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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

R.I. DEPARTMENT OF HEALTH

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PUBLIC HEARING IN RE:

MEMORIAL HOSPITAL - REVERSE  
CERTIFICATE OF NEED

\* \* \* \* \*

WOODLAWN COMMUNITY CENTER  
210 WEST AVENUE  
PAWTUCKET, RI 02860  
MARCH 16, 2016  
11:00 A.M.

BEFORE: NICOLE ALEXANDER-SCOTT, MD, MPH  
STEPHEN MORRIS, DEPUTY CHIEF LEGAL  
MICHAEL K. DEXTER, CHIEF

M.E. HALL COURT REPORTING

108 WALNUT STREET

WARWICK, RI 02888

(401) 461-3331

1 (COMMENCED AT 11:04 A.M.)

2 DR. ALEXANDER-SCOTT: Good  
3 morning. Thank you for coming. We are going  
4 to go ahead and get started. I'm going to  
5 introduce the colleagues who are here with me.  
6 I'm Dr. Nicole Alexander-Scott, Director of the  
7 Department of Health; and to my left is Steve  
8 Morris, who's our Deputy Chief Legal at the  
9 Department, and Mike Dexter, who's the Chief of  
10 our Center for Health Systems Policy and  
11 Regulations, which is the area of the  
12 Department that conducts our reverse  
13 certificate of need process. So, I'm going to  
14 let Mike get us started, and then I will say a  
15 few words.

16 MR. DEXTER: Thank you, Doctor.  
17 Can people hear me?

18 AUDIENCE: Yes.

19 DR. ALEXANDER-SCOTT:

20 MR. DEXTER: I want to make sure  
21 that I'm talking directly into the microphone.  
22 Again, I'm Mike Dexter. We are here for a  
23 community meeting about Memorial Hospital's  
24 proposal regarding the Obstetrics Unit. We

1           just want to let you know that this is not a  
2           requirement of this type of process, but the  
3           Department and the Director, we really want to  
4           hear what the community has to say about this  
5           application. I would let you know there's an  
6           exit back there and one over there, and the  
7           restrooms are on the left.

8                         The, this is the second of three  
9           meetings, and the dates and times, date and  
10          time for the next one, which is tomorrow, is on  
11          the sheet that you would have gotten when you  
12          came in. Again, this is about Memorial  
13          Hospital's proposal regarding their Obstetrics  
14          Unit. The Hospital has filed a second proposal  
15          related to their urgent care services with the  
16          Department. However, this meeting is not  
17          intended to address that specific application.

18                        Just quickly, for the record,  
19          this is pursuant to the General Law  
20          23-17.14-18, where prior to the elimination of  
21          the certificate reduction of an emergency  
22          department or primary care service, the  
23          hospital shall provide a written plan for the  
24          Director, which shall describe the impact of

1 the proposal on three items: Access to health  
2 care services for the traditionally  
3 underserved. Delivery of health care services  
4 on the affected community, and other, and the  
5 impact on other licensed hospitals or health  
6 care providers through the affected community  
7 or in the state.

8 And in addition to submitting  
9 comments verbally, people can submit written  
10 comments to the Department via e-mail or postal  
11 mail. The directions on how to submit a  
12 written comment -- and this is on the sheet  
13 that you got -- is [www.health.ri.gov/memorial](http://www.health.ri.gov/memorial),  
14 and you can also get some more information at  
15 that web page about this process. If you  
16 haven't yet to sign in but wish to sign in and  
17 speak, please go to the table in the back and  
18 indicate that you would like to speak and print  
19 your name. And we are going to be calling  
20 people up in the order that they signed in, and  
21 we will call three at a time so that you can be  
22 ready behind the podium. And we are requesting  
23 that you limit your remarks to three minutes so  
24 everybody has an opportunity to speak. And

1 again, if you think you need more time than  
2 three minutes, we welcome you to provide  
3 written comments, if possible. And we do have  
4 some translation services here.

5 (ANNA NOVAIS AND MARGUERITE  
6 JARAMILLO, INTERPRETED TO AUDIENCE)

7 DR. ALEXANDER-SCOTT: I know  
8 it's not easy for people to make time on their  
9 schedules to come to community meetings. We do  
10 appreciate you taking that time to help us get  
11 an understanding that is as informed and as  
12 comprehensive as possible on this issue.

13 As Mike mentioned earlier, this  
14 is a meeting that the Department of Health  
15 organized to hear from the community. It  
16 wasn't required, but it was important for us to  
17 understand more about the changes that Care New  
18 England has proposed for Memorial Hospital's  
19 Obstetrical Unit. Mike used the terms, reverse  
20 certificate of need. To explain it a little  
21 bit further, this is a review process that the  
22 Department of Health conducts prior to the  
23 request for the potential closure of or  
24 reduction in hospital area that specifically

1 includes emergency departments or primary care  
2 services such as this OB Unit. These services  
3 cannot be eliminated or reduced without the  
4 approval of the Rhode Island Department of  
5 Health.

6 The community meetings that we  
7 organize about this issue aren't required by  
8 law, as I mentioned; but we wanted to make sure  
9 that they were set up so that the public had  
10 ample opportunity to communicate with us  
11 directly because it is important that your  
12 voices are heard.

13 In a few moments, Mike is going  
14 to outline for you how today's meeting is going  
15 to be structured, which he started already and  
16 will continue along those lines. One thing  
17 that he will explain is that, for procedural  
18 we will, reasons not be responding to comments  
19 that are made or to questions that are posed.  
20 But please know that all of your thoughts, no  
21 matter where you come down on this issue, are  
22 being recorded by a stenographer and will be  
23 fully considered in our decision-making  
24 process.

1                   So, I will thank you, again, and  
2                   let us get started. I will pass things back to  
3                   Mike.

4                   MR. DEXTER: Thank you, Doctor.  
5                   For people standing up in the back, there are a  
6                   number of seats in the front row, if you would  
7                   like to have a seat. Okay. So, we are going  
8                   to start right away, and the first three  
9                   speakers, the first one is Rosa Correia, if you  
10                  could please come up to the podium, and then  
11                  behind her Manuel Pino and Stacy Nichols. Anna  
12                  will be translating.

13                  MS. CORREIA: (THROUGH THE  
14                  INTERPRETER) I'm Rosa Correia. I want to know  
15                  why are we closing the hospital? It's such an  
16                  important asset in our community, Rhode Island,  
17                  in Pawtucket specifically, with so many old  
18                  people, people like me who do not have a car  
19                  and do not have transportation and have no way  
20                  to get to the hospital. Thank you.

21                  MR. DEXTER: Manuel Pino.

22                  MR. PINO: (THROUGH THE  
23                  INTERPRETER) I want to know why are you closing  
24                  that hospital. It's a great hospital. I have

1           been hospitalized at that hospital many times.  
2           Thank you.

3                           MR. DEXTER:   Thank you.   Stacy  
4           Nichols, please.

5                           MS. NICHOLS:   I just want to say  
6           I have had both my children at Memorial.   My  
7           first daughter I was supposed to deliver at  
8           Women and Infants.   I actually switched  
9           providers one week before she was due because  
10          she was a breach presentation and I had hoped  
11          for a natural birth and was a scheduled  
12          C-section; and when I looked at my options at  
13          Women and Infants and what they were offering  
14          me, it was not what I wanted the birth  
15          experience to be.

16                           People were very cold.   They  
17          were not understanding why I was upset with the  
18          situation.   And Memorial ended up being a  
19          great.   My doula connected me with a new  
20          provider there who was able to make her birth  
21          special even though it was not what I wanted it  
22          to be.   My someone was born in July.   I was  
23          hoping to have a be back, and I was successful  
24          in having a VBAC, but he was a surprise breach

1 vaginal birth; and I actually drove to the  
2 hospital with a leg pretty much already out.  
3 And thankfully, Memorial Hospital is about five  
4 minutes from my house, and I would not have  
5 made it to Women and Infants Hospital. My  
6 doula had called my doctor in the car, who was  
7 able to meet us there, but you know, I can't  
8 even imagine what the situation would have been  
9 if I had not had access to a community  
10 hospital. And the care that I received there  
11 was phenomenal after he was born. Doctors  
12 coming in to see how I was. You know, even  
13 though they weren't my primary care, but pretty  
14 much everyone in the hospital showed up to see  
15 me in that situation, and so I would really  
16 hate to see the birthing center close, because  
17 I think that offers a special opportunity for  
18 people in Pawtucket; and I know that a lot of  
19 women travel to Memorial even from outside of  
20 this area because they want that quality of  
21 care that you can receive there. People who  
22 want to make, like have a less medically  
23 intensive birth; and Women and Infants and  
24 other places that I had looked at giving birth

1 weren't providing that option, so I think we  
2 should stay with them.

3 MR. DEXTER: Thank you. The  
4 next three speakers will be Lauren Fontaine,  
5 Jacqueline Sullivan and Christian Cardos.

6 MS. FONTAINE: Hello, my name is  
7 Lauren Fontaine. Thank you, Dr.  
8 Alexander-Scott and Members of the Department  
9 of Health. I just am here today to clarify  
10 some misinformation. So, we keep hearing 400  
11 is the number of births that the birthing  
12 center has birthed. However, since the  
13 affiliation with Care New England, 2013 we had  
14 457 births. In 2014, 494 births. 2015, 424.  
15 That 400 number is wrong. And we keep hearing  
16 it over and over again.

17 I would also like to state, on  
18 February 29, we were told an estimated 200  
19 employees would lose their jobs. This came out  
20 of the mouth of Dr. Michael Dacey. However,  
21 you hear media coverage saying that Angeline  
22 Peter Lewis told the media that, no, 200  
23 employees would not lose their jobs. We don't  
24 know how many. So, we keep hearing this

1           misinformation over and over and over, and I'm  
2           tired of these lies. I have to go to work  
3           every day and serve these people in this  
4           community that I truly love, and they don't  
5           deserve this. They don't deserve this at all.  
6           And that's it. Thank you.

7                         SPEAKER: Good morning. I'm  
8           here taking time out of my day from my job to  
9           support the birthing center at Memorial  
10          Hospital. I oppose the closing of the birthing  
11          center at Memorial. I live in the Oak Hill  
12          area, actually ten blocks up the street. It  
13          was only five minutes for me for my husband to  
14          take me to the hospital and I was eight  
15          centimeters dilated by the time I got there. I  
16          was able to labor at home. I went to the  
17          hospital and my doctor said, okay, if you want  
18          to labor at home, you can go home and do that.  
19          So, it was really just a really great way to  
20          give natural child birth.

21                         I did learn that Women and  
22          Infants does have an alternative birthing  
23          center, and I was excited about that. I did  
24          more research, and they opted out people if

1           they are not a low, a low concern; and since I  
2           was giving birth over the age of 35, I would  
3           have been opted out. So, that was, you know, I  
4           actually switched my provider. I had had my  
5           gynecologist for four years, and I switched in  
6           order to give birth at Memorial from all the  
7           great reviews on line. I do a lot of research  
8           on line. So, you know I hadn't heard anything  
9           about it personally, which is unfortunate that  
10          there wasn't a lot more marketing towards it.  
11          It seems like there's a lot of doctors -- my  
12          doctor said, I don't even deliver at Memorial  
13          so I don't know what to do for you. So, I said  
14          I'm going to have to switch providers. So, you  
15          know, and a lot of books -- natural childbirth  
16          that's what I wanted to do -- talks about  
17          fighting the hospital establishment; so, I was  
18          prepared for a fight when discussing with my  
19          doctor about my decision to have natural child  
20          birth; and if need be, a gentle CEsarian. And  
21          my doctor said, well, we encourage and  
22          celebrate natural child birth at Memorial  
23          Hospital and gentle cesarians are the only kind  
24          we perform. I was pleased because that's what

1 I wanted to hear.

2 And then, also, so I was able to  
3 have a natural child birth, which was great;  
4 and all of the staff, all the nurses, the  
5 doctors, everyone from the people who taught  
6 the classes in child birth and just teaching us  
7 how to swaddle our child, and it was just a  
8 really great community. Everyone, all the  
9 nurses were smiling when they came in. They  
10 checked in on everybody. They were a really  
11 great community.

12 I have a friend who gave birth.  
13 She actually, she had to have a C-section, and  
14 I asked her about her experience. I do have a  
15 coworker that gave, had a C-section at Women and  
16 Infants, and she said it was a horrible  
17 experience. It's was the bright lights and the  
18 strapping you down. So, my friend she had a  
19 wonderful experience. She said it was very  
20 difficult, but she felt very safe; and you  
21 know, after 32 hours of labor and induction,  
22 she remembers feeling good and ready to meet  
23 her baby. She felt safe. She got to hold her  
24 baby immediately after it came out, and it was

1 all wonderful even the pain because she felt  
2 safe and protected because she had an awesome  
3 tribe of nurses, medical residents and doctors.  
4 She tells everyone about her amazing experience  
5 that she had at Memorial.

6 MS. CARDOS: Hi, I'm sorry. I'm  
7 actually Kristen Cardos. My name is Kristen  
8 Cardos, and I'm an educator, a post-partum  
9 doula, cofounder and group facilitator, cochair  
10 for the OB Patient Advisory Council at Women  
11 and Infants Hospital and mother of three  
12 children ages six, eight and ten. I have a  
13 decade of experience working with pregnant  
14 women and new families in Rhode Island.  
15 Personally, I have two births at Women and  
16 Infants and my third child at Pawtucket  
17 Memorial. I won't get into what was  
18 dissatisfactory about my experiences at Women  
19 and Infants, but I will say I'm passionate  
20 about improving care for women birthing at  
21 Women and Infants and I appreciate the  
22 opportunity to be on the Patient OB Advisory  
23 Council now.

24 I feel my voice represents the

1 voice of many women I have had the pleasure of  
2 supporting throughout the years. I am  
3 disappointed that Care New England intends to  
4 close the birthing center and the ICU at  
5 Pawtucket Memorial Hospital. Not only does  
6 Memorial allow access for many families in  
7 Pawtucket and Central Falls who might otherwise  
8 find themselves challenged by our limited bus  
9 schedule but women from all over Rhode Island  
10 and Massachusetts would be denied the  
11 opportunity to birth in a place where  
12 evidenced-based care, patient-centered care and  
13 gentle Cesarean are allowed for patients to be  
14 supported in a way that other hospitals can't  
15 compete.

16 Due to the high volume of births  
17 at Women and Infants, patients often feel  
18 rushed to have their babies and are given  
19 medications to speed things along. Just last  
20 week a mama in my group went to Women and  
21 Infants was told that she was four centimeters  
22 dilated and that she would be birthing in  
23 triage that night with no access to the  
24 epidural. She decided to leave the hospital

1           and felt tremendous stress at the idea to  
2           deliver in triage.

3                       My sister-in-law delivered in  
4           triage last October, so I know this is a  
5           possibility for many women. I have never heard  
6           of Memorial being too busy for women to access  
7           the room and the calm nature of the hospital  
8           allows women and care providers to listen to  
9           mama's body and baby's response to labor and to  
10          not rush the natural process of birth. Access  
11          to this kind of care in Pawtucket is so  
12          important. Maturity care and birth is not a  
13          one size fits all, and knowing that Memorial  
14          Hospital offers a birthing center atmosphere  
15          where gentle Cesarians are the norm, where  
16          volunteer doulas might be available, where  
17          practitioners have time to listen and support  
18          families without rush, where one can be  
19          vulnerable and trusting. This attracts many  
20          women to Pawtucket Memorial. Care New England  
21          claims that on their web site, quote, we are  
22          focused on providing a safe, positive and  
23          supportive environment for your work experience  
24          and all of us will be working with you to

1 ensure it, end quote. If this is true --

2 MR. DEXTER: Excuse me, just a  
3 few more seconds, and then if you want to leave  
4 the written statement, we will accept it.

5 MS. CARDOS: I'm almost done.  
6 If this is true and the Department of Health  
7 supports access to medical care and treatment  
8 for diverse communities within our state,  
9 Pawtucket Memorial's birthing center must  
10 remain open. Pawtucket Memorial is good for  
11 Pawtucket. There are talks of 200 people  
12 losing their jobs. We need to work together to  
13 create more jobs not less, more access to good  
14 health care, not more challenges, more options  
15 for birth in Rhode Island, not fewer.

16 Considering the attendance at the  
17 rally last week and people showing support at  
18 these hearings, I know the community is  
19 speaking loudly. Pawtucket Memorial and its  
20 birthing center and ICU are valued health-care  
21 facilities in our state. Thank you.

22 MS. McNIECE: My name is Kim  
23 McNiece. I'm a birth doula and child birth  
24 educator. I'm actually standing here because

1 the way that this has all gone down has  
2 emotionally traumatized, I can probably easily  
3 say, a lot of my clients. A lot of my clients  
4 have been left in a place of not knowing where  
5 they are going to birth, how they are going to  
6 birth or who their care providers will be; and  
7 I understand that Care New England is doing  
8 what they can to make up for that discrepancy  
9 in the time frame in the last couple of weeks  
10 but, but that being said, that was not the  
11 initial way that things came about.

12 I was honored to hear you speak,  
13 Dr. Scott at URI. I was overwhelmed with the  
14 amount of -- sorry -- the amount of passion  
15 that you have for your job and the work that  
16 you do. I cannot believe that you are sitting  
17 here before us right now without an actual  
18 purpose in hearing what's happening here in  
19 talking about the disparities between care in  
20 different populations whether it be race or  
21 socioeconomic status. I cannot believe that  
22 you are sitting here right now at this time  
23 where all of these people are calling out for  
24 this equality.

1                   In Rhode Island, right now the  
2                   only hospital that is considered women friendly  
3                   by CAPA, which is the Child Birth Post-partum  
4                   Professional Association, and CIMS, which is  
5                   the Coalition for Improving Maturity Services,  
6                   Memorial Hospital is the only hospital in this  
7                   state that has met all of the mother-friendly  
8                   child birth initiative incentives. Included in  
9                   that is also the World Health Organization's  
10                  baby friendly hospital initiative incentives.  
11                  It is the only hospital, and the fact that it  
12                  is in the most needed town, the most needed  
13                  city in our entire state really just goes to  
14                  prove everything that you're working for and  
15                  everything that you're hoping for.

16                  This gem is sitting there. It  
17                  just needs to be given what all the other  
18                  hospitals are given. Excuse me one second.  
19                  Women and Infants is an amazing hospital. I  
20                  will not speak against it. I serve so many  
21                  women who go there and have wonderful, amazing  
22                  birth expenses. What I will say is that they  
23                  are also being promoted and marketed in a way  
24                  that Memorial Hospital was never given the

1 opportunity. Never. And I will say this, that  
2 when it comes down to the reality of who's  
3 getting care at Memorial Hospital, we are  
4 looking at 80, 85 percent of the population are  
5 people who actually live in Central Falls,  
6 Pawtucket and Johnston. These are the  
7 underserved communities that we are looking to  
8 serve. They have it in their hands. Mother  
9 friendly, child friendly, baby center care  
10 right there. We can't let this go.

11 I'm sorry if my passion is  
12 overwhelming right now, and I can have a calm  
13 conversation; but right now this really means  
14 something to me. It means something to my  
15 clients, and it means something to Rhode  
16 Island, and I think that it's completely  
17 evident by the numbers that are coming out in  
18 the middle of the day. Once again, thank you.  
19 Thank you for all that you are doing for our  
20 state. Thank you for taking the time to hear  
21 from us and the community, and I just thank you  
22 for offering to being here.

23 MR. DEXTER: I do have a Greg  
24 Scown indicated that he may speak.

1 AUDIENCE: Pass.

2 MR. DEXTER: The next speakers  
3 will be a Lisa Gendron, Megan Bain and also  
4 possibly Patricia Panichas.

5 MS. GENDRON: Hi, my name is  
6 Lisa Gendron. I'd like to speak first on  
7 behalf of the Coalition to Save Memorial  
8 Hospital, of which I am standing here today a  
9 representative of. Before I offer my personal  
10 testimony, I want to thank you, Dr.  
11 Alexander-Scott and the Department of Health  
12 for scheduling these hearings and to thank the  
13 community for coming out to share your stories.  
14 I would also like to recognize the many who  
15 support the birthing center but are not able to  
16 be here today, of which there are many as well.  
17 I know they are tuning in and  
18 standing in solidarity with the call for  
19 successful evidenced-based care that is  
20 accessible to all members of our society to the  
21 most underserved to the most privileged. And  
22 now to my personal statement.

23 I am a doula and educator in  
24 Rhode Island, and I work with families from all

1           socioeconomic classes and all racial  
2           backgrounds to help them advocate for  
3           themselves and their families during pregnancy,  
4           birth and the post-partum. I'm also an  
5           interdisciplinary journalist who over the past  
6           decade has made a body of work about maternity  
7           care in Southern New England.

8                         The role of a doula is to provide  
9           multi-faceted support to families as they  
10          traversed the many complex elements of  
11          pregnancy, birth and parenthood. In this way,  
12          I have had the opportunity to witness and learn  
13          about the many parts of maternity care that  
14          deeply affect the physical and mental and  
15          emotional health of both parents and their  
16          children.

17                        Douglas and public health  
18          officials know that culturally competent  
19          personalized respectful care is extremely  
20          important to women who live in communities in  
21          which access to high quality health care is a  
22          challenge. A few barriers to care for these  
23          women and babies and medically underserved  
24          communities like Central Falls include

1 transportation of which we have heard this  
2 spoken to by several members of the community  
3 both in the last meeting and also today.

4 Other barriers include women who  
5 may fear authoritative systems of knowledge  
6 that undermine the community beliefs they hold  
7 about health and motherhood. Many women who I  
8 work with and other doulas in the community  
9 work with sustain histories of trauma that make  
10 trusting care providers difficult and fear of  
11 judgment an inhibitor to seeking care. Lack of  
12 time not occupied by working low-wage jobs also  
13 prevents vulnerable pregnant women from seeking  
14 care. Rhode Island health data clearly states  
15 this to be an issue for Pawtucket families with  
16 delayed prenatal care for the whole population  
17 in Central Falls at 15.9 percent and 18.7  
18 percent for black women. These are only the  
19 few of the barriers that exist for families in  
20 Pawtucket and Central Falls that I see as a  
21 doula and a journalist.

22 The birthing unit at Memorial  
23 Hospital has an unique culture of care in which  
24 the most vulnerable women and babies of this

1 core urban Rhode Island community are treated  
2 with the same respect and care that families of  
3 privilege seek out. I understand I'm over.  
4 The doctors, nurses and midwives at Memorial  
5 have tirelessly worked to create an environment  
6 that meets the needs of its patients with  
7 understanding of its unique challenges.

8 In the changing landscape of  
9 modern maternity care, we must consider the  
10 health of babies and mothers as the most  
11 important piece in regards to the long-term  
12 health of our nation. We know our national  
13 community has been challenged to provide care  
14 that creates equal opportunity for life-long  
15 health for all American families with women of  
16 color and their children. If our health  
17 community is going to combat the plague of  
18 premature birth, infant loss, and life-long  
19 complications for children, this begins a new  
20 growth.

21 MR. DEXTER: Excuse me. Thank  
22 you. You can give us your speech. We have --

23 MS. GENDRON: I just would like  
24 to thank you again for listening to our

1           comments. I deeply appreciate the Department  
2           of Health's absolute commitment to the families  
3           of Rhode Island.

4                       MS. PANICHAS: Good morning. I  
5           would just like to thank the Health Department  
6           for coming in to listen to us. My name is Pat  
7           Panichas. I work at Memorial Hospital. I work  
8           in the recovery room. I have taken care of  
9           many patients. I have come to the hospital for  
10          a C-section, many other surgeries.

11          Unfortunately, a lot of our patients have to  
12          come by cab, go home in a cab. They have no  
13          family to take them home. I'm sorry.

14          Sometimes they have to take a bus. And I just  
15          want to speak for the people of Pawtucket that  
16          we need this hospital. Central Falls, many  
17          patients coming from Cumberland, all over the  
18          area. I worked in the ICU there, too. I have  
19          taken care of many patients through the years,  
20          and patients are so appreciative for the care  
21          they receive here at the hospital. As I said,  
22          I have taken care many patients at the  
23          hospital. I live in this city. I was born in  
24          that hospital; and as I said, many patients

1           need that hospital because they do not have  
2           access to get to Providence or Kent County or  
3           wherever they are going. We need the hospital  
4           here in Pawtucket because of the people we  
5           serve. Thank you.

6                           MS. BAIN: My name is Megan  
7           Bain. The potential closing of Memorial  
8           Hospital is of great concern to me both  
9           professionally and personally. Professionally  
10          I'm a local doula and the co-president of  
11          Doulas of Rhode Island. I have seen birth from  
12          the inside of Memorial while supporting many  
13          clients there. There has been talk of Memorial  
14          not being labeled a quality care facility  
15          because they do not see the high numbers and is  
16          constantly compared to Women and Infants in  
17          terms of revenue.

18                           I can speak directly to the  
19          quality of care because I have seen it. As  
20          doula, I am there witnessing every single thing  
21          that occurs while any clients are in labor and  
22          immediately following their birth. Women and  
23          their families are respected at Memorial.  
24          Plain and simple. Can you imagine being

1 prepared to be on the operating table for a  
2 Cesarean birth and having an doctor tell you  
3 that your baby will be taken away, and you will  
4 be in the operating room without support.  
5 Neither do the care providers in Memorial.  
6 They work to ensure that women experiencing  
7 Cesarian birth can opt for the ground-breaking  
8 gentle Cesarian without question. This is not  
9 an option consistently at Care New England  
10 Women and Infants and Kent Hospitals. It is  
11 advertised as an option at Women and Infants  
12 but the providers do not consistently stand  
13 behind this practice. I have had several  
14 clients request gentle Cesarians and told no  
15 outright.

16 At these other hospitals, mothers  
17 are routinely separated from partner and baby  
18 after Cesarian and left without support on the  
19 operating table. So, if you are looking for  
20 quality, I would say that Memorial out does  
21 Women and Infants hands down. Memorial is the  
22 only hospital to develop and consistently  
23 provide a standard protocol for gentle Cesarian  
24 which has been shown to support maternal infant

1 bonding and have better outcomes for mom and  
2 baby.

3                   Yesterday I saw a representative  
4 for Care New England on the news stating that  
5 now the reason is not purely financial but  
6 instead has to do with quality of care. If  
7 this is true, there are other operating  
8 programs that should be considered to be shut  
9 down as opposed to the birthing center. The  
10 wild inconsistencies that occur elsewhere are  
11 not a model of care. I have clients told  
12 different things must be adhered to depending  
13 on the time of day, who happens to be working  
14 and sometimes what kind of mood doctors and  
15 nurses are in. I have had clients being told  
16 there aren't enough rooms and left to labor in  
17 triage. Labor in the emergency room does not  
18 sound like quality care to me. At Memorial,  
19 there are no surprises. My clients walk in  
20 knowing what to expect. They feel safe and  
21 confident. They know that, if their doctors  
22 are there, they have more than likely been  
23 personally introduced to the care employer that  
24 will take care of them. Their entire model of

1 care is evidenced-based. In fact, the entire  
2 birthing center, from the way it functions as a  
3 cohesive unit to the population they serve,  
4 exemplifies the goals that Dr. Alexander-Scott  
5 shared in her vision at the recent presentation  
6 at URI. How it could be considered to  
7 eliminate services that are already achieving  
8 goals and striving for standard of care is  
9 beyond me. As doulas, we follow our clients  
10 wherever they choose to give birth, but the  
11 birth we attend at Memorial will always be  
12 special because we know we are following women  
13 to a place that generally cares filled with  
14 care providers that we trust.

15 Closing this facility would be a  
16 mistake, and I would urge you to strongly  
17 consider its importance in the health care line  
18 of care in Rhode Island. Thank you.

19 MR. DEXTER: Thank you. The  
20 next speakers are Michelle Palmer, Christine  
21 Khaikin and Courtney Hoyle.

22 MS. PALMER: Michelle Palmer. I  
23 have been a passion advocate for maternity  
24 child health for over 20 years. As a nurse, as

1 a midwife, on the Advisory Council of Midwifery  
2 at the Department of Health, as a Rhode Island  
3 affiliate for the Rhode Island College of  
4 Midwives, as a faculty for the University of  
5 Rhode Island, but today I come here to speak to  
6 you as a member of the community. I come here  
7 as a woman and as a mother.

8 I feel very strongly that women  
9 should be able to birth where and with whom  
10 they choose. I really appreciate and wanted to  
11 thank the Department of Health for providing  
12 this public forum and the others so that we  
13 can, as a state, look at these issues in the  
14 eye. I would like to speak to the issues of  
15 access, delivery of health care services and  
16 the impact of other services in our state.

17 The birthing center differs from  
18 the birth center at Women and Infants Hospital,  
19 because it provides access to an entire  
20 population not a few selected on their birth  
21 status or their risks status. I would also  
22 like to speak to the quality aspect. Memorial  
23 was the first hospital to implement a study on  
24 delayed cord clamping, which has now received

1 many publications as the nurse midwifery  
2 researchers have been able to disseminate this  
3 information through Women and Infants and we're  
4 greatly appreciative of that. Care New England  
5 at Women and Infants Hospital has provided an  
6 amazing opportunity for many practitioners,  
7 many women and many research possibilities.  
8 But it needs to be acknowledged that Memorial  
9 is one of the places where many of these  
10 research opportunities began.

11 As you have already heard much  
12 about the gentle CEsarian, I'm not going to go  
13 into that too deeply other than to speak to  
14 beyond the family center care aspect we are  
15 also seeing benefits about the microbial, which  
16 is the new and important research that's being  
17 done around long-term health care risks.  
18 Memorial has been a pioneer in Rhode Island  
19 regarding maternal child health. You may  
20 remember the Women's Health Collective many,  
21 many years ago picketing in front of Memorial  
22 Hospital to speak about their high CEsarian  
23 rates, and the beauty of the Memorial community  
24 was that they responded to that. And in fact,

1 last year, 2015, Memorial CEsarian rate was one  
2 of the lowest in the state at 24.7 percent.  
3 They were the first in Rhode Island to provide  
4 a facility where a study could be done  
5 regarding -- that's now being the standard of  
6 care regarding delayed cord clamping. The 24/7  
7 room has also be a standard of care at Memorial  
8 for quite sometime.

9 What I would not like to see is  
10 loss of this opportunity to promote  
11 physiological birth. Lastly, I would like to  
12 end with I'm a provider of birth outside of the  
13 hospital as well as in, and that has been  
14 something I have had advocated for in my  
15 community. It took me ten years to work on  
16 regulation changes at the Department of Health  
17 to be able to offer that service safely.  
18 Memorial was supportive in being a hospital  
19 that provided me with a place where I could  
20 bring my patients should their level of care  
21 increase and the need for services increase.  
22 At least I would hope that the Department of  
23 Health would consider that, within the reversal  
24 of the certificate of need if it goes through,

1           that they would continue to advocate for this  
2           service being available at other facilities in  
3           the state. Thank you.

4                           MS. KHAIKIN: Dr.

5           Alexander-Scott and Members of the Department  
6           of Health, my name is Christine Khaikin, and I  
7           am the advocacy coordinator at Merger Watch.  
8           We are a natural nonprofit organization working  
9           to protect patient's rights and access to  
10          health care when hospitals consolidate, and we  
11          want to thank you for the opportunity to speak  
12          on this closure, this potential closure.

13                          The ability for affecting members  
14          of the community and concerned outsiders like  
15          me to voice their concerns about the lose of  
16          health care is vital. Thank you for acting so  
17          quickly. We have an 18-year history working  
18          with state and local advocates to protect  
19          access to care in 38 states, and because of  
20          this we have a national prospective of the  
21          changing health care landscape.

22                          We recognize that hospitals  
23          across the country are consolidating and  
24          changing at a rapid pace. Encouraged by the

1           Affordable Care Act and a push for a more  
2           coordinated care. A big part of this is the  
3           push for the triple aim which calls for the  
4           future of health care to focus on improving  
5           patients' experience, improving population  
6           health and reducing cost and ensuring women  
7           have access to comprehensive prenatal services  
8           as well as the ability to give birth in this  
9           unique mother center high-quality environment  
10          like at Memorial Hospital is vital to improving  
11          patients' experience and this culture cannot be  
12          loss.

13                           There has to be a way forward to  
14          solve all of these pressures that the hospitals  
15          around the nation are facing that does not  
16          disadvantage women as they seek care for the  
17          most natural human event. Instead of closing a  
18          department so vital to these communities, the  
19          State should implement more comprehensible  
20          health planning to determine the needs of each  
21          community and to not put the burden of these  
22          changes on one individual population. So, as  
23          is the Department moves forward, please  
24          consider the voices of all of these families,

1 the surrounding communities, outsiders like me  
2 who will be impacted by these changes and  
3 ensure that the wonderful, unique, high-quality  
4 labor and delivery of services at Memorial  
5 Hospital are not lost.

6 MR. DEXTER: Thank you.  
7 Courtney Hoyle?

8 MS. HOYLE: Hi. Thank you for  
9 hearing us. I am coming to you from the  
10 perspective of a birth doula in Rhode Island  
11 but also an expecting mom to deliver a baby. I  
12 had my first -- I had my first baby at Women  
13 and Infants and my second at South County  
14 before I learned the beauty of Memorial  
15 Hospital. My husband does not want to go to  
16 South County for this baby because of the drive  
17 for us. We live on the north end of  
18 Providence. I birth my baby's pretty quickly  
19 and he's concerned about that.

20 The other day driving in the car  
21 with my four-year-old daughter, and she said,  
22 mom, why are we doing this? Why is Memorial  
23 the greatest hospital; and from my experience  
24 with my doula clients, I said to her, well, I

1 know that when I bring birthing moms to  
2 Memorial Hospital, that they are going to be  
3 respected no matter what walk of life they come  
4 from. And their wishes are going to be heard,  
5 and they are going to be fought for in a safe  
6 way. She then responded that is sounds like  
7 the exact place that you would want to have  
8 your baby at. Thank you.

9 MR. DEXTER: Thank you. The  
10 next three speakers will be Lisa Mancini, Paige  
11 Dickinson and Neeka Stanley.

12 MS. MANCINI: Good morning. I'm  
13 Lisa Mancini. I'm here to speak about my  
14 birthing at Women and Infants. I'm a mother of  
15 four children. They are 14, 13, 10 and seven.  
16 When choosing a doctor during my twenties, I  
17 chose a doctor that, and the, had a practice at  
18 Women and Infants Hospital, because I felt the  
19 need to have everything there, a good birthing  
20 experience, and God forbid, anything that would  
21 happen with the children that they would have a  
22 wonderful staff there to help them with  
23 anything they need. All four of my children  
24 were late. I had four inductions. My first

1 daughter was two weeks late. 32 and a half  
2 hour labor. Four hours pushing at nine  
3 centimeters, a episiotomy. I had the works. I  
4 delivered two more within 47 months. I loved  
5 the staff, the care I received. My children  
6 latched on. I breast fed all my children for a  
7 year. I went back to the hospitals I had a  
8 wonderful experience from soup to nuts for  
9 everything I had. I cannot say more of why I  
10 think Women and Infants is an phenomenal  
11 facility, and I'm proud to say that my children  
12 were birthed there, and I had such a great  
13 experience. When choosing the hospital, my  
14 mother said, please choose a hospital that's  
15 going to be best suited to making sure that you  
16 get the best care possible. We checked that  
17 and we were very proud of Women and Infants.  
18 That's all I have to say.

19 MR. DEXTER: Thank you.

20 MS. DICKINSON: Hello. I'm  
21 Paige Dickinson. I'm a midwife. I have been  
22 in private practice for 15 years, and I have  
23 done birth work and been a birth and women's  
24 advocate for about 18 years. I started off as

1 a doula working in many different hospital  
2 facilities in the Washington, DC, area and I  
3 had the honor and privilege of becoming a  
4 prenatal patient advocate at the Washington  
5 Free Clinic serving a population of women who  
6 are undocumented and uninsured and  
7 understanding through that care which was  
8 delivered in the midwifery bundle of care, what  
9 a difference, which I think is similar public  
10 health goals that you have in the Health  
11 Department, what a difference meeting woman at  
12 their needs and what they want, listening to  
13 them and delivering health care in the patient  
14 centers can mean for outcomes. Higher breast  
15 feeding rates. Confidence in parenting; and  
16 when people are at risk, everybody is talking  
17 about the wonderful care and how it is  
18 important to be listened to; and in that risk  
19 population, this is critical and vital. So, I  
20 have a lot of experience seeing people provide  
21 services in different institutions and what  
22 those cultures look like. And of course, in my  
23 own practice, you would think, well, I work  
24 outside of the hospital so I don't have that

1 contact, but actually, I have to consult with  
2 obstetricians, perinatologists, and I have to  
3 transfer about 10 percent of my clients during  
4 labor. So, I do go to many different  
5 facilities on the south coast of Massachusetts  
6 and here in Rhode Island and see what that  
7 culture of care is like, and I can tell you  
8 it's a huge loss that Care New England wants to  
9 close this facility, and I can't understand if  
10 the executives running Care New England are in  
11 the business of health care, that they don't  
12 know what's going on at their facilities, and  
13 that Memorial Hospital is an exemplary facility  
14 for health care delivery services to  
15 underserved, needed populations and to any  
16 woman who deserves that kind of care, deserves  
17 to be heard and what their needs are and wants  
18 and deserves medical evidenced-based care given  
19 all the information, taking the time to have  
20 conformed consent, it's done at Memorial  
21 Hospital on a level that is not achieved  
22 consistently at other facilities, and there are  
23 many wonderful providers at the other  
24 facilities, don't get me wrong, but Memorial is

1 a model, and it should be kept. It should not  
2 be shut down. The doulas who practice in the  
3 area they speak to this day and I am here as a  
4 witness to that as well, and I think it's a  
5 public health need to keep the center open. I  
6 have so much more to say, but thank you so much  
7 for this opportunity.

8 MS. STANLEY: Hi, my name is  
9 Neeka Stanley, and I'm here as a mom. I became  
10 a mom on December 28, 2014, at Memorial after  
11 the most amazing birth experience I could have  
12 possibly hoped for. I'm from Massachusetts.  
13 I'm two minutes from Sturdy, but I chose to  
14 come to Memorial because I knew about their  
15 reputation; and when I went for the tour, they  
16 handed me a handout for a birth plan. They  
17 were like, oh, yeah, of course, you're going to  
18 want a birth plan and here's some options. A  
19 couple things I hadn't thought about. It was  
20 standard to ask for about delayed cord clamping  
21 and standard for them to ask about not putting  
22 the eye goop on the baby's eyes, whereas when I  
23 went to Sturdy, oh, yeah, there's probably a  
24 form you can sign somewhere, but they didn't

1 understand. And Memorial got it immediately.  
2 They have a whole team that is comfortable with  
3 natural birth, and I also would have probably  
4 risked out of ABC at Women and Infants, the  
5 alternative birthing center. I knew Memorial  
6 would have the support to have the natural  
7 birth I wanted, and it was incredible, so  
8 please keep Memorial open.

9 MR. DEXTER: Thank you. The  
10 next three are Felicia Love, Vicky Hogan and  
11 Christina Delage Baza.

12 MS. LOVE: Hi, good morning.  
13 Good afternoon. My name is Felicia Love. This  
14 is my daughter, Stephanie. She was born two  
15 and a half years ago at Memorial, and the  
16 reason why I went there was because I wanted to  
17 have a natural birth. I wanted to have a  
18 supported birth. I had my doula with me; and  
19 even though I lived two minutes from Women and  
20 Infants on the south side of Providence, I  
21 still came to Memorial because I wanted to know  
22 my providers. I wanted to feel comfortable,  
23 and I was so impacted by my birth that I became  
24 a doula, and I also started CCRI, our community

1 college, for nursing so that I could eventually  
2 become a part of Memorial's member team. I  
3 think that it's changing lives. They changed  
4 mine, and I hope they keep it open for future  
5 births.

6 MS. HOGAN: Hi, my name is Vicky  
7 Hogan. I didn't prepare anything to say  
8 specifically. I wasn't sure that I was going  
9 to talk today, but I am currently a little over  
10 30 weeks pregnant, and so I'm due anywhere  
11 between the next eight and ten weeks, and my  
12 plan was to go to Memorial. My first daughter  
13 was born at Women and Infants; and while it's a  
14 wonderful hospital, it was not an ideal  
15 experience for me. I was new to Rhode Island  
16 and I had hadn't, I didn't know as much about  
17 Memorial as I do now. A lot of my friends that  
18 I have made over the last couple of years as a  
19 mother have overwhelmingly pointed me in the  
20 direction of Memorial Hospital. Particularly  
21 because it is such a mother-friendly  
22 baby-friendly hospital. So, I was really  
23 thrilled to be able to switch my care over to  
24 Memorial, and my doctor; and so far I was just

1 very excited to be able to deliver there, and  
2 this has really come out of the blue that now I  
3 don't know where I'm going to deliver, and  
4 that's a really stressful. It is just a very  
5 stressful place to be so far into my pregnancy.  
6 And it would just really be a shame to lose the  
7 quality of care that so many women are so  
8 passionate about saving this hospital for.

9 I don't know what's going to  
10 happen with my delivery now. I'm hoping that  
11 somehow Memorial will be able to remain open,  
12 not only for me but for all the mothers  
13 following; and yeah, that's, I don't know what  
14 else to say, but thank you for hearing me.

15 MS. DELAGE BAZA: Christine  
16 Delage Baza. I have two children. My  
17 four-year old was born at Women and Infants.  
18 While my new nine-month old was born at  
19 Memorial. Both births were as different as the  
20 hospitals that delivered them. Memorial  
21 Hospital and other Rhode Island hospitals  
22 provide two very different birth models and  
23 should not be considered one of the same. Many  
24 Rhode Island Hospitals see birth as a medical

1 procedure where intervention is common practice  
2 even when it's not necessary but instead used  
3 to move things along to meet a desired time  
4 frame. Many of these interventions can cause a  
5 more intense labor, stall labor or increase the  
6 need for a C-section.

7 Memorial is very important to  
8 Rhode Island as they follow a more natural,  
9 evidence-based mother friendly model. Memorial  
10 doctors, nurses and midwives support mothers  
11 both physically and just as important mentally.  
12 It is common practice to encourage natural  
13 birth, the use of doulas, movement and as  
14 little intervention as possible so the mother  
15 can labor as her body encourages her to do so.  
16 More important, the mother has a choice in how  
17 she would like to labor.

18 At Memorial, I was comforted  
19 knowing who was going to be delivering my baby.  
20 It would be one of two amazing doctors who I  
21 had learned to trust through repeated visits,  
22 unlike my experience with Women and Infants  
23 where my delivery could be one of a dozen  
24 doctors I had only met once.

1 I also felt my care after  
2 delivery was very different between the two  
3 hospitals. At Women and Infants, I felt my  
4 care was less personalized and rushed probably  
5 due to the volume of patients and available  
6 staff. Quantity does not benefit the quality  
7 of care unless the appropriate resources are  
8 available. I desperately needed help  
9 establishing nursing but was told that  
10 assistance wouldn't be available until the day  
11 of discharge due to the demand of lactation  
12 help needed. I felt I spent two days starving  
13 my baby because I couldn't get the help that I  
14 needed. Memorial surpassed my expectations.  
15 The care I received by the nurses and doctors  
16 were nurturing and supportive. They took the  
17 time to talk with me about my concerns or  
18 needs, and I felt they truly cared for. Again,  
19 I needed lactation help, but this time I had  
20 the support I needed from many of the  
21 cross-trained nurses at Memorial. Memorial  
22 should not be closed but should be used as a  
23 role model for other hospitals to learn from  
24 and strive to.

1 MR. DEXTER: Thank you. Tammy  
2 Gable, Jessica Wilder and Minnie Luone.

3 MS. GABLE: Thank you so much  
4 for having us here today. When I found out  
5 that I was pregnant a few years ago, I went to  
6 Kent. I went to --

7 MR. DEXTER: Are you Tammy  
8 Gable?

9 MS. GABLE: I'm sorry. I'm  
10 Tammy Gable. And when I got pregnant, I went  
11 to Kent where I was living in Warwick at the  
12 time to visit. I visited Women and Infants. I  
13 visited Memorial to choose where we would  
14 deliver my son, Bernie. Say hi, Bernie. I was  
15 really passionate about having a natural birth.  
16 Did I do that? I was really passionate about  
17 having a natural birth; so, after visiting all  
18 of these hospitals, it was clearly the choice  
19 to deliver at Memorial. I chose a doctor and  
20 midwife team that specifically delivered at  
21 Memorial. When it came closer to my due date,  
22 I had some complications and turned out that I  
23 had preeclampsia, and I was rushed in for an  
24 induction a few weeks early. So, I was brought

1 in for my induction, and I was really  
2 passionate about not having potossim to induce.  
3 They were so respectful in honoring my question  
4 and they found another way to do it. They were  
5 so respectful that I didn't want an epidural.  
6 They were so respectful that I wanted to choose  
7 a natural birthing room, which, unfortunately,  
8 I wasn't able to use. Although they had me in  
9 the room, I wasn't able to use it because they  
10 had to put me on magnesium because they were  
11 afraid that I was going to have seizures. They  
12 were so respectful of my requests all the way  
13 along I was able to have as natural of a birth  
14 as possible even with all of my complications.

15 When it came time to give birth  
16 to my son, he was, his head was stuck for 30  
17 minutes; and finally, my doctor had to massage  
18 and move his hand to get him out. There was no  
19 forceps. There was no vacuum. There was  
20 nothing forceful. They were so respectful of  
21 my wishes. My husband is a nurse, and he  
22 looked at me and said, he said, if you were at  
23 Women and Infants you would have had an  
24 emergency C-section. What they did for you is

1           unheard of. It's not, because they have done  
2           it for so many of my other friends as well.

3                       Once my son was birth, after we  
4           cut the umbilical cord, which they were also  
5           respectful of allowing it to stop pulsing  
6           before they cut it. They were respectful that  
7           my husband wanted to cut the cord. All of  
8           these things that you don't always have the  
9           options and choices to do at hospitals Memorial  
10          allowed, and they were loving and respectful in  
11          that. After they cut the cord, my son was not  
12          breathing for a few minutes. After my doctor  
13          delivered my placenta, they went over to help  
14          the other doctors and nurses that were trying  
15          to see what was wrong with my son. They had to  
16          do something to get something out of his  
17          throat, and then he started breathing. After  
18          that, he was in the NECU for five days where  
19          they monitored him closely. He was a ten-pound  
20          baby also, mind you, which I delivered with no  
21          drugs except for the magnesium they had to put  
22          me on, and they had to -- he had low blood  
23          sugar level because of how big he was. And so,  
24          hold on, baby. Hold on. So, they, they were

1 so helpful all the way through. I mean it's  
2 just a fantastic hospital. I can't imagine if  
3 I have had another child going anywhere else,  
4 and I really hope you keep it open, because  
5 it's so much more than a place to deliver a  
6 baby. It's a place that women and all mothers  
7 can be respected and appreciated in their ways  
8 that they want to deliver. Thank you.

9 MS. WILDER: Hi, there. I'm  
10 Jessica Wilder. I'm just here really to  
11 implore you to look at this as more than just  
12 numbers. I'm sure the Rhode Island hospitals  
13 can absorb the number of births that Memorial  
14 does every year. It's a bigger issue. It's  
15 more about the culture surrounding birth.  
16 Women and Infants used to have a alternative  
17 birthing center. They closed it to make room  
18 for an MRI suite because that brought in more  
19 money to the hospital. That kind of showcases  
20 their attitudes toward natural birth. They  
21 turned one of the labor rooms into what they  
22 call the birthing center now. It's not.  
23 Pawtucket Memorial they really value birth as  
24 the natural life event that it is. It's not a

1           medical procedure. Having a child is not like  
2           having your gallbladder out. It's something  
3           very personal and emotion to women. You know  
4           I'm a midwife; and when I meet women for the  
5           first time and I tell them what I do for work,  
6           their faces light up, and they immediately  
7           launch into their birth stories. I love  
8           hearing about the birth stories. It was 40  
9           years after she gave birth to her children and  
10          she recounted for me in great detail her  
11          experience in having her children. This is  
12          something that sticks with people for their  
13          lives. This is an experience that they is dear  
14          to them. I implore you to please keep this  
15          amazing and special, unique space available for  
16          women to have all the birthing options open to  
17          them that they should. Thank you. Thank you  
18          for your time.

19                           MR. DEXTER: Thank you.

20                           MS. LUONE: I'm Minnie Luone. I  
21          grew up here in Pawtucket and just moved my  
22          family back here from California about a year  
23          ago. We are, my daughter was born in Good  
24          Samaritan Hospital in Los Angeles. I was

1           fortunate enough to have a drug free birth, and  
2           it was really important for me to try to set  
3           myself up for success because I was a child  
4           refugee and my mother passed away from mental  
5           illness, and I have had, you know, issues with  
6           trauma and depression. So, I chose a hospital  
7           and had a doula, and it was a wonderful birth  
8           experience. Something that, you know, felt  
9           like was a gift from God. But basically, what  
10          I want to say is that a woman's birth  
11          experience can have far reaching consequences  
12          and effects that impacts a lot of different  
13          things, family and the community here. And  
14          having grown up here, I feel like it would be a  
15          real, real deep loss that we would feel for  
16          generations and generations to come. So, I'm  
17          planning on having another baby, and Memorial  
18          birthing center would be the exactly the type  
19          of place where I would choose to do that.

20                   MR. DEXTER: Thank you. I have  
21                   a Jeremy Stirsack? I'm not sure whether he's  
22                   going to speak. Jeremy?

23                   (PAUSE)

24                   MR. DEXTER: Thank you. The

1 next three speakers are Rachel Leveillee, Erin  
2 Abramson and Mimi Desjardans.

3 MS. LEVEILLEE: I'm Rachel  
4 Leveillee. There's my son, Sam. Very confused  
5 right now, and he was born at the Memorial  
6 birthing center January, 2015. I was raised in  
7 Pawtucket. I lived there until I was a young  
8 woman, and then I left to travel the world and  
9 do all the things you try to do when you live  
10 in Pawtucket. I didn't feel like there was  
11 opportunity or access to resources here for me.  
12 When it was time to start a family, my partner  
13 and I came back to Rhode Island; and we chose  
14 Memorial after a lot of research, because it  
15 did provide access to the kind of care that I  
16 wanted and an opportunity for a respected,  
17 respectful, empowering birth process and that's  
18 exactly what I got.

19 I'm probably not going to say  
20 anything you haven't heard already, but I think  
21 it's important that you hear voices from  
22 everybody, especially people from this  
23 community, because I grew up in the bucket. I  
24 was a bucket baby, and so was my son. I had a

1 freedom of choice. I had freedom to choose  
2 where I birthed. I had the freedom to hire a  
3 doula. There are so many people in the  
4 community who do not have access to that type  
5 of freedom. They rely on the community  
6 hospital here. It is very important that this  
7 hospital stays open and continues to serve  
8 people in the community because they know the  
9 community. I'm going off script because I feel  
10 like I'm going to cry. Okay. Here I go. I  
11 still have relatives that live in the house  
12 where I grew up. For them to get to Memorial  
13 is a 15-minute bus ride. They don't have  
14 reliable transportation by car. If they want  
15 to go to Women and Infants, it's an hour 15  
16 minutes. If they want to go to Kent, it's an  
17 hour and a half. You have heard this before.  
18 I know that you have. I understand that the  
19 hospital is in financial, dire financial  
20 straits. Quite frankly, that's not my problem.  
21 It's for the people who are well paid and very  
22 smart and know a lot more about hospitals to  
23 figure out. And I don't think that the burden  
24 of that financial situation should be on

1           somebody who can't afford eight dollars in bus  
2           fare and half a day to go from Central Falls to  
3           Kent for one single appointment. That's not  
4           right. It's wrong. It's wrong. And so,  
5           that's speaks to the financial piece, and I  
6           know that there's also been some talk about the  
7           quality of care.

8                            To say that Memorial offers  
9           anything less than respectful, evidence-based  
10          family center, wonderful, high-quality care is  
11          adjust patently false. It's ludicrous, unfair  
12          and it's not true. If I have another baby, I  
13          would want it to be at Memorial. I think  
14          that's very obvious, and I finish up now  
15          because I know my time is probably coming to a  
16          close. But what I want to say finally is that,  
17          you know, the bottom line is that I'm a white  
18          woman. I'm 33 years old. I live in South  
19          Kingstown. I have the family income that  
20          affords me to live above the poverty line. I  
21          have freedom of choice. A lot of women in  
22          Pawtucket, Central Falls and Johnston and  
23          surrounding do not have that agency. The idea  
24          that because they are not a product of

1 privilege means that they do not get fair  
2 access to care is so wrong. It is so wrong.  
3 Everyone deserves to have equal opportunity to  
4 fantastic health care, and that's what Memorial  
5 provides, and I know there are great doctors at  
6 Women and Infants, and I know there's great  
7 experiences all over the place. If you can't  
8 get there, you can't get it. It's wrong. It's  
9 wrong to close this hospital. I know you're in  
10 a difficult position hearing six hours of  
11 people yell at you. Your decision is easy.  
12 You cannot close this hospital. To meet your  
13 stated goals of closing the gap and reducing  
14 health disparities, there's no choice. You  
15 have to keep Memorial open. Thank you.

16 MS. ABRAMSON: Hi, there. My  
17 name is Erin Abramson. I'm a nurse. I live in  
18 Providence, but I'm here to share my story as a  
19 patient and my concerns about Memorial and the  
20 potential for it to close. I first came to  
21 Memorial in 2009 to pursue a vaginal birth  
22 after a Cesarean. I came because they offered  
23 humanistic care that focused on as natural as  
24 possible child birth and supported mom and

1 baby. I had an incredible experience, and  
2 thanks to them, I successfully delivered a big,  
3 healthy baby boy. I was so proud that I lived  
4 in a state where this type of care was  
5 available to me. I was also proud that the  
6 hospital served some of the most vulnerable  
7 population in the state. Not only did I have  
8 access to this world class care but those who  
9 needed it most also had access.

10 There was no doubt in my mind  
11 that I would return to Memorial when I became  
12 pregnant again in 2012. This pregnancy was  
13 different though. I was an older mom. I had a  
14 couple of risks factors that they identified  
15 early in my pregnancy and I would need to be  
16 monitored more closely at the end of my  
17 pregnancy. This involved weekly known stress  
18 tests on the floor of Memorial. These were  
19 kind of a pain, but I understood how important  
20 they were. On a hot day in August, I was  
21 nearing the end of my pregnancy, and I went for  
22 one of these. I have a good job and was able  
23 to schedule my work around the test. I  
24 arranged for a sitter to care for my older

1 children because it was stressful to have them  
2 with me for this appointment and during the  
3 test. It was an extremely hot day. I didn't  
4 want to leave the house. But I knew it was  
5 important so I got in my air-conditioned car  
6 and drove there myself. When I arrived and  
7 they assessed me, they determined my blood  
8 pressure was dangerously high. I had no idea I  
9 was walking around with this high blood  
10 pressure, and that blood pressure set in motion  
11 a process that led to induction of labor and a  
12 healthy baby boy the following day. I am  
13 thankful that Memorial did everything right.  
14 They recognized the need to monitor me more  
15 closely. They caught my changing condition,  
16 and averted any serious repercussions.

17 This potential closure causes me  
18 concern for women that don't have the  
19 advantages and privileges that I have. If you  
20 consider a women living in poverty in Pawtucket  
21 or Central Falls, she may not have the job  
22 flexible. She may lose wages to do that same  
23 test in Providence. For her to receive that  
24 test, she would miss work. She may not be able

1 to afford child care and will have to bring  
2 their children with her. On a hot day in  
3 August she would have to get on that bus with  
4 her children, go to Kennedy Plaza, wait for a  
5 second bus, get on that bus to Women and  
6 Infants. By the time she arrives there, what  
7 will her blood pressure be? What are the  
8 stresses that she will experience? These may  
9 seem like simple inconveniences, but these are  
10 the social determinants of health. These  
11 impact communities and individual outcomes. I  
12 encourage you to think beyond black and white  
13 answers to this question and to consider other  
14 options we haven't considered. Please consider  
15 the long-term impact to the community and the  
16 health outcomes here. Thank you.

17 MR. DEXTER: Thank you.

18 MS. DESJARDANS: Good afternoon.  
19 Good afternoon. Hi, my name is Mimi  
20 Desjardans. I'm a child birth teacher, a La  
21 Leche leader, a doula, wife and a mother of  
22 four children. Do you want me to try that one  
23 instead? Unlike many of the women that you  
24 have been listening to, I didn't give birth in

1 any of the Rhode Island hospitals, but as a  
2 doula, I have helped at more than 30 births  
3 here in Rhode Island and in southern  
4 Massachusetts. Over eight years as a child  
5 birth educator, I have taught more than 200  
6 couples all I could about birth giving them  
7 research and encouragement to have safe and  
8 happy births. Memorial Hospital is often the  
9 best choice for these families to make.  
10 Memorial is small enough to use its protocols  
11 as guidance without getting tangled up in  
12 layers of rules. Memorial is the only place  
13 that families can rely on for VBACs for vaginal  
14 breach births and for gentle Cesarians. Taking  
15 away those evidenced-based options puts  
16 vulnerable women at risk, risk of increased  
17 maternity morbidity and mortality.

18 There's a lot riding on this.  
19 Birth matters. How a person births matters.  
20 With whom she births matters, and where she  
21 births matters. As a La Leche leader and also  
22 as a child birth educator, I have seen how  
23 important birth is after the birth. When a  
24 mother births at her own pace, with as few

1 interventions as possible, she and the baby are  
2 better off. This extends far beyond that  
3 birthday. A mother who has discovered that her  
4 body works wonderfully has more confidence in  
5 her mothering. She is more successful at  
6 breast feeding; and the public health  
7 implications of that are tremendous, as I hope  
8 you already know. A wonderful birth makes for  
9 more competent, confident and stronger mother  
10 and father. A stronger family is always better  
11 for any community. So, birth really does  
12 matter. And Memorial Hospital supports birth  
13 in a wonderful really special way.

14 Please find some way to keep  
15 Memorial's birth center open. It really does  
16 matter. Thank you.

17 MR. DEXTER: Thank you. We have  
18 two remaining speakers. Abdullah Chahin and  
19 Kathryn McNamara. If anybody else would like  
20 to speak, would you please sign in at the back  
21 and we will get your name. Right now it's  
22 Abdullah Chahin and Kathryn McNamara.

23 MR. CHAHIN: Hello, my name is  
24 Abdullah Chahin. I'm a physician. Graduated

1 from Memorial Hospital of Rhode Island and  
2 supposed to return there to do teaching.  
3 Unfortunately, the news not only covers the  
4 maternity ward but also all the inpatient  
5 services. A vast majority of it will be shut  
6 down. What worries me about what's going on is  
7 not financial distress. I think all the  
8 hospitals in the U.S. and especially in Rhode  
9 Island are in the red. This is not something  
10 new. The shrinkage in the hospital sector is a  
11 fact. Reimbursement has dropped significantly.  
12 All hospitals are struggling. So I can  
13 understand what's going on.

14 However, when I look from the  
15 other end, where the hospital, with a lot of  
16 administrative and financial issues coming back  
17 and seeing it, I don't think that there have  
18 been a real effort to kind of push Memorial to  
19 the ability that's good. I have seen a lot of  
20 issues how it was managed where we have seen a  
21 lot of services that continued because of  
22 financial issues. However, there was not one,  
23 not two but three EMR's bothered for three  
24 years and while losing doctors and nurses and

1           stuff, we will see CEO and all these nice three  
2           digit letters, I don't think that's a wise  
3           measurement that was really instituted there.

4                   I think I'm sure CNE has a lot of  
5           hurt from that. Partnership with Memorial but  
6           also the one that is really the most hurting is  
7           the average Central Falls person who is now  
8           going to be left without any access the acute  
9           care. You can't tell me that they will be able  
10          to afford moving all their care to Kent or  
11          wherever it is needed there, from a day surgery  
12          to visiting mom who's in the hospital and  
13          taking three buses for three hours. I  
14          understand Memorial will not be a money-making  
15          hospital probably in the next 50 to 100 years,  
16          but again, we have one of the highest, densest  
17          population in the Rhode Island area, in the  
18          north here, Pawtucket, Cumberland; and  
19          Memorial, they are served by Memorial. It is  
20          really going to be hard to fill by other  
21          hospitals unless we are going to be saying we  
22          are going to prevent them access. Miriam  
23          Hospital might be able to do so. Moving that  
24          to Kent is really not practical, and they are

1 saying about keeping the out-patient  
2 operations. Well, in two years, we are going  
3 to be sitting here talking about losing the  
4 primary care clinics, because their active,  
5 active enrollment of patients there is no  
6 out-reach programs that really have been  
7 instituted. These are the things that will  
8 bring patients back, and I have to say, at this  
9 day and age, medicine is a customer service. I  
10 would have loved to see Memorial with a new  
11 paying job, better TV, good food, because  
12 eventually patients care more about this stuff.  
13 At least we would be able to provide the most  
14 dignity and human aspect of medicine and these  
15 are the things that I should, I think that  
16 should be invested on. Money-wise it's going  
17 to be tricky, but again, it's not going to be  
18 solved, because the hospital will not save  
19 money.

20 MS. MCNAMARA: Hi, I'm Kathryn  
21 McNamara. And I'm not a great public speaker,  
22 so I'm not going to say too much personal  
23 information. I have had both of my births at  
24 Memorial, and they were both amazing in very

1 different ways. But I just wanted to back up  
2 the point about choice, and you know, the sort  
3 of denial of that historically for females is  
4 kind of rampant in our country, and the power  
5 of choice and embodiment is so precious inside  
6 of the community of Memorial to really, really  
7 take it very seriously and valued, and it's so  
8 precious, so I just wanted to make that point  
9 and also about the interaction of the doctors  
10 and the midwives and the nurses and the doulas,  
11 the quick fluid and educational for everyone  
12 inside of that community. Thank you so much.

13 MR. DEXTER: Thank you. We have  
14 another speaker, Shelly Harvey.

15 MS. HARVEY: I'm also not  
16 fantastic about public speaking, but I will try  
17 to do the best that I can. I'm not really sure  
18 where to start, but I also speak as a woman, a  
19 mother, surrogate mother, doula, and a  
20 qualified midwife. I could stand up and spew  
21 statistics to you that you probably already now  
22 all day long. I started my experience with  
23 Memorial as one of the faculty with a volunteer  
24 doula program. This program was implemented to

1 give all women, no matter race, color, free  
2 doula support, which includes emotional and  
3 physical support, and as much as they need for  
4 as many hours as they needed and even at home,  
5 if they also needed that. We were not paid.  
6 We volunteered for this service. We wanted to  
7 give them the best nurturing start that maybe  
8 someone had never given them.

9 As mother's, we learned how to  
10 mother from those around us. The doctors at  
11 Memorial had the heart to implement this  
12 program and the residents also embraced it. It  
13 taught everyone what quality, compassion and  
14 care does for everyone. We have tried through  
15 the years to implement a similar program at  
16 Women and Infants and were continuously denied,  
17 which we have no idea why. It was a volunteer  
18 program that we knew worked. Memorial may not  
19 have all the bells and whistles, the top notch  
20 technology, the pictures, the beautiful  
21 architecture. All of that doesn't matter or  
22 provide better outcomes for that, nor does it  
23 constitute quality care. Compassionate,  
24 respectful providers and staff that support

1 choices and that know your name. That's what  
2 really matters.

3 MR. DEXTER: Thank you. At this  
4 point, is there anyone else who would like to  
5 address the Department? Then, for those who  
6 may have come in during this session, we are  
7 here to listen to the community and its review  
8 of the proposal to close the Obstetrics Unit at  
9 Memorial Hospital. We also will, would like to  
10 receive written comments, if you prefer, and  
11 they could be submitted to, this web site  
12 again, and hopefully, we will get a better  
13 chance to get a sheet of paper. It's  
14 [www.health.ri.gov/memorial](http://www.health.ri.gov/memorial).

15 Furthermore, for any reporter  
16 who's here, Joseph Wendelken will help you.  
17 And the third meeting is tomorrow from 4:00 to  
18 6:00 at the Segue Institute of Learning in  
19 Central Falls.

20 And finally, that we will not be  
21 able to -- a staff from the Department will not  
22 be able to respond to any comments or questions  
23 about the Memorial proposal in order to  
24 maintain the procedure. Thank you for coming

1 down. Is there anyone else who would like to  
2 speak?

3 DR. HEENEY: Hi, everybody. I'm  
4 not a public speaker. Jessica Heeney. I'm one  
5 of the third-year residents at Memorial  
6 Hospital in family medicine. And I'm so happy  
7 to see so many faces here today from our  
8 nursing community, our doula community, in our  
9 community, babies that I have delivered with  
10 help from my colleagues. It is just wonderful  
11 to see so many people. I come as a physician  
12 and a physician of Memorial and a place that I  
13 love. I come as a community member. My  
14 husband and I have lived in the greater  
15 Pawtucket area and five minutes away in  
16 Cumberland for the last seven years, and I come  
17 as a mother. We had our first child at  
18 Memorial two years ago, and we are hoping to  
19 deliver our next child in May also at Memorial.  
20 I didn't initially sign up to talk, but I think  
21 it is important from the physician community,  
22 and I appreciate the comments that were made  
23 earlier that we speak up because I'm angry,  
24 too. I'm angry about what's happened over the

1 last three years in terms of our education and  
2 in terms of the resources that have been  
3 available at Memorial to take care of the  
4 impoverished people that we want to serve. I  
5 think all of us entered medical school and  
6 residency wanting to take care of impoverished  
7 populations, and it's been hard over the last  
8 three years to do those things over the cuts  
9 and resources that we have seen sequentially  
10 and slowly at the hospital.

11 As a community member, I'm also  
12 very frustrated. I think the closure, not just  
13 the OB Unit, also the medical-surgical units,  
14 the ICU, the lab services consolidating, the ER  
15 restructuring, will have an enormous impact on  
16 our community. Our patients have trouble  
17 financially with transportation. They have  
18 trouble navigating the health care system. A  
19 lot of them have low health literacy, and I  
20 just worry that if we take this population that  
21 already has troubling accessing care at  
22 Memorial and force them to get care elsewhere,  
23 that their health will suffer. I'm also  
24 frustrated as a community member because, you

1 know, hundreds of people stand to lose their  
2 jobs; and these aren't just people who aren't  
3 community members. They are people who live in  
4 the community who work in the hospital and who  
5 are also our patients; and so, in closing the  
6 inpatient services at Memorial stands to have a  
7 profound impact on hundreds of people in their  
8 livelihoods in our community as a whole.

9 As a mother, I'm also really  
10 frustrated with these proposed changes. I  
11 obviously selfishly want the unit to stay open  
12 so I can deliver my own second child there with  
13 my husband, who's also a physician and a  
14 resident; but I don't worry much for myself  
15 because I know I can advocate for myself and  
16 navigate the health care system. I worry about  
17 our patients who I think really need our help.  
18 It's frustrating that, you know, it doesn't  
19 take a rocket scientist to know that it takes  
20 more money to take care of poor people, and I  
21 think all of us know that. And I think it is  
22 just frustrating because I feel like the  
23 impoverished community of Pawtucket and Central  
24 Falls are being penalized by having these

1 services eliminated. Penalized for their own  
2 poverty, and instead of investing in  
3 communities and helping them with innovative  
4 programs to help bring people out of poverty, I  
5 think we are instead reducing services which  
6 will negatively affect their health.

7 MR. DEXTER: Thank you. I  
8 believe the staff will be here in the event  
9 someone does come in, and we can transcribe it  
10 not for discussion; but if they come in and  
11 need to put something on the record, but thanks  
12 a lot.

13 (PAUSE)

14 MR. WHITING: William Whiting.  
15 So, this is originally to Miss Palono, who was  
16 the contact that I was given to send comments  
17 to. Our daughter was born at Memorial Hospital  
18 in December of 2014; and as a result, my wife  
19 and I believe that closing Memorial Hospital's  
20 birthing center is not in the best interest of  
21 the community. The Department of Health is  
22 urged not to approve this action. Care New  
23 England must look elsewhere for remedies to  
24 their budget shortfalls. A community hospital

1 without a maternity unit is absurd. Added  
2 travel for families of the surrounding  
3 communities increases health risks to mothers  
4 and babies as well as increasing logistical  
5 challenges for all involved. This closure sets  
6 a terrible precedent in the sense that access  
7 to quality maternity care shall not be  
8 determined by strictly economic factors.

9 In other words, where will the  
10 next closure be and the one after that? The  
11 MHBC provided a wonderful experience for your  
12 family. We chose MHBC because of its steadfast  
13 commitment to providing the type of birth  
14 environment we sought. One encouraging a  
15 natural gentle process not overshadowed by  
16 clinical directives but rather focused on the  
17 needs and wishes of the mother and child. We  
18 are so glad and grateful to have done so.  
19 MHCB'S model should be emulated not eliminated.  
20 It's facility safeguarded not shuttered. Thank  
21 you.

22 (PUBLIC MEETING CLOSED AT 1:00 P.M.)  
23  
24

C E R T I F I C A T E

I, Mary Ellen Hall, hereby certify that the foregoing is a true, accurate and complete transcript of my notes taken at the above-entitled public hearing.

IN WITNESS WHEREOF, I have hereunto set my hand this 19th day of March, 2016.

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MARY ELLEN HALL, NOTARY PUBLIC/  
CERTIFIED COURT REPORTER

DATE: March 16, 2016

IN RE: PUBLIC HEARING IN RE: MEMORIAL HOSPITAL

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