
11 family-centered care that this unit provides.
12 Thank you.

13 MS. FONTAINE: Thank you, Dr.
14 Alexander-Scott and members of the Department of
15 Health.

16 THE REPORTER: Could you state your name,
17 please.

18 MS. FONTAINE: Lauren Fontaine. On March
19 9th, Dr. Michael Dazey (phonetic) told the
20 Providence Journal that the birthing center at
21 Memorial Hospital had only one obstetrical patient.
22 I worked that day from 11 A.M. to 11 P.M. We had
23 three mom and baby couplets and three patients that
24 occupied labor beds that day.

25 In the year 2015, the birthing center at

1 Memorial Hospital cared for 1,758 patients. This
2 number does not include the number of births that
3 year. This number represents patients who came to
4 the birthing center for evaluation and testing.
5 The hospital needs to stay open to be a fully
6 functioning hospital for the community who depends
7 on it, for the patients who I care for that walk
8 themselves in labor, for the patients who choose to
9 birth in unconventional ways that cannot be
10 duplicated anywhere else, for the family-centered
11 care that is essential for all patients, but
12 especially for the underserved population that we
13 serve, for the hard-working nurses, midwives,
14 doulas, and physicians who pour their heart and
15 souls every single day for communities that they
16 serve. Thank you.

17 MR. DEXTER: Thank you. The next three
18 speakers are Millicent Kriste, Joseph Knight, and
19 Jacqueline Procopio.

20 MS. KRISTE: Hello. My name is Millicent
21 Kriste. I am a staff nurse at Memorial's birthing
22 center. I want to say thank you to Dr.
23 Alexander-Scott and to the members of the
24 Department of Health for hearing our story. What
25 you'll hear tonight is a very shaky voice of a

1 nurse as a mother. You won't hear someone who has
2 practiced what she's going to say. You won't hear
3 that my -- what I'm going to tell you tonight was
4 created around a boardroom, a conference table with
5 people who are paid really well to do these things.
6 This is just my message.

7 Birth changes you at your core. You see
8 the day I had my first daughter, I became a nurse.
9 During the birth, I did not receive warm and
10 welcoming care from providers, and my experience
11 changed me. I knew that mothers deserved more, and
12 I was determined to become a labor and delivery
13 nurse so that I could give them the experience.
14 When it was time for my daughter's second birth, I
15 knew I wanted a different experience. Deep into my
16 second pregnancy, I decided to birth at Memorial
17 Hospital's birthing center because I had heard that
18 they respect mother's choices and are open to many
19 different types of birth experiences. The care I
20 received at the birthing center exceeded my
21 expectations. I felt welcomed. I felt respected.
22 And I felt like I was treated as a partner in my
23 own care, rather than simply a patient.

24 I wanted to remain connected to that
25 environment, even after I brought my daughter home

1 and decided that not only would I be a labor and
2 delivery nurse, I was going to be a labor and
3 delivery nurse at Memorial's birthing center.
4 Birth had now changed me at my core. I fulfilled
5 my dream. I became a labor and delivery nurse at
6 Memorial Hospital's birthing center. I was
7 professionally trained and supported by the staff.
8 I, as a birthing center nurse, have the honor of
9 partnering with so many families as they welcome
10 their new babies into this world, and I guess give
11 them the same empowering experience that I had.

12 The idea that what we offer at Memorial
13 birthing center -- the idea that it can simply be
14 transported, reconfigured, any flashy word you want
15 to come up with, transported to a new place is
16 wrong. Our model of care depends on a large team,
17 patients, doulas, nurses, secretaries, residents of
18 the family care program, midwives, OB's, surgeons,
19 the anesthesiology team, housekeeping, the lab.
20 Everyone there works together so that we can have
21 the best outcome for the patients. We care about
22 each other as much as we care about our patients,
23 and that's something I've never experienced before.

24 Care New England says they'll transfer
25 obstetrics to Women & Infants and Kent. Transfer

1 here is easy. Transfer culture is not, and it's
2 the culture that matters most. I'm losing my job,
3 but it's me, the labor and delivery nurse, who will
4 suffer the most. It's the patients and their
5 families. It's Rhode Island that will lose that
6 family-centered model of care. It's the mother
7 that delivers her first child and felt empowered to
8 do so.

9 I hope and implore you, please, let's find
10 a way to keep the birthing center at Memorial
11 Hospital open at Memorial. Thank you so much.

12 MR. KNIGHT: Dr. Scott, Ladies and
13 Gentlemen, I just want to say this. Pawtucket is
14 an extremely, extremely urban district for schools,
15 and this is going to affect our children in the
16 future because they're not going to have the proper
17 care, neonatal care that they need from birth until
18 they attend school because this birthing center is
19 so important to our systems. And this is something
20 that making people travel distances that they're
21 not prepared to travel for emergency care through
22 neonatal or whatever, as far as the birthing
23 center, is going to cause more problems than we've
24 ever seen in Pawtucket. And every other urban
25 district will tell you, children who don't get

1 early care and don't get the proper attendance by a
2 physician prior to their birth and prenatal care
3 have a problem with development. We need this
4 birthing center. Thank you.

5 MS. PROCOPIO: Jacqueline Procopio. Thank
6 you for listening. I'm a doula in the community.
7 So part of my job is to hear the long stories, the
8 real stories that come from the moms. So I'm
9 already sad to know about how health care is going
10 to move forward and how Rhode Island is going to be
11 or is moving forward in improving our -- so I went
12 to the URI presentation that Dr. Alexander-Scott
13 gave on March 1st. The event was designed to
14 provide information about the department's goals of
15 improving health for all Rhode Islanders and
16 informing the public on the importance on public
17 health.

18 So there were three things that were in
19 your PowerPoint to address the social and
20 environmental determinants of health in Rhode
21 Island; to eliminate disparities in health in Rhode
22 Island and promote health equity; to ensure access
23 to quality health services for Rhode Islanders,
24 including our vulnerable population.

25 So one of the goals that you stated was to

1 ensure that the access to care, and the Department
2 of Health was trying to match Medicaid to community
3 health centers, preventive services, and primary
4 care, and among that list is maternal and child
5 health care, and having patients involvement in
6 empowerment of patients.

7 So based on your presentation, closing
8 Memorial Hospital birthing center, which includes
9 maternal and prenatal care, is in direct opposition
10 to your department's strategic plan. I'm not
11 stating that any other facility in Rhode Island is
12 inferior to Memorial and the birthing center. Each
13 facility is important in our state. Each provides
14 different health options and health access. I am
15 stating that it is not ethical or wise to make one
16 facility that is already understaffed and over
17 capacity take on the extra load. It's not fair
18 that women in Rhode Island will be laboring and
19 they already are in triage or in recovery rooms.
20 They're not in appropriate settings.

21 So what I do want to end with is the
22 statement that you made in ending your
23 presentation, and that you said a person's income
24 should not determine their health outcomes. I want
25 to thank you for taking the time to listen to us.

1 MR. DEXTER: Thank you. The next speaker,
2 Meghan McCormick, Erin Corry, and Richard Grimes.

3 MS. MC CORMICK: So I'm Meghan McCormick.
4 Please bear with me. I'm normally a numbers
5 person, and this is not a numbers issue that I
6 stand in telling a personal story today. From
7 August through January, I was being treated for a
8 disease. As the treatment passed, leads to
9 inevitably being pinned for a surgical treatment.
10 The disease was pregnancy, and the treatment being
11 pushed was C-section. As a public health
12 professional, I deemed this treatment plan was not
13 evidence based and was not the best approach for me
14 and my baby. In January, I discovered the gem that
15 is the birthing community at Memorial Hospital. My
16 care instantly changed.

17 My new doctor and nursing staff shared my
18 belief that pregnancy was a natural life stage that
19 needed medical support and not a disease always
20 needing medical intervention. As you consider
21 closing the birthing center, I urge you to look
22 beyond the number of beds. Consider the culture of
23 care and the type of medical system Rhode Island
24 desperately needs. My experience at both Women &
25 Infants and Memorial proves to me that Care New

1 England's other birthing options cannot accommodate
2 the patient center culture driving at Memorial.

3 Thank you.

4 MR. DEXTER: Thank you. Erin Corry.

5 MS. CORRY: Hi. My name is Erin Corry.
6 I'm a first-time mom. I'm 19 weeks pregnant, and
7 my husband and I live on the South Side of
8 Providence. We're really committed to our city and
9 to the health options in our city and in our state
10 and we're looking for healthy birth options for
11 this new baby. We're actually -- maybe you need
12 perspective -- we're part of -- sort of a little
13 minnow that's attached to the Memorial Birth
14 Center, and that's the Rhode Island Home birth
15 Midwife, and that practice of home birth, and our
16 hope is to give birth at home. So I'm a first-time
17 mom, and I hear things don't always go as planned.
18 In the case that they don't, we would be
19 transferred to Memorial Birthing Center. They have
20 a long-standing trust and respect of home birth,
21 and that's where you go if I find I needed extra
22 care. We need facilities that see birth as a
23 natural body process as the brave moms have shared
24 before me, that trust women's bodies, and I also
25 understand the psycho-emotional aspects that can

1 really impact a woman's experience in birth.

2 Memorial is the only hospital in Rhode
3 Island that understands the aspects so well from
4 what I understood. Again, first-time mom. And
5 they offer these services to my income -- low
6 income neighbors, friends, and kids.

7 I'm just confused because I think this is
8 the kind of progressive health care that we need to
9 be modeling, not shutting down. It's a historical
10 movement in the health care story that's unfolding
11 in Rhode Island. And I really hope that we fight
12 for the underdog here in a way and that we keep
13 this birthing center open. And I think a reason
14 why we're hearing a lot of hurt and anger and pain
15 is because this whole process I'm just confused as
16 to the way this went down. It does not feel like
17 the community is being taken seriously as partners
18 in the decision making, and I understand we're not
19 board members of whatever organization but because
20 we weren't even given a 60-days' heads-up for these
21 hearings, the room is not nearly as full as it
22 could have been. I think there is a way that this
23 process really failed the Pawtucket community, and
24 it will have ripple effects, even for the home
25 birth world that you might not realize. So I just

1 wanted to put that before you today. Thank you.

2 MR. DEXTER: Thank you. Richard Grimes.

3 MR. GRIMES: Yes. My name is Richard
4 Grimes. I think it's a bad thing what you're doing
5 because a lot of elderly people, you know, that
6 don't drive, you know, how are they going to get
7 there? They don't have the money, you know, and to
8 go somewhere else, a lot of people don't even like
9 to get out of their house half the time; and, you
10 know, to go somewhere farther, they're just going
11 to give up. And, I mean, I really think it's a bad
12 idea. I mean, this hospital has been here for
13 years. I come from a family of twelve, you know.
14 My brothers and sisters, you know, was born there.
15 And it kind of hurts because, you know, to see it
16 going, where are people going to go? Anybody's got
17 a heart out here, you should care because I do.
18 Thank you.

19 MR. DEXTER: Nicole Aldridge, Sheree
20 Lingard, and Grace Manosh.

21 MS. ALDRIDGE: Good evening. I'm Nicole
22 Aldridge. I live in Warwick, about two minutes
23 from Kent Hospital and maybe 15 from Women &
24 Infants. I found out I was pregnant in 2013. This
25 has been extremely hard for me. Bear with me.

1 About -- when I was seven months pregnant, I found
2 out that my daughter had a rare, very rare, birth
3 defect. She was going to be born with bladder
4 exstrophy. What is that? Basically, her bladder
5 was outside of her body. She didn't have -- she
6 had all the parts, but none of them were connected.
7 I was mortified. I didn't know what to do.
8 Everyone thought I was crazy for not wanting to
9 deliver at Women & Infants, but I went to Boston
10 Children's Hospital and saw the guy, the best
11 surgeon that I could find, and he assured me that I
12 could have a natural birth, that everything would
13 be okay as long as I did X, Y, and Z the moment
14 that she was born. I didn't have a normal
15 pregnancy. I worried constantly about what was
16 going to happen when she was born, her surgery, I
17 was planning for 14 1/2 hours, 3 blood
18 transfusions, and 3 1/2 weeks post surgery followed
19 by 6 months in a full body cast.

20 As a new mom, I was scared out of my mind,
21 but these nurses at Memorial gave me a sense that
22 it was okay to have a child. I chose to have a
23 C-section. She was pushing 10 pounds. I had so
24 much amniotic fluid that I could barely walk due to
25 her condition, but I chose to have the section. I

1 chose for her to be looked at and cared at right
2 after, and I chose those things. That was my
3 choice. I got to choose that. I knew she would be
4 okay. I knew the hands that she was in. I did go
5 to consult at Women & Infants which cost me \$350
6 out of pocket for them to tell me that my daughter
7 would be whisked away to the ICU, she would be
8 under surveillance and operated on two days later;
9 and after I talked to the gentleman who had done
10 over a hundred bladder exstrophy repairs, that he
11 said it didn't need to happen until she was two
12 months of age. Let her lungs develop. Let her
13 become healthy. Let her live; and at two months,
14 we will have the surgery. She's walking now.
15 She's a beautiful little baby, and I can tell you
16 that I will not deliver a child at Women & Infants
17 Hospital.

18 If this unit closes, I would rather
19 deliver at Boston where they care. I am not just a
20 number there with my daughter. I am a patient.
21 And that's how I am at Memorial. I am a patient.
22 My daughter is a patient. They all love her.
23 Every single one of those nurses checked in the day
24 of her surgery to see how she was doing. They
25 didn't have to. It was two months after I left the

1 unit. They cared enough to make sure that she was
2 okay. And those are the types of nurses that I
3 think should be bringing new babies and forming
4 families together. Thank you.

5 MR. DEXTER: Thank you.

6 MS. MANOSH: I don't know where the person
7 ahead of me went. I'm Grace Manosh. I am a nurse,
8 but I'm not here as a nurse. I'm here as a very
9 concerned citizen. I was born at Memorial almost
10 68 years ago. I was 15 when I got pregnant. I did
11 not have a dad for my child. The nurses were
12 awesome. They guided me and they helped me.. That
13 little boy is now a grandfather. So that makes me
14 a great grandma. Things don't change. You can
15 call it a maternity ward, you can call it a
16 birthing center. The birthing process has not
17 changed. The nurses haven't changed. What it did
18 for me was it encouraged me to get an education. I
19 was determined not to be on Welfare forever.

20 At 50 I got my associate's degree, and at
21 60 I got my bachelor's degree in nursing, and I
22 will nurse as long as I can. I care about the
23 people in this community. I don't work at
24 Memorial. I work at another local hospital.
25 People go home in cabs. We're a poor community.

1 Not every family has even one car, never mind two.
2 We send people home on cab vouchers. These people
3 need to have a facility within the community. I
4 beg you. Think about this. If Care New England
5 doesn't want that hospital, sell it to someone
6 else. I don't know if selling it is the
7 appropriate word, but get rid of it. We need this
8 hospital. The community needs this hospital.
9 Mayor Grebien, please listen to us. We need this
10 hospital. Our people need this hospital. And the
11 ICU, may not be the appropriate time to talk about
12 it, but we need that, too. Thank you.

13 MR. DEXTER: The next three speakers are
14 David Norton, Arthur DeBlois, and Lena Ryvkin.

15 MR. NORTON: How are you doing tonight?
16 How are you, everyone? Nice to see you. So I
17 wonder how many moms and dads do we have here
18 today? My name is David Norton. I'm here
19 representing an organization that I founded not too
20 long ago called Organizing for Pawtucket, and we
21 were mainly involved with the PawSox issue, and I
22 find this issue to be very similar to that in how
23 it's going to affect my community.

24 So how many moms and dads do we have here
25 today? So many expectant moms and dads in our

1 community will have extreme difficulty finding
2 other options and even getting to appointments. As
3 someone mentioned earlier, a lot of people in our
4 community don't have even one car. So they have to
5 get to these appointments by public transportation,
6 which can take a very long time and can be costly.
7 Moms and dads in our community are feeling extreme
8 stress today over this.

9 My next question is how many moms and dads
10 here today make \$1.3 million a year? Okay. So it
11 is reported that the CEO of Care New England makes
12 \$1.3 million annually; yet, at the same time, Care
13 New England somehow claims that Memorial Hospital
14 and the birthing center are hemorrhaging money and
15 they need to be closed.

16 My next question is how many moms and dads
17 here believe that low-cost birth is more important
18 than a safe birth? Okay. So I think we need to
19 set our priorities straight as a community and as a
20 state. Is the wealth of the shareholders and the
21 salary of the CEO more important than the birth of
22 children in our community? And that's what I'd
23 like to leave you with. Thank you.

24 MR. DEXTER: Thank you.

25 MR. DE BLOIS: Thank you. My name is

1 Arthur DeBlois. In the interest of full
2 disclosure, I'm the former trustee of Memorial
3 Hospital. I'm also the former interim CEO from May
4 of 2012 to October 2013. I'm here on behalf of
5 myself as a private citizen who does have some
6 knowledge and continues to follow the evolving
7 world of health care.

8 I agree with all of the people who have
9 stood up and spoken about the quality of care at
10 the hospital. It's exceptional. But it's not a
11 birthing center. It's a full-blown obstetrical
12 unit with all of the costs associated with
13 maintaining 24/7 nurse, physician, specialist
14 coverage. You don't get that at a birthing center.
15 I think that's something we must keep in mind.

16 Memorial has struggled financially for
17 many years, and both its current and former
18 leadership on both the administrative side as well
19 as the medical people, the physicians, nurses, have
20 struggled mightily to turn it around. The simple
21 fact of the matter is it hasn't worked.
22 Eighty-five percent of the people in the service
23 area of Memorial already go to another hospital.
24 We haven't been able to change that. So we have to
25 recognize reality, and the reality is that, as the

1 number of births performed go down, quality of that
2 care is threatened because medicine is a practice.
3 You have to practice it. You have to have enough
4 patients to be able to practice it.

5 Secondly, the hospital is in serious
6 financial condition. We must make some difficult
7 decisions. The quality of the care that people
8 receive at other hospitals like Women & Infants and
9 Kent is very good. If we don't make a change, if
10 we can't make a good decision here, I feel we would
11 face possibly losing the entire institution, and
12 then you've really got a community without health
13 care. So we have to make some difficult decisions,
14 and I believe the decision that has been made, very
15 courageously I might add, by the people who run the
16 hospital currently is the right decision. Thank
17 you.

18 MR. DEXTER: Thank you. Lynn Ryvkin.

19 MS. RYVKIN: Inna Ryvkin. Good evening.
20 I'm Dr. Inna Ryvkin. I'm a family physician
21 practicing obstetrics in Massachusetts, and I'm a
22 faculty physician at a residency program.

23 A lot of people can tell you about what a
24 loss this is to the local community, and many
25 people here can speak to that a lot more personally

1 than I can, but I did practice in this community.
2 I worked in a Federally qualified health center in
3 East Providence, and I know these people, and I
4 know these patients, and they don't want to travel.
5 They don't want to go to a large hospital. They
6 want to go somewhere where they're known and where
7 their doctor is. But I'm not going to speak to you
8 as a patient, because I'm not. That said, living
9 in Massachusetts and having very good knowledge of
10 various birthing centers through a variety of
11 trainings that I've been through and work -- and
12 I've worked on many birthing units, I would travel
13 an hour or more to deliver at Memorial if I could.

14 There's another problem here. The
15 Memorial Hospital is a training ground for family
16 physicians. In this country, where health care is
17 in crisis, family physicians are part of the
18 answer. Memorial provides the home to an excellent
19 training program, and Rhode Island needs these
20 doctors. They need these doctors to be trained and
21 they need these doctors to stay here to deal with
22 the multitude of health problems in the state, and
23 family doctors are ideally equipped to deal with
24 them.

25 Across the country, family doctors are

1 caring for the most underserved patients in our
2 community, and they need the training that comes
3 along with that. In addition to a residency
4 program, Memorial houses the maternal child health
5 faculty, of which I am a graduate. They train
6 physicians in the care of women during a critical
7 time in their lives and they train us to be caring,
8 thoughtful, and attending to women in a difficult
9 time. Many of the fellows, when graduating, then
10 go on to train other physicians, as I have. Many
11 of us go into faculty positions in various
12 residency programs, and we all think back to our
13 training in Rhode Island and at Memorial as a
14 Mecca, as the way that birthing should be to
15 respond to patients, to respond to mothers, to
16 really care for them as an individual. And that's
17 not seen in most places; and as physicians, we go
18 through various levels of training, and I have been
19 at many birthing units and maternity units, and
20 I've never seen the kind of care that goes in to
21 every patient at Memorial.

22 The last point I'd like to make is that
23 closing the birthing unit at Memorial will serve to
24 limit the scope of practice of family physicians.
25 There is not a hospital in the state that is

1 granting privileges to family doctors who are very
2 well trained in maternity care. The scope of
3 midwives is also limited in other hospitals. It is
4 not right to limit the scope of practice of a
5 physician who is very well trained to do what they
6 do.

7 I personally would love to come back to
8 practice in Rhode Island. I love the community. I
9 love the peers. I love the other doctors that I
10 work with. I can't come back here because in order
11 to come back here, I would have to give up a
12 private practice that I absolutely love, which is
13 taking care of women and children. So I think that
14 you will go on to lose more family physicians if
15 you allow this to happen and allow the scope of
16 practice of family physicians to be limited. Thank
17 you for listening.

18 MR. DEXTER: Thank you. Just have two
19 additional speakers, Ellen Lawrence and Amber Day.
20 And if anybody else would like to speak, please
21 sign in in the back.

22 MS. LAWRENCE: Hello. My name is Ellen
23 Lawrence. I've lived in this city for 74 years.
24 My family's been born in this hospital and died in
25 this hospital. I'm the grandmother of seven, great

1 grandmother of four. The last two girls are
2 problem pregnancies that are so well cared for in
3 this hospital, I could not believe it. I worked in
4 the hospital industry as a young person. I'm
5 totally outraged at what's going on.

6 You got that big billboard down on 95,
7 24/7. Did you plan three years ago last August you
8 were going to make this a walk-in center because
9 that's what it sounds like? This is a community.
10 It's a city, third largest in the state, and that's
11 before you add Central Falls and Seekonk. The
12 closest hospital to this institution is Fall River.
13 Greenville has a new birthing center. Sturdy
14 Memorial, or you can go to the baby factory, and
15 that's what we call it here, take a number and hope
16 for the best. We do not like going there. I
17 personally -- it's true. It's true.

18 Let me tell you about that hospital. I
19 went there for a mammogram and got forgotten for
20 half the day before they found me. It is not a
21 place for expectant mothers at all. This hospital
22 is a necessary. People take cabs here because they
23 don't have cars. They wait for cabs to take them
24 home because there's no one to pick them up. They
25 take the bus, and the paternity people have people

1 that just walk because it's the only way they have
2 to get here. This is not a high-dollar community.
3 If it's 28610, or whatever it is, our schools are
4 failing and now the hospital. Something is not
5 right. You took it over three years ago. My
6 husband spent thirty days in that ICU and rehab.
7 The people that came from Care New England were
8 concerned about shrubs and lights and the sign on
9 the highway. I still remember it. It was a very
10 traumatic time in my life.

11 To hear the birthing unit -- I have two
12 granddaughters who have special needs pregnancies.
13 Are they going to go into Providence? Are they
14 going to go to Kent County? If you can get through
15 the traffic at the 146 connector, good luck. The
16 ambulances can't get through. And when you're done
17 with that, you've got the 195 connector. That is a
18 nightmare. A child being born on the highway, you
19 got to put something or double the police.

20 This hospital is very much needed here in
21 this community. We are a community, not a very
22 well -- what's the word -- the median income here
23 is \$24,000 if your husband is working. The
24 Department of Health, I can't believe it, wants to
25 shut it down. There has to be another way. There

1 has to be. Put it up for sale. Do something. Let
2 the state take over. There has to be something to
3 keep medical care in this community. The people
4 here are old. They're retired. They're moving
5 out. And we have children being born. What are
6 they going to do? That staff at the birthing
7 center is unbelievable. It may be small, but they
8 work wonders. Thank you.

9 MS. DAY: My name is Amber Day. I am the
10 mother of two small children, and I live on the
11 West Side of Providence, very close to Women &
12 Infants actually, and so for the first birth I
13 thought well, of course I'll go there, it didn't
14 occur to me to choose anywhere else. And I ended
15 up doing a lot of research, and -- I wanted to do
16 natural child birth, but it turned out that my son
17 was breech, so I had to have a C-section, which I
18 was very upset about, but it was what had to
19 happen. So, I thought, okay, I will ask for the
20 same -- I have, you know -- I've done a lot of
21 research. As I said, I'm a professor. It's what I
22 do for a living. I kind of over prepare. But so I
23 asked for all of the things that I knew were
24 evidence based in terms of immediate care for the
25 baby. I wanted to do -- to waive cord clamping, I

1 wanted to have immediate skin scan, I wanted to
2 sort of go down the list, none of which was allowed
3 at Women & Infants. Every request was met with a
4 no, and it really felt like I was caught up in a
5 system that I had no control over, and it was a
6 very traumatic experience for me.

7 But for my second birth, I took the advice
8 of all my friends in my community who all thought I
9 was crazy in the first place for choosing Women &
10 Infants, and I went to Memorial, and had a
11 successful VBAC, which is, you know, entirely
12 encouraged at Memorial and is completely supported
13 and it was a completely different experience, and
14 it wasn't a system. It was a doctor and some
15 nurses and a really supportive staff that I
16 appreciate. Thank you.

17 MR. DEXTER: Thank you. We have a Sharon
18 Sawyer, that's the best I can do. Sharon Santos.
19 Then a, I'm sorry, George Badlander.

20 MR. BEDFORD: I'm George. I'm not sure.
21 It's Bedford. Well, I'm an 83 year old. I guess
22 that would call me a senior citizen. Very senior.
23 I didn't get married until I was 40. We had four
24 kids, and I wanted to bring them to Pawtucket
25 Memorial because I don't like abortion. Very

1 involved in that issue for many years. I wanted a
2 choice. My choice was to come to Pawtucket
3 Memorial. Our youngest child was born there, and
4 she's now between 25 and 30. I can't remember.
5 I'm getting old, but we were treated like family
6 there and I absolutely love the place. I'm just
7 putting in a good word for it.

8 MS. SANTOS: Sharon Santos. Thank you for
9 being here and going through the motions of
10 listening to us and why we want to actually care
11 for our patients. So I was lucky enough to be able
12 to have all three of my children, one, two, and
13 three back there or -- this is the last one. But
14 my first son I had at Memorial Hospital. It was
15 easy peasy. Went in. Had him within an hour.
16 Left the next day. Not a big deal. The second
17 time thought it was going to be easy peasy again.
18 Went in. Found out that I had a rupture, had to go
19 in for an immediate CEsarian Section at 29 weeks
20 and woke up to a doctor asking me how far I wanted
21 them to go in resuscitating my child. So for 45
22 minutes Dr. Susanne McGee resuscitated my child,
23 and her name is Maggie actually coincidentally,
24 didn't know that at the time.

25 However, my reasoning with this is there

1 is no way that if this had happened in Women &
2 Infants that she would be alive today because when
3 you take care out of like obstetric services, you
4 don't resuscitate a child for 45 minutes. They
5 would have called it because when I woke up
6 basically they asked if it was okay for them to
7 call it. She is alive today because of Dr. Susanne
8 McGee and because of the people at that hospital,
9 Dr. Heidi Rusinsky (phonetic), Dr. Ashley Labin
10 (phonetic). They're amazing people.

11 I went back after I had her to have this
12 little guy here because I trusted them that much,
13 and I know that that's not a big deal because it's
14 not a numbers crunch for you, but it's a numbers
15 crunch for me because every time I think of 45
16 minutes someone pushing on my child's chest to
17 resuscitate her and giving her an epi and giving
18 her another epi and me being able to look in her
19 big blue eyes and say thank you for being here,
20 thank you for saving my child, you don't get that
21 every place. I doubt that you're going to get that
22 at Women & Infants Hospital because, again, like I
23 said, I woke up to the doctor asking me how far I
24 wanted them to go.

25 So, when you think about that, like I know

1 that it's not something really that you're going to
2 be like too excited about but to me it's the world
3 because my children are my world, and I know
4 obviously corporations need to make money, need to
5 get as many customers in as possible, but in health
6 care it shouldn't be that way. It shouldn't be a
7 customer-based operation. It should be a caring
8 operation. You should care about the people that
9 are in your hospital, that are using your doctors,
10 and you should be thankful that you have such
11 amazing doctors and people who care so much that
12 they would drag their three children under the age
13 of three, one of which who has cerebral palsy to a
14 function like this to tell you I care. Please
15 don't shut down this hospital. Please thank the
16 doctors for being there. Okay. Thank you.

17 MR. DEXTER: Thank you. The next four
18 speakers are Patricia Finucane, Kristina Lambert,
19 Emily Olson, and Tracie Dawson.

20 MS. FINUCANE: Hello. I have nothing
21 written. I just am kind of outraged. In 2004, I
22 was rushed to Memorial Hospital, having ruptured
23 during pregnancy. It happened that we had a
24 wonderful doctor there on staff, Dr. Morton, who
25 told my husband do not expect your wife to live.

1 Six hours later I woke up in a room, didn't know
2 really what happened, and I think that going from
3 my house where I lived to another hospital with
4 that little time, 12 minutes, 15 minutes, I'm not
5 sure I'd be here today. My child, I know,
6 wouldn't, but I wouldn't. And I went on to give
7 birth to two beautiful children with Dr. Morton's
8 help. I didn't have to go to see a specialist in
9 Boston. I didn't have to go to Providence, not
10 that Providence is too far to go, to find someone
11 to help you have a child.

12 My daughter was pretty good delivery and
13 everything. My son was a cluster baby. He wasn't
14 breathing properly. So the nurses there took care
15 of him 24/7 for about five days. Had I been at
16 Women & Infants with him, I don't know that I would
17 have been able to be in the nursery with him
18 spending time with him, bonding with him.

19 And I'm just very grateful for the
20 experience. To have a child at Memorial Hospital
21 was phenomenal. So for me, not only did it give me
22 my life, I feel it gave me my children's life also.
23 And living here for 40 something years, I can't
24 imagine not having a birthing center or potentially
25 now an ICU at Memorial Hospital. That's a whole

1 another story, which I almost lost my mother in
2 '94, and good thing we had an ICU because she was
3 just going in for a knee replacement. But like I
4 said, I'm just here to support our future
5 generation of having children there. I think the
6 doctors are wonderful, and the staff is caring. I
7 know it's a big numbers thing. It is a business.
8 I work for a hospital. I know it's a business.
9 But we need to take care of the community. We need
10 to help the people in the community. That's all I
11 have to say. Thank you.

12 MR. DEXTER: Thank you. Kristina Lambert.

13 MS. LAMBERT: Dr. Alexander-Scott, members
14 of the Department of Health, I'm speaking before
15 you as a register nurse who has been working on the
16 obstetrical unit at Memorial Hospital for the past
17 ten years. One of the most important
18 responsibilities of a nurse is to serve as a
19 patient advocate, and I am here today to advocate
20 for my patients.

21 It's well known that Memorial is entirely
22 supportive of physiologic births. Many of our
23 patients travel from across the state and from
24 neighboring states to delivery with us. Many of
25 our nurses are trained as doulas. Our

1 practitioners, in addition to the excellent
2 clinicians, trust women and trust birth. I'm sure
3 you will hear that from the mothers and doulas who
4 are here today. Memorial is important to the local
5 birth community and significant, but what I'm here
6 to address is Memorial's worth to Pawtucket and
7 Central Falls.

8 These are not wealthy communities. Nearly
9 half of our patients qualify for Medicaid and many
10 do not have access to private vehicles or reliable
11 transportation. It is not uncommon for our
12 patients to walk to the hospital. I believe that
13 Michael Dacey's (phonetic) claim that no impact is
14 expected on access to health services for
15 traditionally underserved population is completely
16 wrong. If you remove health care services from an
17 impoverished-reliant community, you will affect
18 access. That's common sense.

19 Our patients need their local community
20 hospital. For an expectant mother in Central Falls
21 to take a bus to Women & Infants, the shortest
22 commute is one hour long and includes one transfer.
23 A public transit commute from Central Falls to Kent
24 Hospital can include a mile long walk, three
25 transfers, and over an hour on the bus. A bus ride

1 cost \$2 each way plus \$1 for transfers. So a total
2 commute from Central Falls would take at least two
3 hours and costs at least \$10. This may not seem
4 like a lot of time or money to someone who makes
5 over \$1 million a year, but for someone living on
6 minimum wage, it is a big deal.

7 Now imagine those bus rides at 34 weeks
8 pregnant with a toddler or preschooler in tow. I
9 challenge anyone who claims that access will not be
10 affected to attempt to navigate public transit from
11 Central Falls to Warwick. I challenge anyone who
12 claims that access will not be affected to simply
13 look at a bus schedule. There is no service in the
14 middle of the night. The buses do not run from 1
15 to 5 A.M. Every major Rhode Island city has a
16 local obstetrical unit. Newport has Newport
17 Hospital. Warwick has Kent. Providence has Women
18 & Infants, and Woonsocket has Landmark. Pawtucket
19 and Central Falls have Memorial. These hospitals
20 exist within these communities because they are
21 needed.

22 While I'm so glad the Department of Health
23 chose to have these public meetings within the
24 communities, I do want to address the fact that
25 many of our patients will not be here. The

1 patients who are greatly in need of our services
2 are often purely in survival mode. They are
3 worried about making rent, paying for groceries,
4 finding child care, navigating social services, and
5 raising children.

6 When people are in survival mode,
7 testifying in front of the Department of Health is
8 not a priority. Sometimes it's not even a
9 possibility. Please think of this when you are
10 considering the certificate of need. I stress to
11 you, we serve the patients who chose Memorial and
12 we serve patients who need Memorial. Please keep
13 this open for all the patients, but especially for
14 the patients who need it. Thank you.

15 MR. DEXTER: Thank you. Emily Olson.
16 Emily Olson.

17 MS. OLSON: Hi. Good evening. I have two
18 children. My first son was born at Women &
19 Infants, and my second son was born at Memorial.
20 And -- sorry all these people got me very weepy.

21 And I'm so glad that I had my second son
22 at Memorial because although both my births were
23 beautiful, being able to give birth in an
24 environment that supported my choices and allowed
25 me to labor comfortably without having to fight for

1 what I wanted was so important to me. Every aspect
2 of the care I received, from the patient intake
3 process to the way my husband and I were treated to
4 the choices I was given, to the way my family was
5 treated when they came to meet our newborn was very
6 special. I left a meeting with my boss to come
7 here; and as I was explaining to him as I was
8 leaving the meeting early, he said to me I get it.
9 It's like your favorite bar is closing. You'll
10 find a new bar, and there will be a new favorite
11 barstool, and it will be rush around and be cool,
12 but that's not the case at all. It's like my
13 favorite bar that serves the only drink that I want
14 in the whole state.

15 Care New England is trying to reassure
16 Rhode Island families that maternity care will be
17 fine because there are enough beds to care for the
18 women who wish to have babies in the state, but
19 adequate beds isn't equal choice. And that's why
20 I'm here because I want to be able to choose how my
21 children are born, and I want other women in Rhode
22 Island to have those choices. Thank you.

23 MR. DEXTER: Thank you. Tracie Dawson,
24 and then Claire Naughton, and Brian McCarthy.
25 Tracie, looks like Dawson or Davidson.

1 MS. DAVIAU: My name is Daviau,
2 D-A-V-I-A-U, Tracy. I've had two births -- I have
3 two children. I had my first girl when I was 16 at
4 Women & Infants Hospital. I had complications
5 while I was there. They're supposed to be a
6 specialized hospital. They were not at all. They
7 had no idea what they were doing. All it was was a
8 baby factory, had no clue, just didn't care what I
9 wanted. Just treated you like you were just some
10 other person who walked in off the street.

11 I had my second daughter at 24. I went to
12 Memorial Hospital. I had a midwife, along with a
13 doula, and I only seen -- I only had my husband in
14 the room. I only had a midwife and the doula, and
15 I believe a nurse coming in and out. I would say
16 that my experience at Women & Infants (sic)
17 Hospital giving birth was excellent. I got nothing
18 but the best of care. They fit every need that I
19 needed. I nursed my child. They helped me through
20 every step of the way. They took the time, the
21 patience, they took everything I needed. I was
22 young. I didn't know as much as probably -- people
23 say, yeah, you were 24, you might have knew, but
24 you know what, there's a lot of things I didn't
25 know, and a lot -- it's a great hospital.

1 When I went into labor -- when I went to
2 labor or whatever, they knew exactly what they were
3 doing. It was slow, but good, and we got right
4 through it. And at the end, I only stayed a very
5 short time. I only had to stay what I had to stay.
6 I spent 24 hours. I was able to go home, me and my
7 daughter. When I was at Women & Infants, I stayed
8 ten days.

9 So the care that I received at Women &
10 Infants was nonsense. The care I received at
11 Memorial was more of the greater care than I would
12 have received anywhere else. I had doctors that
13 cared about me. I had the same nurses. I had
14 people constantly check on me. My baby, if I
15 needed to go to the nursery, went to the nursery.
16 It wasn't here, you're stuck with your child
17 because that's what Women & Infants is. It's a
18 baby factory. You want to put our children in a
19 baby factory. You want to send all of our children
20 over there in a place where you're just trying to
21 fit all those children where you got these
22 hospitals that are specializing and they want to
23 just have a midwife and they want to have a private
24 birth, and they don't want to be stuck with all
25 these doctors.

1 Maybe I'm not making a lot of sense and I
2 get kind of nervous when I speak so I'm sorry if
3 I'm a little bit all over the place, but what I'm
4 trying to say is I think Memorial is a very good
5 place to have babies. It's good. They know what
6 they're doing. They're excellent when it comes to
7 their birthing center. The ICU there as well. My
8 mother-in-law, I'm sad to say, passed away, but
9 they gave my family the most -- up respect they
10 gave us the time we needed. They broke every
11 single part of it down for us. Not at one point in
12 time we felt that the doctors or the nurses turned
13 their backs and walked away and said, hey, you know
14 what, this ain't this. You walk into some of these
15 other hospitals and that's exactly what they do.
16 They say, you know what, you're on your own.

17 Now there are some other departments that
18 might need some work, but not these two
19 departments. These two departments kind of clarify
20 the whole hospital, that would be the maternity
21 ward and the ICU. That takes the whole hospital.
22 Thank you.

23 MR. DEXTER: Thank you. Claire.

24 MS. NAUGHTON: Good evening. This is my
25 daughter. She was born at Memorial two years ago.

1 She was born in the middle of a snowstorm. I only
2 live four blocks from Memorial. If I had to go
3 into Providence with the way the snowstorms have
4 been over the last couple of years, I don't know if
5 I would have made it in time considering I ended up
6 having to have a C-section.

7 My personal story is, you know, it's
8 something that's obviously very dear to me. I had
9 a wonderful experience there, but the big thing for
10 me is that being a resident of Pawtucket, this
11 hospital serves 120,000 people in two communities
12 alone. That's not including some of the others
13 that choose to come to Memorial because of how
14 wonderful they are treated no matter who you are.
15 It doesn't matter how much money you have or what
16 insurance you have. They treat you as a human
17 being, and they give you the experience that you
18 need as a person, not just someone who has gone
19 into labor, yes, we know all the symptoms.

20 I was a first-time mother with her. I
21 didn't know what I was doing. I had a doctor that
22 I switched to at 36 weeks, and I trust her more
23 than I did any of the previous doctors, there were
24 five in the practice I was with, than I did in the
25 entire pregnancy I had gone through. Now I'm due

1 with the second in August, and the idea of having
2 to go into Downtown Providence, it's not something
3 that I want to have to worry about. We've actually
4 considered going to Boston, going to Brigham &
5 Women's or even to the Cambridge Birthing Center
6 rather than have to go to Women & Infants. It's a
7 wonderful hospital if you are having a birth that
8 is high risk, but Memorial is where you get the
9 experience that you need whether you've got issues
10 going on or you're having the perfect pregnancy,
11 and it serves so many different people in so many
12 different capacities, it would be a tragedy to lose
13 a place that will no longer be able to serve people
14 that want just, I don't care what it is, just get
15 me in and get my baby to me or someone who has a
16 specific birth plan of people of all ages without
17 judgment, without reservation, with some of the
18 most knowledgeable people that you can find.

19 I had a gentle Cesarean. Two of the
20 doctors that work there, they brought it to this
21 country and they pioneered this wonderful program.
22 It will get lost if Memorial is gone. Being able
23 to know that even in a major surgery, having a
24 Cesarean section is not a small thing, and the six
25 weeks that it takes to recover, they checked in on

1 me all the time. I need to know that my doctors
2 and my nurses are going to be there, and I know
3 I'll get that at Memorial. Thank you.

4 MR. DEXTER: Thank you. Brian McCarthy.

5 MR. MC CARTHY: How you doing? I just
6 want to start off by saying my wife has had two
7 kids, my sister-in-law has had two kids, all at
8 Memorial. Dr. McGee was great. We were forced to
9 have a C-section the first time because my son was
10 breech. We had a successful VBAC after that, which
11 Dr. McGee is very helpful with. Just -- the
12 service there was great. We also have another
13 doctor, Dr. John, step in when Dr. McGee had to go
14 out, made my wife feel extremely comfortable.

15 Now, Memorial is the only hospital around
16 that I know of that does VBAC. What, do you want
17 me to go to Providence and have her cut open again;
18 is that what you're telling us because she doesn't
19 want to have surgery again. She was scared then.
20 Memorial is like 5 minutes from my house. You're
21 looking at a 20-minute drive at 2 in the morning
22 without anybody on the highway. Forget it if she
23 goes into labor at four o'clock, you're looking at
24 45 minutes to an hour to get to a hospital.

25 Why are you guys closing this hospital

1 down? Why are you guys getting rid of the birthing
2 center? I really want to know because this is a
3 great hospital for the community, and I want my
4 sister-in-law to be able to have her third kid,
5 she's pregnant right now, I want her to be able to
6 complete her pregnancy at Memorial. This hospital
7 is very special to us. So -- all right. Thank
8 you.

9 MR. DEXTER: Thank you. Is there anybody
10 else that would like to speak tonight?

11 MR. MORRIS: Thank you all for coming. I
12 just want to make one point, and that is there were
13 a couple of comments made that the Health
14 Department is closing down the hospital. That's
15 not the case.

16 MR. DEXTER: Thank you. Thank you for
17 coming out tonight. I'd like you to know if there
18 are any immediate questions, Joseph, our
19 communications -- information officer is there.
20 You can speak to him. You can come to any one of
21 our two other meetings, and we have one on
22 Wednesday at Woodlawn Community Center in Pawtucket
23 from 11 A.M. to 1 P.M. and on Thursday at the Segue
24 Institute for Learning from 4 P.M. to 6 p.m.
25 that's in Central Falls.

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I'd like to remind you that the staff from the Department of Health are not going to respond to any comments about this application, but, again, submit comments in writing to the Department through it's -- the website that I said it earlier. Thank you again for coming out.

(MEETING ADJOURNED AT 6:30 P.M.)

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C-E-R-T-I-F-I-C-A-T-E

I, RONALD M. RONZIO, Notary Public, do hereby certify that I reported in shorthand the foregoing proceedings, and that the foregoing transcript contains a true, accurate, and complete record of the proceedings at the above-entitled hearing.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 16TH day of March, 2016.

Ronald M. Ronzio, Notary Public

RONALD M. RONZIO, NOTARY PUBLIC/CERTIFIED COURT REPORTER

MY COMMISSION EXPIRES: July 24, 2017

IN RE: Memorial Hospital

DATE: March 14, 2016

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