In The Matter Of:

Public Hearing

Hospital Conversion Initial Applications

December 10, 2020
RHODE ISLAND OFFICE OF THE ATTORNEY GENERAL AND RHODE ISLAND DEPARTMENT OF HEALTH

PUBLIC MEETING

NOTICE OF APPLICATIONS:

HOSPITAL CONVERSION INITIAL APPLICATIONS OF CHAMBER, INC.; IVY HOLDINGS, INC.; IVY INTERMEDIATE HOLDINGS, INC.; PROSPECT MEDICAL HOLDINGS, INC.; PROSPECT EAST HOLDINGS, INC.; PROSPECT EAST HOSPITAL ADVISORY SERVICES, LLC; PROSPECT CHARTERCARE, LLC; PROSPECT CHARTERCARE SJHSRI, LLC; PROSPECT CHARTERCARE RWMC, LLC

DATE: DECEMBER 10, 2020
TIME: 5:00 P.M.
PLACE: ZOOM CONFERENCE

APPEARANCES:

Rhode Island Department of Health
Rhode Island Office of the Attorney General
Counsel to Transacting Parties
(MEETING COMMENCED AT 5:02 P.M.)

MS. WEIZENBAUM: Hello, everyone.
I'm going to start this meeting. We are a little past 5:00, and I know that there are a number of people who want to speak, so I want to get us going, try to keep us on schedule, and make sure that we have time for everybody.

So, hello. My name is Miriam Weizenbaum, and I am the chief of the civil division for the Office of Attorney General here in Rhode Island, and I'd like to -- I'd like to first welcome everybody who is here and ready to participate and thank you for, I guess I should say, coming -- with air quotes, because we're not actually together -- and also for braving this format and helping to make it work and helping to make public participation happen.

This is the joint public informational meeting of the Office of the Attorney General and the Rhode Island Department of Health regarding the proposed hospital conversion of Chamber, Incorporated, and Ivy Holding, Incorporated, owner of Prospect Medical Holdings.

At the local level, Prospect
CharterCARE, a subsidiary of Prospect Medical Holdings, owns and operates Roger Williams Medical Center and Our Lady of Fatima Hospital in Rhode Island.

Here on behalf of the attorney general's office is Attorney General Peter Neronha; the attorney general's healthcare advocate, Jessica Rider; the attorney general's insurance advocate, Maria Lenz; and, again, myself, Miriam Weizenbaum, chief of the civil division.

Tonight we will initially be hearing from the attorney general and then from the Department of Health, followed by a description of the format that we'll be following for this meeting, and then public comments.

Again, I would like to thank everybody for participating and turn it over to Attorney General Peter Neronha.

MS. RIDER: Peter, you're on mute.

MR. NERONHA: Thank you.

I feel like I've been Zooming all day, so I apologize for -- you would think that would enhance my Zoom skills, but, obviously, it has just hurt them.
Let me begin by thanking everybody for participating in this public hearing, even under these unusual circumstances. You know, it is critically important that we hear from the public as we conduct our review of the proposed transaction.

The transaction that is under review by my office and the Rhode Island Department of Health is the buyout of the corporate investor. Leonard Green and other minority shareholders collectively own approximately 60 percent of Prospect Medical Holdings by Samuel Lee, and the David & Alexa Topper Family Trust currently owning -- oh, excuse me. My Alexa here is acting up here. This only happens in the era of COVID.

-- the David & Alexa Topper Family Trust currently owning approximately 40 percent of PMH. If the proposed transaction is approved, Lee and Topper would own 100 percent of Prospect Medical Holdings.

Under the law and the Hospital Conversions Act, the State's review is to ensure the viability of a safe, accessible, and affordable health care system that is available
to all of the citizens of the state and to review whether for-profit hospitals will maintain, enhance, or disrupt the delivery of health care in the state.

We know, I know, how important this matter is to Rhode Island and particularly the communities that Fatima and Roger Williams Medical Center are serving, especially during the COVID-19 pandemic. I'm committed and my office is committed to a thorough and complete vetting of this transaction, which includes a review of the parties to the transaction. Hearing from the public tonight is a key part of that review and continuing to hear from the public is critical to the review, and I'm looking forward to hearing from all of you who are here tonight. I appreciate the opportunity to welcome everyone, and I want to thank you for your willingness to give comments and to give your perspective.

MS. WEIZENBAUM: I think with that, I will turn it over to the Department of Health.

Thank you, Attorney General Neronha.

MS. NOVAIS: I'm trying to get off mute, which I successfully did. So, thank you.
Good evening, everyone. My name is Ana Novais -- and thank you attorney general.

My name is Ana Novais. I'm currently the assistant secretary of the executive office of Health and Human Services, a position that I very recently started back in August, and then most recently I was the deputy director of the Rhode Island Department of Health.

So on behalf of the Rhode Island Department of Health, on behalf of our director, Dr. Alexander-Scott, who could not be here -- she's busy with responding to COVID at this moment, so she couldn't be here. If not, she would be here, because this is a critical and important meeting -- I wanted to acknowledge everyone. We are here to listen to everyone's observations and comments regarding this hospital conversion application that is before both the department of attorney general and the Rhode Island Department of Health.

I would also like to let you know that the following members of the RIDOT team are in attendance: We have Director Powell, Sandra Powell, our associate director of health; Jackie Kelley, legal counsel; Mike Dexter, the chief of
the center that's processing the application; and Fernanda Lopes, the chief of the office that's processing, also, the application along with Powell, Polano, and Deb Brown. As you can see, a large team that, in alignment and in partnership with the attorney general's team, has been working to get here today.

We're putting a lot of resources into this project, and so we want to make sure that it is evident how much of a priority this review is and how much we are looking forward to hearing from all of you so that we can be the most informed in making these important decisions.

Fernanda Lopes will commence with the public comments. And so I want to thank you on behalf of the department and on behalf of everyone on the team for being here today and for sharing your comments. Thank you.

MS. LOPES: Thank you, Ana.

My name is Fernanda Lopes, and I serve as the chief of the Office of Health Systems Development at the Rhode Island Department of Health. I'd like to review the framework around the administrative and
procedural processes that will be undertaken
during today's meeting.

First, I'd like to note that this
meeting is being recorded. We also have with us
a stenographer. So we should have an audio
recording and a transcript of this meeting for
the record. We have a large number in
attendance today.

As you know, this meeting is being
run virtually, and in order for it to be
conducted in an organized and an orderly manner,
I am asking that everyone please remain on mute
until it is your turn to provide comments.
Muting will help avoid any feedback and allow us
all to hear those speaking one at a time. I
really appreciate your flexibility in this
virtual environment.

As the link posted in the public
notice for this joint public meeting is a live
link, if you haven't already done so and are
interested in providing comment during today's
meeting, please sign up. Participants will be
called on to provide their public comments
according to that active list. It is important
that the person speaking during the course of
today's meeting identify themselves by name, affiliation, if any, and please spell it for the stenographer so the record is clear.

Please refrain from posting reactions or engaging in chats on Zoom.

Finally, each participant in this meeting will have up to six minutes to speak. I ask that comments provided by those speaking today please be pointed, succinct, and concise so that we have an opportunity to hear from all who have public comments to share.

If you have already submitted written comments, those are part of the record and do not need to be repeated here today. Written comments will continue to be accepted in place of or should you want to supplement your verbal comments today. We're here to listen to the public's comments. All verbal and written comments will be considered by our agencies.

And with all of that said, I will turn it over to Attorney Rocha for a brief overview of the proposed transaction. Thank you.

MS. ROCHA: Thank you, Fernanda. General Neronha and the attorney
general team, Ms. Novais, and the Department of Health team, good evening.

With Leslie Parker and Richard Beretta, we represent the transacting parties. As you've heard this evening, the reason we're here is because of a proposed change of ownership at the top of the corporate chain.

And, Fernanda, you anticipated my next request.

This is the current organizational chart. And if we scroll down to the bottom, and if you take out your magnifying glasses, you will see the two licensed Rhode Island hospitals, Roger Williams Medical Center and Our Lady of Fatima. And then if we scroll up -- thank you -- scroll up to the top of the corporate chain, you'll see the Leonard Green private equity entities with the majority ownership of approximately 60 percent, and Mr. Samuel Lee and Mr. Dave Topper, through its family trust, with approximately 30-plus percent.

May I have the next slide?

With approval from the Department of Health and the attorney general's office, we'll
have the same structure with one change: At the
top of the corporate chain, 100 percent
ownership will be with the original cofounders
of Prospect, Mr. Lee and Mr. Topper. Mr. Lee
will have approximately 66 percent ownership and
Mr. Topper, approximately 33 percent.

You may take that down. Thanks,
Fernanda.

Now, what does this transaction mean
to the two Rhode Island community hospitals? It
means that the support that Mr. Lee and
Mr. Topper have given to those hospitals since
2014 will continue; operational support,
clinical support, financial support. It means
the local leadership under Jeff Leibman will
continue. It means that the same medical staff
and other health care providers will continue to
provide quality health care. It means that
these two very important local community
hospitals will continue to provide access to
high-quality affordable care to their patient
populations, many of whom live in underserved
areas.

Now, we do want to thank the attorney
general's office and the Department of Health
for your time and efforts. We've been at this a long time. We believe the transacting parties have proved that they meet all statutory review criteria, and we look forward to an approval in the near term.

Now, before I turn it over to Jeff Leibman, because it is December 10th, let me wish everyone and their families happy holidays, and I hope that 2021 is bright for everyone in all respects.

So having said that, thank you. And, Jeff, I'm going to turn it over to you.

MR. LEIBMAN: Thank you, Pat. Can everybody hear me? Can you hear me, folks? Anybody?

MS. LOPES: Yes.

MR. LEIBMAN: Okay. Great. Thank you.

Thank you for giving me some time tonight to say a few comments before we get into the meeting. And, obviously, Pat Rocha's done a great job for an introduction.

Let me say that what we're dealing here tonight -- or I should mention that this is an essential community health care system. If
you look just at the recent pandemic of COVID and give you a quick update, we have treated over 800 inpatient COVID patients with spectacular outcomes, that really the credit belongs to our dedicated physicians, nurses, and staff members here.

We have continued to invest so that there's always 90 days of PPE supplies on-site, lots of ventilators, and we do have available ICU beds. We have always been able to take care of these patients on our campuses without having to go towards a field hospital solution or transferring patients out.

This is the core of what we do. We feel we actually deal with two pandemics: One -- the one I'm discussing -- is COVID. The other is our huge investment in the behavioral health pandemic that occurs in this state. That's not a topic for tonight, though, but we can mention it at another time.

Let me ask you to reflect on where these hospitals were before Prospect got involved. These hospitals were on the verge of closing. I wasn't here then, but it's easy to look back and see they had no cash, they were
losing caregivers, and they had a decaying physical plant. Prospect literally saved these institutions. Sam Lee and Dave Topper are the ones that led the charge. They brought outside financing to the situation. They brought -- helped bring new management systems. And without those, we would not have seen improved performance across the board. And that has led to transformational change. Where we are today is in a much stronger position, in fact, a very strong position.

Let me give you a few examples. I don't have enough time to give all the examples 'cause we only have six minutes. But Roger Williams now has the newest emergency room in the state; state-of-the-art modern equipment, better than any other institution has right now. We have the only Level IV inpatient addiction medicine program, and we have the only inpatient bone marrow therapy program in the state that we continue to support.

Turning to Our Lady of Fatima and giving you another -- a few more examples, we have the largest number of inpatient behavioral health beds for any acute care hospital with an
active emergency room. We have a huge investment there with over 70 licensed beds there. We also have invested in the North Providence community and South Providence with other programs from Our Lady of Fatima, including a Suboxone center, as well as a dental residency training program that has a huge benefit for the children and the adults in South Providence. We don't make money off of those programs, I assure you. When it comes to Suboxone and dental residency, we do that because that is part of our core mission.

These are now financially sound institutions. We have a large number of loyal doctors, some of whom you'll hear from tonight, and we've greatly improved our infrastructure; new emergency rooms, new pharmacies, new fire alarm systems, new entryways to the hospital. All this was done because Sam Lee and David Topper helped bring outside funding, funding from outside the state, to us so that we could do a better job.

We've also expanded our access to care. When you look at certain areas, primary care, behavioral health services, emergency
services, those are the keys for creating a solid statewide health care system that we've been investing in. Other additional investments have been graduate medical education, where we trained 70 residents and fellows. And we have a unique community position in many ways. I'll just give you two examples: One is we're the only hospital in North Providence, and that's a very, very important community to the state, and we continue to treat many socioeconomically challenged citizens. That has always been the policy for over a 100-year history for each one of these hospitals. That has not changed.

When we look forward, we will continue on an annual basis to make multimillion dollar investments in infrastructure and program development. One good example is, within the next 30 days, we'll be opening the only behavioral health emergency department in the state at Roger Williams. This will be a unique program and one that will be dedicated towards, again, that other pandemic that a lot of people don't talk about.

We're also in the process of recruiting more doctors to the state of Rhode
Island, especially, and again, those essential services that have been identified by both us and the Department of Health, such as primary care, behavioral health, and emergency room doctors.

Again, thank you so much for giving me your few minutes to speak tonight, and I appreciate it.

MS. LOPES: Thank you, Mr. Leibman. I would like to call upon Mayor Polisena, please.

MS. ROCHA: Mayor, you're on mute.
MR. POLISENA: How's that?
MS. ROCHA: Better.
MR. POLISENA: Sorry about that.

First of all, I want to say hello to everybody and happy holidays to everybody in these unprecedented times.

I've been asked to say some words tonight, and I just want to say, for those of you who don't know who I am, I've been the mayor of Johnston since 2007. I've also served in the Rhode Island State Senate. I was elected there for 12 years. And I was a firefighter -- proud to say I was a firefighter for 22 years. 18 of
those 22 years, I served as the -- on rescue as a rescue coordinator, so we made numerous trips to Fatima Hospital -- well, back then, St. Joe's, and then, of course, when Fatima went to an emergency room, we transported patients in there. And I'm also a licensed registered nurse -- have been since 1985 -- as well as an EMT cardiac technician, and I teach the EMT program. Now, I'm not looking for a job. It's not a résumé, but I just want to give you a background of -- I think I speak from a position of strength, so to speak.

So Fatima Hospital has also been there for the residents of my town, always, and I started in this business since 1974. They have always -- I repeat -- always been there for my community regardless -- now, that's regardless of their ability to pay.

They've been a partner to our fire and rescue personnel when it comes to training. We were the only fire department that started the endotracheal intubation program via Fatima Hospital in their operating room. They took, obviously, our firefighters in, which I thought was great. They're always ready, willing, and
able to help the EMS community. They're one of the few institutions who actually reached out to our community to see if there's anything they can do for our citizens, as well as our EMS personnel. As mayor of the town of Johnston, I, along with the fire department and rescue, have never -- I repeat -- never, ever been refused anything from, obviously, Fatima Hospital.

Their ER docs are very active in reaching out to the community. They do a lot of good for a lot of people, let me say that. As a registered nurse, I can tell you that their care is exceptional, exceptional. I can speak from experience as a nurse. I will tell you that they have the best -- the best nurses in the state. Those nurses are unbelievable.

I can tell you also from a position of experience, my son was admitted several times into Fatima Hospital and spent some time on the floor, and he had exceptional nursing care. The staff is just unbelievable. I'm so impressed with the nursing staff there. Just two weeks ago my wife was in the emergency room and was treated for a fracture. She had fallen down outside and broke her leg, and she got -- once
again, she's also a nurse. She got exceptional care. It was unbelievable.

As I said -- I have to repeat myself in closing that their nurses and ancillary staff are simply phenomenal. Their care, compassion, and their professional medical knowledge just makes the -- obviously Fatima the best place to be, and Roger Williams also. Obviously, I've dealt with Roger Williams. You know, there's no need to travel to Boston for care, not when you have Fatima and Roger Williams right in Rhode Island.

So, once again, in closing, I want to say that if any one of my residents need anything from -- whether it's Fatima or whether it's Roger Williams, they'd get the care that they need. And as I said, it's a great institution.

So I want to thank you for listening, and, of course, please all have a safe holiday. And I don't know if there's any questions to be asked, but if you have any questions, I'd be glad to answer them. As you can tell, I'm not shy when it comes to answering questions. Thank you.
MS. LOPES: Thank you, Mayor.

I'd like to call on Dr. Steven Katz next, please.

DR. KATZ: Thank you for the opportunity to speak this evening.

I'm Dr. Steven Katz. I'm a surgical oncologist and immunotherapy researcher working out of Roger Williams. I'm going to share with you some things about Roger Williams, CharterCARE, and Prospect that some of you may not know.

First, I'll give you a little bit of background as to who I am. I trained at NYU and then Sloan Kettering. I moved to Rhode Island in 2009 to begin my career at Roger Williams, and I've been here ever since. I'm currently the leader of the Immuno-Oncology Institute at Roger Williams. I serve on multiple scientific editorial boards. I'm an examiner for the American Board of Surgery in the field of surgical oncology.

Over the past 11 years, the time that I've been at Roger Williams, we have done things at our small hospital in Rhode Island that most would never have imagined possible. Our
immunotherapy program has been cutting-edge and has brought patients and companies from around the country and around the world to work with us and to get their care at Roger Williams in our state.

Immunotherapy or using our immune systems to treat cancer has become incredibly important to cancer care. It's at the cutting edge. And we've witnessed advances and remarkable benefits to our patients that we never would've thought possible in our lifetimes. When I began my training, Stage IV melanoma, for example, was a death sentence, and now we're curing patients using the power of immunotherapy.

Our program at Roger Williams is focused on more difficult-to-treat tumors that grow in the liver and pancreas. It is through the tremendous support that Sam Lee, Dave Topper, Prospect, CharterCARE, and Roger Williams have provided to this program that have allowed us to make great strides and that have brought patients from Rhode Island and from across the world and have attracted biotech and pharmaceutical companies to work with us and
make investments in our state and, above all else, have allowed us to develop new therapeutic approaches that will one day hopefully save many lives.

When Prospect came to Rhode Island, it was immediately clear to me that they were committed to our immunotherapy research program and to developing new treatments for cancer patients in desperate need. Prospect has invested millions of dollars in maintaining a world-class team of scientists, technicians, and support staff that allow this critical research to take place at Roger Williams. Prospect has invested heavily in research equipment and infrastructure to allow our work to be done at the highest level and to attract the companies to come to our state and make the investments. We have invented new immunotherapies. We have invented new treatment methods. Companies, like Takeda, a top-10 global pharmaceutical company, have partnered with us. And, again, none of this would’ve been possible without a substantial commitment and investment from Sam Lee and Dave Topper.

Patients have come to Rhode Island to
receive care at Roger Williams from China, from India, from Australia, from the United Kingdom, and from across the U.S. We have brought in funding from the NIH, other public sources, and private sources in excess of $12 million. All of this was made possible by a substantial commitment and investment in research, training, and education.

I have gotten to know Sam Lee, Dave Topper, and others in Prospect very well. They are very sincere about developing new cancer treatments and bettering the life of the patients that come through the Prospect system and well beyond. Recently, Prospect committed $1.4 million to our Rhode Island Innovation Campus bond program. This investment in immunotherapy is substantial, and they will, in fact, invest much more than this over the five-year program period to help build a new cell manufacturing facility on the Roger Williams campus. This will also support the bone marrow transplant program that Jeff mentioned.

The nursing training program that we're going to conduct with URI as part of the
innovation campus bond program will train the next generation of immunotherapy experts. We're also collaborating with Dr. David Rowley's lab at URI developing new cutting-edge treatments with them. This program is not only going to hopefully lead to new cancer therapies, but will create new jobs, bring additional companies into the state, and hopefully create remarkable and meaningful benefit for patients in need. We've had the privilege of working with the governor, the secretary of commerce, and all of commerce in creating this remarkable program, and I'm so excited about the impact it will have on our state for years to come.

I couldn't be prouder of what we've accomplished at Roger Williams thus far and what lies ahead, and I couldn't be more grateful for the tremendous support that Sam and Dave have provided and all that Prospect has provided as well.

Based upon the substantial commitment to date and what's coming down the road, we believe the immunotherapy program at Roger Williams is going to grow even more, and we look forward to attracting more biotech and
pharmaceutical partners into our state, creating more jobs and bringing patients from around the world, and above all else, we look forward to advancing immunotherapy science and medicine to help patients in need of better treatment options.

So thank you for your time, and happy holidays to everybody.

MS. LOPES: Thank you, Dr. Katz.

Dr. Joseph Espat, please.

DR. ESPAT: Hi. Good evening. Happy holidays, everyone. Hopefully you can hear me.

My name is Joseph Espat. I'm the chairman of surgery, the chief of the division of surgical oncology, and the director of the cancer center here at Roger Williams. A couple words I just want to say.

In the six years that we have been owned by Prospect, we have had a tremendous amount of investment from Prospect, and particularly the attention of Sam Lee and David Topper. In those six years, we've been able to assemble a world-class team of cancer surgeons. I, too, am a Sloan Kettering graduate. We have assembled a world-class team of surgeons, and
we -- I was actually recruited so that we could be one of the two hospitals in Rhode Island that is actually certified by the Rhode Island Department of Health to do pancreatic and esophageal surgery. I don't know that a lot of people know that, but only two hospitals in this entire state are able to be certified to do that tertiary type of surgery, and we are one of them.

In addition to our cancer prowess, which my colleague, Dr. Katz, mentioned quite succinctly, we also have tremendous history at having some of the most experienced and best outcomes in bariatric surgery. One of the most experienced bariatric surgeons in the state, probably the East Coast, Dr. Pohl, heads up our bariatric surgical group. And Dr. Mariorenzi heads up one of the best established, best outcomes -- nationally recognized in outcomes in orthopedic surgery.

Just a couple of words about our cancer center. We do have the privilege of serving a significantly underrepresented population, both in demographics and in age. We have very specific outcomes programs and
clinical programs that are directed at geriatric oncology, as well as underrepresented populations. Several of us are multilingual. I'm half Hispanic, and Dr. Calvino is also Hispanic, so we are able to communicate with our patients directly, which is something very necessary in the neighborhoods that we live here in Roger Williams and in Fatima.

I think the most important thing about our cancer center is that we would not have been able to accomplish the level that we have to date -- and by the way, that level is we are the only comprehensive community cancer center in the state, and we have been with commendation for three consecutive cycles, which is six years from the American College of Surgeons. That is just unparalleled in our state, and in the East Coast, very uncommon, except in some of the major cities.

So we could've done none of this with the cutting-edge equipment, with the modern equipment that we have, the modern training, the best personnel if Sam Lee and David Topper hadn't supported us. So I want to say thank you to them for the opportunities to put these
programs in place here in Rhode Island.
And those are my only comments.

Thank you very much.

MS. LOPES: Thank you, Doctor.
Max Wistow, please.
Please unmute.

MR. WISTOW: I keep getting distracted. I see an old man at the top of the screen. It looks just like my father, and it's very difficult to concentrate.

Let me say first that we continue to object to the participation of Pat Rocha. I'm not going to go into a whole to-do about it. We've received permission from Judge Stern in the superior court to petition the supreme court for certiorari. We're going to be doing that in the next couple of days. I don't want to get involved in that. I don't think you want to hear it. I just want to make clear there's no waiver here by our not objecting to her participation.

The second thing that I want to say is, the various comments about how important these hospitals are to the community is something I don't contest at all. Let me
explain, by the way, for those of you who don't know what I'm doing here and who I represent.

The owner of at least 15 percent of these two hospitals is a liquidating receiver, Thomas Hemmendinger. I'm not sure if he's on the Zoom or not. I have his permission to speak for him as a part owner of these hospitals. I also speak as a member of the public who wants to see these hospitals preserved.

We have no quarrel with these hospitals whatever. We keep hearing about the Lee and Topper investments in these hospitals. Lee and Topper have invested nothing in these hospitals. They have borrowed billions of dollars, along with Leonard Green, and taken and put in their own pocket hundreds of millions of dollars of those dividends, taking Prospect Medical hospitals as a whole from a position of solvency to a position of insolvency. I'm not going to get into any details about this. I've sent a 33-page letter to the Department of Health and the attorney general's office. Everything I've said in there is substantiable.

I do hope, because this is so technical, that somebody will pay attention not
to the issue of are these good hospitals, but to the issue of what are you going to do to these hospitals. Does anybody understand? What is this transaction supposed to accomplish? Why is that good for the state, for Lee and Topper to end up with 100 percent ownership? Why are they able to get 100 percent ownership and buy 60 percent from Leonard Green, 60 percent of all the other hospitals for $12 million? That question has never been answered.

Let me say that we have obtained from the attorney general, through APRA, certain documents that are not available to the public that are part of this application, supplemental questions. Some of the responses that have been made by the applicants -- one of whom, by the way, is Prospect CharterCARE. And you're going to hear from the representatives of four of the boards of -- members of the board of directors about that in a few moments, Mr. Oliverio.

Some of the answers that were given to the attorney general, as far as I'm concerned, are absolutely insulting. For example -- and I refer the attorney general to this. I know many of you are unfamiliar with
what I'm talking about. In many of the supplemental questions, for example, S-315, which is asking for a calculation of how the dividends were obtained -- these are hundreds of millions of dollars. And the answer is, in effect -- take a look at S-315 -- none of your business.

Also, the materials I've been able to obtain from the attorney general's office have massive redactions of matters that are supposed to be, quote, confidential relating to these things. If the attorney general and the Department of Health want to take the solo responsibility and keep secret some of these considerations and run the risk that we are seriously afraid of, that this is a method for Lee and Topper to continue to use these hospitals as their private piggy banks. The hospitals have benefited over these years, but they've benefited through borrowings that -- the day is going to come when payments have to be made.

Now, I'm going to get off of that. And I've got so little time here for something that's so important. It's really, on some
level -- forgive me for saying this -- ridiculous that we're talking about something this important, and I've got six minutes to speak.

I intend to follow up before the January 15th deadline with a massive amount of new information we've gotten of why Lee and Topper are predators. As much as they've convinced some of these doctors that the hospital's improved, which apparently it has, it's done so at the expense of the overall indebtedness of the whole system and to the benefit of these two people for hundreds of millions of dollars. In 1918 [sic], those two individuals took out in dividends nearly $200 million to put in their pocket. That's not with any regard to Leonard Green.

Now, the predecessor of the current attorney general really -- and the public were taken for a ride in various respects back in 2014. I'm not going to get into them. We don't have time. They're referred to in detail in our 33-page letter and in some of the lawsuits we've brought.

But I do want to say that we're --
the -- CharterCARE Health Partners, which is now called CharterCARE Community Board, is controlled and operated by Thomas Hemmendinger. He appointed four out of the eight directors of that applicant, four out of the eight. And in 2014 -- I want to quote you what the application for the HCA said. It said, and I quote from the applicant's word -- it said that the board of directors -- Prospect CharterCARE, LLC's board of directors will be structured as follows: Eight members. 50 percent of its members will be appointed by PMH, Prospect Medical Holdings, and 50 percent of its members will be appointed by CharterCARE Health Partners. That's Thomas Hemmendinger's entity now that's under the supervision of the court. The purpose of the structure is to ensure a strong local presence admission. The board of directors will include at least one physician representative.

On February 11, 2014, Kenneth Belcher, who was a representative of the old companies, talked about the board being set up so that there was, and I quote -- it's to the Department of Health's project review committee -- and I quote, Ideally a joint
venture where we would have, the old hospitals, a high percentage of local control, Rhode Island-based local control. And Thomas Reardon, who was the president of Prospect East, the acquirer, said, We are really committed to the idea of local control and local input.

On May 12th, The Providence Journal -- this is part of the propaganda that these people have put forward and have absolutely gotten past any reasonable detailed inquiry of what these people are up to. All we hear is generalities about how these hospitals are so important. One of the things that they convinced the public -- because this was controversial --

MS. RIDER: Mr. Wistow --

MR. WISTOW: Yes.

MS. RIDER: -- I don't want -- I don't want to --

MR. WISTOW: May I have three minutes, please?

MS. RIDER: Sure. I will -- I just wanted to give a little warning, but we'll let you finish up your comments. Thank you.

MR. WISTOW: Okay. I'm trying to be
very -- you do realize how important this is, obviously, and to allow six minutes...

On May 12th, The Providence Journal published an op-ed, coauthored by Belcher from the old hospitals and Reardon from the new, and it said, flat-out, In the face of all the controversy about an out-of-state profit-making company coming here, we are pleased that our proposal will assure preservation of local governance as our joint venture board will have equal representation from CharterCARE and Prospect with a local board with real veto powers.

And on May 13th -- I won't read it. I ask you, please, to read the public statements made on May 13th to the Department of Health's project where they talk about the fifty-fifty. And I want to say what your office wrote on May 16th. They wrote, Prospect CharterCARE -- this is in your decision -- Prospect CharterCARE would operate under a fifty-fifty board composition, which will permit CCHP, the old hospital situation, to attain a significant degree of control in the ongoing ownership and governance of Prospect CharterCARE to ensure the
continuance of its local mission. Same from the Department of Health's decision on May 19th. Please read that.

I, now, at some point, would like you to hear from Matt Oliverio, who represents four of the present members of the board of Prospect CharterCARE, to tell you how completely those promises and those conditions have been violated, and I would ask -- I don't know the order here. But Mr. Oliverio, if you would allow him to speak, will tell you exactly what Prospect, what Lee and Topper have been doing to prevent the local control that they promised and which was a condition. I'm asking you, please, to allow Mr. Oliverio to speak now.

MS. LOPES: Thank you, Mr. Wistow. And, again, to repeat, the entirety of the testimony will be part of the record if you submit it in writing as well.

And the next person I would like to call up is Matthew Oliverio.

MR. WISTOW: Thank you.

MS. LOPES: Thank you.

MR. OLIVERIO: Good evening, everyone. My name is Matthew Oliverio, and for
the record, that's O-l-i-v-e-r-i-o. And Mr. Wistow is a tough act to follow.

So I do represent -- I was recently retained to represent half of the board of Prospect CharterCARE, the Category A directors, and they are local individuals who were appointed by Mr. Hemmendinger as the liquidating receiver for CCP, and they are William Lynch, James Aceto, James Riley, and Dr. Marc Weinberg of Roger Williams Hospital.

And my presentation is just to put certainly the attorney general and the Department of Health on notice that since their appointment on July 22nd of this year, and after filling out the various conflict of interest forms, acknowledging confidentiality obligations as board members, my clients have attempted, on numerous occasions, to convene meetings, board meetings, request information to which they're entitled, board minutes, financial information, all in connection with an -- in part, this very proposed transaction.

As Mr. Wistow indicated, back in 2014, that whole category of directors were created to have that local presence in the
community, and Mr. Hemmendinger appointed them -- these directors last summer. And there have been attempts to meet and obtain information, and, candidly, they've been frozen out of the process. They don't have the information to make informed decisions about this application or any other business related to Prospect CharterCARE. Now, I think that should very much concern the attorney general and members of the public. How can you have a transaction go forward where there is an orchestrated attempt, at least from everything that I've seen, to freeze out half of the board of directors, and in particular, the local directors? And that issue will be taken up, and it may have to be taken up in court.

So I'm not going to get into the details, but I will tell you, from what I have seen from the public record and also public reportings about the ownership at the top -- and I don't know if any of that is true. But certainly, as board members, they ought to have that information to evaluate that information. There are allegations that under the 2014 agreement -- operating agreement, that Prospect
has failed to meet many of its obligations. But my clients need to look into that. They need to be participants with the Category B directors, who seem to be calling the shots.

And so, you know, that's the extent of my comments. At this juncture, without being able to participate as equal members of the boards, they must object to this transaction. And so we'll follow the process that we need to follow, but I wanted to bring that to the attention -- to the attorney general's attention and the public's attention. Thank you.

MS. LOPES: Thank you.

Peter Rotelli, please.

MR. ROTELLI: My name is Peter Rotelli. I've been practicing law in Rhode Island for 42 years. Apparently I look like Max Wistow's father. He's an old friend of mine.

Hi, Max.

Look, I've been -- I've been a patient at Fatima. I've been a patient at Rogers Williams. Total hip replacements, kidney stones. My father was the head of urology at Fatima for many years. I know the Mariorenzis
and many people on this call.

    Thank you, Peter Neronha -- I know
you're not feeling well, but -- for attending
and all that are attending, and I hope you have
a nice holiday.

    I would only say this: I know
Mr. Lee, and I know his kids. I also am on the
board of AccessPoint Rhode Island, and
CharterCARE has been a partner with us. We --
we provide services to developmentally disabled
children and adults in Rhode Island on a large
level. Not a lot of people know who we are, but
that's okay. I've raised a lot of money for
them, and they've been a great partner of ours.
So they're a community partner and leader, and
the care and the physicians that I know that are
associated with this are all in support.

    And I totally understand Mr. Wistow's
position. He is a great litigator and one of
the great Rhode Island icons in the legal field,
and I respect him tremendously.

    So I only say this: Use your best
judgment. In my opinion, these are great
people, and if they're borrowing money to do
whatever they say they're going to do, they're
on the hook for it. So, ultimately, it comes back to them.

You know, Fatima and Roger Williams have come up in the world so far from when my dad was practicing there back in the '50s and '60s. They are tremendous facilities for Rhode Island, and I would not go to -- I'm --

(Zoom technical difficulties.)

MR. ROTELLI: Okay. Thank you.

MS. POWELL: Sorry. Please continue. We removed them.

MR. ROTELLI: No. I'm -- I mean, sometimes, on these Zoom meetings, you get cut off.

But I think they've done a great job for Rhode Island, and I've been around a long time. Yeah, I respect everyone's opinion, but, you know, everyone will have their say. Thank you.

(Zoom technical difficulties.)

MR. ROTELLI: Thank you.

MS. POWELL: I would say it looks like we have a few uninvited attendees. We will try to remove them from the call as much as is possible, and hopefully we can finish the
meeting successfully. We'll keep trying to do that.

MR. ROTELLI: I'm all set. Thank you.

MS. NOVAIS: We can stop screen sharing for everyone and have that being only for the host.

MS. LOPES: Yes. I just did that.

MS. NOVAIS: And you can mute everybody too.

MS. POWELL: Let me just add one thing: So what we did is we muted everybody. Fernanda, I will unmute each person who's going to speak, and then what we'll do is we'll cut off the comments as well. So we'll keep working on that. So, Fernanda, if you say the name of the next person, we will unmute that person who's going to speak.

MS. LOPES: Thank you. And I just changed what participants are allowed to do, so hopefully that will help.

MS. POWELL: Okay. That's great. And maybe we can shut down the chat. We'll work on that.

MS. LOPES: Yeah. All right.
So the next person to speak is Dr. Colagiovanni.

MS. POWELL: And, Doctor, I hope you are able to unmute.

DR. COLAGIOVANNI: I'm not able to unmute.

MS. POWELL: We can hear you.

MS. LOPES: Nope, not anymore. It was muted again. Sorry.

MS. POWELL: Doctor, you have to unmute yourself. I've given you the permission.

DR. COLAGIOVANNI: Can you hear me?

MS. LOPES: Yes.

DR. COLAGIOVANNI: You can hear me?

Okay. Great. Thank you.

I'd like to introduce myself. My name is Dr. Steve Colagiovanni. I'm a physician. I was born at St. Joe's Providence. I worked at St. Joe's Fatima in high school, transporting patients. When I finished my residency, I came to Fatima and have been practicing here since 1994.

And what I have seen Prospect do to raise the quality at Fatima and Roger Williams is amazing and makes me very proud. Fatima was
always a hospital -- it was a family. We would have parents and children working here together, and it was something that, you know, patients and -- were able to benefit from the employees having a ton of pride and feeling of family here.

As the economy got bad and the hospitals began to fail, morale began to suffer, and Fatima and Roger Williams were in dire straits. Were it not for Prospect coming in and saving the hospitals, we would be closed like Pawtucket Memorial.

I met Mr. Topper back when he first came through for his first passthrough to Rhode Island, and I was the first physician that he met. And when I met him, his first words to me were -- their mantra is "Happy patients, happy doctors," and that they understand that if they don't work to make our patients satisfied and the doctors be able to provide the quality of care that they want to, that they'll have empty buildings. And so far, he's done a pretty good job with this, and I was impressed to hear that from someone who was in the business of -- health care from a business side.
Since Prospect has come on, they've invested in hiring physicians and buying equipment and making this a better hospital. They've invested in our IPA, our independent practice association, which they've done things to raise the overall level of health in the state of Rhode Island. The quality metrics for care for patients in the Medicare and Medicaid group for the Prospect IPA are outstanding. Our numbers have gotten better. They have done initiatives to keep patients out of the hospital.

Instead of looking at it from a pure profit point of view of having people admitted to the hospital repetitively, their motto and their method is to try to, you know, manage health and make patients better. They do assorted things to try to keep chronic diseases -- patients who have heart failure, patients who have severe COPD -- out of the hospital, and some of the thinking outside of the box initiatives, such as having the patients weigh themselves on a daily basis, and if we see patients gaining weight, dispatch someone out there to give them a diuretic to keep these
heart failure patients from bouncing in, that saves -- it saves money, it saves admissions, and it's much better care for the patients. And the commitment of the infrastructure that they have brought to Rhode Island to set up this IPA is something that is not present anywhere else.

I'm a urologist, and they've added two docs to our practice, myself and my partner, Dr. Olsson. At the same time that we were adding to, Brown University and Lifespan lost six. One was due to retirement, and five packed up and left because of practicing in Rhode Island. It's very hard to recruit doctors to come to Rhode Island, but we were able to get fellowship-trained, well-trained docs to want to come and work here at CharterCARE, at Fatima, and at Roger Williams.

I am proud to be a doctor here. I am proud to work here and have my patients taken care of by some of the best nurses, the best technicians. Everyone here has a ton of pride in what we do, and I'm very thankful -- everyone is stressed with what's going on with COVID. To see everyone chip in, to see our staff, our ESD staff trying hard -- it's a quality place. And
if it were not for Prospect coming in and saving this hospital, Roger Williams and Fatima would be shuttered just like at Pawtucket Memorial. And this has allowed us to grow the services that we provide to the people in Rhode Island, and I'm -- I'm proud and happy to be here, and I'm thankful for what they've allowed us to do. And I thank you for your time.

MS. LOPES: Thank you, Doctor. Can I have Dr. Colvin, please?

DR. COLVIN: Good afternoon -- good afternoon, everyone. I'm Dr. Gerald Colvin, C-o-l-v-i-n. I'm a medical hematologist-oncologist, and I finished my training at UMass Memorial Medical Center. And I've been practicing more or less in Rhode Island since 2001, and I joined CharterCARE earlier this year. This has been a homecoming of sorts, as I was previously an employee of Roger Williams Medical Center beginning in 2001 through around 2005. After that, I was part of Lifespan System and then South County Health system.

I joined CharterCARE this year out of a desire to return to a well-established,
well-respected, strong and growing
multispecialty cancer program with an
opportunity to engage in academic activities
with a vibrant hematology and oncology
fellowship program. I have noticed a very
positive change, very positive, since -- from
when I was with Roger Williams Medical Center in
the past, and I am privileged to be able to, once again, help underserved and underprivileged patients.

I have worked closely with
Dr. Jeffrey Leibman in terms of getting my
agreement and contract done, and I really want
to emphasize how welcoming people have been
since I joined and how supportive the administration has been providing adequate administrative support. This organization in
general has been extremely supportive.

This is a good organization with good people doing good work, and I'm very appreciative of CharterCARE and Prospect Health, and I do support their application. And it is my hope that the regulators will support these applications so that CharterCARE can continue to perform its good work for Rhode Island. Thank
you.

MS. LOPES: Thank you.
Could I have Dr. John Miskovsky, please?

MS. POWELL: I'm sorry, Fernanda. Can you spell the last name so I can unmute him?

MS. LOPES: I apologize.

M-i-s-k-o-v-s-k-y.

MS. POWELL: He may be on under another -- he's not on under Miskovsky.

Hand waving? I see you right there. All righty. There you go.

DR. MISKOVSKY: Am I on mute? Can you hear me? We're good.

MS. LOPES: We can hear you.

DR. MISKOVSKY: I am Dr. John Miskovsky. I am presently a hospitalist at Roger Williams Medical Center, and I want to sort of pick up on Steve Colagiovanni's comments.

I lived through the ultimate closure of Memorial Hospital as an active member of its staff for 15 years before coming here to CharterCARE. I still maintain my outpatient primary care practice in Pawtucket, Rhode
Island, and they and I suffered tremendously with the loss of that community hospital resource in Pawtucket. And I can -- I cannot adequately express the amount of support that I've been provided here by John Holiver, the preceding president of Roger Williams, and now by Jeff Leibman in trying to accommodate my patients and the needs both in an inpatient and outpatient manner for the Pawtucket and Central Falls community.

The contrast between the approach of the administration of Care New England in the final days of Memorial Hospital and the administration here at CharterCARE could not be more stark, could not be more different. Every time that I have approached Jeff or John or a member of the administration here, I have been engaged in a discussion about trying to accomplish what I thought would be in the best interest of my patients and, further, the health of my patients in the community and in the hospital setting.

I have had tremendous opportunities here to provide care for my patients. I have had opportunities to continue to educate medical
residents here. We have seen continued focus on medical education and additional resources to medical education to provide primary care physicians here for the state of Rhode Island and focus on recruiting residents into our residency programs to provide primary care for me when I'm ready to retire and for the next generation of Rhode Islanders, which are really not seen at the other residency programs in the state, with the exception of the family residency and internal medicine residencies previously based at Pawtucket.

I had the privilege of working here with the staff, as Dr. Colagiovanni alluded to, during the COVID pandemic and to see the support that we were provided with from the administration with respect to availability of personal protective equipment; as Dr. Leibman alluded to, never any shortage of ventilators or other medications that were needed; with teamwork with Dr. Katz and others in the hematology/oncology immunotherapy division; the ability to deliver immunotherapy and other immunomodulatory medications that had not been utilized elsewhere in the state and achieve what
I think are incredible outcomes given the circumstances in which we found ourselves early on in the pandemic.

So I only want to echo the comments of my colleagues with respect to the support for the administration here that I have received and from the administration here that I have received and would like to endorse this application for change in effect or control.

MS. LOPES: Thank you, Dr. Colvin -- I'm sorry -- Miskovsky.

The next person is Deb Giannini.

MS. GIANNINI: Hello? Hi. Can you hear me?

MS. LOPES: Yes, I can now.

MS. GIANNINI: Okay. How are you?

Thank you.

So thank you very much for inviting me. I just want to make sure that you can hear me speaking.

MS. LOPES: Yes.

MS. GIANNINI: Okay. Great.

So I would break this up into two parts. So, first, who am I? Okay?

My name is Deborah Giannini. Last
name is G-i-a-n-n-i-n-i. I am a realtor in Rhode Island, Massachusetts, and Connecticut, and my connection to CharterCARE is that I was a patient at St. Joe's Rehab many years ago. I was paralyzed completely for six months. And once I got back to sort of my normal life, I wrote a letter to Otis Brown, thanking him and everyone that participated in helping me get my life back together.

So I want to say that I've heard people today discuss different things. And I didn't write a speech because I like to do things from my heart. So I heard people talk today about having Rhode Island-based presence, local control, you know, a local presence so that we can make it a more sort of local mission. So I want to let you know, everyone that's listening, that I decided to become committed to CharterCARE because of the care that I received as a patient. So I'm here today speaking as a patient. I'm a practicing Catholic. I have two children, 20 and 26. So that's who I am. Okay?

Why am I committed to this hospital? I have a very busy business. I
really don't have time for such responsibility, but I really take it serious, because when I wrote to Otis Brown and he welcomed my desire to participate in helping the hospital -- I wanted to give back to this hospital, and Otis -- you know, they welcomed me in. So I'm a member of the board. I also participated in the joint venture back in April of 2014 in support of the merger with Prospect. So now I can speak to the -- my presence at the board meetings.

When I first started doing this, I thought to myself, What am I doing? I'm with people -- you know, doctors and, you know -- sort of above my head on -- and I wondered what my position would be here and if I was really going to be able to make a difference, and I can tell you, from my heart, I have made such positive suggestions that were well received by everyone in the -- you know, the board meetings. And I'll give you some examples.

So when I -- and I'm not afraid to speak up, because I -- this is why I love to do this, because I know that if I'm committed and if I speak something, they're actually listening to me. They're actually taking my local-based
presence to heart.

So when we, you know, meet and we try to figure ways of making the hospital the best it can be, I have seen the other members of the board and staff of the hospital speaking of issues that come up that are very competitive with other hospitals, attacks from other hospitals, and I always see everyone hardworking. They are very -- leaders. They don't bow down. They don't waiver. They fight hard. And their commitment to this hospital is great. Okay?

The other thing that I would like to say is one meeting -- for example, we were talking about ways of becoming more vocal to the people of the state of Rhode Island, and I kept telling -- or mentioned in this meeting that your patients are your strengths. I am the patient. I am the strength of your hospital, because I can attest to being paralyzed -- okay? -- in the hospital. And I suggested that we should use the patient's voice to bring out the mission of the hospital to the state of Rhode Island, and it wasn't long before we came together and collaborated on making local
commercials. Otis, I know, had something to do with this, you know, and the whole board agreed. And I was actually one of the first people sponsored in the commercial, showing the state of Rhode Island my commitment and my passion for something that I really have no part of other than the fact that I'm a local person who was a patient.

So my small suggestion about just these four words: Patients are your strengths, and they turned that into commercials that were very effective. I had all -- you know, people mentioning to me that they saw me on TV, and I think it really went a long way as far as making the hospital, you know, local and have a presence in the state of Rhode Island.

The other suggestion -- a few that I've made -- I have discussed early on -- I've been on the board -- I don't know -- maybe over eight to ten years. I haven't had a chance to figure that out. But I mentioned how important it was to me, being paralyzed in a hospital, that the little things matter, like the shiny floors, you know, the clean windows, and many things of that nature. And it wasn't long
before I heard things being done about redoing entrances of the hospitals.

So I'm not going to tell you that everyone's doing this because I said, but I can tell you that my voice in the board meetings is strong. And it's Rhode Island-based local presence, and it's making a huge impact.

And in conclusion -- I mean, there were other things that have gone over, you know, through these meetings, but every time I suggest something, it seems like there's a thread of it that gets put into a blanket of -- that covers the state and covers the hospitals.

Now, I guess in conclusion, because I really have no more that I'm thinking of here, is I have really enjoyed meeting Dr. Colagiovanni and all the other doctors that I've met, and working with Otis Brown. I truly believe in my heart that CharterCARE is a quality organization. They are good people, and we all have the same passion of good work. And the support of Prospect and the owners -- I have to tell you that it's for this reason that I am committed to continue on the board, because I feel like my involvement matters.
MS. LOPES: Thank you.

MS. GIANNINI: Thank you.

MS. LOPES: Could I have Toni-Ann Nunes, please?

Is there a Toni Nunes?

I will move on to the next person, which would be Christy Burns.

I will ask for Cori Chandler, please. Cori, can you hear us?

MS. CHANDLER: Yes. Can you hear me?

MS. LOPES: Yes. Thank you.

MS. CHANDLER: Perfect.

Good evening, everyone. My name is Cori Chandler, and I'm the government relations director here in Rhode Island for the American Cancer Society Cancer Action Network. We're the nonprofit, nonpartisan advocacy affiliate of the American Cancer Society. Thank you for the opportunity to provide comment on CharterCARE Health Partners community collaboration.

ACS CAN supports evidence-based policy and legislative solutions designed to eliminate cancer as a major health problem. We empower advocates across the country to make their voices heard and influence these changes
that will reduce the cancer burden. Here in Rhode Island that entails making cancer a top priority for public officials and policymakers. In order to achieve this goal, we have the pleasure of collaborating with community partners and stakeholders across the state.

CharterCARE Health Partners is a primary partner in these efforts as we collectively work to increase screening prevention and access to care and improve outcomes for cancer patients. Our policy maker and community engagement has evolved into a wide array of events, activities, and opportunities for collaboration to educate on our priority issues, emphasize the importance of reducing the impact of cancer on Rhode Island, and provide opportunity for actions to meet this goal.

One such event is our annual Rhode Island Research Breakfast. The event attracts over 200 leaders from business, education, life science innovation, health care, government, and research, who come together to support ACS CAN's efforts to fight cancer across the country. This year's seventh annual event highlighted the sophisticated university and hospital research
that happens here in Rhode Island, the
innovation and growth and the cancer care and
research space, and the impact of COVID-19.
CharterCARE Health Partners has been a sponsor
of the event every year since the beginning, and
their involvement has only increased over time.

In 2016, we recognized the Roger
Williams Cancer Center for receiving the
Commission on Cancer's Outstanding Achievement
Award, which recognizes cancer programs that
strive for excellence and are committed to
ensuring high-quality cancer care. For the past
three years, CharterCARE Health Partners has
provided invaluable expertise to provide our
participation in the panel discussion.

In 2018, Dr. Steven Katz, who we
actually heard from earlier this evening, spoke
on the event regarding his extensive
immunotherapy research, and he described that
much better than I ever could so I won't attempt
to right now. But that research was, as he
shared, funded by NIH research grants secured
for our state.

In 2019, Dr. Abdul Saied Calvino
participated in the hour-long panel discussion
providing insight on his research and opportunities for addressing disparities in cancer care in Rhode Island. Dr. Calvino has established an active community outreach in cancer navigation program to improve the access to surgical care in underserved populations.

The impact -- for the impact of his work on our community, he has received numerous awards and recognitions at both the local and the national level, including the CDC's Carol Friedman National Award for Excellence in addressing cancer care disparities. Dr. Calvino has continued to be a key in our effort to eliminate barriers to colorectal cancer screenings here in Rhode Island.

This year, we had the pleasure of welcoming Dr. Ponnandai Somasundar, another distinguished member of CharterCARE Health Partners, who serves as the associate chief of surgical oncology and director of geriatric oncology at Roger Williams Medical Center. Dr. Somasundar clarified the impacts of innovations and care on the geriatric population and the potential to harness research to improve outcomes for these patients.
Simply put, our impact on the fight against cancer is greater due to CharterCARE Health Partners’ willingness and ability to collaborate.

Thank you again for the opportunity to speak tonight.

MS. LOPES: Thank you.

I'd like to call on Thomas Hemmendinger, please. And the last name is spelled H-e-m-m-e-n-d-i-n-g-e-r. Thank you.

You're unmuted.

MR. HEMMENDINGER: Thank you. Can you hear me?

MS. LOPES: Yes.

MR. HEMMENDINGER: I appreciate the opportunity to speak before the regulators and thank you for holding this forum today. And I do wish everybody good health and safety in this critical time.

I'd like to just explain briefly what my stake is in the outcome here.

As receiver for CharterCARE Community Board, I am actually a part owner of Prospect CharterCARE, and, therefore, these local safety net hospitals, and I have two reasons why it's
important that these hospitals succeed in their mission to provide quality health care to Rhode Islanders: First, because I'm a citizen of Rhode Island, and I do care personally about this; but, second, because the pensioners of the old Fatima pension plan are depending on the recovery in this case and in other litigation for -- to make up a drastic shortfall in their pension. So I want these hospitals to succeed for -- for these reasons.

The director's counsel, Mr. Oliverio, spoke about the difficulty they've had in getting information so they can do their jobs. I'd like to point out that it's not that they've gotten some information but not enough; it's that they've gotten absolutely nothing. They've been completely shut out by the campaign of obstruction and intimidation, and I'll be supplementing the record to show that with some documents from court filings. The -- so the directors, they don't know what's going on, and as Mr. Oliverio pointed out, they have to oppose this transaction, and I oppose it as well.

The -- the only thing we do know is that Prospect CharterCARE and its subsidiaries
are grossly undercapitalized. The successes that you've heard tonight -- and you'll probably hear some more about the successes of these hospitals before this hearing is over -- are not because of Mr. Lee and Mr. Topper and their support for the local hospitals. They are despite their actions in treating these companies like piggy banks, borrowing money to pay dividends, hundreds of millions of dollars to themselves. And I would just point out that the publicly available financial statements for Prospect CharterCARE and the two hospital subsidiaries show zero -- and I mean zero unrestricted cash and nominal restricted cash for the last couple of financial years. So these hospitals may have been on the brink when Prospect CharterCARE came in in 2014, but they're on the brink now because of Prospect CharterCARE.

If this transaction is approved, Prospect's going to continue to bleed out more cash from these hospitals, and the local safety net hospitals are going to join a sale leaseback transaction and basically mortgage their futures to enrich their new 100 percent owners.
So at this point, we don't have any information sufficient to justify this transaction to ascertain the effect of the transaction on the delivery of quality health care, other than we know that the financial situation is worse, and it's going to get worse with these hospitals if this transaction goes forward.

I'd ask you to reject the applications for effective change in control, or at least put this whole proceeding on hold until the directors can -- Category A directors can report back to you in good faith that they are in a position to do their job, because they've been given enough information, documents to do their jobs.

Thank you.

MS. LOPES: Thank you.

The next person I'm going to call on is Mr. Christopher Callaci, please.

You should be able to speak.

MR. CALLACI: Good evening, folks.

You just made a critical mistake by unmuting me.

MS. LOPES: No.

MR. CALLACI: I hope you are all
well. My name is Chris Callaci. I am general counsel for United Nurses & Allied Professionals. We are the largest health care union in the state of Rhode Island, and we represent among 7,000 members. We represent well over 6,00 folks at Fatima Hospital. Our union supported the joint venture in 2014, and I cannot tell you how much we regret having done so.

Let me also say in terms of housekeeping, I think Mr. Wistow was commenting on having gotten documents from the AG's office in response to an APRA request. I would hope that those documents, if they haven't already, will be posted on the AG's website. It's difficult to make public comment if you don't have access to all of the relevant information. So I ask you to please consider that.

This applicant is lacking in character, lacking in competence. They have failed to meet their commitments to our community, and for that reason, they are not in good standing in our community. And those are some of the key criteria that go to the heart of this review process and the way that our
regulators measure the application against the statute. And for those reasons alone, the application should be rejected, which is our request.

2014 and the joint venture. These guys made representations to the town of North Providence, to the city of Providence, to the union, to the Department of Health, to the AG that putting $14 million in a pension plan would secure that plan, when they knew that it wouldn't. They also made those same misrepresentations to that same universe of people, that contributions would be made going forward to the plan by the old hospitals, when they knew those old hospitals did not have the financial wherewithal. And now that plan is in bankruptcy, and almost 3,000 people who are participants in that plan and their families are wondering whether or not they will be able to get the money that they need out of that pension to pay their bills.

We also know they were supposed to put $50 million in long-term capital commitments, $40 million in routine capital commitments, and the AMI report can't confirm
that that has happened. And the lawsuit by their joint venture partners, CharterCARE, also known as CharterCARE Community Board, has sued, saying that those contributions have not been made, which is remarkable, because that was one of the big reasons why the deal was approved back in 2014.

Let me turn my attention to the AMI report -- and I'm speaking as fast as I can, because I've got six minutes or something like that, and this stuff is important.

Here we are six years after the joint venture was approved, and the monitors for the -- I believe the AG's office cannot confirm that Prospect has complied with the conditions that were attached to that approval, which was six years ago or more. They can't confirm that employees maintain their salaries and wage rates. They can't confirm that employees were provided with comparable benefits with respect to vacation, sick, holiday, life, health insurance, and the 401(k). They can't confirm that there are comparable severance packages. They can't confirm that Prospect has continued to provide care through sponsorship and support
of community-based health programs that serve, in particular, the elderly, the poor, the at-risk. They can't confirm that Prospect adopted the hospital's charity care guidelines and medically necessary services to patients regardless of their ability to pay. They cannot confirm that Prospect has maintained an appropriate level of full-time equivalence or have done their due diligence with respect to appropriate staffing levels. And their failure to do that and AMI's inability to confirm that they did that means that they have not confirmed with the conditions of 2014 when they were supposed to, and that they have failed, therefore, to satisfy the criteria, numbers 1 through 8, that the DOH reviews under HCA review. By failing to satisfy these conditions, their claim on page 29 in their application that they have performed with regard to the terms and conditions of the 2014 approval, is false.

The other thing I have to note in that AMI report -- and I'm quoting from that report -- the entity, meaning Prospect, did not seem to be focused on collecting and organizing the information necessary to demonstrate its
compliance with the conditions set forth in the HCA decision until pressed by the AG. Why should the AG or anybody in this state have to press Prospect to do what they were supposed to do and what they were committed to do and legally bound to do over six years ago? Outrageous.

Question 20 of the application on the CEC side of things, which speaks to character and competence and standing in the community and the like, which are criteria relevant in an HCA review -- they were supposed to reveal citations, violations, charges, enforcement actions, civil proceedings in the courts, and they didn't. They withheld that information from our regulators, just like they were pedaling a bunch of nonsense about the pension back in 2014.

And so what do we have here? They didn't tell you anything about the lawsuit pending in superior court in Providence; CharterCARE versus Lee. There -- there CharterCARE, the business partner, has alleged that they failed and refused to provide the financial information demonstrating that they
put in the $50 million and the $40 million. They say in the lawsuit they don't think it was put in. They say that the current CEC application and the HCA application confers no benefit on Prospect Medical Holdings and is a fraud upon its creditors and CharterCARE. They say that the dividends to Lee and Topper to the tune of hundreds of millions of dollars were a fraudulent transfer. Now, if they didn't put the $50 million in -- they've got $41.8 million in tax breaks from North Providence and Providence. That's a pretty expensive bait-and-switch.

Then we get to some other things they should've reported that they didn't.

We had a lawsuit we won against them where they were withholding information about over 30 deficiencies that JACHO found at Fatima Hospital and horrible deficiencies that were found in the OR at Fatima Hospital during a mock survey. They refused to give us the details of that. We sued. We got the federal government involved, the National Labor Relations Board. They sued.

To this date, they still haven't
provided all of the information, and now there are enforcement proceedings in the First Circuit. They haven't said anything to you guys about that, I'm pretty sure.

They have failed to talk about the CMS reduction in their Medicare payments in fiscal year '08 because of high rates of patient injury and infection at Roger Williams and Fatima. Nobody said a word about that. None. They finished in the bottom quartile of 3,200 hospitals nationwide in that category.

They didn't tell you about the steepest fine they suffered in their hospitals in Connecticut because of high readmission rates. They didn't tell you about how state health inspectors in Connecticut found immediate jeopardies -- patients placed in immediate jeopardy in two of their hospitals in Connecticut, Waterbury and Manchester.

They didn't tell you about a lawsuit that we beat them back on when they illegally tried to discontinue dental and vision benefits for the spouses of employees in our union at Fatima Hospital. How do you collect over $200 million in dividends and then cheat people
out of their vision and dental benefits? Who does that? And why didn't they tell you that that was -- that case that was out there?

And of course in a footnote in objection that was filed by Mr. Hemmendinger and Mr. Del Sesto on the CEC side, footnote 48, pages 14 and 15, scores of cases pending in the civil -- in civil cases in our courts -- in courts all over the country. Never said a word to you about that.

And then we have the ProPublica article. Extraordinary. Pulitzer Prize-winning publication, award-winning reporter. What do we have? They're not paying their bills. They're bouncing checks. They're putting hospitals in bankruptcy. They're putting out aggressive financial statements to make their bottom line look better. They're hiking reported profits by booking inflated estimates of forthcoming revenue; issuing junk bonds to make dividend payments; closing hospitals like the ones they closed in Texas; not holding out their comitance to a hospital in Orange, New Jersey; improper Medicaid billing practice. The list goes on and on and on.
No word about any of that stuff, none of it. They didn't share any of that. Instead, what they did was they had the lawyers go after ProPublica and say, We refute all of this. It's not true. Swiftly, thoroughly, ProPublica responded and discredited their response. And there's an enormous amount of information out there.

Their failure to give that information to our regulators was not a ministerial oversight. It wasn't a clerical error. This is not their first rodeo. They did it intentionally. They withheld the information intentionally, just like they did in 2014 when they pedaled a bunch of BS about the pension.

The St. Joe's pension lawsuit -- I'm trying to wrap this up as best I can, and my mouth is getting dry -- what are the allegations there? They violated their duty of good faith and fair dealing. They conspired to conceal through fraudulent and intentional misrepresentations and omissions. They willingly, they knowingly gave false information. This is all about the pension. They abetted, aided, participated in breaches of
financial duties. And that case is out there.

And now we have a submission by Mr. Del Sesto, Mr. Hemmendinger, and Mr. Wistow, which was referred to by Mr. Wistow, where there are alarming concerns about the financial condition of Prospect Medical Holding. We have Wisehart CPAs and consultants from North Kingstown, Rhode Island, saying, and I quote, I believe bankruptcy is imminent unless there is a significant infusion of capital and a return of all the dividends previously paid out. There is worry about liabilities for our local hospitals of Roger Williams and Fatima, and there is concern about inadequacies of the AMI reporting.

Now, I have thrown an enormous volume of information from you that I know most of which was withheld from the Department of Health on the CEC side. Please -- please, I am begging you on behalf of the people that I have the privilege to represent, vet all of these things, all of the stuff in the ProPublica article, all of the things that are in these lawsuits. You have to get to the bottom of that, because if you don't, you can't, in my humble opinion, respectfully, do a thorough review of these
applications. And I think when you look at that information, you will find that you do not want these guys, Mr. Lee and Mr. Topper, getting ahold of 100 percent of an interest of Prospect Medical Holdings and, therefore, having more influence on these two hospitals in Rhode Island. Please do this work and please reject this application.

Thank you.

MS. LOPES: Thank you. I'll call upon Lynn Blais, B-l-a-i-s.

MS. POWELL: We don't have a Lynn Blais, but we have a Lynn's iPhone. I'm not sure if that is the same person.

MS. LOPES: It may be Lynn's phone. That's who I'll unmute.

MS. POWELL: No, unfortunately.

MR. CALLACI: She may be at work. Can you put her off closer to 7:00 p.m.?

MS. POWELL: We can circle back to the people who haven't responded. We will ask once again at the end of the meeting.

MR. CALLACI: Thank you.

MS. POWELL: You're welcome.

MS. LOPES: I will go to Cindy
Fenchel, F-e-n-c-h-e-l.

MS. POWELL:  Cindy, can you unmute?
MS. FENCHEL:  Okay. Can you hear me?
MS. LOPES:  Yes.
MS. POWELL:  Yes, we can.
MS. FENCHEL:  Okay. So my name is Cindy Fenchel, F, as in "Frank," e-n-c-h-e-l. I am a 42-year employee at Fatima Hospital. I'm also the president of Local 5110 UNAP for the service workers.

In my years there, I have worked in many departments, and I am currently a medical secretary, and I work 40 hours at the hospital. I have been through many administrations, and the bottom line is Prospect is about how much money they can gain, and they put profit before patients.

It used to be a community hospital that everyone enjoyed working, but Prospect makes that very hard, although they are fortunate to have the staff that cares about their jobs and the patients, as I have heard many compliments tonight. My members are very good to the patients. They're frontline in the most difficult situations, and Prospect never
makes that easy for them.

Some of the ways Prospect makes working difficult is -- a few examples: I have seen reports of 50 employees who were assaulted by patients, and this happened between the years of 2016 and 2017 and mostly on the behavioral health units, the behavioral health units that Prospect tonight has bragged about. But I know from my members what goes on in those four walls at Fatima hospital.

I have seen reports, such as pregnant woman getting kicked in the stomach, others getting punched, hot coffee thrown in their face. They end up in the emergency room with concussions. So in -- during the negotiations, we asked for what we thought was a simple request, to have security guards assigned close to these units. And the answer that we received from administration was there are not enough security guards, and they don't intend to hire anybody. Another example of profit before safety.

Since Prospect took over, there has been a 24 percent turnover of -- in 2018 alone out of 420 service workers. So a 24 percent
turnover out of 420 people in one year alone. Another example of Prospect putting profit before patients and staff. I have never seen such a turnover since Prospect in my 42 years there. As one of the doctors testified tonight, it was a -- it was a family place to work with a lot of longevity. Not so much these days.

Then in the midst of a pandemic, a manager asked some people who work in the environmental service department to sign a training form for understanding how to wear their PPE. The manager said he would fill it out later. So he just said to them, Sign the form, say you know how to put on your PPE, and we'll figure it all out later. He had a -- just a brief 10-minute meeting with them and sent the employees on their way.

Well, one of the employees went back to the manager, said he was not comfortable with what just took place. The manager said, Just go ask a coworker. Well, they were observed doing this incorrectly, putting their PPE on incorrectly, and a nurse manager luckily -- thank God -- stepped in and helped them. It was determined by the union, after speaking with
other people in this department, that training was inconsistent, not thorough, and employees were not demonstrating an understanding of how to wear their PPE back to their trainers.

So think about housekeepers who go into COVID rooms and do not have an understanding of how to protect themselves. Prospect does not even care about keeping frontline employees, my members, who keep these rooms clean -- they do not care about keeping them safe. These are daily battles in that hospital. These are only a few examples.

The most basic thing an employee would expect is for their place of employment, especially a hospital, to keep them safe. In turn, keeping employees safe will keep patients safe.

Furthermore, there is a high rate of employees who tested positive in the environmental housekeeping department and behavioral health units. As if it wasn't enough with all of this going on, we are currently battling with the company about phlebotomists at our off-sites who are testing COVID patients who -- they should only be testing asymptomatic
patients, but then when a patient is before them with symptoms, well, they're told by the managers and the directors of the lab, We'll just test them again. Profit before employees and before safety.

We actually right now have two class-action grievances about the situation with the phlebotomists, and we ask that they have the proper PPE, social distancing, proper ventilation in some of their offices that are as small as a closet, et cetera, et cetera, while they're doing COVID testing.

It never ends with this company. And after all the wonderful stories of -- the physicians had tonight, wining, dining with Prospect, a great lovefest, I asked for my members to get hazard pay in the thick of COVID. Well, after asking many times, they said that they will not give them anything. So I asked again. And I said, A little bit will go a long way, but nothing will be -- but nothing will never be forgotten.

So I was told that there was no money, and they were not going to give them anything. But the VP of HR stated, We did give
out ice cream last week. These -- these are the real stories that go on inside that hospital. Luckily, like I said, there are good people who work there, good, dedicated people.

So we respectfully urge you to not grant this application. Hospitals should be about saving lives and providing care to communities, but those simply are not the applicant's priorities. They've done enough damage, so we're asking this to stop as soon as it can.

So I have heard many compliments tonight about how clean the hospital is, and I take a lot of pride with that, because that is my members, probably the lowest paid members in that hospital, who keep it really clean, and I'm really proud of that. Unfortunately, when we are negotiating -- when we are at the negotiating table with this company, I feel that that group of housekeeping is the most disrespected by this company.

So all that they asked was simple things, like they want job assignments. They want to know where they're going every day, what floor to work on. They -- this is not anything
to do with money for Prospect, God forbid, but it's just something that means a lot to that group, and they repeatedly keep getting denied.

So these are just a few examples of why it is important to not grant this to Prospect. Thank you.

MS. LOPES: Thank you.

Dr. Louis Mariorenzi.

DR. MARIORENZI: Thank you.

I am Louis Mariorenzi. It's M-a-r-i-o-r-e-n-z-i. And I've just had -- I have a very different relationship or experience with Prospect.

I am the chief of orthopedic surgery at Roger Williams, and I'm a member on the advisory board at Roger Williams. And as an orthopedist, Fatima and Roger Williams have really been able to provide excellent care. We have lots of awards. We've got numerous firsts. Our outcomes are excellent. To date, that's because we've got some very good and very dedicated surgeons.

Health care is entering a period of technology now, and technology, such as computer navigation, robotic surgery, they're becoming
necessary to enhance the skills of the surgeons and to come out with -- and to provide better outcomes. They're expensive. They're way more expensive than a small hospital system can afford. And we've been very fortunate that Prospect has been receptive to us and has invested in some of those technologies that we need to keep providing the care that we do. I don't know that we could provide the services we are with the results we do without that -- deeper pockets from the national entity.

I'm also a member of the advisory board at Roger Williams, and, like Dr. Colagiovanni, I was on the board when we couldn't pay our bills. We interviewed a lot of entities, and Prospect was the only one that was willing to allow us to maintain some ownership and to share our board governance fifty-fifty. They have been very receptive of us. Obviously we would like to maintain our identity and our culture. They've worked closely with us to allow us to do that as much as we can and still incorporate the best practices of the Prospect national system.

I think most of the medical staff
didn't even know that Sam Lee and Dave Topper didn't own the company. It was news to me that they were minority owners. The two of them have been very engaged. The two of them show up at our medical staff meetings. They show up at our IPA meetings. They come to the board meetings. They are a phone call away. If they -- if you ask them to show up, they will fly out, and they will attend. They even attend our hospital holiday party. It is a horrible party with a bunch of doctors talking about medicine, and if you are not a physician, you wouldn't go there unless you were completely dedicated to the entity.

And lastly, I've actually gotten to know Dave Topper personally. The two of us like to hike, and we've had a number of terrific hikes in upstate New York and New Hampshire, and I've gotten to know him, I think, pretty well. I'm going to share a story the very first time I ever hiked with David.

We were on Mount Washington, late October, 9:30 at night, pitch-black and pouring rain, and we had one headlight between us, and it was -- it was fading. And we were supposed
to have two headlights. And the reason we only had one is that David had given his to another group on the mountain in the same situation that we were. So I cannot speak for Dave's survival skills, but I can certainly speak for his big, big heart.

To me, these people are genuine and good. I hear the other comments. I don't know what to say. That's not the people I know. CharterCARE right now is a quality organization. We've got good support with Prospect and its owners.

I do hope that the Department of Health and the attorney general will support this application for effective change of control because I do think that Prospect and CharterCARE together can meet our mission and provide for the care in the community.

Thank you for your time, and I appreciate the opportunity to speak.

MS. LOPES: Thank you.

I'm going to circle back to Toni-Ann Nunes. Is there a Toni-Ann Nunes? If I call on you, you can wave or use the chat to let us know anything.
Again, Toni-Ann Nunes, N-u-n-e-s.
Okay. Christy Burns, B-u-r-n-s.
And then Lynn Blais, B-l-a-i-s.

MS. BLAIS: Hi. This is Lynn.

MS. LOPES: Hi. We can hear you.

MS. BLAIS: Okay. Thank you. And thank you for circling around, because I'm just finishing my -- my shift here at Fatima Hospital.

My name is Lynn Blais, B-l-a-i-s. I'm a registered nurse of 36 years. My entire career has been spent with St. Joseph's Health Services of Rhode Island and/or CharterCARE. I'm also a graduate from the school of nursing.

And I come before you to request that you deny the change in ownership and control, and I really come here saddened to have to make this request, because six years ago, I came before many committees requesting that you approve the purchase and sales of CharterCARE to Prospect Medical Holdings. And I went with good faith, based on the promises that were made to all of us, not just to me as an employee, but to the community at whole, of the changes that they were going to make, and that quality was the
utmost importance to them, job preservation was important, and that they were going to be the -- the knight in shining armor to come in and rescue our system. But I'm saddened to say it truly feels like it was a bait-and-switch.

I see as I come into work every day that it's really not about quality, it's really not about the patients, and it's really not about the employees. It truly is about the dollar. Every decision that's made is made based on what the cost factors are. I can give you a few examples of that.

You can walk into a supply room, go to grab some equipment, go to grab some supplies, and the shelf is empty. You make a phone call looking for the supplies. You're told, Oh, sorry. Backordered. Oh, national shortage on that. We've all come to learn that means they haven't paid the invoice. And until the invoice is paid, we can't get those supplies and equipment.

The equipment that we do get and the supplies that we get, you can see the quality is changing. They've become substandard. Something as simple as the gloves we wear every
single day, you put your hand in, and your hand goes through the gloves more times than not. IV catheters. They bring in these new IV catheters that end up -- you can't thread them. They don't work right. And now you're using multiple catheters, and the patients are suffering because you have to stick them multiple times to get IV access. Tubing that we use, equipment that we use. The list goes on and on and on. And it's all because when you put it out for bid, you don't look at quality. You don't ask the people that are using the equipment what they would prefer. All you do is take the bid that's the lowest, and that's what you use for equipment. We have equipment that is old, that is broken, that can't be replaced, that can't be repaired because of the age of the equipment. But those things go unanswered.

When it comes to taking care of the patients, I am thrilled when I hear the stories that the patients don't feel the impact that we feel every day, and that's because of the hard work that the nurses do every single day so that these consequences do not reach the patients. And if it wasn't for the hard working nurses and
the Allied professionals in this building, the patients would definitely feel the impact of a for-profit health care system.

We have vacancies that go unfilled. There's a running theme that we have to do more with less. You're constantly hearing about productivity numbers. So every day we look at how many patients are in beds, and that means how many -- what's the minimum number of people we can have working to take care of the number of patients in those beds. Nothing is calculated in on how sick those patients are, what care that they need. It's strictly a dollar number. And we want the least amount of people working to take care of the patients that are in this facility.

And with COVID on the scene, this hospital should be ashamed of themselves. This organization should be ashamed of themselves. We were at least two weeks behind where we needed to be, and that was because we didn't have PPEs on supply. When every other hospital in the state were wearing surgical masks upon entering the building, we were told, No, not needed. Don't need to have them. And that's
because they were sitting over in China, and they couldn't get them delivered to the United States to get them distributed. So we started off behind the eight ball, and we've paid dearly for that.

We probably have the number -- the highest number of patients that converted to a COVID-positive status while being an inpatient in the hospital. Our geriatric psych unit, for example, 21 patients. 19 of those 21 patients converted to a COVID-positive status while admitted at this hospital. Of those 19, unfortunately, six of them did not survive. We have the highest number of health care workers that have converted to a COVID-positive status while employed here at the hospital. And that sadly goes back to quality, supplies, training, and the lack of leadership and the lack of responsibility of Prospect Medical Holding.

Let's see.

I mean, it's the end of the night. You've heard a lot of people talking, and I don't want to reiterate what everybody else has said, but the problem becomes for-profit medicine is not good medicine because that means
you are looking for a profit. I understand you have to have a positive bottom line, you have to finish in the black, but there should be a limit of how much money goes back to the investors, and the millions and millions of dollars that these investors have recouped off the back of my members and all of the employees that work here is unacceptable.

So, again, I respectively urge you not to grant this application. The hospital should be saving lives and providing care to the community that we serve, but that is not the priorities of these applicants.

So, thank you. And thank you as I get in at the 19th hour as you finish this conference.

MS. LOPES: Thank you.

I'm going to circle back again once more. Last chance to Toni-Ann Nunes or Christy Burns.

Having -- not hearing anything from Toni-Ann Nunes or Christy Burns, is there anyone that would like to provide comment that did not sign up to speak today?

Thank you, then. We are at 7:00
exactly, and this meeting can be concluded, unless anyone has any other remarks.

I thank you for your time and your input. I appreciate all the comments that we've heard here today. Thank you.

MS. POWELL: One moment. I just want to take one quick moment to just apologize to everyone for what happened in this meeting. It's not something that's happened before, but we will make changes to reduce, once again, the risk of that type of Zoom bombing that I do think we've all heard about. And we usually operate in a way to try to prevent that from occurring.

So thank you all for your patience as well with that as we tried to shut that down as quickly as we could. And as Fernanda said, thank you all for attending and sharing your comments and your perspectives with us. They were well heard. Thank you.

(MEETING CONCLUDED AT 7:01 P.M.)
CERTIFICATE

I, CASEY A. BERNACCHIO, Shorthand Reporter and Commissioner, hereby certify that the foregoing is a true, accurate, and complete transcription of my stenographic notes taken at the time of the aforementioned matter.

This proceeding was done remotely via web conference and may result in some inaccuracies and/or dropped words created by audio conflicts that may arise during any web-based event.

IN WITNESS WHEREOF, I have hereunto set my hand this 17th day of December, 2020.

____________________________
CASEY A. BERNACCHIO
SHORTHAND REPORTER

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