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R.I. DEPARTMENT OF HEALTH

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PUBLIC HEARING IN RE:

MEMORIAL HOSPITAL - REVERSE  
CERTIFICATE OF NEED

ORIGINAL

\* \* \* \* \*

SEGUE INSTITUTE FOR LEARNING  
325 COWDEN STREET  
CENTRAL FALLS, RI  
MARCH 17, 2016  
4:00 P.M.

BEFORE: NICOLE ALEXANDER-SCOTT, MD, MPH  
KENNY ALSTON, DEPUTY CHIEF LEGAL  
ANA NOVAIS, EXECUTIVE DIRECTOR

M.E. HALL COURT REPORTING  
108 WALNUT STREET  
WARWICK, RI 02888  
(401) 461-3331

1 (COMMENCED AT 4:10 P.M.)

2 MS. NOVAIS: Good evening. We  
3 would like to get started. I would like to  
4 call the meeting to order, if possible. My  
5 name is Ana Novais. I am the Executive  
6 Director at the Health Department. And with me  
7 today, I have the Director of the Rhode Island  
8 Department of Health, Dr. Nicole  
9 Alexander-Scott, and our Chief Legal Counsel,  
10 Kenny Alston. We are here for a community  
11 meeting about the Memorial Hospital's proposal  
12 regarding their Obstetrics Unit. This is not a  
13 requirement, but the Department wants to hear  
14 from as many people in the community as  
15 possible.

16 We want to make sure to address  
17 some of the logistics. The restrooms, the men  
18 to the side over here, and the women you need  
19 to take a left and another left, and they will  
20 be behind this wall. We also would like to let  
21 you know that we have Spanish interpretation  
22 available and Portuguese, and I hope that folks  
23 did indicate that as they came in.

24 (ANA NOVAIS AND MARGUERITE

1 JARAMILLO INTERPRETING)

2 DR. ALEXANDER-SCOTT: Hello,  
3 everyone. I just wanted to acknowledge and  
4 thank everyone for coming out today. I know  
5 it's not easy for people to make time on their  
6 schedules to come to community meetings, so I  
7 do appreciate you doing that to help us get an  
8 understanding that is as informed and  
9 comprehensive as possible on this issue. As  
10 Ana Novais just relayed, this is a meeting that  
11 the Department of Health organized to hear from  
12 the community about changes that Care New  
13 England has proposed for Memorial Hospital's  
14 Obstetrics Unit. Ana used the term reverse  
15 certificate of need. Just to explain further,  
16 this is a review process that the Department of  
17 Health conducts prior to the potential closure  
18 of or reduction in a hospital facility specific  
19 to emergency department or primary care  
20 services. These services cannot be eliminated  
21 or reduced without the approval of the  
22 Department of Health.

23 The community meetings that we  
24 organized about this issue are not required by

1 law, but we made sure that they were set up and  
2 that the public had ample opportunity to  
3 communicate with us directly; because it is  
4 important that your voices are heard in this  
5 process. In a few moments, Ana is going to  
6 outline for you how today's meeting is going to  
7 be structured. One thing that she will explain  
8 is that, for procedural reasons, we will not be  
9 responding to comments that are made or to  
10 questions that are posed; but please know that  
11 all of your thoughts, no matter where you come  
12 down on this issue, are being recorded by a  
13 stenographer and will be considered in our  
14 decision-making process. So, I will thank you,  
15 again, and I will pass the mic. back to Ana.

16 MS. NOVAIS: Thank you, Dr.  
17 Alexander-Scott. So, this is the last of the  
18 three scheduled meetings. Again, this meeting  
19 is about Memorial Hospital's proposal regarding  
20 their Obstetrics Unit. The hospital has filed  
21 a second proposal related to their urgent care  
22 services with the Department of Health.  
23 However, this meeting is not intended to  
24 address that separate application. I would



1 provision in the General Laws, the Director  
2 shall have the sole authority to review all  
3 plans submitted under this section, and the  
4 Director shall issue a decision within 90 days  
5 or the request will be deemed approved.

6 The Director may, if deemed  
7 appropriate, issue public notice and allow a  
8 written comment period within 60 days of  
9 receipt of the proposal. In addition to  
10 submitting comments verbally, people can submit  
11 written comments to the Department of Health  
12 via an e-mail or postal mail to 3 Capitol Hill,  
13 Providence, Rhode Island, 02908. For  
14 directions on how to submit written comment,  
15 see [www.health.ri.gov/memorial](http://www.health.ri.gov/memorial). At that same  
16 web address, you can get more information about  
17 Memorial Hospital's proposal.

18 In terms of tonight, if you wish  
19 to speak and have not signed at the back table,  
20 please do so. We are going to be calling up  
21 people to speak in the order that they sign in.  
22 People will be called three at a time. So we  
23 can make sure that everyone is heard we are  
24 going to limit each person's remarks to three

1 minutes. Again, you can always submit written  
2 comments if you feel you have more to express  
3 than you can in three minutes.

4 So, we would like to move forward  
5 and start with the public comment period, and I  
6 will start with the first three names. Stacie  
7 Mandeville and then Susie Finnerty and David  
8 Norton. And if you could please, as you come  
9 to the podium, spell your name for the Court  
10 Reporter. It will be appreciated.

11 MS. MANDEVILLE: Stacie,  
12 S-T-A-C-I-E, Mandeville, M-A-N-D-E-V-I-L-L-E.  
13 Hi, I'm currently a resident of Killingly,  
14 Connecticut. I have been a birth advocate and  
15 doula for the past eleven years. As doulas, we  
16 get to experience a wide range of hospital  
17 policies and procedures and different staff.  
18 Myself personally Connecticut, Rhode Island,  
19 Massachusetts.

20 My first birth at Memorial was  
21 actually a backup experience. I heard it  
22 through the rumor mill how great Memorial was.  
23 It's a secret in this state almost. It's a  
24 gem. I didn't realize that until I first

1 attended there, and it's exceptional. I think  
2 it would be a tragedy for, down the road, we  
3 have this great thing coming; and for you guys  
4 to just disburse it is kind of illogical and  
5 counter-intuitive in how I see it. I do not  
6 think that other hospitals can easily absorb  
7 the amount of births, and I don't feel the  
8 birth center is actually given a chance.

9 The numbers could increase easily  
10 if the effort was put forth in that direction.  
11 I just don't feel like it has. So, if the  
12 financial aspect that's what you need is higher  
13 numbers, I felt like that is an easier solution  
14 than trying to close it completely. And I just  
15 want to reiterate what all the birth advocates  
16 say. The nurses are wonderful. The doctors  
17 are great, and it's a culture, and you can't  
18 replicate that. It has to come from within.  
19 It comes from the people that work there, and  
20 they care about birthing women. Thank you.

21 MS. FINNERTY: Hi, Susie  
22 Finnerty. My name is Susie Finnerty, and I'm a  
23 mother of two, expecting my third and a  
24 professional birth doula in the state. I just

1 want to thank you for listening today. The  
2 impact of your decision on this matter will be  
3 profound. I became pregnant with my second  
4 child shortly after moving to Rhode Island in  
5 2013. After researching, consulting with  
6 providers around town, I specifically chose a  
7 midwife who delivered at Memorial Hospital due  
8 to the reputation of evidence-based care.

9 At 19 weeks, it was discovered  
10 from an ultrasound that we were having a  
11 daughter, and that she suffered from an  
12 incurable neurological disease. The physician  
13 who performed the scan informed us that if she  
14 lived, she would be severely disabled. My  
15 provider, who was informed immediately on a  
16 Saturday afternoon, spoke to us with such  
17 compassion and truly mourned with us. And  
18 instead of passing my care to another practice,  
19 my support tripled. That Monday I reached out  
20 to Women and Infants Maternal Fetal Medicine  
21 Clinic for a second opinion on the diagnosis.  
22 I was told by reception that I was not allowed  
23 to continue seeing my provider at Memorial. I  
24 was able to be transferred on the phone to an

1 OB who briefly said the same thing and told me  
2 there was no point in researching options or  
3 treatment for my baby. That it would not  
4 change my outcome, and there was no point. He  
5 said my provider should have already dropped  
6 me -- and that was his words -- and sent me  
7 there.

8 That phone call was the end of my  
9 relationship with Women and Infants. I won't  
10 get into the total chaos that followed getting  
11 consultations from eleven different doctors,  
12 finding a brain surgeon for my daughter.  
13 Through all of that, my midwife was steadfast  
14 and organized and helped advocate to get me  
15 those appointments.

16 At 36 weeks pregnant, I woke up  
17 on a Saturday morning and having been treated  
18 for bronchitis earlier that week, it had  
19 worsened. I was having difficulty breathing  
20 and the pain in my chest. I called my provider  
21 and she said to meet her at Memorial. I walked  
22 straight into labor and delivery. No triage,  
23 no ER, no explaining the long story to seven  
24 different people before I could see her. She

1 was waiting for me at the nurse's station and  
2 showed me to a room. She had ordered and  
3 awaiting a breathing treatment. Took my vitals  
4 and sat there with me while I was being  
5 treated. At this point, I hadn't decided if I  
6 would deliver at Memorial or up in Boston near  
7 a chosen pediatric neurosurgeon. She listened  
8 and affirmed what did and didn't make sense to  
9 me and spoke from experience. Nurses came in  
10 to offer me food and drink. They called my  
11 baby by name and said she was beautiful. And  
12 it was there that I made my plan for delivery  
13 and how I wanted my daughter to be cared for,  
14 and I could breathe again.

15 After deciding we would deliver  
16 in Boston, Memorial's team agreed to be my  
17 backup. They would find an ambulance company  
18 who would transfer my daughter to Boston, if  
19 needed. I was given access to their OB surgeon  
20 and the director of obstetrics. I was treated  
21 as if this was the most important matter of my  
22 life. I have supported women as a doula all  
23 around this state and Massachusetts with a  
24 variety of complications. The care I received

1 at Memorial is standard there. No other  
2 hospital, especially Women and Infants, has  
3 that level of cultural competency and  
4 continuity of care.

5 Regarding my current pregnancy, I  
6 am angry with the wording used to describe this  
7 closure. Because of the nature of the  
8 incisions made on my uterus to save my  
9 daughter's life, my VBAC is not supported by  
10 Women and Infants or Kent Hospital. This is  
11 not based on evidence. They do not rely on the  
12 judgment of my provider, whom I like to follow.  
13 This is an out-of-date hospital policy, and I  
14 consider mandatory surgery torture. And that  
15 is what Care New England is asking of me by  
16 eliminating this option. They have not allowed  
17 ample time to even evaluate the consequences,  
18 and we are shedding light on this issue with  
19 our letters, petitions and testimony today.

20 My much longer letter explains my  
21 opinions on their reason for closing due to  
22 finances, which I won't get into because of  
23 time; but there have to be other solutions; and  
24 if a hospital -- I know you're not answering

1 questions today, but I just want to pose that  
2 if a hospital approached you and asked for  
3 help, knowing that they could potentially  
4 close, would you help them stay open? Dr.  
5 Alexander-Scott, you can stop this. You can  
6 say no.

7 MR. NORTON: Hello, my name is  
8 David Norton, D-A-V-I-D, N-O-R-T-O-N. Hello,  
9 everyone. So, I have a question here and a  
10 couple of statements. My first question is, if  
11 Care New England's CEO is making \$1.3 million,  
12 how can Care New England be losing money? How  
13 is this possible? It is possible because our  
14 Governor is not protecting Rhode Island moms,  
15 dads and babies and is instead protecting Care  
16 New England stakeholders like the CEO who's  
17 getting \$1.3 million. So, this is a question  
18 of who is getting the money and who is losing  
19 the money. And my community is losing the  
20 money.

21 How many people here today  
22 understand that only the Governor can stop this  
23 closure? Okay. That's not many. So that  
24 brings in my next statement. I urge everyone

1 here today to call, e-mail, Facebook post and  
2 tweet the Governor of Rhode Island and let her  
3 know that this financial loss must not be put  
4 on the backs of mothers, fathers and babies in  
5 our community. Thank you.

6 MS. NOVAIS: Rita Brennan, from  
7 MHRI. There was a question mark whether she  
8 wanted to speak or not. And then we have  
9 Elizabeth Ochs and Angeleen Peters Lewis.

10 MS. BRENNAN: Hi, I am here.  
11 Rita, R-I-T-A, Brennan, B-R-E-N-N-A-N. Can you  
12 hear me? I am here today to oppose Care New  
13 England's plan to close the birthing center at  
14 Memorial Hospital and their further methodical  
15 dismantling of Memorial Hospital of Rhode  
16 Island. I am a patient at the family care  
17 center at Memorial Hospital of Rhode Island.  
18 And I believe that the family care center and  
19 the family care physicians are the core of our  
20 community hospital. There is, as others have  
21 said before me, a culture of care at Memorial  
22 Hospital and that was created as a direct  
23 result of our family practice physicians that  
24 are there along with other physicians, doulas,

1 midwives and nurses. This culture of care  
2 cannot be transported and it cannot be  
3 replicated. It is ours. Despite the  
4 world-reknowned hospital that is in Providence,  
5 Rhode Island, many patients make Memorial  
6 Hospital's birthing center their destination.  
7 They choose Memorial Hospital just like they  
8 choose how they plan to give birth with us.  
9 And they deserve that right to choose.

10 On the other hand, some patients  
11 arrive to us unplanned via an ambulance. Some  
12 arrive as foot soldiers. None of them should  
13 have their birth be controlled by Care New  
14 England. They should not be denied access to  
15 their community hospital, and they certainly  
16 should not have to slept around from eight to  
17 five to try to get their care via a shuttle  
18 because that's what Care New England wants them  
19 to do.

20 To go back to the family care  
21 piece and the importance of our community  
22 hospital, only there, the only hospital in  
23 Rhode Island, can you have a physician that on  
24 one unit is bringing the miracle of life into

1           this world and moments later be called to take  
2           care of another one of their patients and help  
3           them to usher from this world. That is the  
4           community hospital. Its footprints are in  
5           Pawtucket, Rhode Island, and there's no other  
6           hospital that allows physicians to do that.  
7           The circle of life begins in Pawtucket and it  
8           ends in Pawtucket. Please, please do not let  
9           Care New England take this asset from the  
10          community of Pawtucket, Blackstone Valley, for  
11          people that choose to deliver there or those  
12          that end up randomly; because once they are  
13          there randomly, I promise you they always  
14          return. Thank you so much for your time.

15                        MS. OCHS: Good evening. My name  
16                        is Elizabeth Ochs, O-C-H-S. I'm due on  
17                        April 4, and I really hope I will be delivering  
18                        at Memorial Hospital. I currently work at Kids  
19                        Count, and I formerly worked at Central Falls  
20                        High School for four and a half years. I chose  
21                        the Memorial Hospital birthing center because  
22                        numerous friends were in the family medicine  
23                        residency program recommended it. It has  
24                        become the place that I see as having the best

1 practice in the state and most likely in the  
2 nation. Every single book I have read about  
3 being pregnant and prepared for birth tells you  
4 to write a birth plan. I feel like I don't  
5 have to because I have that much trust in the  
6 doctors, the doulas, the midwives and nurses,  
7 the residents who do their work at Memorial  
8 Hospital. I don't feel like I have to advocate  
9 for myself as a patient. I know that my health  
10 and my baby's health is a priority, not funds  
11 and not speed. My experience has gone above  
12 and beyond my expectations.

13 Dr. Melissa Nagle supported me  
14 through a 15-week miscarriage and a subsequent  
15 high-risk pregnancy. I feel a hundred percent  
16 safe under her care as well as the support of  
17 my doula, Lisa Gendron. What I love about  
18 Memorial Hospital is that the residents and  
19 doctors see patients in the primary care  
20 center, they then see the, see through the  
21 delivery experience, and then Dr. Nagle will  
22 serve as my son's pediatrician. I see a  
23 birthing center as a model for the state and  
24 the nation.

1 I urge the Department of Health  
2 to utilize the doctors and the collaborators,  
3 the nurses, the doulas and the midwives and  
4 study this as a best practice. Memorial  
5 Hospital and its birthing center doesn't just  
6 have relationships with its patients but  
7 relationships within the community.

8 When I worked at Central Falls  
9 High School, I worked with residents and  
10 doctors from Memorial who started a teen  
11 parenting class at Central Falls High School  
12 and whose advocacy brought back an inner-school  
13 clinic. They would mentor my students who  
14 wanted to become nurses and doctors. That is  
15 an incredible outpouring of support that you  
16 have had over the last few weeks and months,  
17 and I encourage you to see this outcry of  
18 support as a testament to what a high quality  
19 patient center care looks like, feels like and  
20 sounds like.

21 You have an incredible  
22 opportunity to make a difference. Thank you.

23 MS. LEWIS: Good afternoon, Dr.  
24 Alexander-Scott and colleagues. My name is

1 Angeleen Peters Lewis. I'm the chief nurse for  
2 the Care New England health system. I stand  
3 before you, once again, representing the  
4 leadership of Care New England, but I'm also  
5 here as a nurse, a family nurse practitioner  
6 and most importantly a passionate advocate for  
7 the underserved. I so identify with these  
8 women personally as I was one of the  
9 underserved women, a teen mother from an  
10 underserved community. So that has really  
11 fueled my participation for the underserved;  
12 and as I have listened to the testimony for the  
13 last two hearings, I was in agreement with all  
14 of the concerns that came forward on behalf of  
15 the underserved women of Pawtucket and Central  
16 Falls.

17 I think we share that belief, my  
18 colleagues and I. We agree that this is a  
19 concern. What, where we disagree and to have  
20 another perspective is the way we can care for  
21 underserved women. We all agree that it takes  
22 a lot of resources to meet the needs of  
23 underserved women. It takes team  
24 infrastructure, support and clinical structure,

1 clinical supports. And what we fear has gotten  
2 lost in a lot of these conversations is that  
3 Women and Infants is both a community hospital,  
4 a community asset and an academic medical  
5 center. So, as a community asset, we try our  
6 best to provide that personalized attention and  
7 individualized experience for each patient and  
8 family, but we also have the clinical supports  
9 should patients and families need them.

10 So, we have a long history of  
11 caring for underserved women. In fact, half of  
12 the patients served at Women and Infants are  
13 recipients of Medicaid. We have cared for  
14 these women with a long history of dignity,  
15 respect and most importantly equitable and  
16 quality care. And that's not to say that this  
17 is not provided at Memorial, but this is the  
18 commitment of Women and Infants Hospital. So,  
19 what cannot be lost is it takes a significant  
20 amount of resources to do this and to do this  
21 well; and so, in these economic times, it's  
22 hard to duplicate all of the infrastructure  
23 required to care for the underserved well. So,  
24 we believe we already have that infrastructure

1           within Women and Infants Hospital, and we are  
2           prepared to care very well for the women of  
3           Pawtucket.

4                       The question we ask ourselves is,  
5           can we pool our resources bringing the culture  
6           and all the excellent things about Memorial to  
7           Women and Infants Hospital and provide an  
8           excellent model for our patients and families.  
9           We have heard things about access and  
10          transportation, and we want to assure you that  
11          patients and families will continue to receive  
12          their prenatal and post-natal care on the  
13          Memorial campus, and we are working hard to  
14          develop a really robust plan to make sure they  
15          have transportation.

16                      In terms of patient and family  
17          center care, I heard a lot of birth advocates  
18          talk about room in and skin to skin, how  
19          important that is. We have received the baby  
20          friendly designation at Kent Hospital and Women  
21          and Infants; and we know we have provided these  
22          skin to skin and we believe we will serve the  
23          residents of Pawtucket very well. I assure you  
24          we take that potential transition plan and its

1           impact on patients and families very seriously.  
2           We have contacted every single patient and  
3           family that is due to deliver at Memorial,  
4           answered their questions, heard their concerns  
5           and invited them to partner with us and to come  
6           in with tours, and we will continue to work  
7           very closely with them if this plan is  
8           approved.

9                                 In conclusion, I want you know to  
10          know that we are committed to working with the  
11          birth advocates of Pawtucket. We are committed  
12          to working with patients and families to make  
13          sure we can enhance the experience we provide  
14          at Women and Infants Hospital. Thank you for  
15          the opportunity to comment.

16                                MS. NOVAIS: Thank you. Next we  
17          have Rachel Chiartis, Alicia Lambert and maybe  
18          Lorraine Savard.

19                                MS. CHIARTIS: Rachel Chiartis,  
20          C-H-I-A-R-T-I S. Okay. So, to be honest, I  
21          almost did not come. I didn't want to make the  
22          drive. It's almost an hour for me. I tried  
23          talking myself out of it. I had a lot of other  
24          things going on and just felt a little out of

1 touch. I don't live in the area anymore, and  
2 it just didn't seem relevant in my life three  
3 and a half years later. But there was this  
4 voice inside me that kept saying this matters,  
5 your birth matters, where you birth matters,  
6 the care I was given matters, and it,  
7 obviously, matters to so many other women who  
8 are also in our situation.

9 I wouldn't have chosen anywhere  
10 other than Memorial Hospital to birth my son.  
11 My second son I was preparing for a vaginal  
12 birth after a Cesarean, and I truly felt  
13 without a doubt that this was the only place I  
14 felt comfortable birthing outside my home. To  
15 think that other moms in years to come may not  
16 have this warm, comfortable environment as a  
17 place to also safely birth their children is  
18 just truly sad and heart breaking to me.

19 I'm not going to pretend I  
20 understand the world of politics and finances  
21 of a hospital, because I know nothing about  
22 this. It's out of my realm of knowledge, but I  
23 understand something about being a woman and  
24 being a mother, and here, in America, we are

1 living at a time when hospitals and doctors are  
2 largely in control of birth, and this is  
3 something that women all over the world do  
4 every day. It's the thing that brings forth  
5 new life and it's undoubtedly one of the most  
6 significant acts of being human, and thank  
7 goodness for Memorial Hospital for offering  
8 this alternative in the form of a warm,  
9 beautiful place. It's shameful to think that  
10 profit and money is deemed more available than  
11 where and how a child comes into the world. I  
12 obviously don't know what you're looking to  
13 hear to make you keep Memorial open. I can't  
14 understand why mess with a good thing. I think  
15 we need more birthing centers in more cities  
16 and towns.

17 Having to travel when you're in  
18 labor, you want to walk outside. We don't want  
19 to travel far. We should be promoting this.  
20 There should be more places not less. That's  
21 all I have to say. Thank you very much.

22 MS. LAMBERT: Alicia Lambert,  
23 A-L-I-C-I-A, L-A-M-B-E-R-T. Hi. 15 years ago  
24 I graduated from Rhode Island College. I was

1           faced with a choice. Where would I practice as  
2           a nurse. I chose to go to the birthing center  
3           at Memorial Hospital of Rhode Island. It  
4           turned out to be a great choice for me. I  
5           believe I learned from the best of the best and  
6           15 years later I'm still there. I love my job.  
7           Nine years ago I found out that I was pregnant  
8           with my first child. Again, I was faced with a  
9           choice. At the time, I lived in North  
10          Providence. I had a car, a good job, a good  
11          insurance. I could go anywhere I wanted. But  
12          I chose to go to where I worked at Memorial  
13          Hospital of Rhode Island. I chose to go there  
14          because I knew the doctors and the nurses that  
15          would take care of me from admission to  
16          discharge. I knew the pediatrician that would  
17          take good care of my baby. I knew the  
18          lactation consultant that would help me breast  
19          feed. I know the anesthesiologist. I knew you  
20          the dietary workers that would bring my food,  
21          and I knew the housekeepers that would clean my  
22          room. I knew that I would get great, safe care  
23          and I was right. I made a great choice, and I  
24          made that choice again three more times for the

1 next three children that I had.

2 I have had four wonderful  
3 experiences as a patient of Memorial Hospital  
4 of Rhode Island. Today, in 2016, we live in an  
5 age where people are presented with choices  
6 every day. People expect choices and often  
7 demand choices. You can go into a coffee house  
8 and you can order coffee 100 different ways.  
9 You can get a cell phone and they will offer  
10 you ten different plan because not one single  
11 plan is going to work for everybody. It's not  
12 going to meet everybody's needs, so I don't see  
13 why maturity care should be looked at any  
14 differently. For mother's needs, you can't  
15 just offer one or two choices and expect those  
16 one or two choices is going to fit the needs  
17 and desires of every woman and child in the  
18 State of Rhode Island. Please do not take away  
19 this choice. Please do not take away choices  
20 from women and children. Please do not close  
21 our birthing center. Thank you.

22 AUDIENCE: I'm Lorraine, I came  
23 for information, and you know, I'm getting it  
24 here. Thank you.

1 MS. NOVAIS: Chris Callaci.

2 AUDIENCE: Can someone turn that  
3 mic. up?

4 MR. CALLACI: I'm not going to  
5 need a mic. My name is Chris Callaci,  
6 C-A-L-L-A-C-I. Happy St. Patrick's Day. Let's  
7 me first speak to the process, if I may.  
8 Notice of the public hearings in the matter was  
9 posted on or about March 8 of this year. The  
10 public, therefore, was given, at best, seven  
11 days advanced notice of the first hearing,  
12 perhaps less. We do not believe that that time  
13 period is adequate under State law. We have  
14 submitted papers arguing that a minimum of 30  
15 days advance notice is required. And we await  
16 your decision in that regard.

17 As of the date of the first  
18 hearing, which was March 14, CNE had not  
19 submitted a written plan regarding the closing,  
20 and I quote, inform and content acceptable for  
21 review by the Department. Those are the  
22 Department's words. They are not my words. We  
23 asked, therefore, that the public hearings be  
24 rescheduled for a later date. The Department

1           denied our request. By insisting that the  
2           hearings go forward as scheduled, the  
3           Department necessarily forced the public to  
4           comment on an closure plan that did not exist  
5           at the time of the hearings, and as far as I  
6           know, still does not exist.

7                        I ask you to consider for a  
8           moment the disadvantage to the public. The  
9           public had one week, at best, to prepare to  
10          comment on a nonexistent plan to close the  
11          birthing center. That is not how our democracy  
12          works.

13                       The public comment period so far  
14          cannot possibly be considered legitimate in its  
15          context, and indeed, once the Department has  
16          determined that the application is complete,  
17          the written plan, the public should be given  
18          adequate notice and another opportunity at this  
19          to comment on the actual plan.

20                       Allow me to speak now to Care New  
21          England's violation of the Hospital Conversion  
22          Act and the corresponding regulations. We have  
23          submitted papers arguing that CNE violated  
24          State law and regs. by repeatedly announcing

1 the closing of the birthing center prior to  
2 these proceedings, and Madam Director, getting  
3 your Department's approval. Obviously, the  
4 Department is yet to render a decision on the  
5 closure. That, however, did not and has not  
6 stopped Care New England from repeatedly  
7 telling the staff that the birthing center was  
8 going to close on a date certain.

9 On March 1, for example, prior to  
10 Dr. Dacey's grossly inadequate submission of  
11 March 2, CNE informed the staff that the floor  
12 would be closed on March 14. Two days later,  
13 on March 3, CNE informed the staff that the  
14 floor would close on March 7. On that very  
15 same day, you, Madam Director, issued an order  
16 prohibiting Care New England from closing the  
17 floor, rightfully, prior to getting the  
18 Department's approval. On March 4, however,  
19 Care New England, in defiance of your order,  
20 informed the staff that the floor would close  
21 on March 18. And yet, another act of defiance  
22 on March 5, Care New England informed the staff  
23 that the last patient would be admitted on  
24 March 16.

1                   Imagine for a moment being a Care  
2                   New England employee during this time. Going  
3                   home to your family four times in a five-day  
4                   period to tell your family that you're going to  
5                   lose your job. Imagine for a moment being a  
6                   provider during this time. What are you  
7                   suppose to say to your patients? You're going  
8                   to deliver your baby at the birthing center.  
9                   You're not going to deliver your baby at the  
10                  birthing center. Imagine for a moment being  
11                  the patient during this time not knowing where  
12                  you're going to go for your care, and arguably  
13                  the most important point of impact in our life.  
14                  What kind of public institution conducts itself  
15                  in this fashion? CNE has turned people's lives  
16                  upside down here. They have been nothing short  
17                  of cold and callous, irresponsible perhaps,  
18                  perhaps neglect. They have to be held  
19                  accountable to this community. And we await  
20                  your decision as to whether or not there will  
21                  be consequences for their violations of the  
22                  Hospital Conversion Act.

23                               MS. NOVAIS: Excuse me, could  
24                               you wrap up? Your minutes --

1 MR. CALLACI: I will wrap up. A  
2 little latitude would be appreciated. I turn  
3 to their violations of Dr. Fine's decision with  
4 conditions of June 20, 2013. He allowed the  
5 affiliation of Memorial and Care New England to  
6 go forward. I quote from Page 18 of the  
7 decision. No elimination of clinical services  
8 is envisioned during the first three years  
9 after the formation of the new hospital. We  
10 are not at three years, Madam Director. I  
11 quote from Page 64 of the decision that speaks  
12 to a balanced health care delivery system, one  
13 that provides an optimal mix, primary care  
14 services within a defined geographical area.  
15 Such assistance would enable patients to  
16 receive care in their own communities not down  
17 in Warwick, not down in Providence. Here in  
18 Central Falls.

19 I quote from Page 18 of the  
20 decision. CNE will finance Memorial Hospital's  
21 operating shortfalls through September 30,  
22 2016, and I quote, again, from Page 69 of the  
23 decision. The conditions set forth above shall  
24 be enforceable and have the same force and

1 effect as if imposed as a condition of  
2 licensure. CNE is requesting to close the  
3 birthing center. At the earliest opportunity,  
4 the words of Mr. Dacey in his filing of  
5 March 2, represents a gross violation of each  
6 and every one of these conditions and cannot be  
7 permitted.

8 We await your decision on this  
9 issue and expect you to force these conditions,  
10 Madam Director.

11 In summary, the community should  
12 be given at least 30 days advance notice to  
13 comment on Care new England's plan to close the  
14 birthing center, a complete plan. Minimum  
15 30-day notice should run from the date the  
16 Department determines the application is  
17 complete. No sooner. The Department should  
18 schedule an evidentiary hearing on an expedited  
19 basis to review Care New England's violations  
20 of the ACA and corresponding regulations. If  
21 you do not do this, Madam Director, nobody  
22 will.

23 The Department should schedule a  
24 hearing on an expedited basis to hear the

1 issues of minimum violations of the Director's  
2 2013 decision. Again, Madam Director, if you  
3 do not do this, nobody will. Indeed, the  
4 Department should slow this whole process down  
5 so as to prevent Care New England from going  
6 forward with its botched plan to close this  
7 birthing center. Thank you.

8 MS. NOVAIS: Leslie Shapiro and  
9 Ellen Schaffer.

10 MS. SHAPIRO: Leslie Shapiro,  
11 S-H-A-P-I-R-O. I wanted to come today to share  
12 my information about Memorial. I had  
13 originally planned to have a home birth, and my  
14 providers had privileges at Memorial. So, when  
15 things didn't go as planned and we determined  
16 that I was no longer eligible for a home birth  
17 and needed a Cesarean, I had a seamless  
18 transfer of care from my midwives to providers  
19 at Memorial that I trusted. And then when my  
20 daughter was born, she was not passed off to  
21 some pediatrician that I didn't know. Her care  
22 was immediately passed to our family nurse  
23 practitioner; and when I left Memorial, after I  
24 was discharged, my care was returned to my

1 midwife. That structure, I'm not assured, will  
2 exist under the proposed changes from Care New  
3 England. Now, my family has choices. And our  
4 choice was Memorial. And should Memorial not  
5 be an option, we are one of the many families  
6 who will be leaving the state for our care when  
7 it comes to birthing, because there are women  
8 here, there are women in our state who are  
9 choosing what Memorial offers, and there are  
10 women who don't have a choice because of  
11 finances, because of lack of a car, who are  
12 able to get the same amazing care because  
13 Memorial is located in such a high need area.  
14 Thank you.

15 MS. SCHAFFER: My name is Ellen  
16 Schaffer, S-C-H-A-F-F-E-R. I'm sure that I  
17 have. I'm not sure that I have the same level  
18 of articulation of a lot of people who have  
19 already spoken of, and I'm not sure that my  
20 anecdotal situation would add much, but what I  
21 wanted to come here to ask and now that I know  
22 I will ask Governor Raimondo as well, but I  
23 want to ask Care New England is if they could  
24 take this moment in Rhode Island history to

1 step up and be daring and show creativity and  
2 innovation and courage to figure out a way to  
3 make this birthing center stay.

4 This birthing center is  
5 different. And what is offered, as Leslie just  
6 said and many people have said, is not offered  
7 elsewhere and is not accessible the way it is  
8 at Memorial. I'm from Barrington. Barrington  
9 births in the bucket, many, obviously, by  
10 choice. Many around the state are willing to  
11 travel to Memorial. If the issue is that the  
12 beds are not being filled, fill them. You are  
13 marketing professionals. Certainly, if you put  
14 a fraction of the marketing budget into  
15 Memorial that you put into Women and Infants,  
16 the expansiveness of the market would happen.  
17 It would happen. There is no doubt. There is  
18 a revolution happening in birthing right now.  
19 Anybody who's familiar with Birth Monopoly or  
20 improvingbirth.org knows the evidenced-based  
21 medicine around birthing and around the  
22 innovations that have been happening at  
23 Memorial is the way of the future.

24 I'm asking Care New England to

1 look into each of their own individual hearts  
2 when they go to bed at night. Find their  
3 information courage, drive for innovation, for  
4 creativity and the motivation to blow this into  
5 a new market, into a new revolution where  
6 everybody can win. Everybody can win here.  
7 Let's not let it fail.

8 MS. NOVAIS: Thomas Crowshaw,  
9 Alma Dias, and James Diossa.

10 MR. CROWSHAW: Thomas Crowshaw,  
11 T-H-O-M-A-S, C-R-O-W-S-H-A-W. So, just imagine  
12 for a second that you're going to build a house  
13 and decide on a builder. You decide on an  
14 architect. You decide on the materials you  
15 want to use, what color you want to paint the  
16 house, type of door you're going to have; and  
17 then on that day, when it comes time to break  
18 ground, all of a sudden it's a different  
19 builder. You don't know who this guy is. You  
20 haven't worked with him. You haven't talked to  
21 him. He doesn't know your needs like you're  
22 original builder. Apply that to what would  
23 happen if you close Memorial, a place where you  
24 can bring your midwife to be there with you.

1           That same person that has answered every  
2           question from the time you got pregnant until  
3           you gave birth that have been there for you by  
4           your side answering questions at all hours of  
5           the day.

6                         Now imagine they're not allowed  
7           there. That's what happens at Women and  
8           Infants. The midwives cannot come in there.  
9           And that's one of the most important  
10          connections that a mother would have in that  
11          whole entire process that person that has been  
12          there with them since day one; and I know that,  
13          my wife and I, we just gave birth to a  
14          beautiful baby girl about four weeks ago at  
15          Memorial, and our midwife was able to be there,  
16          and there were some complications during the  
17          birth. It took longer than expected. There  
18          was a lot of questions; and to be able to turn  
19          to someone that you had seen every single month  
20          for nine straight months and answered every  
21          question that you had and you could conceive of  
22          during that pregnancy right there in the room  
23          with you, that comforting feeling, and that  
24          sense of confidence that, no, everything is

1 going to be okay because that person is there  
2 with you is an opportunity that every family  
3 should have, and that's why closing Memorial is  
4 not the right answer because that is where you  
5 can get that kind of care. And it was amazing  
6 for us, and it should be amazing for every  
7 single other person. You guys have to remember  
8 it's patients over properties. That's why  
9 hospitals are there. That's why doctors are  
10 there. It's because they care about the human  
11 being and the individual. It's not a business  
12 to them. It's a career. It's a lifestyle and  
13 it's the way they think, and it's a way that  
14 they are to take care of people, to make these  
15 decisions that they are trained for that much  
16 easier for the people that they are taking care  
17 of; and whatever should be done to make sure  
18 that people get that level of care that they  
19 get at Memorial because of this needs to be  
20 done. I urge you to keep the center open.  
21 Don't close it. It's up to you.

22 MS. DIAS: My name is Paula  
23 Dias, P-A-U-L-A, D-I-A-S. I'm 32 weeks  
24 pregnant. My baby is due May 9 and I hope with

1 all my heart that he will be born at Memorial.  
2 I am a resident of Providence. I'm a student  
3 at Brown University, and I chose Memorial after  
4 doing extensive research with people from my  
5 colleagues who had babies and relating their  
6 experience. If I wanted to go to Women and  
7 Infants, I would be at Women and Infants. I  
8 wouldn't be going to Memorial. I chose this  
9 because of Memorial's culture of care. Because  
10 I want to be treated like a human being.  
11 Because of the providers at Memorial. Because  
12 I don't want to be talked down to by my doctor,  
13 okay. So, there are many people who are  
14 choosing this who are driving great distances  
15 to get to Memorial.

16 I wanted to relate a little bit  
17 of the experience of being a patient at  
18 Memorial at this time where scheduled delivery  
19 that you don't know where it's going to be.  
20 Okay. On the upside, I'm still going to the  
21 birthing center for my appointments. If I'm  
22 lucky enough to be able to birth there, but by  
23 the time I walk in that door for my labor, I  
24 would have been over 20 times. It's not an

1 unfamiliar place. It's home. So, I will feel  
2 comfortable going there to give birth to my  
3 first baby. Okay. I will have seen all of the  
4 nurses. I will be there with the doctor that  
5 has been following my pregnancy for the entire  
6 time.

7 On the other hand, there has been  
8 no information basically given to patients who  
9 are set to deliver soon. The first time I was  
10 contacted by someone who said they were from  
11 Memorial and not from Care New England was a  
12 couple of days ago. Other than that, all my  
13 information has come from Facebook through the  
14 formal network for the Coalition to Save the  
15 Birthing Center. They are the ones circulating  
16 information to the public, because we don't  
17 have any information what's going to happen.  
18 That's a stressful situation to be in when  
19 you're expecting a baby.

20 I would urge you not to close  
21 Memorial because no one else in the state  
22 offers the care that Memorial does. It is not  
23 being handled in a good way, and it's not good  
24 for patients, and patients are not at the

1 center of these decisions and that's unfair.

2 MAYOR DIOSSA: James Diossa,  
3 J-A-M-E-S, D-i-O-S-S-A. Hello Dr.  
4 Alexander-Scott. Welcome to Central Falls.  
5 So, I want to thank everyone for coming to  
6 Central Falls and allowing our community to be  
7 involved with this very important decision.  
8 Obviously, as Mayor of Central Falls, I'm very  
9 concerned about the proposed interruption of  
10 services. Memorial is a health care provider  
11 of the highest order and serves many patients  
12 for a variety of services. Interruption of the  
13 services would negatively affect the community.  
14 I respect the position of the hospital, but it  
15 is my request, I ask that you work with DOH and  
16 local communities in Central Falls to mitigate  
17 any public safety issues. Despite the  
18 difficult situation we are all facing, I'm here  
19 as a partner and someone who wishes to do what  
20 they can to make sure the effects of any  
21 actions are as small as possible. Thank you.

22 MS. NOVAIS: Willa Campbell,  
23 Mary Mumford Haley and Jeff Borkan.

24 MS. CAMPBELL: My name is Willa

1 Campbell, W-I-L-L-A, C-A-M-P-B-E-L-L. Just  
2 very briefly, I am a midwife. I have  
3 privileges at Memorial. I was a patient at  
4 Memorial. Shirley helped me welcome my son  
5 Tucker that's here with me today. That is not  
6 why I speak before you today. I had the  
7 privilege of being able to choose where I had  
8 any babies, and I could have driven to Boston  
9 if I had so chosen. I speak for the people who  
10 live on the margin and who will be the ones to  
11 be affected by this closure, possibly by poor  
12 outcomes for their families and poor birth  
13 outcomes. It's those people on the margin who  
14 night not be able to access Women and Infants  
15 in their time of need or the ten-mile drive to  
16 Providence might prevent them from reaching out  
17 when they are on the edge, if they should call,  
18 if they should come in.

19 This is when decreased fetal  
20 movement worries us. This is when brushing off  
21 decreased fetal movement leads us to an outcome  
22 that we, as midwives, as families -- the goal  
23 is to prevent, and it's those women on the  
24 margin who are unsure how they will get to

1 Women and Infants, how they will get the Kent  
2 who will not seek care when they are not sure  
3 how they are going to get there. Memorial is  
4 here in the community. It is much easier to  
5 access when you know your neighbor can walk you  
6 over or someone from your community can pop in  
7 with you. And I think that we will see adverse  
8 birth outcomes from this closing. Thank you.

9 MS. MUMFORD HALEY: I'm Mary  
10 Margaret Haley, M-U-M-F-O-R-D, H-A-L-E-Y. I  
11 come to you as a nurse midwife who's been with  
12 Memorial for 14 years. I work for East Bay  
13 Community Health Program where I provide  
14 midwifery services for an underserved Medicaid  
15 community. I have got four concerns, mostly --  
16 Dr. Dacey, I need to tell you something  
17 practical when I met with him last night.  
18 Something you can do to help.

19 Number one, you're, your  
20 presented with this transition plan that  
21 included some seamless transition from Memorial  
22 to Women and Infants. It said all of our  
23 providers will be credentialed at one of these  
24 institutions. As a nurse midwife, I have been

1 asked to go through the privileging process.  
2 There is no mechanism for any of us midwives to  
3 do our jobs at Women and Infants Hospital.  
4 They require that you have your own private  
5 OB-GYN beside you while you do your job, which  
6 is clearly, which, you know, we are community  
7 health center. We serve Medicaid population.  
8 We can't afford, as a community health center,  
9 to pay two providers to be at one delivery.  
10 And as a community health center, we can't  
11 afford to probably have an OB-GYN in the center  
12 on a full-time basis.

13 They have said to you that they  
14 have anticipated us getting privileges by  
15 April 28. There has not been any indication  
16 that that is going to happen. My partners met  
17 with Angeleen several times, and there's been  
18 no idea of any solution that would result in us  
19 being able to go to Women and Infants and do  
20 our jobs. That's number one. It says to that  
21 two levels. One, there isn't a plan for us  
22 providers. Two, the community action programs,  
23 I'm sorry, the community health centers how  
24 they would be a negative impact, negatively

1           impacted. They would definitely be negatively  
2           impacted.

3                       As a nurse midwife, we can't get  
4           privilege, but both Tritown and East Bay have  
5           fellowships, family medicine doctors, who have  
6           gone on to learn advanced obstetric skills.  
7           They can choose to be a learner and not bill  
8           for any of the services they provide, or they  
9           could give up their learning and be a family  
10          medicine attending, and maybe they could  
11          deliver some of our babies on our behalf; but I  
12          wouldn't be able to. That's the position  
13          that's been put in.

14                      Second, there needs to be a  
15          realistic transition for a safe transition time  
16          line if this is a fait accompli. We don't have  
17          any time line. We have to speculate that your  
18          remarks close on the 25th. That may be, and at  
19          the meeting with Dr. Dacey and Angeleen, they  
20          said to us, two, three days' notice once you  
21          give permission. That's the best knowledge  
22          that I have currently. That doesn't provide  
23          for any kind of safe transfer care for our  
24          patients at East Bay Community Action. We

1 don't have a group at Women and Infants.  
2 Suppose we don't have privileges to give our  
3 patient to? There's nobody there to receive  
4 our patients. There's nobody I can call and  
5 say, hey, Jane Smith is in labor. Are you  
6 going to take care of her? Let me tell you a  
7 little bit more about her other than what's in  
8 her medical record. There is no way to safely  
9 transfer our patients from East Bay to Women  
10 and Infants.

11 Lastly, I feel like there's a  
12 pecking order where every outcome in the  
13 community hospital is reviewed that has an  
14 untoward outcome. I need you to review every  
15 neonatal and maternal morbidity and mortality  
16 that's relevant. Women can get better and  
17 safer care. Every outcome needs to be  
18 reviewed. It can't be with a complaint-based  
19 system where the Department of Health responds  
20 just to complaints that something happened at  
21 South County or Memorial. We can do a better  
22 job caring for Women and Infants, and that's  
23 your job to help us oversee that situation.

24 I guess my final comment. Holy

1 beans we have gotten so many people to come out  
2 and care about how women birth. I'm so  
3 stinking pumped. I'm grateful.

4 MS. NOVAIS: Thank you.

5 Jeff Borkan, B-O-R-K-A-N. I'm Jeff Borkan.  
6 I'm a family physician at Memorial. I have  
7 been the chief since 2001. I participated in a  
8 lot of these incredible heart-warming stories,  
9 and frankly, I'm heart broken. This is the  
10 real stuff. I didn't wanted to come talk here,  
11 but we teach three things at Memorial. One is  
12 we teach to take care of patients, train the  
13 next generation, and we have to say what we  
14 think is correct. So, this is the view from  
15 10,000 feet.

16 Memorial has just barely held on  
17 for 115 years. It's been always been a place  
18 that's been run by spit and gut. The stories  
19 that you have heard here, and I think that the  
20 stories were said today is a reflection of  
21 what's really going on, but I don't think this  
22 is going to be a popular time of change. I  
23 think back of what we have been trying to do  
24 since I got there. We have been trying to keep

1 Memorial open, but the world has changed. I  
2 have an 88-year-old father, and in 1965, he was  
3 admitted to the hospital overnight for an  
4 annual exam. Last year -- he's still alive --  
5 he had major surgery and was discharged home.  
6 We have tried to keep hospitals open, but the  
7 role of urban community hospitals and  
8 underserved areas is not clear that it can  
9 exist anymore. Is that a good thing, no, but  
10 this is happening across the country.

11 Did people feel good in Maine  
12 when the labor mills, when the Hope Mills  
13 closed? No. I'm from Ohio and Michigan. Did  
14 they feel good there when the auto industry  
15 closed? No. The industry of medicine has  
16 changed. I love Memorial. Whether we like  
17 what goes on there, or don't like what goes on  
18 there, it may not be possible to do anymore.  
19 This is a simple of our time. We live in a  
20 poor area, in a poor state without a lot of  
21 resources, and the need for community hospitals  
22 has not lessened from the point of view of the  
23 community but the resources aren't there. We  
24 can say a lot of things about Care New England

1 but one thing we can't say is they put millions  
2 and millions of dollars into Memorial to try to  
3 keep it afloat. I take some personal  
4 responsibility for not being able to keep it  
5 afloat. Could we be able to do it? Perhaps.  
6 Are the forces bigger than us? I would say  
7 they are.

8 So, this is not feel good, but I  
9 think that what I'm advocating is that we need  
10 to look forward and not backwards. We need to  
11 mourn what's going on. There is a lot of pain.  
12 We need to change our identity. We need to  
13 focus on where do we go from here. I wish I  
14 could say that Memorial or places like Memorial  
15 could stay open in this state or other states.  
16 I think it's over, and that is not a good  
17 feeling.

18 If I had to advocate for  
19 something, we need to reproduce what happened  
20 at Memorial at Care New England, at other  
21 hospitals around the area. It was special. It  
22 is special. It needs to happen. If someone  
23 has the multi-million dollars is it worthwhile  
24 to put into a hospital where technology is

1           falling behind, where the infrastructure is not  
2           making it. It's not for a lack of love. It's  
3           not for lack of community support. It's not  
4           for the lack of all the good people who are  
5           putting in their lives there, but I think that  
6           day is over.

7                         So, I had to come here and say it  
8           because I believe it, and that's what we are  
9           trying to train the residents and students.  
10          You have got to say what you think. We have to  
11          mourn for what is lost. We have to figure out  
12          our new identity and we have to move forward.  
13          Thank you.

14                        MS. NOVAIS: Thank you,  
15          Dr. Borkan. Mike O'Neill, Jessica Jennings and  
16          Kaeli Sutton.

17                        MR. O'NEILL: My name is Mike  
18          O'Neill, and I am very unqualified to follow  
19          the last speaker. But I am qualified to talk a  
20          little bit about the human experience. I'm a  
21          therapist. I'm a licensed clinical social  
22          worker; and before I begin, I want to say,  
23          first all, thanks for listening to everyone.  
24          As a therapist, I know it can be challenging to

1 be a recipient of a lot of intense emotions. I  
2 encourage you guys just to take a breath. It's  
3 not personal.

4 So, I am a Providence resident,  
5 and I'm here because my daughter was born six  
6 years ago. That's the lovely Emily over there.  
7 And she was born at Memorial. In my work, I  
8 work with the dying and their families, and in  
9 doing the kind of work I do you see many  
10 similarities in how we are born and how we die  
11 in Rhode Island. How we go through these very  
12 deeply human experiences.

13 Women and Infants, to me,  
14 represents the medical model and approval of  
15 high intervention and the birth process, high  
16 rates of C-sections, lots of layers between you  
17 and that human experience. It's a lot like an  
18 ICU when someone is dying. Lots of monitors  
19 and medication and a feeling of a loss of  
20 control at a very important moment in your  
21 life. One that you can never do over again.

22 Memorial, to me, represents a  
23 very different model. It's family centered,  
24 low interventions where they preserve the

1           sacredness and the birth experience where the  
2           family not the needs of the hospital comes  
3           first. It's like dying in a Hospice facility  
4           or at home where the person and patient are  
5           primary. Memorial and Women and Infants  
6           represent very different approaches. Feeling  
7           you have a choice is central in people's  
8           feeling of well being. Some people want every  
9           medical intervention possible in the birth  
10          process, will prefer a C-section to a natural  
11          birth, and that is their right just as it is  
12          for someone to have a loved one at an ICU with  
13          every treatment possible.

14                    But others, like me and my  
15          family, prefer the more home-like environment  
16          that Memorial provides where our family is  
17          central and we can trust that our wishes will  
18          be respected. We are pregnant again. Sorry.  
19          My son is due June 16. Please give us the gift  
20          of allowing us to have our choice for our son  
21          to come into the world in a place that feels  
22          like home. Thank you.

23                    MS. JENNINGS: My name is  
24          Jessica Jennings, J-E-N-N-I-N-G-S. I want to

1           thank the Department of Health for holding  
2           these hearings and for its fidelity to process  
3           and protocol. Thank you very much for this  
4           opportunity. I am a patient at Memorial  
5           hospital. I am 27 weeks pregnant. If the  
6           decision is to close Memorial, I will be just  
7           three weeks shy to be able to have my son where  
8           I choose to have him. I'm sorry. That's why I  
9           brought my tissue.

10                        I want to talk about access. I  
11           am, I am ill-qualified to talk about access as  
12           it relates to the reality of the people of  
13           Pawtucket and Central Falls who rely on the  
14           community hospital for their care. That is not  
15           why I'm here. I'm talking about access to  
16           choice. I'm sure you have heard many people  
17           talk about -- and I have heard tonight -- they  
18           chose Memorial. They could have gone anywhere.  
19           They chose Memorial. I am of that camp.

20                        I want to talk about the  
21           uniqueness of Memorial. I want to say, at the  
22           very outset, that I see Memorial and Women and  
23           Infants as both great facilities but they are  
24           not the same. They are -- this is not an

1 apples-to-apples comparison. To just pick this  
2 up and plop it over here into Women and  
3 Infants, it's not how it is. You cannot ask a  
4 dog to be a cat. That is what CNE is asking  
5 Memorial and Women and Infants to do. I'm not  
6 sure which animal I want to choose Memorial to  
7 be, but that's the one I choose.

8 Five years ago I nearly left the  
9 State of Rhode Island to give birth to my  
10 daughter, Tia, who was already introduced here.  
11 I was originally slated to give birth at Women  
12 and Infants and had a midwife up to my seventh  
13 month pregnancy. I thought I was choosing a  
14 midwife so I would have a more holistic  
15 approach to my birth. Around between the sixth  
16 and seventh month, I started asking when we  
17 would be going over my birth plan. Birth plan  
18 is, you know, any amount of detail of how you  
19 want your birth to go given that, you know, you  
20 have a choice in those matters and given your  
21 medical condition.

22 I, to my surprise, my midwife was  
23 not interested in delving into my preferences  
24 of having a low-tech. birthing experience or my

1 concerns about the use of excessive  
2 interventions during deliveries and brushed off  
3 my request. I was really startled. This was  
4 my first pregnancy, and it was then that I  
5 began to intensely research alternative  
6 delivery options in Rhode Island as well as  
7 data interventions and C-sections at local  
8 hospitals. I was not happy with the high rate  
9 of C-sections at Women and Infants Hospital.

10 Learned that even if I requested,  
11 I could not be guaranteed a spot in what I  
12 considered Women and Infants less interventive  
13 alternative birthing center. Since I did not  
14 wish to have drugs administered and wanted to  
15 avoid interventions as long as I was truly safe  
16 to do so, I was not comfortable with the  
17 uncertainty of the environment in which  
18 delivery might take place.

19 The closest dedicated minimally  
20 intervention facility that I could find was  
21 located in Cambridge, Massachusetts, at the  
22 Cambridge Birth Center. I was planning to have  
23 a Mass. delivery. I had appointments scheduled  
24 when a friend suggested I consider Memorial as

1           it was known by word of mouth as a hospital  
2           that was dedicated to low intervention  
3           deliveries. I knew right away, within meeting  
4           with Dr. McGee, my doctor at Memorial, that I  
5           found the place that I was looking for.

6                         This is where the DNA and the  
7           bones of Memorial staff and medical staff comes  
8           into play. I learned that every doctor and  
9           nurse is a trained doula. Doula training puts  
10          the mother's choices and her health and safety  
11          at the center of the birthing process. I was  
12          shocked that there was that shift in sort of  
13          the class in doctors and nurses and doulas, and  
14          they are all doulas. I thought that was great.  
15          I had learned that Memorial practices gentle  
16          Cesarian when C-sections are needed, and this  
17          labor and delivery unit takes certainly women's  
18          concerns about unnecessary interventions and  
19          medical procedures.

20                        I heard loud and clear in my  
21          meeting, a half-hour meeting with Dr. McGee.  
22          We both cried, by the way. That my birth plan  
23          would be followed as long as the baby and I  
24          were medically safe, and I will wrap up.

1                   Labor and delivery unit in  
2                   Memorial serves a need in Rhode Island. I am a  
3                   woman seeking choice in the method and  
4                   environment how she gives birth. This is not a  
5                   wouldn't it be nice. This is a right.

6                   Many of my peers know I, know, I  
7                   know several Women and Infants conversions to  
8                   Memorial for their second births, and these  
9                   women and families are grateful for having  
10                  found Memorial. It was an answer to my  
11                  preferences, my needs, my wants and my choice.  
12                  I have spread the word and will continue.

13                  Well, I'm not sure what to do,  
14                  actually. My second child is due in June.  
15                  Should Memorial labor and delivery unit be  
16                  closed before then, my real choices, the ones  
17                  aligned with what I'm seeking as a customer and  
18                  client, will be either to have a home birth,  
19                  which I do not prefer, or go to Cambridge  
20                  Birthing Center in Massachusetts. No two  
21                  births are the same, but I want the same  
22                  opportunity to experience and trust that my  
23                  needs, wants and preferences will be honored in  
24                  a safe and caring medical facility that is

1 Memorial. Thank you.

2 MS. SUTTON: Kaeli Sutton,  
3 K-A-E-L-I, S-U-T-T-O-N. Good evening. So, I  
4 just want to begin by delivering the petition  
5 that the Coalition to Save Memorial Birthing  
6 Center put out there now. Over 3,000  
7 signatures on it. Some of them are from out of  
8 state, but the vast majority are from within  
9 the state. It's over 324 double-sided pages of  
10 signatures of people in support of the birthing  
11 center. I don't know where to put it.

12 My name is Kaeli Sutton. I'm  
13 here to testify as a spokesperson for the  
14 Coalition to Save Memorial Birthing Center, and  
15 I'm here also as a long-time advocate for  
16 families in Rhode Island. I'm a provider of  
17 holistic wellness services specifically focused  
18 on supporting the physical and psychological  
19 health of expecting and new families.

20 In more than eleven years working  
21 in the community, I have supported and closely  
22 observed the experience of thousands of  
23 families, both in my work outside hospitals and  
24 while supporting families in birth, from within

1 most of our hospitals in this state and  
2 hospitals out of the state.

3 I have witnessed the care -- I'm  
4 shaking. I'm very nervous. I have witnessed  
5 the care in our different hospitals, and I will  
6 say it is not the same. That does not mean one  
7 or another is bad or unimportant. Women and  
8 Infants has its place. Kent County has its  
9 place. South County. But Memorial is not  
10 replicated anywhere else nor is anybody that  
11 has spent any time at Memorial or at other  
12 hospitals believe that it is important or  
13 there's the will to replicate what is happening  
14 there at Women and Infants and to Kent.

15 I will take it from the top down  
16 and it is not there. It is not there. I'm  
17 totally off my thing, but... the families I  
18 have worked with in my own professional career  
19 include individuals from our most underserved  
20 populations as well as the most privileged. I  
21 do need to stop for a moment. This has been  
22 mentioned today. There is a reason that most  
23 of the representation in here is not the most  
24 underserved population. We had a very short

1 time to gather people and most of the families  
2 in those populations do not have the time, the  
3 money nor the resources or perhaps the  
4 information to know this is going on and what  
5 is at risk for them. So, the people here  
6 speaking are speaking about their choice. I  
7 know for a fact from the voices of doctors,  
8 having watched it myself, the nurses, that  
9 those underserved families that are not here  
10 are receiving the same care that our most  
11 privileged family members are seeking out at  
12 Memorial.

13 So, I have worked with a mother  
14 in prison for preparing to give birth to a baby  
15 that she has to let go of. I have worked with  
16 a mother who's sleeping on the couch while she  
17 fights her way through public assistance forms  
18 at the late stage of her pregnancy. I have  
19 worked with doctors, midwives, I have worked  
20 with Ph.D.s, all of them finding a way to bring  
21 their own baby into this world. In very  
22 important ways, the experience that these women  
23 and families is vastly different. As any of us  
24 in medicine, public health or advocacy know,

1 the cards stacked either for or against them  
2 will be significant determinants of their  
3 future physical, psychological and social  
4 health.

5 But in this moment, although we  
6 have drawn distinctions between these families,  
7 I actually want to draw attention to the ways  
8 that they are the same. Each of these women,  
9 these babies, these families share the most  
10 basic human instincts. The desire to be safe.  
11 The desire to be healthy. The desire to be  
12 treated with respect and compassion.

13 They count on their medical  
14 teams, the medical institutions and their  
15 government to hold in sacred trust commitment  
16 to those things. Access to skilled medical  
17 care, the protection of their health and the  
18 delivery of ease with a level of respect that  
19 acknowledges the humanity and genuine  
20 importance of each mother, each family member  
21 and each new baby.

22 Over the course of these  
23 hearings, community members and perinatal  
24 professionals have discussed the essential

1 importance of the birthing center at Memorial  
2 Hospital, which cannot, at this point, be  
3 replicated because there isn't the will  
4 elsewhere. They have discussed the importance  
5 to our local community and to our statewide  
6 maternity care options. They have strongly  
7 cast doubt on Care New England's position that  
8 local, underserved populations will be able to  
9 access care at Kent Hospital and Women and  
10 Infants Hospital.

11 I read the document that was  
12 submitted to you in response to your request  
13 for more information about what the impact was  
14 going to be and what the differences were going  
15 to be, and they left out huge swabs of the  
16 genuine impact on families.

17 The community has pushed back  
18 against the financial arguments noting that as  
19 is true for the myriad of struggling hospital  
20 systems in this country, this is an issue of  
21 careful allocations of funds and restructuring.  
22 Restructuring I will add that should protect  
23 the vital organs within the entire system.

24 I'm saying that Memorial Hospital

1 birthing center is a vital organ in the system.  
2 It is not the only important organ, but it is  
3 vital. There has been a suggestion that Women  
4 and Infants has all of the technical  
5 capabilities; and if you look at all of the  
6 data on evidenced-based birth, we know the most  
7 technological birth is not necessarily the  
8 safest birth.

9 Memorial Hospital and the  
10 birthing center are not the cancer within the  
11 Care New England system. Mismanagement is. If  
12 the financial situation has been so dire, these  
13 issues should have been addressed long ago. In  
14 this process, members of the community and  
15 community advocacy organizations should be  
16 consulted in order to determine the impact of  
17 possible closure and explore solutions, and I  
18 am speaking as a woman who has been working  
19 twelve-hour days for four weeks neglecting my  
20 own family, my own child and my own health to  
21 bring voice to you in an amount of time that is  
22 unjust to the public. I promise I'm close to  
23 done.

24 MS. NOVAIS: If you could provide

1           that to us in writing, because we are really  
2           over the time.

3                       MS. SUTTON: Can I have 30 more  
4           seconds, please? Thank you. So, the local  
5           community is at risk of losing essential access  
6           to health care. They are at risk of losing a  
7           vital evidenced-based maternity model not in  
8           existence elsewhere, and the families currently  
9           under the care of a Memorial doctor, and this  
10          shows a callous disregard for Care New  
11          England's actions. Actions that have and  
12          continue to put them under an amount of  
13          psychological and emotional stress that leads  
14          to physical damage and leaves me personally  
15          speechless. I, personally, and we, on behalf  
16          of the Coalition, request that you consider all  
17          of the factors all of the people here  
18          presenting have brought in your decision; and  
19          that in reaching your decision, you ensure that  
20          the families currently under the care of  
21          Memorial doctors are not further harmed.

22                       As Mary Mumford Haley pointed  
23          out, the representation that there is a  
24          seamless plan for transfer of care is grossly

1 untrue.

2 MS. NOVAIS: Excuse me. We  
3 really need to you wrap up.

4 MS. SUTTON: We will continue to  
5 work with the community to provide knowledge.

6 MS. NOVAIS: Malasa Kahn, Mary  
7 Walsh, and Chelsea Graham.

8 MS. KAHN: Hi, everybody. A lot  
9 of familiar faces. I'm a second-year family  
10 medicine resident, and I'm honored to stand up  
11 here and speak today. Unfortunately, some of  
12 our residents, with their busy schedules, had  
13 to leave. But the people that are here could  
14 you just stand up or raise their hand? I just  
15 wanted to --

16 (COMPLIED)

17 MS. KAHN: I want to say that  
18 I'm representing myself, but I'm also  
19 representing them. A lot of the things -- I  
20 have five different points. A lot of them have  
21 been made already.

22 Number one, is our system equal  
23 or not equal to the services that are already  
24 available by Care New England? I think that

1 question has been answered.

2 Number two, do we provide quality  
3 care as a quality equal? I think that question  
4 has also be answered, so I won't delve into  
5 that. The need has also be spoken for, so I'm  
6 going to talk about two things that haven't  
7 been talked about much, which is number, number  
8 one, identity, and two, viability. So, number  
9 one, and I'm glad that our esteemed Dr. Borkan  
10 said that we should speak what we believe in,  
11 and that's why I'm standing here today.

12 What do I mean by identity?  
13 Personal identity as a resident in a community  
14 hospital, who chose a community hospital. It's  
15 an identity we share with the people we work  
16 with. We develop and create and nurture and  
17 respect and honor. This is an identity that  
18 clearly has led to a very emotional bond and  
19 emotional place in our heart.

20 As a family physician, as a  
21 person planning to be a family doctor in the  
22 community, we see each patient as a story. We  
23 see each experience as a continuum. And we  
24 believe that this, that birth is that most

1           basic natural aspect of that, of that story,  
2           and we don't see it as a deconstructed  
3           experience like is prevalent in many types of  
4           birthing places or obstetrical units as a  
5           deconstructive place where you get induced in  
6           one area, and you labor in one area, and then  
7           you are post-partum in one area, and then your  
8           baby is taken care of in another area by  
9           different people.

10                           I just want to say that we have  
11           all respect and honor, that we admire  
12           colleagues that work at Women and Infants and  
13           we admire it for the institution that it is;  
14           but to repeat, are we equal or are we not  
15           equal. Equal is not the question. It's a  
16           question of what identity we bring to the  
17           table. It's an identity that we believe in as  
18           family doctors. And if we don't stand up for  
19           this type of identity -- granted it's an  
20           emotional thing. It's a cultural thing. If we  
21           don't stand up for it, we will lose it forever.  
22           We will lose what we do in our practice  
23           forever.

24                           As a small analogy, you know,

1 back in the 1950's, when we wanted to make more  
2 things faster, we wanted to make them better,  
3 so to speak. We took, I just watched a  
4 documentary. We took bread and broke it down  
5 and milled the flour in a certain way. We  
6 processed wheat to make it quicker and make it  
7 faster. And we said this is great. Everybody  
8 has white bread. And then years later we said,  
9 oh, my God, what did we do to bread? We agreed  
10 to just let it rise on the table and use our  
11 hands and make bread in a natural way, because  
12 that is what nurses are, and that's what  
13 actually makes us better and makes us human.

14 It's a work analogy. But in a  
15 sense, that's our identity, and we are  
16 delivering babies not making bread, but that is  
17 our identity, and that's that process that  
18 family medicine believes in; and I don't think  
19 that that, I think that it can be recreated in  
20 other places. The current processes happening,  
21 I don't think it can be simply transposed as  
22 other people have said into another setting.

23 That brings me to my last point,  
24 which is, is it viable to fight for something

1           that's sinking? So, no matter how much people  
2           love the Titanic it still sank. So, no matter  
3           how many forms they -- we knew what would  
4           happen it would still sink. So, the question  
5           is, and I'm glad you brought it out, is it even  
6           viable to fight for something that's sinking,  
7           and I think that's the wrong question. I think  
8           everyone understands the changes in health  
9           care.

10                        As a health care provider, as  
11           people that also participate in the system,  
12           this is not, this information doesn't fall on  
13           deaf ears. But I think everyone in this room  
14           believes in a process. They believe in  
15           fighting for what seems right and what seems  
16           valuable to the society and to the community.  
17           And when that is being threatened, they  
18           believe, at the least, in a true process to, to  
19           make sure that the things that we believe in  
20           most are not lost. And I think, and I thank  
21           you for holding these hearings and allowing us  
22           to say these things.

23                        In the current environment, I  
24           don't believe that this, that, that a true

1 transition that preserves what we believe in  
2 most is happening. And in some other world or  
3 in some future, if that is possible, I think,  
4 as family physicians, we could possibly get  
5 behind that and as residents we could get  
6 behind that; but in this moment, that is not  
7 happening, unfortunately. So, thank you for  
8 listening and...

9 MS. GRAHAM: My name is Chelsea  
10 Graham, G-R-A-H-A-M, and I'm a first-year  
11 family resident. I'm going to speak to you a  
12 little bit about the medicine piece. You have  
13 heard a lot about the birthing center. I think  
14 those voices are well represented. I would  
15 like to echo the sentiments of my colleagues  
16 here. What is happening at Memorial Hospital  
17 to me is a form of structural violence. Sorry,  
18 I'm getting... The term comes from liberation  
19 theory and used frequently by a physician we  
20 admire by the name of Dr. Paul Farmer.

21 It's not the physical environment  
22 that you some of you envision. It's about  
23 systems. It's about poverty and about  
24 injustice, about equality and racism. We all

1 chose this program to serve a community  
2 hospital. It's obviously a very emotional  
3 experience. We chose this program, as family  
4 physicians, to serve this community, break down  
5 barriers, breakdown structural violence, and  
6 rather what's going on we are perpetuating it.  
7 Not we, but CNE. CNE is taking away a basic  
8 human right for the people of Pawtucket and  
9 Central Falls moving their care elsewhere  
10 instead of Rite Care.

11 I would like to share an anecdote  
12 that exemplifies what we do, what we do at  
13 Memorial Hospital and why we became family  
14 physicians and we specifically chose this  
15 program.

16 A few months ago I was called to  
17 the ER to admit a patient for chest pain. He  
18 was a middle-aged man from Portugal, Portuguese  
19 speaking only and with some Spanish. So, we  
20 communicated in Spanish. His chest pain had  
21 been going on for weeks and preventing him from  
22 walking. This patient was undocumented.  
23 Didn't have a license and his means of  
24 transportation were his own two feet. We

1 admitted him to the hospital for chest pain  
2 work up to make sure he wasn't having a heart  
3 attack. His blood pressure was greater than  
4 200 over 100. He knew he had high blood  
5 pressure. He didn't have a primary care  
6 physician, nor did he have medications, no one  
7 to prescribe them to him.

8 Like I said, we admitted him to  
9 the hospital, took care of him, coordinated him  
10 with cardiology. Made sure that he got a  
11 stress test. Made sure he got a catherization,  
12 and then made sure that he got standard-of-care  
13 medications for coronary artery disease. So,  
14 he left with his beta blocker, his aspirin, his  
15 staten, and ace inhibitor. And not only did we  
16 do that, but we made sure that he had a primary  
17 care provider and saw us in the clinic.

18 Two weeks later he came to me  
19 blood pressure controlled, smiling, able to  
20 walk and chest pain free. He continues to come  
21 to our clinic today and also works with our  
22 cardiologist.

23 Now, this is a patient who could  
24 have easily been lost to care. Who could have

1 easily been a victim of structural violence.  
2 Non-English speaker, uninsured -- now, he has  
3 insurance because of us and more resources.

4 At the family care center, we  
5 don't settle for less. Again, we chose family  
6 medicine because we work on the floors. We  
7 work in the birthing center. We work in the  
8 clinic and we coordinate all of that care with  
9 the help of our amazing nurses and staff.

10 So, with that being said, by CNE  
11 moving our inpatient services and our maternity  
12 leave care, no longer are we going to be able  
13 to provide that care, which we came to this  
14 program to do, and I'm sorry that that's  
15 happening. So, thank you for listening to me.  
16 I'm sorry for getting all emotional.

17 MS. WALSH: Hello, I'm Mary  
18 Walsh. I'm also a family medicine resident  
19 second year. I don't like speaking at things  
20 like this, and I don't know what the right  
21 decision is to be made here; but I feel an  
22 obligation to speak for all of the people that  
23 can't be here, all of my patients.

24 I, as a doctor, chose to come to

1           this program among many programs in family  
2           medicine because, because it's a small  
3           community program, a small community hospital,  
4           not despite the fact that it's a poor, small  
5           community hospital. It serves a very  
6           challenging, very underserved population. This  
7           change is very challenging for many people,  
8           including all of the residents and doctors who  
9           see, on an everyday basis on the floors we are  
10          taking care of our patients in medicine floors,  
11          we see what this will do to them. We see the  
12          gratitude every day for, the ability for our  
13          patients to come from their houses down the  
14          street in their wheelchairs up to the front  
15          door of the clinic, go to the hospital, right  
16          across from the street from their houses. It's  
17          critical and essential for their care.

18                   I am very afraid for what will  
19                   happen to them. And I am doubtful that they  
20                   will be able to receive the same care  
21                   elsewhere. There's several things that are  
22                   beautiful in the community hospital. This is  
23                   my first year and a half of practice. Some of  
24                   those things include continuity of care.

1           Several people have mentioned this. It goes in  
2           the birthing center and also on the general  
3           medicine wards where I can send in a patient  
4           from clinic and see them in the hospital that  
5           same day and talk to my colleague who's taking  
6           care of them in the hospital, talk to the  
7           social worker, and then be a part of their  
8           discharge planning to see them the next day in  
9           clinic. I can't imagine how that's recreated  
10          at an off-site location.

11                    I also have been witnessing every  
12          day, since I have been on the floors in the  
13          last several weeks, the quality of care despite  
14          the facts that sometimes it looks so parse  
15          compared to other technically advanced  
16          institutions. The patients value the  
17          relationships they have with their providers  
18          and value the fact that they see their  
19          community doctors in the hospital and that goes  
20          very far for them.

21                    And so, as I said, I'm nervous  
22          about what this will do for the community of  
23          physicians in Pawtucket and also the community  
24          of nurses and other health care practitioners,

1 but I'm very nervous about what it will do for  
2 the patients in Pawtucket. I hope that you  
3 guys, after all of these testimonies, can make  
4 the right decision. I can't pretend to know  
5 what the right decision is; but as long as the  
6 people in Pawtucket that can't be here are  
7 accounted for, that would be what I ask of you.

8 MS. NOVAIS: Reina Blackwood,  
9 Marie Snyder, and Samantha Seibert.

10 MS. BLACKWOOD: My name is Reina  
11 Blackwood, B-L-A-C-K-W-O-O-D. I'm also a  
12 family medicine resident. I'm in my second  
13 year, and having spent time as both a physician  
14 and a patient at the birthing center, this  
15 proposed closer is very distressing to me at  
16 multiple levels; but I keep coming back to how  
17 this decision now hinges on this question and  
18 concept of need in patient care, and in labor  
19 and delivery especially, need is an  
20 exceptionally complex concept. What does the  
21 pregnant patient need? What does the laboring  
22 woman, new parent need? Safety, yes. High  
23 quality care, absolutely. The latest  
24 evidence-based medicine, undoubtedly. Are we

1 so one dimensional as to think all they need is  
2 a sterile medical environment in which to  
3 deliver? Do we think it's really that simple?

4 What the birthing center offers  
5 that other facilities don't are the things that  
6 are passing through one of the most medically  
7 uncertain and emotionally experience of their  
8 lives, it's what they truly need. There is a  
9 fundamental focus at the birthing center on the  
10 patient as a person and a tireless dedication  
11 to providing those scientific, sterile needs  
12 without neglecting the equally important  
13 personal components.

14 This question of need is simple  
15 when you look at it from Care New England's  
16 needs. It's black and white. The birthing  
17 center has not been meeting Care New England's  
18 financial needs, and that is straightforward.

19 As a physician, I want to make  
20 clear that I think my patients, this community  
21 and the women and families of Rhode Island need  
22 access to the kind of care that I know, both  
23 professionally and personally, are only  
24 available at the birthing center at Memorial.

1                   Recognize that this community,  
2                   which is in so many ways underserved, has  
3                   access to this center that treats them so  
4                   intentionally as valuable and as meaningful and  
5                   as empowered, and the meaning of that is so  
6                   significant to their experience and to their  
7                   health, it is hard to put it to words, which is  
8                   why this forum is so full of impassioned  
9                   voices.

10                   And Dr. Borkan brings up an  
11                   excellent point. It's true that we need to  
12                   rethink about how we move forward, but we also  
13                   need to think about what is worth fighting for  
14                   and what is worth preserving and acknowledging  
15                   that what we offer at the birthing center at  
16                   Memorial is incredibly valuable to the  
17                   community and to the patients and to those  
18                   lives that we touch, and that is something that  
19                   is worth bringing forward into this new system.

20                   I'm open to change. I'm open to  
21                   reconsidering how this is, but losing what we  
22                   have at Memorial would be a tremendous loss to  
23                   this community; and I would especially like to  
24                   emphasize the people who are here speaking for

1           themselves who I see and serve and worry about  
2           daily in my patients.

3                         The doctor who tries to treat the  
4           illness while they are neglecting the person  
5           fails them; and when I think about what my  
6           patients need or what I needed during my own  
7           pregnancy and delivery, I know that the  
8           birthing center never neglected those  
9           considerations. Never. We fail to neglect the  
10          irrefutable needs of the patient as a human  
11          being.

12                        I implore you to not put Care New  
13          England's financial needs, which are something  
14          to consider, I know, I know that is the reality  
15          of the situation; but do not put those  
16          financial needs over the needs of my patients  
17          and of these people.

18                        These voices are the collective  
19          voice of this community and the women of Rhode  
20          Island telling you what they need, and I hope  
21          with all my heart that you have heard them.

22                        MS. SNYDER: Hello. My name is  
23          Marie Snyder, S-N-Y-D-E-R. This is Emma Rose  
24          Snyder. I thank you for your time. I just

1           wanted to, you know, I could go on and on and  
2           on about the wonderful experience that my  
3           husband and my daughter and myself had at  
4           Memorial, but what I want to touch on is that  
5           after 32 hours of labor, and I was, had to have  
6           a C-section, that through that whole experience  
7           I felt extremely safe, extremely safe,  
8           extremely protected and very cared for.

9                           And I see Rita and many familiar  
10          faces here, and it makes me so sad to think  
11          that future families won't experience that  
12          feeling safe. It's so important when you are  
13          so exposed and scared, really. So, I wanted to  
14          touch on that. I also wanted to touch on our  
15          recovery time there was six days, and we were  
16          held in so much love, and I can't imagine after  
17          having a C-section with a newborn having to  
18          leave before that point. I, we felt ready to  
19          go out into the world; and you know, for my  
20          husband, he couldn't be here, but he felt so  
21          loved and cared for and supported by all of the  
22          wonderful staff. And those were just such  
23          special days, and I wouldn't have changed a  
24          thing, even with a C-section.

1                   And I also want to touch on the  
2 residents and the med. students; because when I  
3 first was at East Bay Family Health Center with  
4 our doctor, the idea that there was going to be  
5 med. students in the room terrified me. And I  
6 remember saying to the doctor, Dr. Ralinski, I  
7 don't know if I want anyone else in there.  
8 It's such a vulnerable time. I just want it  
9 very much private, but I have to say that they,  
10 along with the nurses, were the greatest gifts,  
11 because one resident, Calvin, was fanning me  
12 singing Justin Bieber songs trying to make me  
13 laugh, while others were getting ice and water  
14 and communicating with my family that was in  
15 the waiting room and communicating with my  
16 husband as I was being wheeled into the  
17 operating room. It's a marvelous program, and  
18 I think it should be held as a model and that  
19 it should be replicated throughout this  
20 country, and it should be held as the treasure  
21 that it is. And I hope that you will  
22 reconsider your decision. Thank you.

23                   MS. SEIBERT: Hi, I'm Samantha  
24 Seibert, S-E-I-B-E-R-T. I'm really nervous so,

1           thank you, Dr. Alexander-Scott and the  
2           Department of Health for holding these hearings  
3           and listening to our stories. Thank you to all  
4           the great families, doulas and nurses and  
5           physicians that have spoken before me. So many  
6           extremely important reasons for keeping the  
7           birthing center at Memorial have already been  
8           spoken about, so I'm here to share my family  
9           story.

10                         We are passionate about keeping  
11           the birthing center open because of the  
12           exceptional quality of care given to every  
13           patient, the needs of the Pawtucket community,  
14           the model and leader that Memorial's birthing  
15           center is for maternity care in our state,  
16           nationally and beyond, but personally my family  
17           most wants Memorial's birthing center to stay  
18           open for two services that I fear will no  
19           longer exist if it's closed.

20                         One is privileges that are given  
21           to my midwives who are home-birth midwives, and  
22           also, the family medicine unit at the Memorial  
23           that practices in the birthing center. Both  
24           services have had great impact on my family.

1 Memorial is the only hospital in the state that  
2 offers privileges to the only midwives licensed  
3 for home birth in Rhode Island.

4 We had our son, Noah, at home, a  
5 planned home birth, in which experience,  
6 knowledgeable, talented amazing midwives,  
7 Michelle Palmer, Willa Campbell, Mary Mumford  
8 Haley attended. Luckily for us we had no  
9 prenatal or birth complications, and we were  
10 able to stay home to welcome the birth of our  
11 son. Our backup plan, if anything should arise  
12 either prenatally or during labor and birth  
13 that risked us out of home birth and  
14 necessitated a higher level of care, we knew we  
15 could go to Memorial where our midwives had  
16 privileges and could continue our care.

17 We are expecting our second child  
18 this September and planned for the same home  
19 birth with Memorial as our hospital option. It  
20 has been studied and is known that one of the  
21 things that increases the safety of home birth  
22 is the ability to transfer to a hospital  
23 quickly and to a hospital that has a positive  
24 relationship and strong communication with

1 midwives and cultural acceptance of home birth.  
2 Problems arise when a hospital has a problem  
3 with the idea of home birth. Bias affect  
4 quality of care, the ability to recognize and  
5 understand what complications and reasons for  
6 transfer are, the ability to act appropriately  
7 when the right level of care and time and the  
8 ability to treat women and their family in a  
9 respectable manner.

10 Women birth best where and with  
11 whom they feel safest. Planned home births  
12 with experienced midwives is a legal, safe and  
13 respectful way to birth a child for many  
14 families. While it's not an option for  
15 everyone, it is for some and would be a huge  
16 loss and step back in the advancement of  
17 women's choice in maternity care if we were to  
18 lose this option in Rhode Island.

19 I'd like you to be aware that  
20 while Care New England has said publicly they  
21 will welcome Memorial's birthing center  
22 practitioners as well as birthing families into  
23 their Women and Infants and Kent facilities,  
24 unfortunately, this, as has been stated already

1           today, it's not completely the case. As of  
2           right now, my care providers have not been  
3           given permission and stated they will not grant  
4           privileges for them to care for their home  
5           birth patients at their facilities and the  
6           transfers necessary.

7                         This makes clear, very clear  
8           their views on home birth and puts home birth  
9           families in a horrible and unnecessarily  
10          dangerous position.

11                        Both my personal experiences, as  
12          a previous patient of Women and Infants, and  
13          the unfolding of this issue have proven that  
14          Women and Infants and Care New England does not  
15          support evidence-based care nor physiological  
16          birth. Unless there's a dramatic and immediate  
17          shift in attitude and protocol and  
18          administration at Women and Infants, it's clear  
19          it's neither a safe or healthy option for my  
20          family and cannot be considered an alternative  
21          or replacement for Memorial.

22                        I know I'm running out of time,  
23          but I also would like to state that a week  
24          after I gave birth to my son, I had, was

1 admitted to Memorial's ER with 105 degree fever  
2 and chest pain. It turned out I had pneumonia  
3 with effusion. My pneumonia was not related in  
4 any way to the birth of any son. Just really  
5 bad luck. And while I, I chose the ER at  
6 Memorial Hospital because of the stellar  
7 reputation of the birthing center, I thought  
8 the whole hospital would be the same. I wish I  
9 could say my time to the sixth floor inpatient  
10 unit was wonderful. It wasn't. It was hard.  
11 The people that made it okay were the doctors  
12 and nurses that came to visit me on their own  
13 times during their breaks to check on me to see  
14 if I was okay, because they heard there was a  
15 first time mom upstairs on the sixth floor  
16 with a baby with pneumonia. They brought me  
17 things that I needed that that unit didn't  
18 think of that I might need, and they cared for  
19 me; and Dr. Lankin, also, primary care,  
20 followed up with my follow-up care, and I fear  
21 that that family practice medicine that follows  
22 women through the very tumultuous,  
23 life-changing time of having a baby, becoming a  
24 family is just something that is a horrible

1           loss for this community.

2                           MS. NOVAIS: Thank you. If you  
3           could wrap it up.

4                           (PAUSE)

5                           MS. NOVAIS: Mary Foote, Laura  
6           Healy and Ray Powrie.

7                           MS. FOOTE: Mary Foote,  
8           F-O-O-T-E. You may wonder why I'm here. Well,  
9           I used to be a midwife delivering babies in the  
10          community in England. Came to this country.  
11          Became an American and arrived in Rhode Island.  
12          Had the opportunity to work at Women and  
13          Infants Hospital. Not actually work there for  
14          an eight-hour shift, but I was tenured faculty  
15          at the local college and took students there.  
16          Did that for ten years, so I had to, a  
17          startling experience of is this what maternity  
18          is in America, because I delivered babies at  
19          home, had relationships with families; and  
20          suddenly came to this hospital where things  
21          were done differently.

22                           Leap on ten years. I had an  
23          opportunity to go to Memorial hospital. And  
24          so, for the next 22 years, I worked two days at

1 Memorial Hospital. Previously, I had worked  
2 Mondays at Women and Infants and Thursdays at  
3 Memorial, so I had an opportunity to compare  
4 what was going on. What I began to notice --  
5 not began, it was very, very clear -- that the  
6 nurses had a concept of care, C-A-R-E. And I  
7 thought that Care New England would have that  
8 same concept because it has care in the name.

9 What is care? Care is quality  
10 caring, compassion, competence, consideration  
11 for the patient. What does the A stand for in  
12 care? It stands for being an advocate. I  
13 think we have seen here this afternoon that  
14 there are nurses and the physicians who have  
15 been advocates for the patients. I will jump  
16 in here and say who are these patients. They  
17 are underserved and they need special caring.  
18 They need to be welcomed. They need to feel  
19 safe. And they need that quality care.

20 Getting back to care, what else  
21 do the nurses do, as well as being competent,  
22 compassionate and caring? They are advocates.  
23 They are also research. They are always  
24 wanting to know what is going on, what is

1 cutting edge, what do we need to do. The nurse  
2 manager that I worked with probably for 15 of  
3 the 22 years, changed that unit into an amazing  
4 place where we had cutting edge but we also had  
5 the care, competence and compassion, the caring  
6 et cetera.

7 And the last part of care, Care  
8 New England or care anyway, is education. And  
9 this is what the nurses and the docs do.  
10 Patients, they sit down eye-to-eye not looking  
11 down at the end of the bed, not looking down  
12 way over there. How are you today? Sit down  
13 right at the bedside and discuss their  
14 condition, what might need to be done, all the  
15 possibilities. I'm not saying that this is not  
16 possible at Women and Infants Hospital. But I  
17 never saw it going on when I was there between  
18 '75 and actually '86, and then I did it again  
19 for another couple of years.

20 I'm not here to criticize. I'm  
21 here to say to you this unit is providing  
22 quality care in a kind, compassionate and  
23 caring setting; and we have heard families  
24 reiterate their feelings. How terrible is it

1 going to be if these families cannot get into  
2 their car, they don't have a car, they don't  
3 have money to get there, they will barely  
4 get -- sometimes I remember, recall all those  
5 Tuesdays and Thursdays that sometimes they  
6 wouldn't arrive in time. They would be coming  
7 up from the ER with their legs crossed  
8 practically because they just managed to get  
9 there. What's going to happen to them if they  
10 have to travel to Kent County? What's going to  
11 happen to them if they arrive at the triage at  
12 Women and Infants and there are no beds,  
13 because we know how busy it is. Thank you so  
14 much. I appreciate it.

15 MR. POWRIE: I'm Raymond Powrie,  
16 P-O-W-R-I-E. I am very pleased to have this  
17 opportunity to speak to you as representatives  
18 of the Department of Health. I'm the Chief  
19 Medical Quality Officer at Care New England.  
20 That means I'm a physician who works with  
21 Angeleen as the Chief Nursing Officer to help  
22 ensure that all of our patients get the  
23 excellent care that they deserve. I had  
24 prepared some remarks, but mostly I came to

1 listen, and I want to make sure that everyone  
2 here, the Director as well as the audience who  
3 have taken their time to make sure we hear,  
4 that we do have only one standard of care. We  
5 aspire to, Care New England, we want to make  
6 sure that all women and their families have  
7 access to the excellent obstetrical care.

8 We want to make sure that that  
9 care is mother and baby and family centered.  
10 We want to make sure that care allows for a  
11 wide range a choices. We want to make sure  
12 that care occurs in a place that has readiness  
13 to deal with situations that can change  
14 unexpectedly with the mother and baby at risk.  
15 And we also want to make sure that happens in  
16 the setting with the highest standard of  
17 practice, are met regularly and consistently.

18 Each of our hospitals, Women and  
19 Infants Hospital, Kent Hospital, Memorial  
20 Hospital, strive to do all six of those things.  
21 All of them. I am very thankful for the  
22 opportunity to listen, and many of the leaders  
23 across New England, the most senior leaders,  
24 executive vice-president, the president of

1 Women and Infants, the chief nursing officer,  
2 the chief operating officer, has spent much of  
3 their time with you listening to your concerns.  
4 We do plan to work with you to make sure that,  
5 if things do change at Memorial, the Department  
6 does request to move things from Memorial to  
7 our care, we will make sure to make sure that  
8 it enhances all the processes.

9 I do want to say I love Memorial  
10 Hospital. I have been here for 23 years as an  
11 academic, as a teacher, a provider of care. I  
12 work with patients who get care at Memorial as  
13 a doctor. I am very sad for what's happening.  
14 I'm very sad for this loss of a special  
15 environment. It is not an easy thing for Care  
16 New England to do this.

17 When Care New England knew  
18 Memorial had great financial distress and came  
19 to join the Care New England, I was delighted  
20 because I felt like we could help. But I must  
21 tell you that hospitals need numbers,  
22 operating. You can't operate a hospital with  
23 very small numbers financially. With that, I'm  
24 sad for this change. And the people of

1 Pawtucket and this area we serve have not been  
2 coming to this hospital. They have been making  
3 other choices, and we cannot sustain a hospital  
4 with 30 or 40 patients at a time. It is not  
5 financially possible for us. So, our best  
6 thing is to work together to make sure we can  
7 recreate some of the things here that we can  
8 cross over to Care New England, and I'm sorry  
9 for that. Thank you.

10 MS. NOVAIS: Theresa Clearman.

11 Next, would be Dr. Lakin.

12 DR. LAKIN: I couldn't tell if  
13 my name was just called.

14 MS. CLEARMAN: Theresa Clearman.

15 I just got here a little while ago, so I  
16 apologize if some of the things I say are  
17 repetitious of what's been said. I just want  
18 to touch on a few important topics what I think  
19 is important about Memorial in general and the  
20 birthing center particularly.

21 The health care system today does  
22 not have a lot of quality, and one of the  
23 things that struck me about the birthing  
24 center, I'm a resident there, is how women from

1 all walks of life come there and are all  
2 afforded this incredible respect and dignity  
3 from our staff, and it touches all of them.

4 There's not a lot of health care  
5 that's equal, but this is one of those places.  
6 Equality where it extends to women who are  
7 coming in with varying degrees of risks  
8 associated with their pregnancy. A lot of  
9 places, a lot of hospitals offer certain  
10 options to low-risk pregnancies, but we believe  
11 that every mom, family, deserves respect,  
12 deserves autonomy, regardless of what medical  
13 issues they have. We do it where it's safe and  
14 the highest quality and where it's effective.  
15 That's why we have women coming here saying I  
16 had a C-section I did not anticipate, and they  
17 rave about the care they got as the woman who  
18 got the low intervention birth.

19 I also want to speak about the  
20 cooperation, the passion for the patient that  
21 we see from the nursing staff, the docs and the  
22 patients. It is very rare to find a place  
23 where these different groups are working  
24 together instead of against each other or

1           complaining about who has it toughest. And as  
2           somebody who recently came out of medical  
3           school, rotating different services and  
4           different hospitals, oh, it's so, so rare.

5                       Finally, I know a lot of factors  
6           are going into this decision, financial ones.  
7           I want to stress the closing of Memorial and  
8           the birthing center will be an unqualified loss  
9           to the community.

10                      That being said, I think that in  
11           terms of how, trying to preserve the best  
12           aspects, think about empowering family  
13           residents and faculty in the places where we  
14           will be going. I don't know what role the  
15           Department of Health may have with that. I  
16           think that's going to be very important for  
17           family medicine for primary care and maternity  
18           care for the State of Rhode Island. I know  
19           less about this but access to nursing. I know  
20           the nursing is really unparalleled, and I hope  
21           there is a way we can try to move forward with  
22           that, if we are forced to go with this change.

23                      MS. NOVAIS: Ashley Lakin and  
24           Saira Imran and Michael Chen.

1 MS. GENDRON: Lisa Gendron. I'm  
2 reading comments at the request of Dr. Ashley  
3 Lakin, Quinn Alternative Health Fellow,  
4 assistant professor of family medicine at  
5 Alfred Medical at Brown University, a East Bay  
6 Family Health physician and physician at  
7 Memorial Hospital of Rhode Island. This is  
8 from Dr. Ashley Lakin. I birth at Memorial  
9 Hospital because I am Memorial. That labor  
10 unit mirrors and reflects back to me my values  
11 as a human, as a woman, as a clinician, an  
12 advocate for families and now as a mother.

13 The experience that I have had  
14 there expands the breath of human experience.  
15 The triumphs and relations of birth, the  
16 profound and consuming sadness at the death of  
17 child. To shut it down is to shut me down. It  
18 is to sweep under the rug those families, those  
19 hours, those moments of sheer panic, profound  
20 pain of life, of healing, of redemption, of  
21 miracle, of the creation of family, mine  
22 included.

23 I birth at Memorial because I  
24 know I am safe there. Safe from the

1 non-indicated and harmful interventions, safe  
2 to trust in my inherent ability to birth, safe  
3 to follow the suggestion of my care team and  
4 the knowledge and skills of my physician, safe  
5 to open myself up to the vulnerability that is  
6 birthing and becomes breast feeding and  
7 motherhood.

8 I birth at Memorial because I  
9 have seen the incredible teamwork of those  
10 nurses and physicians in action, and I know  
11 that there's not better care available in an  
12 emergency. I birth at Memorial because it is  
13 thoughtful because women and child are the  
14 center of health, and I can trust the  
15 recommendations and standards of care were  
16 created with me and my baby in mind and  
17 well-rounded in evidence.

18 I birth at Memorial because that  
19 small, sacred birthing center and those who  
20 keep it going, those who choose to invest their  
21 time do so because they love and trust and  
22 respect the work of birth and the women who do  
23 it. Attending to the women as a birth is a  
24 privilege I hope to never take for granted.

1 Working with my colleagues at the birthing  
2 center encourages, fosters this attitude. It  
3 fosters an environment of collaboration, of  
4 joy, of service, of gratitude. Who would not  
5 want to bring a baby into a world in this  
6 environment? The birthing center is the heart  
7 of Memorial. It is the best that medicine and  
8 health care has to offer. Service, humility,  
9 collaboration, evidence, skill and love.

10 I am glad that the Department of  
11 Health has created a forum in which we can all  
12 hear these stories, most of them love stories;  
13 but these are stories -- there are stories  
14 missing. There are the women and families  
15 unable to attend these hearings. There are  
16 stories of loss, of heart break. It is with  
17 these stories in mind I request the  
18 scrutinization of the recent usage of the term  
19 safety. There is not now nor has there ever  
20 been evidence in the medical literature that  
21 suggests for a certain number of births per  
22 year guarantees that the institution is able to  
23 guarantee safety and child birth nor that even  
24 the hospital setting provides optimal safety

1           for all mothers. Those of us who do this work  
2           know, if we do it long enough, that we will be  
3           brought to the needs by the limitations of your  
4           training and our knowledge.

5                        Let us not undermine the  
6           knowledge and comments of the families who have  
7           chosen to birth in the community by throwing  
8           that language around recklessly. We can always  
9           do better. We can all do better. We owe it to  
10          the women and families we have the privilege of  
11          serving. This is an edited version.

12                       MS. IMRAN: Good evening. My  
13          name is Sarah Imram, I-M-R-A-N. I'm a intern,  
14          a resident at Memorial Hospital. And I'm  
15          speaking on behalf of my colleagues who are  
16          present here. I am an outsider of this  
17          community. I'm somebody who has come from  
18          Pakistan. In these last two years I have  
19          basically learned that this is a community  
20          which has been underserved, has a lot of health  
21          needs and needs follow-up. Internal medicine  
22          is done a little. We are not involved in the  
23          birthing center. But we are involved in our  
24          patients receiving out care; and then when we

1 are admitted inpatient, we get to take care of  
2 them. And there's this wonderful community of  
3 care.

4 One of my colleagues recently was  
5 involved in providing blood pressure cuffs to  
6 the community as part of a project that we are  
7 conducting in order to get better blood  
8 pressure control in the community. These are  
9 the wonderful things we do at Memorial.

10 We don't get a chance to talk  
11 about them publicly up until now. But just so  
12 that everybody knows, we have done all of this.  
13 We will continue to do all of this. We are  
14 committed to providing health care to the  
15 patients of Pawtucket.

16 DR. CHEN-ILLAMOS: My name is  
17 Dr. Michael Chen, C-H-E-N, Illamos,  
18 I-L-L-A-M-O-S. My background is that I'm a  
19 family medicine resident. I'm in my third  
20 year. I graduated from Brown University from  
21 undergraduate and Brown Medical School. I  
22 completed and I stayed along for Brown Family  
23 Medicine here. So, I have been here for a long  
24 time. I'm going to preface this in a very

1 different way, and I'm not going to repeat the  
2 information that has been said over on how  
3 wonderful and how excellent the things that we  
4 do at the birthing center at Memorial Hospital.  
5 I'm going to give you the take on my spin.

6 If we are talking about money  
7 here and about, you know, there's not enough  
8 numbers and not enough funding; but if you're  
9 going to extrapolate these things to how I came  
10 here today, I'm going to tell you a couple of  
11 learning points.

12 So, I came from Brooklyn, New  
13 York, by Trinidadian parents. And the reality  
14 behind it is that we didn't have the money in  
15 Brooklyn. Family never went to college. I  
16 didn't have money, and I ended up having to go  
17 through a means, needs and apply for  
18 scholarships and find means to get myself here;  
19 and if we apply the same needs and lack of  
20 needs or lack of numbers for Memorial Hospital,  
21 then so close it. Or if you are willing to  
22 invest something and put the money into the  
23 community in a way that it's going to hurt  
24 people but it will benefit people in the long

1 run, you do it.

2 I take on the debts and the loans  
3 and I stand good today doing what I love to do.  
4 I take care of people that have low income that  
5 may look like me because there are not enough  
6 of me in the medical profession; and if there  
7 were numbers to do that, then I should have not  
8 have gone to medical school. I should have not  
9 have gone to college and I certainly should  
10 have not have become a doctor. But I did those  
11 and committed to it. My commitment, I just  
12 wish that the Department of Health and the  
13 State of Rhode Island will see that this  
14 commitment to Memorial and this community is  
15 just as strong.

16 The background, I will make it  
17 public knowledge. My first year as an intern,  
18 I was diagnosed with testicular cancer in the  
19 Emergency Department at Memorial hospital. I  
20 was operated on within 24 hours by one of the  
21 best urologists at Memorial. I got my  
22 follow-up, I got my imaging done, my surgery,  
23 all at Memorial Hospital. I could go to  
24 Miriam. I could go to Lifespan. I could go to

1 any hospital I wanted to go. I trusted the  
2 team of doctors here to take care of me because  
3 I see how well they trust and take care of the  
4 patients I take care of.

5 If there's any testament to that,  
6 I'm still doing my follow-up and blood work and  
7 everything at this hospital, because I know I  
8 am sending my patients someplace that I  
9 received my treatment. And the reality behind  
10 this is that there are beautiful, bigger places  
11 and institutions everywhere.

12 Take a look at it. If somebody  
13 invited you over to dinner at their house, you  
14 had two offers, one on subsidized housing and  
15 one living out in East Greenwich, where would  
16 you go? You would go to East Greenwich. You  
17 want a nice meal.

18 But the reality behind it, it's  
19 the same dynamics working with this. Instead  
20 of putting into an institution, you are taking  
21 away from an institution. That is not how you  
22 build society. You put the investments in it  
23 and you work with the communities that you  
24 have. You don't take poor people, underserved

1 people, people of color, move them out of a  
2 community and tell them to go to a bigger  
3 institution where you're going to receive this  
4 care. I'm not saying one institution is better  
5 than the other, but I'm saying Memorial is  
6 doing damn well.

7 This residency program will  
8 continue to lose residents that look like me.  
9 You will get excellent residents, but they may  
10 not be gay. They may not be people of color,  
11 and they may not come from low-economic  
12 background and certainly not be Trinidadian  
13 either. And I will tell you because the reason  
14 they are not going to come here, they are not  
15 going to be in the hospital in the community  
16 that they came from. That's an example right  
17 now. Because the fellowship is up in arms.

18 Why am I staying in Rhode Island?  
19 There is not an institution that's going to  
20 support my further education and training for  
21 my understanding, so I'm actually going back to  
22 New York. You're going to lose physicians. I  
23 really am so grateful for having this for  
24 opportunity to discuss this with you. I know

1 we have gone over. I certainly wouldn't have  
2 rushed over -- my colleagues and nursing staff  
3 and the nursing staff wouldn't not have rushed  
4 over if we didn't care about it. I just hope I  
5 can add a personal touch to it. Thank you so  
6 much.

7 MS. NOVAIS: Thank you. This is  
8 everyone who has registered to speak today.  
9 So, we appreciate everyone, and thank you  
10 everyone for coming out today. If there's any  
11 reporters here with questions, Joseph, who's  
12 standing at the back of the room will be able  
13 to help you. I think was the last of the  
14 scheduled meetings. Please feel free to send  
15 written comments via e-mail or post mail.  
16 Staff from the Department of Health will not be  
17 able to respond to any comments or questions  
18 about the Memorial Hospital situation; but  
19 again, thank you very much, very much for  
20 coming out.

21 (HEARING CLOSED AT 6:30 P.M.)  
22  
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 22nd day of March, 2016.

*Mary Ellen Hall*

-----  
MARY ELLEN HALL, NOTARY PUBLIC/  
CERTIFIED COURT REPORTER

DATE: MARCH 17, 2016

IN RE: MEMORIAL HOSPITAL REVERSE CON

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