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STATE OF RHODE ISLAND
Rhode Island Health Department
Rhode Island Office of the Attorney General

HCA Application of Centurion
Spanish

March 26, 2024

3:45 PM – 6:00 PM (ET)
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(Meeting ran past 15 minutes)

>> Good afternoon. Thank you for joining us today. Please be seated. My name is (off mic) (very bad audio) I will go ahead and have a few announcements. To let you know we have interpretation services available. A member of our staff (indiscernible) . . . substantial comments from the public. (indiscernible)

>> (speaking in Spanish) I worked for the Rhode Island Department of Health. I will be able to translate in Spanish if you have any comments.

>> (indiscernible) (about the exits) (indiscernible). (person cannot be heard)

>> The Rhode Island Department of Health and the Attorney General's office will have two public meetings . . . (indiscernible) our first meeting was held on March 19, 2024. We are here for the second meeting. (indiscernible) (bad audio)

>> (indiscernible) application on Nov. 14, . . . to acquire The HCA Application of Centurion's Acquisition of Roger Williams and Our Lady of Fatima Hospital. The Rhode Island Attorney General and the Rhode Island Department of Health . . . (indiscernible). This meeting is to be . . . which will be used by each agency to inform . . . the agencies will not answer questions (indiscernible) . . . (indiscernible). Please sign up to speak. (indiscernible).

>> (indiscernible)

>> (audio is not usable)

>> . . . big team of staff consultants. We're here today as part of the HCA process. We do take it in and welcome all comments that we receive. We want to make sure we protect the public health, welfare and ensure reliability of the healthcare system, to make it accessible and affordable. I thank you. I will turn it back over to . . . Thank you.

>> Again welcome. I'd review the framework around the administrative and procedural processes (indiscernible). First I'd like to note that the meeting is being recorded and will be posted on the Attorney General's and the Rhode Island Department of Health website. We also have interpreting and CART services. This meeting is a hybrid meeting. We have a large number in attendance both remotely and in person. In order for it can be conducted in an organized and orderly manner, please remain mute until it is your turn to provide comments. Feedback allows all to hear (indiscernible), appreciate your flexibility (indiscernible). As the link is posted to sign up, we have a live link. If you have not already done so and are interested in providing comments (indiscernible). . For those of you in person the staff is ready to assist you. Participants will be called to provide public comments according to the active list. It is (indiscernible). And please . . . Please refrain from posting reactions in the chat. Each participant in this meeting will have up to three minutes to speak. I asked the comments provided by the speakers be pointed and concise, so we have an opportunity to hear from all who have comments to share. If you have already submitted written comments, please be advised that the (indiscernible) part of the record and (indiscernible). Written comments will continue to be accepted by both agencies through March 29, 2024. We are here to listen to public comments regarding the hospital conversion application (indiscernible). (indiscernible) for proposed acquisition of the Roger Williams and Our Lady of Fatima Hospital. We want to be able to hear from you. Aside from the introduction the representatives from the two agencies will not be speaking. However we are here to hear and (indiscernible) your comments. Finally if there are any (indiscernible) questions, please bring those to the center for public health communication.

With all that said, I will call an attorney (indiscernible) to introduce applicant represented for some brief comments and an overview of the proposal.

>> Thank you . . . to the (indiscernible) and (indiscernible) teams. Thank you for scheduling this public meeting. And that this time I would like introduce (indiscernible) CEO of Roger Williams and also (indiscernible) CEO of Centurion foundation. Jeff?

>> Thank you Pat. Trying to do this without breaking it. Thank you Pat. I am Jeff Liebman (phonetics), CEO of Prospect Charter Care. I'm here today to talk about how important this is to the community, our staff, and our patients. First I want to remind you of the important role these two hospitals play in the community. This includes cancer care, eldercare, gastroenterology, the largest behavioral health, and indigent medicine program for any acute care hospital in the state. And in fact in the region, our services are an integral part of the communities that we serve. I have worked now for over two years with the Centurion team. They are excellent, dedicated to this project. In the want to ensure our mission of high-quality, affordable healthcare, that will continue in the community. Just one housekeeping item. At the last meeting last week there were comments about (indiscernible) not being submitted. That is not true. Leadership of unions to have that. I would also say whenever. If you have time to go over the thousands and thousands of pages in the application, in there you will see this is the only viable plan that is out there for many reasons. In particular, there is no other organization with the amount of resources like this to help us, that have come forward. This will allow us to modernize our plan, upgrade our equipment, hire more physicians, and bring jobs back to Rhode Island. And allow us to invest more in our workforce. I look forward to the process included as quickly as possible, we get on with the business at hand. Thank you.

>> Good afternoon my name is Ben Mingle (phonetic) I want to thank the Rhode Island Department of Health and the Attorney General's office. I am the president of Centurion Foundation. As I mentioned last week, our organization is quite unique. We work closely with charitable hospitals all over the country, helping them serve patients nationwide. And that is what we wake up every morning trying to do. Today we have completed 25 transactions financing facilities. Those transactions are in excess of \$1 billion. We are experienced and have a proven track record of helping other charities and Institutional organizations advance the work. As Jeff mentioned, we have been working together for two years. And are confident that our equities in the local leadership team of Jeff Lehman, these hospitals, Roger Williams, and Our Lady of Fatima Hospital, can continue to provide high-quality care for these communities. And with the approval of these offices, from day one there will be immediate cost savings provided from the nonprofit status. We have very closely analyzed the services and finances of these hospitals. And have put together a strong plan that shows the pathway for financial viability for both Roger Williams and Our Lady of Fatima Hospitals. To be independent and remain independent, self-sustaining health systems. We have our transition plan here and answer any question you may have throughout their approval process. Want to take a moment today to talk about the comments we got from you last week. We heard you. We appreciate your passion. That is why we're doing this also. It is your passion that tells me you are the type of person we want to work with you to make sure that hospitals remain open and successful in providing care

to the communities. We believe our plan is equal to or better than the current plan. I mentioned last week, and I want to reiterate today, Hospital plan is to have \$80 million in capital reserve. Not an arbitrary idea. That is the gold standard of how not-for-profit healthcare is financed across industry. With met with union leadership. We are going to continue to meet with your leadership to make sure we have continued agreement. Will have the same goal. Will want to ensure these two community hospitals continue to serve these patient populations. Centurion has been more than two years in this transaction, based on all the hard work of our team, our experts, our past experience, the financial initiatives that we have identified. And the transition plan that we put in place. We have a high degree of confidence in the success of this plan. We are committed to empowering local leadership teams and our resources to continue to have access to capital so these hospitals can continue to flourish. Thank you.

>> I would like to call upon Deborah Jeaninne (phonetic). Please come to the microphone.

>> (Calling names)

>> Good afternoon everyone. My name is Rebecca Brown. I have been working for Roger Williams Hospital for almost 19 years. I feel as if that hospital is my family. I take care of a lot of folks in and around the region as a geriatrician. I have been so fortunate to work where I work. One of the things I listened to from the destiny last week, wanting a like to add is a little detail, there is seriously no better health system to work at, as a female physician. Trying to balance family, and a career. I have been very supported is a division director of geriatrics right now am also trying to support a lot of women in medicine. Which I think is very, very important. I would like to mention that. I would also like to say that it has been extremely difficult for the past year. As someone who is in somewhat of an administrative-type role, we have come up against having to ask for every single thing to pay our bills. Paper. Bathroom keys. Supplies. We have not been able to get things done. I also do a lot with the residency program, the teaching program. It has been very difficult to pay for the resources we need to maintain the absolutely wonderful training programs we have at our hospital. A lot of those physicians, one is in the audience right now, a geriatric fellow, I brought her with me today, as part of faculty development. I said to her that this is really important. It means a lot. We have had difficulty having our current owners pay the bills for education. With this, I hope you support this going through because we do need to move forward as an organization and it is critically important to take care of our patients and educate our trainees.

>> Christine Godan.

>> Hi. Christine Godin. I am the director of emergency services at Our Lady of Fatima Hospital. My entire career of 38 years has been at Our Lady of Fatima. I'm a very passionate person about patient and staff safety. We are community-based hospital (indiscernible) and take care of 26,000 patients a year in the emergency department. We are a high (indiscernible) organization. For those of you who do not know, it is an organization that is committed to safety for our patients and the workforce. During my career here in the nonprofit world, we have had volunteers fundraising and a huge sense of community involvement, and local leadership, making

a huge impact on daily operations. The last seven years working for a for-profit changed many dynamics and daily operations. There are limits to getting new equipment. New technology. To even do repairs for equipment. Prospect has hindered daily operations from many department. Every single day, I struggle with this one question. What I recommend Our Lady of Fatima Hospital to my family and friends? Over the last seven years, the answers have changed day-to-day. We have struggled for funding, new equipment and resources. I have been waiting for years for new flooring from a patients' floor in the (indiscernible). I recommend Fatima for my family and friends. I say yes. Because Centurion is come back as a (indiscernible) to bring us back to the community of nonprofit status and continue our mission, as a strong HRO to care for the 26,000 Rhode Islanders who choose to call Our Lady of Fatima Hospital the hospital for their care, their family, and friends. I thank you for your time.

>> I would like to call upon Jesse Martin. Jesse Martin. Dr. Hayden? (phonetic).

>> Good afternoon. I'm Doctor Michael Hayden. I am primary care physician with Charter Care for the past five and half years. Prior to that I was in private practice for 31 and a half years. And I do appreciate the opportunity to express my support for the Centurion Foundation, national nonprofit company aiming to revitalize permit care, and improve working conditions in the healthcare systems they choose to invest in. A little further background. I graduate as registered nurse from Rhode Island junior college in 1977. I have some understanding of where the nurses are coming from. I also graduated from the University of New England completed my residence at (indiscernible), along several of my classmates in practice these days. Since 1987 I probably serve as the primary care physician here. Princeton General Hospital closure. I was a member of the instant General Hospital financial committee during the abrupt closure in 1992. The department of health offered minimal support for the small, family oriented community Hospital. There were no hospital systems willing to absorb the hospitals at that time. The hospital was closed very abruptly. The closure ultimately benefited Lifespan and (indiscernible) systems leaving numerous employees jobless. Many never returned to work anywhere in Rhode Island. Prospect medical holdings withdrawal. Prospect medical holdings, Los Angeles- based company, investment firm with 60% held by (indiscernible) private equity firm-- from millions from hospitals. Over the past two years Prospect medical has been financially withdrawing from the East Coast leaving a trail of death. This includes three hospitals in Connecticut, Pennsylvania, and Delaware. Charter care medical Associates. During this challenging period of transition, as well as with continuing issues of Covid-19, the primary care physicians affiliated with charter care medical Associates have admirably served their communities. Despite the acute lack of funding, and ongoing staffing issues, our organization has continued to provide the highest quality of care to our patients. Charter care medical Associates, through its independent physicians Association, has numerous managed-care contracts with Medicare, Medicaid, and various commercial insurance. These contracts directly impact the healthcare access of tens of thousands of patients throughout Rhode Island. So Centurion's proposed solution is to come in and provide our financial basis. This is a nonprofit approach. I think that provides the best alternative for us primary care physicians in the state and the continuation of charter care medical Associates. Thank you.

>> Pat Hayden.

>> Good afternoon and thank you for aligning to speak in this form today. On behalf of the Charter Care to the Centurion Foundation. My name is Patricia Hayden. I have been a registered nurse in Rhode Island for over 30 years. I am the practice supervisor for Charter Care Medical Associates, a primary care practice in Cranston and my husband Doctor Hayden and I were self-employed in private practice for three years before joining Charter Care Medical Associates in 2018. Since that time, the practice is extended to three doctors, nurse practitioner, pharmacist, and a nurse care manager. We treated thousands of patients in Rhode Island. And are currently accepting new patients. As many of you know, from the numerous articles in the Providence Journal, there's a primary care shortage in Rhode Island. We are one of the few primary care offices in Rhode Island accepting new patients in a past year we have integrated behavioral health into our practice, with a licensed mental health counselor available in our office two days a week. Mental health has become part of primary care medicine. Our practice has accomplished so much growth in the past five years. But we have much more to do. With the sale to the Centurion Foundation, a nonprofit organization would have the funding available to continue to provide services in Rhode Island. The risk of closure is too great. This would be detrimental to our organization and our staff, but most importantly to our patients. Where will they go for medical care? We have the chance now to move forward with Centurion Healthcare in Rhode Island. Let us make the right choice for our patients. Thank you.

>> Richard Ballard please.

>> Richard Ballard, you have been unmuted on line.

>> Are you able to hear me now? Richard?

>> Are you able to hear me now?

>> Yes.

>> Thank you very much. Thank you for the opportunity to talk to you today. My name is Richard Ballard. And I'd like to read a letter to you sent to (indiscernible) on Feb. 20. Dear Fernando (indiscernible), I am writing to you in support of the HCA obligation in the sale of Charter Care to Centurion Foundation. This is a very important issue for us. As we return to non-for profit status (indiscernible) the community we serve. Am confident that the Charter Care Foundation in our turn to not-for-profit status is good for patients, staff, regulators in many constituencies in the communities we serve. I am happy will maintain local leadership and control the local board, to continue to invest in our clinical programs and facilities and return jobs that were outsourced by leadership. I have enjoyed my job at Charter Care And are impressed by the high quality patient centered care looking forward to this application. And we look forward to this continuing as to allow us to do that. Even while Covid-19 were open every day and did not scale back. After the work that we were doing in cancer as well as the Charter Care hospitals is essential to the local economy and the community we serve and I remain

enthusiastic the mission and look forward to working with the new owners to enhance that. Thank you in advance for your support of this application.

>> Thank you. Dr. Joseph Samartano (phonetic). If you could raise your virtual hand, that may be helpful. You have been unmuted.

>> Good afternoon. Thank you for the opportunity to speak to you today. My name is Doctor Joseph Samartano. I am a retired oral, maxillofacial surgeon and a member of the Our Lady of Fatima Hospital medical staff from 1974 and 2021. In 1983 was appointed division chief, oral surgery, and served in that capacity until my retirement in 2021. I grew up and went to college in the (indiscernible) Roger Williams Hospital and Our Lady of Fatima Hospital were very familiar to me. They were the hospitals that everyone in the community went to when they were injured or sick. They receive compassionate care. Little did I know at the time that both hospitals would play prominent roles in my professional life, especially Our Lady of Fatima Hospital. They were the hospitals that might patients preferred to go to an hospitals in which I felt most comfortable providing a variety of care. Early on I served as the chair of the local are battery board at Our Lady of Fatima Hospital and (indiscernible) where we routinely reviewed improvement measures and I'm well aware of the significance and impact that these measures happen hospital operations. I am also very proud and grateful for the hard work of our employees (indiscernible). However I often wonder if the patients really appreciate or are concerned about these measures. Are patients actually being appreciative of the 100% compliance rate, the fact that there were (indiscernible) in 2023. What our patients expect or appreciate and are entitled to is that our hospitals are places of healing. Places where their spiritual and mental needs, as well as her medical issues are addressed in a timely fashion. Allowing them to return home. And resume their daily lives. Our Lady of Fatima Hospital and Roger Williams Hospital routinely and successfully accomplish these goals on a daily basis and Centurion Foundation's mission will ensure affordability and accessibility. And it will return Charter Care to not profit status and improve the healthcare and quality of life for Rhode Islanders. With respect to Fatima Hospital, Rhode Island has a population of slightly over 1 million people. Is also the most Catholic state in the country, with approximately 22% of the people identifying such. Our Lady of Fatima Hospital is the sole Catholic medical facility in the state, and often is a factor on the patient's decision on where to seek treatment. It would be appropriate to maintain a Catholic facility in Rhode Island. And the mission will provide Rhode Island with the sole Catholic medical facility in the state. Emotions were clearly visible. There were uncertainties as to the goals and expected outcomes in a ask the parties come together to address any misconceptions, so this transaction can move forward. Rhode Island deserves nothing else. Thank you for your time.

>> Thank you. Doctor Joseph (indiscernible).

>> Hi, good afternoon my name is Joe Espat (phonetic), currently the chair of surgery and the director of the cancer center at Roger Williams Medical Center. My comments are a little bit more loose. I was recruited in 2007 to take over an entire center. (indiscernible) was a paragon in cancer service and I want to focus my comments on cancer care in the state. We have for

about 50 years been the leading cancer hospital in the state of Rhode Island. One of the things that I do is the head of the cancer center, is I help manage medical oncology, and surgical oncology. The largest medical oncology team in the state. Providing the majority of pancreas and liver surgery in the state. Otherwise these patients would have (indiscernible). 15 or so years that I have been here we have been able to build a tremendous program. Our medical oncologist (indiscernible), together we take care of tens of thousands of patients who have cancer. I fully support the HCA application to buy our hospitals. I don't understand all the numbers. But here is what I would tell you. When I patients from Westerly don't want to drive to Providence, I am not a Rhode Islanders, but my kids are. I have to call somebody in Los Angeles to approve my suite in Wakefield, so the patient does not have to drive to Providence. That is not good care. If I do want patients to go to New Haven, or to Providence or Boston, I have to provide alternatives. So going to the (indiscernible) with local care enables me to make decisions locally. Lastly I have some of the best trained doctors on the cancer team, for major university cancer centers in the country and it is virtually impossible to recruit quality people to the stadium we were for-profit. I cannot do loan forgiveness. I cannot recruit the type of people want on my team, people that Rhode Islanders want to be taking care of. So I strongly support the hospital conversion sale to Centurion because it returns us to local control and gives Rhode Islanders control in Rhode Island thank you.

>> Thank you. Dan Eisen. (phonetic)

>> Good afternoon. My name is Dan Ison. I am the current vice president of financial operations. Since the beginning of my time there have been consistent financial challenges. Either nonprofit or for-profit hospitals throughout the country are up to the challenges of operating in the current healthcare environment. High cost and low reimbursement particular here in Rhode Island, are not a recipe for positive financial results. Prospects are here to see only for-profit hospital systems enroll in. Reverting to nonprofit will allow the system to be on an level playing field with other nonprofit hospitals in the state. It has been said here a number of times, I want to emphasize, nonprofit status will provide the opportunity for fund raising, participation in grants, and attract research funding. It will provide significant annual savings for the organization. It will allow the system to participate in (indiscernible) up to 25-50% savings in pharmaceutical purchases and this is particularly impactful for physician services associated with our cancer. All of these benefits are critical to bringing the systems to stability. This is the key part of the how we survive and flourish as a healthy hospital system. The nonprofit status (indiscernible) will remain open and be 100% reinvested in the mission of Charter Care of Rhode Island. I strongly support the partnership with the Centurion Foundation, is the only viable option to move on from the current ownership. The sale will allow us to get back to the community, our patients and all the hospital systems. Thank you.

>> Thank you.

>> Dr. Gerald Coven (phonetic).

>> Good afternoon. Doctor Charles Coldin. I am the director of clinical oncology at the cancer center. I strongly implored to initiate this convergence. A few things. I have been in multiple systems in Rhode Island for 25 years. I worked with (indiscernible) County and worked for Roger Williams from 2001-2005, and then came back. I want to tell you that the current administration is the best administration I've ever worked for. I have worked for Dr. -- I had Mr. -- Dr. Williams, -- the best administrators. And the board is going to stay local and will be able to do things locally. And I tell you. It is very difficult to also recruit someone. . . I had someone that wanted to come, but because we are for-profit with no loan forgiveness, we were not able to recruit him. It is very difficult to recruit. I worked for Roger Williams Hospital, not-for-profit and for-profit. This is the best and only option. If we do not do this now what is going to happen is, they are going to claim bankruptcy. And we are going to be in big trouble. Right now the hospital is strong. We are in good position. I trust mission of the Centurion Foundation. I trust our administrators. And I think this would be a perfect fit. I understand the concerns of the nurses. We have to look at the bigger picture. We all work as a team. That has to be some trust. I am strongly in favor of this conversion. And it will help us with funding, with grants, and (indiscernible) (indiscernible) more research and get back to where we were, and where we came from. I hope that you guys approve it. And relatively quickly. I will be the first to say, if you do this very quickly, by April 1, I decide to change, my family foundation is going to give \$100,000 in matching funds to the cancer center. Thank you.

>> Doctor Perakash Sampath (phonetic).

>> My name is Doctor Parkesh Sampath. I have been at Roger Williams Hospital for about 20 years. I have been very involved in images for the operating room. (indiscernible) very supportive . . . Many reasons three in particular. One the not-for-profit status is critical for education, critical to retain residence in the state, by giving potentially loan forgiveness. Critical for recruitment. Rhode Island as you know has a difficult time keeping physicians in primary care specialty. (indiscernible) in addition when I first came to Roger Williams, it has a long tradition of research. Was the Brown medical school primary hospital. Within nonprofit status, allows us to apply for federal research grants. (indiscernible) tremendous for increasing the capacity of a hospital (indiscernible). I know it is a very challenging situation, listening to the radio and TV. Very challenging for me. This foundation gives us a solid, financial Backing, taking the best care of our patients, keeping the residency and teaching programs. I want to say that, you know, current status of Rhode Island we only have one, two or three healthcare systems. Competition is important. I think it is important to have other opportunities for our patients in Rhode Island, and in general competition has been good for Rhode Island to provide the best care. Thank you.

>> Dr. Gerald Marsakee (phonetic). Greg Ventura.

>> Good afternoon. Thank you for the opportunity to speak to you today. Greg Ventura, director of supply chain at Charter Care. I have been here for (indiscernible) and spend hundreds of contracts and involve in supporting this organization through many challenges plus improvement projects and major systems change, a pandemic, cyber attack, many other

challenges that we went through. Our team continues to support nurses, surgeons, and staff in the daily treatment of our patients (indiscernible) for our suppliers and through these challenges we have done an excellent job. I support this transaction. I worked for several CEOs, CFOs, and a lot of acronyms, over the past seven years is the best leadership team I've seen at a hospital. In addition it is not easy to work for any hospital in the United States. The leadership team continues to support the many challenges. If the sale goes through I believe we will be in good shape. I've been in Rhode Island for 47 years and been (indiscernible) for close to 50 years. Hospitals in Rhode Island employ many families in this area. I love working at Charter Care, and I love working for my leader and CEO. And (indiscernible) they are going to play hockey, soccer, church school, and on and on. This job allows me to commute from Cranston as part of their lives. If I can define the role of the supply chain, I hope I'm not driving to Massachusetts. I hope I am not traveling internationally. I would like to continue to work with Charter Care and serve our Rhode Island community and be willing for (indiscernible). I am a strong supporter of the sale, and the move to nonprofit. As director of supply change, I am looking forward to rebuilding our relationship with local and national suppliers. And potentially adding local jobs in the supply chain. I am excited about new challenges to bid out these contracts, with the existing suppliers and vendors, especially in the local community. Working on substantial cross improvements, across a supplier network. In closing, I fully support this transaction, both as an employee, and a Rhode Island resident. And please approve this transaction. Thank you.

>> Thank you. Doctor William Bellevo (phonetic). You've been unmuted online. Dr. Bellevo, you may need to unmute on your own computer in order to offer your comments.

>> Can you hear me?

>> Yes.

>> [Difficult to hear due to feedback] My name is (indiscernible) Bel (indiscernible), I -- and the director of critical care at Our Lady of Fatima Hospital. To begin with, I would be remiss not to personally thank the Attorney General, -- whose foresight prevented the sale to (indiscernible) real estate. Although I am board certified, unfortunately finance is not one of them. For this to succeed (indiscernible) Yogi Berra said it best, predictions are difficult, particularly when they involve the future. The fundamental problem I believe is third-party (indiscernible) as hospital languishes United healthcare (indiscernible) and if Charter Care would've closed, (indiscernible) it would be a disaster of epic proportions. Centurion offers really the only path forward. Listening to the various speakers, each sees it through their own lens. (indiscernible) -- the patients we serve. The assessment continues to increase over the last several months than I have seen in years. I know little bit about hospital (indiscernible) I joined medical staff in (indiscernible) my mom was PACU nurse, Uncle Tom was a physician there. It was a place where (indiscernible). It has a family atmosphere of (indiscernible), that is why you see (indiscernible) including my son. That feeling is not lost in the cases we serve. Enclosing my appeal today is more on a personal level. It is not only about the potential benefit to the company, but about the dedicated workers (indiscernible) that I have worked with for over 30 years. As I mentioned, I lack a finance degree, but (indiscernible) that exists among the medical staff and employees

and administrators. A unique asset. My thanks to the (indiscernible) for Allowing me to comment. Thank you.

>> Kate Novo. (phonetic) You may speak Kate.

>> Okay. Can you hear me, okay?

>> Yes.

>> My name is Kate Noveau. I am the system director of behavioral health at Charter Care both Roger Williams Hospital and Our Lady of Fatima Hospital. And have a team of 40 social workers at both of the hospitals including two psychiatric emergency rooms, 16 patient behavioral health units and an outpatient program. At our daily huddle calls with all the other emergency hospital rooms in the state route review emergency room capacity and Haverhill healthiness and on a daily basis and reports they need assistance with beds because they are boarding behavioral health patients and emergency rooms and we have patients, willing to be seen spilling into ambulance triage base because it simply have no more room for them. Charter Care alone sees over 5600 patients for emergency behavioral health evaluations a year in our emergency department. We have over 100 license psychiatric beds with thousands of admissions each year, many from other partners. There is zero availability for the other hospitals to absorb this. Even our own state psychiatric hospitals don't have the room to support these needed services for patients. Charter Care regular steps into care for some of the 16 divisions in the state with some of the most complex needs you can imagine. We need a supportive owner that will continue to invest in resources to support the growing number of patients sprinting a mental health crisis and allow us to meet the needs of our patients. As it has been noted before it is critical that we returned to the not-for-profit status. As for-profit hospitals, we cannot compete with some of these other facilities in attracting good talent because we can offer loan forgiveness. This goes for social workers, nursing, and medicine. Also we are not able to apply for any grants. We had no support or relief funds from Covid relief, and I had to rely on the kindness of my colleagues and team up with other health systems to get access to (indiscernible), to offer community based training. And despite the worst challenges we've had over the past few years I do still love my job and I am proud that we offer such robust services to the need is that the stickiest populations in state I am proud of the outstanding team I have, and I am honored to lead them, and I am honored to retain them. We are the ones with the boots on the ground and will know what the communities need, and we know that (indiscernible). . . We look to Centurion to bring back local control over our services and decisions, and I am proud to work here, and it will good that when people are at their lowest, or most dangerous points in their lives we can help them and I am looking forward to new owners who will allow us to run our hospitals and I am excited about the future where we can do. And am scared about what will happen if the sale did not go through. There are a lot of vulnerable people that rely on us, one way we know this is the letters that we get from patients saying things there is no way I would be alive without you, or you helped me through the darkest days of my life. Thank you for your time and I hope that you will approve the sale. Thank you.

>> Thank you. Doctor Peter (indiscernible).

>> Hello? Peter (indiscernible) (indiscernible) here at Fatima. I have been in Fatima for about 18 years. My dad served Fatima for about 30 years. Long history here and what I have learned over my time is that Fatima and Roger Williams are really important to the publishing in this area. Not every patient was to go (indiscernible). So they play a valuable role. In addition to being an orthopedic surgeon, I am on the medical staff presently. The current staff cannot continue. It is a challenging situation. I was also on staff at hospital over a period of time and witnessed the fall of Memorial Hospital, with the disastrous consequences it had for the local hospitals. Seeing something like that happening again would be very difficult. So, Centurion's application to purchase these hospitals is a lifeline. How often do we get a lifeline? How often do we get a second lifeline? In my experience not very often. These are very valuable hospitals. It has been good for me. Incredibly good for my patients. Let's find a way to make this happen so the cell can go to this week and have local control, and nonprofit status to continue our care. Thank you very much.

>> Thank you. Maria Leonard. You could raise your virtual hand please. Doctor Andrew (indiscernible).

>> Good afternoon. My name is Doctor Lemoy. I am one of the co-medical directors of the -- Medical Center at Our Lady of Fatima Hospital. I have been at the hospital year for over 20 years in the been in the wound center for (indiscernible). I want to talk about the importance of keeping it open. We see, I think, by far the most number of wound care patients in the state every week, about 150-200 patients every week and for people who are medical this is a big deal. These are people with nonhealing wounds in the body. When they don't heal in a timely fashion they go on to get infections the get hospitalized, and it is very detrimental physically and mentally. They cannot work. They have social interaction problems. They need to heal. This is what we provide for the community. These people don't understand. These are life-threatening conditions in a lot of cases. We are in fact, and we are the busiest center in the state, I can't imagine how the other hospitals would absorb this volume if we were to close. I really don't know how they could fulfill this need without a hiccup, without people falling through the cracks. I think their care will be interrupted. We would be having loss of life, and we maintain these people. That is our goal. The other thing that is not obvious to people who aren't involved in healthcare is how detrimental the closing of these two hospitals would be to the state's economics. If you look at our little department, and I say "little" when in fact I say all this volume, but it is one department in the hospital. We have orthopedic surgeons, general surgeons, oncological surgeons we refer to vascular surgeons, referred to people (indiscernible), refer to durable medical equipment companies, and referred to prosthetic and orthotic companies. A lot of these companies are mom-and-pop small businesses. If these hospitals were to close, all those principle go away. Again I am not an economist either. I am a physician. But I can only imagine (indiscernible). We look at people who work directly in this hospital. Sure, all of our jobs are in jeopardy. But there are a lot of jobs in jeopardy that you wouldn't necessarily think of if you are not involved in healthcare. A lot of these businesses survive because of this hospital system, and I think it is very, very important from both the medical

standpoint, and the economic standpoint with all of this (indiscernible) to keep these two facilities open. Hopefully this makes a difference but we come here today. And we make these comments. But if you extrapolate what I said about my little department over this entire healthcare system, I think there's a lot more jobs in jeopardy. A lot more reaching, and far-reaching than the average person can appreciate. Thank you for your time.

>> Thank you. Mary Charles.

>> Thank you very much. I personally think Jeff for the great job, the great facility (indiscernible). Partnering with you. Thank you. Looking forward to continuing the partnership with you. With this proposal. But, my concern is for our taxpayers. This proposal needs to be (indiscernible). Let me explain why. We entered into a tax stabilization with Charter Care. Next year, '25, will be the last year for the tax stabilization. That will result in a 50% increase. The average homeowner is going to pay a presently \$144 per year at that rate of additional taxes, every average homeowner. 375,000 home with a (indiscernible). In the year '26 that tax stabilization goes away. Then it will cost every taxpayer approximate the 360 hours per year at this rate. I also wanted to know that I realize how important it is . . . Is a very active, young volunteer fighting for you, there was a time when they closed that emergency room. There are some people that remember that, as old as me. I will never, ever forget the very, very serious accident right at that front door. Where we had to transport patients to the hospital. I also want you to understand that part of this. But I want to make sure everyone knows that -- I want to assure you; we want to be a partner in this merger/sale. But, (indiscernible) to the taxpayers of Providence. What can I say. (indiscernible) thank you.

>> Thank you. At this time I would like to introduce Attorney General Peter Neronha to offer comments. (correction) Peter Neronha. Welcome. I look forward to hearing your comments.

>> Thank you. I'd call upon Cindy (indiscernible).

>> My name is Cindy Fenchel. I have worked at Our Lady of Fatima Hospital as a medical secretary for 46 years. But more importantly, I am a president of Union local 5110. Not only nurses here, but it also supports staff who work along the nurse is very hard.

>> [Applause] I wanted thank the Rhode Island Department of Health and the Attorney General's office for conducting these hearings. It is very important for us as employees and union members that our community hospital succeeds. When we heard there was a buyer we were hopeful. But as my union sisters took the time to learn about the details of this transaction, we all knew it was not best for us, and the community. Just take a look at my union brothers and sisters here today in attendance and last week. It is not because the union said, here is the supplier, here is the date, wave your purple shirts and said here. It is because everybody wanted to have a voice in doing. And you're doing it, without the guarantee of jobs. Like some people. So, everybody wanted to get involved. Because we all knew this deal, unfortunately, will not work for us. Our voices say not now. No to Centurion. And to leadership, I appreciate the comments that we are compassionate group. (indiscernible) you have not seen

compassion yet. Respectfully ask you the Rhode Island Department of Health and the Attorney General Neronha, to make the right decision for all employees, union members, our community, and our patients. We truly feel we will struggle with prospects. Like I said last week, we will (indiscernible) Centurion. Thank you.

>> [Applause]

>> Thank you. Michael Pelicano (phonetic).

>> Hi, my name is Michael, Pellicano. I am the Executive Vice President of services representing Our Lady of Fatima Hospital working there for 22 years. Centurion is not putting any money into the hospitals. Their entire plan as it stands is unsustainable. If Fatima could have found additional (indiscernible), they would have already done so and not be in debt. Centurion did not own or operate other hospitals to have the necessary experience to know what it probably takes to run hospital. You do not need to have another company to tell us how to run hospitals. We need a buyer that will be able to put money into these facilities and not run them into the ground or endanger the community by limiting medical care within the area. At our hospital, we will not be able to handle all the patients look for the medical care at Fatima or Roger Williams. (indiscernible) are puppets for the Centurion Foundation who do not have the best interest or our back for our patients and staff. As Executive Vice President of the service workers Union, I work closely with Cindy Fenchel. We are both very concerned. I strongly urge both the Attorney General's office and the Department of health to reject this transaction. Thank you for your time.

>> [Applause]

>> Thank you. Peter (indiscernible).

>> I'm not a public speaker. Please excuse me. My name is Peter Laprate. I have been employed at this facility for 42 years, started out as St. Joe's in South Providence. Centurion plans to have us make it as a standalone hospital by finding other avenues of revenue. In the past 4+ decades, our execution has not been able to accomplish this. Originally we started out as Saint Joe's hospital and the Our Lady of Fatima Hospital. When -- kicked in Saint Joe's hospital in South Providence could not make it on their own so everything was transferred from South Providence to North Providence. Since that time (indiscernible) has lost obstetrics to women and infants pediatrics to Hasbro. Imaging care surgery to physician backed surgery centers. We now stand to lose rehab to the new (indiscernible) facilities into reopened and with these facts, how does Centurion suggest we find other avenues of revenue? This needs to be addressed. Fatima cannot stand alone and merges with Roger Williams Hospital to form Charter Care. Charter Care cannot make it on his own then Prospect committed to be our Savior. Look where we are now. Two, Centurion Foundation wants to borrow 132 million dollars in a proposal, and they will infuse \$80 million into Charter Care, but there will be a lot more money to pay that. Since hospital is (indiscernible), how are we planning to do that. Number three as this chart shows, pertinent information related to the financial agreement between Centurion and

Charter Care has been redacted. Centurion will services is redacted, application fees redacted. Although this redacted information is being hidden from the employees and the community we serve. Because of this our urge the Rhode Island Department of Health and the Attorney General to reject this application. Thank you.

>> [Applause]

>> Thank you. Marie (indiscernible).

>> My name is Marie Grundy. I am a registered nurse working in the endoscopy department at Our Lady of Fatima Hospital for about six years. Prior to that I spent 34 of my 45 years in nursing working at Memorial Hospital at (indiscernible) listening to Centurion's promises brings it back to 2014, when care New England acquired Memorial. That plan ended in disaster, with the closure of the hospital in 2018, putting an additional strain on Miriam Hospital and Rhode Island hospitals. As a side note, it was a slow, miserable death. I agree that a not-for-profit hospital has more potential than a for-profit addition and to do the best for our patients we need to know how to proceed. There needs to be transparency in this transaction. The redacted parts of the application in my opinion raises a bunch of red flags. What is Centurion trying to hide? What services are being provided? What fees are going to be charged? What is the amount of those fees? One will they be due. Will the contract with the union be honored? What about our healthcare benefits? And with this acquisition, no funds are forthcoming. Instead, Centurion wants to borrow an exorbitant amount of money to exist. I am sorry but I cannot wrap my head around this logic. Therefore I ask that this application be rejected. Thank you for your time.

>> [Applause]

>> Thank you. (indiscernible).

>> Lizete Soa (indiscernible) I am the associate vice president for outpatient services for Charter Care health partners and having with the system for 24 years. Through those years I have seen many different changes from reductions in pay in order to save jobs. Straight through growth and development, at opening 28 outpatient locations. I am certainly sitting side-by-side with Charter Care medical Associates as it is one of the divisions are receipt. And all the providers in phenomenal staff want to do more for our patients and are unable to do more for our patients because of the restrictions that Prospect has put on to us whether it is financial in a approving positions, equipment, supplies, new leases for growth and development for us to have a good footprints throughout the state around and so I ask you to support Centurion. But I am also here in the role of my favorite role as a daughter to a patient of the system. My mother suffered a severe stroke in January of last year. And if it wasn't for the close proximity of Our Lady of Fatima Hospital and the phenomenal, phenomenal care that was provided to her in the hospital, it certainly would have come may have been significantly different. So we are at a juncture where do we go? Do we lose critical services that we have to serve our community? Where patients will have to be at risk and drive further, and potentially have an issue within the

EMS? Or do support Centurion and ask Centurion to put the faith back into our system? Thank you.

>> Larry Miller.

>> Lorrie Miller. To the office of the Attorney General and the Rhode Island Department of Health I am stand before you as the president of (indiscernible). (indiscernible) And I watched over the 30 years healthcare. I do not see or hear how things are going to be different, and how we are going to change issues that we had in providing the care for these patients . . . When there is no supplies. I don't see where Centurion is going to help us to get the supplies we need to take care of these patients. I see a lot of (indiscernible) on the frontline going (indiscernible) doing things. We have been stripped down to bare bones, in the hospitals and on the road in health care. Is not safe for the people of Rhode Island. We care about our community and the people we see. On the average I treat six patients a day. I spent about an hour with each patient. I am the only OT for the agency, and I travel nearly 100 miles per day. I have to do it on my own time-- so you look at traveling 100 miles per day-- another two hours. At least, with traffic on the roads. I am up to eight hours. And then I have to do all my paperwork, which is another two hours. We don't get lunch. We don't get a bathroom break. And then they keep wanting more. I don't see how Centurion is going to change that with what they presented to us. I see us going right back to where we are. Our system (indiscernible) went to the corporate world, and it is not but caring for people. That terribly saddened me when I have to sit and watch these people struggling, and no resources to provide for them. At this point I cannot support Centurion. Thank you for your time.

>> [Applause]

>> Thank you. Lynn Redding.

>> Good evening. My name is Lynn Redding. I was here last week. And we will keep fighting the best fight that we can. We received a letter from the leadership say that the union members seem to be confused. We are not confused. We see real problems in front of us with the Centurion purchase. Part of that is that we as a community, we as Charter Care, will have to fund this. They may say that they are giving us 8 million dollars. And they say this is not profitable. There is no such thing as nonprofit. There is no such thing as a free lunch. Somewhere down the line, do you think we would've learned when Charter Care was in favor of us (indiscernible) with Prospect? We have not learned. We understand that leadership is telling us that Centurion has met with us as a union. And they have met many of our demands. I would like to know the name of insurance company that they are saying we are going to have equal to or better than insurance. I'd like to see that document. I'd like to see the contract. We have not heard or seen anything. We have also seen the sleight-of-hand. This is what this comes down to. When leadership and those who resent leadership at the hospital come forward and say, we need this, we need to support our community. We are the only hospital out there that leads with those who are suffering, and don't have the financial wherewithal. We know that. We know that. But that is not speaking to Centurion's viability. That is the sleight-of-hand. They are

telling how they desperately need to stay open. This is not the group to take care of us. We can see that. We are putting up the money as Charter Care. It is not just the nurses. We are talking hospital staff members saying the exact something we are. Which happen to be here in force right now. There are a lot of staff members at the hospital who will know this is something jumping from the frying pan into the fire. And we also know that there are regulations in the state of Rhode Island, where you cannot simply close the door on hospital. The fact that they are using that as a scare tactic is not healthy. And I really want to have the Rhode Island Department of Health and the Attorney General's office to spend quality time, look at that application realize this is nothing more than a red herring. Thank you very much.

>> [Applause]

>> Thank you. Chris Kolachi (phonetic) please.

>> (indiscernible) good evening. There is an 800 pound gorilla in the room. It is called debt. That is what this business file is. Hospitals are losing their lungs, are going to borrow 133 million dollars, taken 100-300 million dollars in interest on top of that, and miraculously survive. I have heard testimony about how this is the only option. Maybe it is. Maybe it isn't. Because it is the only option who is not a viable option. We do not settle family hospitals with hundreds of millions of dollars in debt and expect them to survive. I heard testimony about how we are going to convert from for-profit, back to not-for-profit. You Saddle hospitals with hundreds of millions of dollars in debt and they will fail. You saddle failing hospitals with the \$133 million plus that with interest they will fail. They highlighted in their application they're experiencing healthcare. Here's what it is. (indiscernible) seeking project. That was a leasing project, four-story, (indiscernible) in Texas. Example number two. Multi-care project a for-profit building sale. in (indiscernible) and what that means for these hospitals. We are in big trouble. The third example. The infirmity health system project, about financing a four-story, 79,000 square-foot facility. We do not need a leasing strategy here in Rhode Island. We don't need financing health for a four-story building. We do not need a sale/ lease back agreement. Look at Stuart, across state lines. We know what that means. We don't need that; we need capital, and we are not getting it in this business model. Lastly Mr. Mendell (phonetic) and Mr. Lehman started by giving us a proposal. I am the chief negotiator and I have no information on the dental plan, no information on the vision plan, no information on the wellness program. And what I have respect to the medical insurance plan, and the restriction plan is so lacking in specificity and detail that I can't do an analysis and know how it measures up; for all of these reasons, reject this application.

>> [Applause]

>> Thank you, Jeff (indiscernible).

>> . . . you have been unmuted.

>> Good afternoon. Thank you again for the opportunity to speak. My name is Jeff Pechen. I currently am the national director of residency cycle operations for Prospect. I started with Prospect at Charter Care. And was promoted up to the national role. And once the sale transaction goes throughout I will be staying with Charter Care thankfully as the vice president of resident cycle. Some things that are important to know. Our performance. We've heard a lot about plans, about emotions and what not. How do we perform financially? If you set aside the overhead costs that are being laid down upon us with the current organization, set that aside. We have a denial rate for insurance claims around 5%. 4% is considered the 90th percentile for industry standards. They recapture roughly 70-75%. That is also close to the 90th percentile. We do all this; we do this with inadequate IT infrastructure, inadequate network viability. It is down. If we can free ourselves of all of these costs that are associated with our current structure, the money won't go to California. The money will stay here. We can make plans. And work together. And for those that think we can stay with Prospect and continue to struggle, take off the blinders. (indiscernible). This is a moment in time that (indiscernible). Other options . . . no. Unfortunately, there aren't. What I can tell you is, this organization can function. On our own. We can do it. I know. From a personal standpoint, as I sit here and watch the video, I see Dr. (indiscernible) and that man saved my life. He basically walked off an airplane tarmac and came right to the hospital to the surgery on me. That is what this place is a about. If we sit there and talk about the contracts and things and throw bombs at each other, that accomplishes absolute nothing. It is a waste of time. We need to try and work together to see what we can come up with. But, you know, that's going to be very difficult if we don't table some of the emotions. I understand that is a very easy thing to say. Sit in the Eiffel Tower in my home office. But we have to figure out a way. And I implore you to approve this ratification. Thank you.

>> Thank you. Richard Sweeney.

>> Good afternoon. My name is Richard Sweeney. I work in talent acquisition as a recruiter. My first interaction with Charter Care was taking a family member daily for six weeks to the cancer center. The care, compassion, and the professionalism was outstanding. That is to you people. I then started to work here. And it is a privilege to work here. So, I stand here today to rise in support for the purchase of Charter Care. And Roger Williams Medical Center to ensure the viability, the stability, and sustainability of these two community hospitals. And the care they give to these many communities that they serve. Thank you.

>> Thank you. Karen Kern (phonetic).

>> My name is Karen Turren. I have not been a disciple very long time still in probation, but I have seen what they have gone through. This proposal with its redactions and with its nebulous statements reminds me of someone who earlier this year told Congress, let's pass this bill so we can see what is in it. Let me tell you. That is no way to do business. As it stands if you have not read the contract, which is about that thick, we've had part of it, meetings read to us, quoted directly from it, are challenges to see what the financial implications are. If you just go by what somebody tells you, and don't read the document, you don't know what the application is. Somebody already mentioned that Centurion is expecting us to come up with untapped

resources that have not been found over the last number of years. And it when all untapped resources that have been exhausted. The only thing you can do is cut stuff. Already the staff at Fatima has been asked to work extra shifts. Maybe this does not sound bad, but more often than not, you are called in for on-call. When you're hired you are committed to a number of hours a week that you are willing to work. And then you have these hours on top of it. (indiscernible) in her two books, Nursing . . . Safety in numbers and Nursing vs. -- I forget the other one, Nursing vs. the Odds, presented many sources that showed that if you start cutting your staff, you not only compromise the morale of the staff. But you compromise things like bed sores and infections. And . . . Things like patient safety. And patient safety is one source of income that can be easily withheld by Medicare. And we serve many Medicare patients. We did not meet the standard (indiscernible), so while they may be struggling to find exact resources, if the staff is to continue to be cut, we have a great chance of having less resources from government resources. There are number of things that make this not a viable thing. At least we need, as was mentioned, transparency. Also need time for people to look at it. And really see what the implications down the road are going to be. It may not be the same thing. (indiscernible), we don't know. But we at least deserve the chance to see what's involved and how it is going to affect us, and how is going to affect our community. Not only is it going to affect the loss of . . . hospitals, but community hospitals also, which is tragic enough in itself. But it can also affect the loss of community members through increased morbidity and mortality. That is something we cannot ignore. Our urge you to reject this.

>> [Applause]

>> Thank you. Mirana Legustin (phonetic). Cynthia Williams.

>> Good afternoon Cynthia Williams. I work for the cancer center. I have been with Charter Care for 16 years, may be more, may be less. But I can tell you that I'm all for us to go with Centurion. Because as of late, it's very difficult to get supplies for patients. And it is causing us to not be able to perform 100% patient care. On behalf of my patients, my patients are my world. And it's not just being a medical assistant, is also caring for Not only the patients themselves but for the families. and incorporated got into the care. But we have been getting a hard time getting bone biopsy kits. Maybe 15 months. Maybe more maybe less. I don't know exact numbers. But working at Charter Care has -- I've been there through the nonprofit, being for-profit. I don't care about that. I care about my patients. That is what I care about and how the care is delivered to our patients, and our community. And I just wanted to be over with. I really do. It is affecting patient care. And that is first and foremost important to me. Thank you.

>> Thank you. Ryan Pacliaro (phonetic).

>> Good evening everybody. Well we appreciate the sentiment that our patient care is excellent, we know that this is not what this is about. Or this application. So tonight I ask my union brothers and sisters to ask the Attorney General to not approve the deal. Approving the deal would be a Band-Aid or half measure. We cannot afford it anymore (indiscernible) in the state, facility amount of money siphoned out of this hospital is announced to the public. No one

knows how much money Centurion is going to command in order to keep us afloat. Centurion's practice culture reinvesting profits into the communities they serve. Is very hard to do when you factor the current profits against interest of potential bonds and loans. I hear a lot of boasting about switching to nonprofit. Nonprofit is not about wellness. Becoming debt-free, sustainability . . . Remember the Care New England decided to close Memorial Hospital. Approving the deal with this amount of uncertainty could be we will be in the same position we are now or worse in the next few years. I challenge our administration today to tell us. Have you read the application? I wanted to acknowledge the risk this deal will be. Centurion is not the answer. Thank you.

>> [Applause]

>> Thank you. Katrina (indiscernible).

>> Good afternoon. Katrizna (indiscernible). Good afternoon. I am the director of hematology for Charter Care and Roger Williams Hospital. And the director of the hematology training. And in our busy hepatology practice. At this point in time I train about one third of the hematology workforce in Rhode Island. And more to come. I would like to share with you something that not many of you know. We have four decades of hematology (indiscernible) how hematology started a turning program in the state of Rhode Island and (indiscernible) we collaborate with all sister hospitals. So is about the community of learning, education, and patient care. And also as you may know, my fellow provide care to veterans in VA medical center across the street which is very good for busy fellows and other trainees. This is very important. Continuity of care would provide for multi-generational families that we see. I am learning Spanish now. I want to communicate with my patients in their native language. (indiscernible) as the Roger Williams Hospital program affects you. Thank you.

>> Peter Pole (phonetic).

>> Hi good afternoon. Pieter Poho, surgeon at the medical center. I have been here for 25 years and have seen up-and-down many times. Always survived. And I think right now we have a difficult situation. I think we have the opportunity to get the best of both worlds. We can get the administration that we have. Which has been doing a good job. Looking for more direct access to the administration. Not having to go to all the channels anymore. (indiscernible), I think it will be very helpful to build programs that we need to build, and we can build. We have the manpower and the knowledge and the staff. The other thing that I think is important is we get the financial background. Debt (indiscernible) everything is financed by debt. This is how the United States runs. The question is what kind of debt. Centurion gives us the best chance of giving us good, affordable debt. -- It is a great financing company with great administration and staff, good things all around. I am for the (indiscernible) this afternoon.

>> Thank you. Lynn Blaze (phonetic).

>> Good evening I name is Lynn Blais. Registered Nurse for 40 years. I stood up last week, and I will stand again this week. I have had my entire career in the system, my children in the system, my surgery in the system. I want to end my career in the system but the way this deal is set up, I am almost guaranteed that those doors will shut before I finish my career. We cannot have the deal with Centurion that is all debts funded. There is no way that makes any sense to me as a registered nurse. Not as an economic person. But you cannot finance 133 million dollars in health care and expect that we will be able to pay that debt back and move forward. I am proud of the people I work with. I am proud of the services we provide. I don't think there is any question about that. We have heard a lot from the administration and that side of the room and the physicians that have been here in and gratefully acknowledge and they see that. I have been a local leader in my 40 year career, the president of a local for 36 years up until my new role. And I turned it over to my colleagues. I have had (indiscernible) CEOs and I cannot tell you how many personal directors. We have negotiated contract after contract, good times and bad times and I was there when St. Joseph Providence closed. I became a registered nurse in (indiscernible), and I worked in surgical services for the last 20 years. I know we can work together to find a deal that works. This is not the deal that works. I urge you to reject the deal as presented. Thank you.

>> [Applause]

>> Thank you. Maria Leonard.

>> Maria, you are unmuted.

>> I apologize I cannot be there in person. I do want to take a moment to share my perspective and I will give you a little bit about my role here. So I have had the benefit of working or supporting volunteer really, the advisory board for Roger Williams Hospital, and for the last couple of years sitting on the board for Charter Care. My background is I am in the financial services industry, where I currently serve as the chief compliance officer for citizens Bank. Suffices to say I have spent my whole career in financial services. What I will share is that the current situation that we are in is not ideal. Nor is it sustainable. And we have one option on the table, which is to have Centurion step in and support the organization. I am supporting it, because it brings control back to the local team. It brings the revenue back to investing. The nonprofit status means we can invest the earnings back into the local community and support the community in ways that we don't have full control over today. And overall, I think that the future of this franchise is really dependent on having someone step in to provide that financial support. So I do support this deal. Thank you.

>> Thank you. (indiscernible). (indiscernible) Henry. Nicolanka Henry (phonetic), you have been unmuted. Is there anyone else in attendance who would like to provide comments? But has not had the opportunity to speak tonight? Please raise your virtual hands as well, if you're online.

>> Kimberly Valente, you are unmuted.

>> Thank you. Can you hear me?

>> Yes.

>> I am definitely in support of . . . the sale. I think that Prospect has made it clear that one, they don't want to own the hospital any longer. So people can . . . comment about this not being a good sale. But you basically have an owner who doesn't want to anymore. They are looking to get out of this. You don't have people pounding on the door looking to invest in two hospitals that are failing. And that is a reality. They are failing. The patient population that Charter Care serves is low income community. Much of the care is seen in the emergency rooms. We are at risk of those emergency rooms shutting. Prospect owed 24 million dollars for vendors and if it wasn't for the Attorney General of Rhode Island having the foresight in putting aside an escrow account to pay back those vendors, we would continue to have the cancel surgeries and procedures. Because we were not able to get the equipment that we needed. All of this is available, and no (indiscernible). As far as the staffing and the current conditions and the pay and all that, that is with the current owner. I don't know how you think are blocking the sale that is going to improve the current conditions. It seems like the only viable option is Centurion, who is reaching out and offering to give us a lifeline. If there are things that we need to work with them on, there needs to be more transparency, they seem to be open to working with us. They haven't shut down anything and they have been forthcoming. We do not have any options left. I go to the last meeting and talk about what happened in Pennsylvania, and how that hospital was shut down. I don't know if anybody has done research into that. But the nurses showed up for work that morning only to find a sign on the door. The hospital was closed without warning. The difference between profit and nonprofit, a profit organization expected to turn a profit which we are not doing. You cannot force an owner into keeping you, and say you know, we want more money. We want better working conditions. They can't get us to a point of being profitable. They're not going to invest money in those things. That is the reality of the situation. Centurion at least gives us an opportunity to work together as a team. This is one of the strongest leadership teams that I have seen at the local level. And I worked in two of the largest academic hospitals. This team is incredibly strong. And I have faith in this team. And I have faith that they will work with Centurion in the best interest of both the employees and the Rhode Island residents and community. Thank you.

>> Thank you. (indiscernible) Henry.

>> We would like to know how much money was allocated for experts, before we vote. The Attorney General and the Rhode Island Department of Health and how were those funds allocated. Meaning who was hired?

>> Thank you for your comment. I will remind everyone that the intent of a public meeting is for the office of the Attorney General and the Rhode Island Department of Health to hear comments from the public, this format is not scheduled to be a question-and-answer forum. If you pose a question, it will be part of the record. And will be considered by both agencies. But we will not engage in any question and answer exchange here.

>> Well we will pose a question as to why there is absolutely no transparency with respect to the application. With many, many, many pages that have been redacted. Exactly how do you expect the public to have any cogent commentary?

>> Thank you for your comment. Is there anyone else in attendance who would like to provide comments? But has not had the opportunity to speak tonight. Please raise your virtual hand as well. Come to the microphone.

>> Hi my name is (indiscernible). At Fatima hospital since 2006. I also worked at (indiscernible) for 11 years and I have also seen go through long-term reductions and changes, and everything. I hate speaking in front of people. But in my mind, how can-- I can't imagine going (indiscernible) and saying to them, I want to buy this million dollar home. I have a lot of people who are willing to show me how to do it and how to maintain it. Well, in my merely hourly pay, I can do it. By the way, if you want any details or changes forget them. This is going to be redacted. But trust me. Don't worry about it. It is all okay. I did read through a good percentage of what was on the (indiscernible) -- Attorney General Neronha. The only thing clear is that this is not a good option. I cannot even remotely begin to trust anyone that leaves big blank spaces and everything, gives me vague incentives on this, has no experience hardly and (indiscernible) guaranteed a job and getting 200 more IT people and services. That is awesome. But we need (indiscernible) money. They have not been able to do anything. We are the (indiscernible) who work on a contract that finally brought us up to par. They are not even considering talking about that to us. So yeah. I can't (indiscernible) this. And I feel absolutely the same way.

>> [Applause]

>> Thank you. Is there anyone else in attendance who would like to provide comments that has not had the opportunity to speak today? Hearing no one, this concludes our public meeting of the Centurion Foundation's Hospital conversion application for the proposed acquisition of The HCA Application of Centurion's Acquisition of Roger Williams and Our Lady of Fatima Hospitals. Thank you for your participation. Good night.

>> [End]