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STATE OF CONNECTICUT

OFFICE OF HEALTH STRATEGY

HEALTH SYSTEMS PLANNING UNIT

Docket No. 20-32394-CON

Termination of Inpatient Obstetrical Services at Windham Community Memorial Hospital

Administrative and Public Hearing held via Teleconference on November 10, 2021, beginning at 10 a.m.

H e l d B e f o r e:

JOANNE V. YANDOW, ESQ., THE HEARING OFFICER

1 **A p p e a r a n c e s:**

2 **For WINDHAM HOSPITAL:**

3 **UPDIKE, KELLY & SPELLACY**

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5 **265 Church Street, 10th Floor**

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7 **By: JENNIFER FUSCO, ESQ**

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11 **For HARTFORD HEALTHCARE:**

12 **HARTFORD HEALTHCARE CORPORATION LEGAL DEPARTMENT**

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15 **By: JACQUELINE HOELL, ESQ.**

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17

18 **OHA Staff:**

19 **BRIAN CARNEY**

20 **RUONAN ROY WANG**

21 **LESLIE GREER**

22

23

24

25

1 (Begin: 10 a.m.)
2
3 THE HEARING OFFICER: This is the Office of Health
4 Strategy Health Systems Planning Unit public
5 hearing. This is regarding a certificate of need
6 application.
7 This is an Office of Health Strategy
8 application filed by Applicant, Windham Hospital.
9 This is Docket Number 20-32405-CON [sic]. In
10 the application Applicant seeks to terminate
11 inpatient services offered by a hospital. More
12 specifically the application states that Applicant
13 is seeking the termination of inpatient
14 obstetrical services at Windham Hospital.
15 This public hearing before the Office of
16 Health Strategy's Health Systems Planning Unit is
17 being held on November 10, 2021. Public Act 21-2,
18 Section 149, effective July 1, 2021, authorizes an
19 agency to hold a public hearing by means of
20 electronic equipment.
21 In accordance with the public act any person
22 who participates orally in an electronic meeting
23 shall make a good-faith effort to state your name
24 and title at the outset of each occasion that such
25 person participates orally during an uninterrupted

1 dialogue, or a series of questions and answers.
2 We ask that all members of the public mute
3 the device that they are using to access the
4 hearing and silence any additional devices that
5 are around them.
6 This public hearing is held pursuant to
7 Connecticut General Statutes Section 19a-639a, and
8 will be conducted under the provisions of Chapter
9 54 of the Connecticut General Statutes.
10 My name is Joanne V. Yandow. Victoria Veltri
11 the Executive Director of the Office of Health
12 Strategy has designated me to serve as the Hearing
13 Officer for this matter to rule on all motions and
14 recommend findings of fact and conclusions of law
15 upon completion of the hearing.
16 The Office of Health Strategy staff is here
17 to assist me in gathering facts related to this
18 application, and will be asking the Applicant's
19 witnesses questions. I'm going to ask each staff
20 person assisting with questions today to identify
21 themselves with their name, spelling of their last
22 name and their OHS title, starting with
23 Mr. Carney, Please.
24 MR. CARNEY: Good morning my name is Brian Carney. I'm
25 the Certificate of Need Supervisor at the Office

1 of Health Strategy.
2 My last name is spelled C-a-r-n-e-y.
3 MR. WANG: Good morning. My name is Ruonan Roy Wang;
4 last name W-a-n-g, and I'm an associate research
5 analyst at the Office of Health Strategy.
6 THE HEARING OFFICER: Thank you. The certificate of
7 need process is a regulatory process, and as such
8 the highest level of respect will be accorded to
9 the Applicant, members of the public and our
10 staff.
11 Our priority is the integrity and
12 transparency of this process. Accordingly,
13 decorum must be maintained by all present during
14 these proceedings. This hearing is being recorded
15 and will be transcribed. All documents related to
16 this hearing that have been or will be submitted
17 to the Office of Health Strategy are available for
18 review through our certificate of need portal.
19 Through the hearing you'll probably hear
20 reference to CON, CON standing for certificate of
21 need. The CON portal is accessible on the Office
22 of Health Strategy's CON webpage.
23 In making my decision I'll consider and make
24 written findings in accordance with Section
25 19a-639 of the Connecticut General Statutes. The

1 CON portal contains the table of the record in
2 this case. As of this morning exhibits were
3 identified from A to U. All public comment can be
4 found under Exhibit F.
5 In accordance with Connecticut General
6 Statutes Section 4-178, the Applicant is hereby
7 noticed that I may take judicial notice of the
8 following documents.
9 The State facilities plan; OHS acute-care
10 hospital discharge database; hospital reporting
11 system financial data, bed-need methodology;
12 hospital reporting system known as HRS report 400,
13 hospital inpatient bed utilization by department;
14 all payer claims database, APCD claims data;
15 Connecticut Vital Statistics Registration reports
16 2010 to 2019, provisional; Windham Hospital
17 Community Health Needs Assessment for the years
18 2015, 2018 and 2021.
19 I may also take administrative notice of
20 prior OHS decisions and agreements regarding
21 Windham Hospital and other OHS final decisions
22 that may be relevant to this matter.
23 Mr. Carney, are there any additional exhibits
24 to enter into the record at this time?
25 MR. CARNEY: Attorney Yandow, I'm not aware of any

1 additional documents. There may have been a late
2 submission for public comment that needs to be
3 incorporated with the public comment file. It's
4 the only one I'm aware of.
5 THE HEARING OFFICER: Okay. Thanks. And as those
6 comments come in they will be placed under Exhibit
7 F.
8 Counsel for the Applicant, would you please
9 identify yourself in the record.
10 MS. FUSCO: This is Jennifer Fusco, Counsel for Windham
11 Hospital.
12 THE HEARING OFFICER: Okay. And I do know there's
13 another counsel of record. I'm not sure I know --
14 Attorney Fusco, you will be the lead counsel here.
15 I'm not sure if other counsel would like to
16 identify yourself?
17 MS. HOELL: Thanks, Jennifer. Jacqueline Hoell,
18 Associate General Counsel for Hartford HealthCare.
19 THE HEARING OFFICER: Attorney Fusco, are there any
20 objections to the exhibits in the table of record
21 of the notice documents?
22 MS. FUSCO: I do have some objections and requests for
23 clarification. So there was a letter submitted by
24 my office yesterday in response to a letter
25 submitted by Generations in the public comment

1 file. I don't know if my response gets filed with
2 the public comment, or if that's a separate
3 exhibit -- but that's not reflected on the table
4 of the record.
5 THE HEARING OFFICER: I think that's going in as
6 Exhibit B. I just don't think it's made it in
7 yet.
8 Mr. Wang, can you clarify?
9 MR. WANG: That is correct. It will be Exhibit B.
10 THE HEARING OFFICER: It will be entered in as Exhibit
11 B.
12 MS. FUSCO: Okay. And then just two comments or
13 requests with respect to Exhibit F, the public
14 comment file. So on pages 187 to 188 of the PDF
15 there is a public comment in there about the
16 Sharon Hospital Obstetric unit. I know there had
17 been several in there when I looked last week.
18 Most of them are gone, but there's a new one in
19 there. If that can be moved to the correct file?
20 And then there's a letter that went in. I
21 don't know if it went in last night or this
22 morning. It's from an Attorney Dennis O'Brien.
23 It's requesting reconsideration of the CON
24 determination from 2015 regarding Windham
25 Hospital's ICU. That has nothing to do with this

1 proposal, and I don't think it properly belongs in
2 the public comment file here, as opposed to the
3 public comment file in that CON, and that's on
4 pages 201 to 206.
5 THE HEARING OFFICER: It was entered in. He filed it,
6 I believe, as public comment to this. I mean, we
7 will take public comment as, you know, whatever is
8 relevant is relevant. If it's not relevant I'm
9 not going to make any kind of determination on a
10 request for a reconsideration on another case.
11 Certainly, I don't know who the parties were
12 in that case. That's not the issue before me, but
13 whatever anyone issues in as public comment, it's
14 going to go under Exhibit F.
15 MS. FUSCO: Okay. Fair enough. Thank you.
16 No objections other than that. Those are my
17 questions.
18 THE HEARING OFFICER: And Mr. Wang, did I address all
19 of that? And as far as moving the other exhibit,
20 I don't know if that can actually be moved. Or
21 we'll just recognize that that document is --
22 MS. FUSCO: Exhibit B.
23 THE HEARING OFFICER: Yeah, the one that she said was
24 part of the other.
25 MR. WANG: Correct. So the Applicant's response to

1 that letter will be Exhibit B, and then I made
2 notes of the specific sections of the public
3 comment that the attorney for the Applicant had
4 mentioned. So I have it in my notes.
5 THE HEARING OFFICER: Okay. Great. All right. Thank
6 you.
7 So all identified and marked exhibits are
8 entered as full exhibits.
9 Attorney Fusco, could you just clarify for me
10 the legal name of the Applicant? I know it was
11 filed under Windham Hospital. I do see other
12 references made to a different name, including
13 Windham Hospital Community. There's community
14 somewhere in there.
15 What is the legal name of the Applicant?
16 MS. FUSCO: I think -- and I'll clarify this for you
17 when we take a break. I believe the full legal
18 name is Windham Community Memorial Hospital.
19 MS. HOELL: Correct.
20 MS. FUSCO: I'll verify that that's the actual legal
21 name for you, but I believe it is.
22 It's on the license, yeah.
23 THE HEARING OFFICER: All right. Thank you. We will
24 proceed in the order established in the agenda for
25 today's hearing. For all those listening in, the

1 agenda can be found on the CON portal.
2 I would like to advise the Applicant that we
3 may ask questions related to your application that
4 you feel that you have already addressed. We will
5 do this for the purpose of ensuring that the
6 public has knowledge about your proposal, and for
7 the purposes of clarification.
8 I want to reassure you that we have reviewed
9 your application completeness responses and
10 prefiled testimony.
11 As this hearing is being held virtually we
12 ask that all participants to the extent possible
13 should enable the use of video cameras when
14 testifying or commenting during the proceedings.
15 Anyone who is not testifying or commenting shall
16 mute their electronic devices including
17 telephones, televisions and other devices not
18 being used to access the hearing. All
19 participants shall mute their devices and may
20 disable their cameras when we go off the record or
21 take a break.
22 Please be advised that the hearing recording
23 continues during the breaks. So any audio or
24 video not disabled will be accessible to all
25 participants and will be recorded. I will try to

1 remind you every time we take a break, but you
2 will want to make note of that.
3 Public comment taken during the hearing will
4 likely go in the order established by OHS during
5 the registration process, however I may allow
6 public officials to testify out of order. I or
7 OHS staff will call each individual by name when
8 it is in his or her turn to speak.
9 Registration for public comment will take
10 place at 2 p.m., and is scheduled to start at
11 3 p.m. If the technical portion of this hearing
12 has not completed by 2:00 p.m., public comment may
13 be postponed until the technical portion is
14 complete.
15 There's an outstanding request from Applicant
16 in Exhibit R, which includes Applicant's request
17 for clarification of hearing notice. Applicant
18 requests that OHS clarify the hearing notice
19 issued on September 22, 2021, to acknowledge the
20 statutory provision under which a mandatory public
21 hearing is being held.
22 The notice states that OHS will hold the
23 hearing under 19a-639a(f)2. As noticed OHS is
24 holding this hearing. Notice of this hearing was
25 proper. Regarding the applicability of

1 198a-639a(e) the record speaks for itself.
2 Exhibit F includes letters requesting hearings of
3 this matter.
4 My ruling on the request for clarification is
5 not that 198a-639a(e) does not apply, but that the
6 hearing notice was sufficient. As previously
7 stated this hearing will be conducted under the
8 provisions of Chapter 54 of the Connecticut
9 General Statutes, which is the Uniform
10 Administrative Procedure act.
11 Attorney Fusco and OHS staff, are there any
12 other housekeeping matters or procedural issues we
13 need to address before we start?
14 MS. FUSCO: Not from my perspective. Thank you.
15 MR. CARNEY: We're good.
16 THE HEARING OFFICER: Okay. Thank you.
17 Attorney Fusco, do you have an opening
18 statement?
19 MS. FUSCO: Sure. Thank you, I'd just like to open
20 briefly, and then I'll cede my time to my
21 witnesses who I think I have a lot to talk to you
22 about today. But thanks for this opportunity to
23 make a brief introductory remark on behalf of
24 Windham.
25 The hospital is before you today, as you

1 know, requesting approval to close its obstetric
2 labor and delivery service. The proposal at its
3 core is about patient safety. It's about a need
4 to close a labor and delivery service that can no
5 longer be operated in a safe and consistent
6 manner. And it's about ensuring that the women in
7 the Windham area have access to the highest
8 quality obstetric care in the right environment,
9 even if it means they can no longer deliver at
10 Windham Hospital.
11 You'll hear evidence today that establishes
12 without question that it's no longer possible to
13 safely operate the L and D service at Windham.
14 The unit's clinicians simply cannot maintain their
15 clinical skills and competencies delivering one or
16 two babies on average per week, and sometimes
17 going several weeks at a time without delivering a
18 baby at all.
19 The hospital has had significant difficulties
20 recruiting physicians, obstetricians,
21 anesthesiologist, neonatologists, nurses and the
22 other clinicians that attended childbirth, and
23 that's directly related to the low volume. I
24 mean, these professionals know that they need to
25 maintain their clinical skills and competencies

1 and they can't do it in a unit that has so few
2 births.
3 They also know the risks that come along with
4 delivering a baby in a unit that delivers less
5 than a hundred babies a year -- so that that's
6 been a challenge.
7 The recruitment difficulties that are tied to
8 the low volume have also led to significant issues
9 with call coverage, and they've made it really
10 difficult to keep that unit open -- and open on a
11 consistent basis. It's these reasons that cause
12 Windham to make, you know, the difficult decision
13 to close the unit in the interests of patient
14 safety.
15 That unit, as you know -- and we'll talk, I'm
16 sure, a lot about today -- was suspended back in
17 June of 2020, and this was done due to issues
18 with, you know, staffing challenges at that point
19 that were insurmountable.
20 But at that point a plan was put in place to
21 ensure that all of the women who were seeking
22 their prenatal care at the Windham Women's Health
23 Clinic as well as, you know, any women who were
24 presented to the Windham Hospital ED, and were
25 able, safely delivered their babies at higher

1 volume OB units in the area that were better
2 equipped to handle complications that can arise
3 unexpectedly during childbirth.
4 And the plan -- I mean, again you're going to
5 hear this today. Like, the plan has been tested
6 and it works. More than a hundred women since
7 June of 2020 from that program have safely
8 delivered their babies at Backus and other
9 hospital using the triage and transfer plan that's
10 in place, and the transportation that's provided
11 to those who need it.
12 You are going to hear later today, I'm sure,
13 from members of the public who are going to say
14 closing the Windham labor and delivery unit makes
15 it less safe for pregnant women and their babies,
16 when I would say the exact opposite is true.
17 Women who've historically delivered at
18 Windham including women of color, who we know are
19 at greater risk for the underlying health
20 conditions that cause pregnancy complications, are
21 now going to have access to safer obstetric care
22 in higher volume units with more of that ancillary
23 clinical support staff that's needed to safely
24 deliver babies.
25 We want you to just understand that this is

1 not about taking healthcare services away from a
2 vulnerable patient population. It's about
3 ensuring that these women and their babies get the
4 best possible obstetric care at facilities that
5 are well equipped to provide it.
6 It's important to note -- and I'm also sure
7 this is going to come up today, Windham is not
8 proposing to terminate its prenatal care services.
9 It's not proposing to terminate its postpartum
10 services. Those services have been provided for a
11 very long time. They've continue through the
12 service suspension. They've been enhanced, things
13 that Ms. Handley will talk about later today.
14 The hospital is also not curtailing or
15 closing women's health services. The hospital
16 itself is not closing. There's a tremendous
17 amount of misinformation out there, and we want to
18 make sure that OHS understands the scope of the
19 proposal, which is limited to labor and delivery
20 only because those deliveries can no longer be
21 done in a safe and consistent manner.
22 I'm going to introduce to you today the
23 physicians and administrators who will testify.
24 You're going to hear from a physician from the
25 Windham community, one from the Hartford

1 HealthCare system, and an independent obstetric
2 expert who all agree that the Windham labor and
3 delivery service needs to be closed.
4 They're going to testify from their
5 experience, and they're going to tell you why the
6 proposal is necessary, how they believe it ensures
7 access to labor and delivery services and how
8 ultimately it's going to improve the overall
9 quality of obstetric care in the area.
10 So with that I'll introduce the group, and
11 then I'll turn the presentation over. We have
12 with us Dr. David Kalla and I don't know
13 Melisha -- we'll pan in once they start to testify
14 so you can see them.
15 Dr. Kalla is the Regional Medical Director of
16 Women's Health Service for the East Region of
17 Hartford HealthCare and a physician with OB/GYN
18 Services in Norwich.
19 THE HEARING OFFICER: Please, can he raise his hand so
20 I can tell where he is?
21 Okay. Thank you.
22 MS. FUSCO: And then we have Dr. Adam Borgida.
23 Dr. Borgida is the Chief for the Department of
24 Obstetrics and Gynecology and Director of Women's
25 Services at Hartford Hospital -- Dr. Borgida to my

1 left.

2 We have Dr. John Rodis who is the

3 President of Arisa Health and the former President

4 of St. Francis Hospital and Medical Center and

5 Trinity Health New England, as well as a former

6 practicing OB/GYN. Dr. Rodis is next to Dr. Kalla

7 over here.

8 And then next to my left is Donna Handley,

9 Senior Vice President and President of Hartford

10 HealthCare's East Region. And they'll introduce

11 themselves as you swear them in.

12 We'll pan the camera in so you can see them

13 better when they testify.

14 THE HEARING OFFICER: Okay. So I'm going to swear them

15 all in now. I know all four have prefiled

16 testimony on file in the CON portal.

17 Can we pan the camera out so I can see all

18 four of them please? Thank you.

19 J O H N F. R O D I S,

20 D A V I D A. K A L L A,

21 A D A M B O R G I D A,

22 D O N N A H A N D L E Y,

23 called as witnesses, being first duly sworn

24 by the HEARING OFFICER, were examined and

25 testified under oath as follows:

1 THE HEARING OFFICER: Okay. And if I could have you
2 each, to the far right starting with, I believe,
3 it's Dr. Rodis, just state your name for the
4 record, spell your last name, and you can adopt
5 your -- state whether or not you adopt the
6 testimony that was prefiled.
7 THE WITNESS (Rodis): Yes, my name is John F. Rodis,
8 R-o-d-i-s. And I'm the President of Arista
9 Healthcare, LLC.
10 And I adopt my prefiled testimony.
11 THE HEARING OFFICER: Okay. And then I believe -- is
12 it Dr. Kalla? Is that who's next to you?
13 THE WITNESS (Kalla): Yes. Good morning. I'm
14 Dr. David A. Kalla, K-a-l-l-a. I am the Regional
15 Medical Director of women's health services in the
16 Eastern Region of Hartford HealthCare, and I adopt
17 my prefiled testimony.
18 THE HEARING OFFICER: Thank you.
19 Over to Dr. Borgida, please?
20 THE WITNESS (Borgida): I am Dr. Adam Borgida,
21 B-o-r-g-i-d-a. I'm the Chief of Obstetrics and
22 Gynecology at Hartford Hospital, and I adopt my
23 prefiled testimony .
24 THE HEARING OFFICER: Okay. And Ms. Handley?
25 THE WITNESS (Handley): Yes, good morning. My name is

1 Donna Handley, H-a-n-d-l-e-y. I'm the President
2 of Windham Hospital in the East Region, and I
3 adopt my prefiled -- my prefiled testimony.
4 THE HEARING OFFICER: Okay. Great. Now when you do
5 speak for the Applicant, please you'll need to
6 restate your name again.
7 And any kind of acronyms you use, please
8 define them for the benefit of, not just for me,
9 but for the public and for clarity of the record.
10 And Attorney Fusco, I will turn this over to
11 you.
12 MS. FUSCO: Okay. And our presentation is going to
13 begin with Dr. Kalla's testimony. So I will turn
14 it over to Dr. Kalla -- if we can zoom in?
15 THE WITNESS (Kalla): Good morning, Attorney Yandow and
16 members of the OHS staff. As I said before, my
17 name is Dr. David Kalla, and I'm the Regional
18 Medical Director for Women's Health Services in
19 the Eastern Region of Hartford HealthCare.
20 I thank you for the opportunity to testify in
21 support of the certificate of need application for
22 the closure of Windham Community Memorial
23 Hospital's inpatient obstetrical service.
24 In my current role as the Regional Medical
25 Director of Women's Health Services I oversee

1 quality and safety for women's health, OB/GYN in
2 the East Region including the Windham Women's
3 Health Clinic. I'm also an attending physician at
4 Backus Hospital.
5 And I want to point out that I am also a
6 private practitioner. My private practice group
7 OB/GYN Services out of Norwich, Connecticut, is --
8 has played a critical role in sustaining OB
9 services for several years before it became too
10 great a burden for our coverage obligations. I've
11 been in practice in Norwich since 1987.
12 My focus today will largely be on issues with
13 staffing and coverage that led to the decision to
14 suspend Windham's OB service and to seek approval
15 from the Office of Health Strategy to close that
16 service.
17 Essential to the provision of safe
18 high-quality coordinated obstetrical care is the
19 ability to maintain consistent physician provider
20 complement to cover deliveries. This complement
21 includes, of course, an obstetrician that delivers
22 the baby as well as other physicians to cover
23 24/7, 365 days a year. And there are other
24 critical clinical professionals who make up the
25 team for a pregnant woman and their babies. These

1 include nurses, anesthesiologists and
2 neonatologists.
3 Delivering babies is really a team sport.
4 Everybody has to be functioning at their best
5 capacity to do this safely. When we have a
6 critical situation in the obstetrical unit it's
7 sort of like our Super Bowl. Everyone has to be
8 prepared, and has to be working really well
9 together.
10 And one of the problems at Windham is that
11 with so little volume and so few deliveries it's
12 really like we only have practice, but we never
13 have games to prepare for that Super Bowl, and
14 that really is a lot of the safety issue there.
15 The declining birth trend at Windham has
16 negatively impacted the hospital's ability to work
17 with obstetricians to work at the hospital and for
18 private -- and to recruit private practice groups
19 to the area. It has also impacted Windham's
20 ability to secure coverage positions,
21 anesthesiologists and neonatologists, and to
22 recruit and retain nurses and other clinicians
23 that are needed to safely staff an obstetrical
24 unit.
25 Patient volume has declined significantly

1 over the past six years making it impossible for
2 the hospital to continue to provide these services
3 in a safe manner. The number of deliveries at
4 Windham Hospital has declined from 376 in 2014, to
5 just 58 births through May of the fiscal year of
6 2020. So that's from October 1st -- so through
7 May. This is the lowest number of births at any
8 hospital in the State.
9 In 2015 Mansfield Obstetrical Group, which is
10 a private practice in the Windham community
11 stopped delivering babies at Windham due to call
12 coverage concerns at the hospital. The practice
13 transitioned its deliveries to Manchester Memorial
14 Hospital where the doctors in their group could
15 share call coverage with other obstetricians in a
16 large, large group called Women's Health
17 Connecticut. This allowed them to have
18 significantly less call obligation.
19 As a result, women from the Windham community
20 who are patients at Mansfield OB/GYN now deliver
21 their babies at Manchester Memorial Hospital as
22 opposed to Windham.
23 Between 2017 and 2020, and in other words,
24 until there was an interruption in the service at
25 Windham, approximately 46.7 percent of deliveries

1 originating from the Windham Hospital primary
2 service area were taking place at Manchester
3 Memorial Hospital, and only 16 percent of them
4 were delivering at Windham.
5 After Mansfield OB terminated its
6 participation in obstetrical services the hospital
7 contracted with locum tenens physicians for
8 deliveries and call coverage. Locum tenens by
9 definition are a short-term solution to fill a
10 temporary gap in coverage. They are not a good
11 long-term solution because this type of staffing
12 doesn't provide good continuity of care or a
13 consistent team of providers. It's sort of like
14 getting back to my sports analogy. If you were
15 trading your players every week you wouldn't play
16 as well.
17 In 2016 the hospital hired Dr. Rozenshteyn
18 for primary OB delivery service coverage. The
19 hospital also contracted with my private practice
20 OB/GYN Services out of Norwich to provide
21 supplemental call coverage.
22 We then notified the hospital in 2019 that we
23 would be terminating the contract because
24 providing call at both Backus and Windham was
25 putting too great a strain on our physicians.

1 In January of 2020 the hospital contracted
2 with individual physicians from my group to
3 provide supplemental call coverage, however this
4 coverage was never sufficient to cover vacation
5 and paid time off for Dr. Rozenshteyn, leaving the
6 hospital vulnerable and necessitating several
7 interruptions of service early in 2020.
8 The hospital exhausted all options for call
9 coverage including reaching out to other
10 obstetrical practices that serviced the Windham
11 area, including Mansfield OB. Despite its best
12 efforts, the hospital has been unsuccessful in
13 recruiting and maintaining adequate physician and
14 nursing resources to staff the obstetrical unit
15 due to the low and declining patient volume.
16 Since the OB unit was suspended in 2020 the
17 hospital's main focus and priority has been on
18 providing high-quality prenatal and postpartum
19 care as well as preparing women for safe delivery
20 of their babies at the hospital of their choosing.
21 The hospital has carefully planned for and
22 executed the safest and least disruptive
23 transition for women in the community and their
24 families and support network. This includes
25 planning for emergency deliveries, transportation

1 and emergency medical service coordination.
2 Since the OB service interruption there have
3 been 102 deliveries at Windham Women's Health
4 Clinic. Patients -- of these patients, 91
5 delivered the babies at Backus Hospital, an
6 additional five women delivered at Hartford
7 Hospital, one delivered at the Hospital of Central
8 Connecticut, and one at Manchester Memorial
9 Hospital. Four other patients delivered at
10 hospitals outside of our network.
11 Looking at the women who delivered or
12 received emergency care at Backus, approximately
13 71 percent were able to arrive by car with 20 --
14 less than 20 percent requesting ambulance
15 transport. All babies born to women in Women's
16 Health Clinic, mothers -- were safely delivered at
17 their hospital of choosing.
18 As a practicing obstetrician I'd like to
19 reiterate that patient safety is of the utmost
20 importance and foundational to the informed
21 decisions regarding whether to continue an OB
22 service. The decision to terminate OB services at
23 Windham Hospital was driven by patient safety and
24 our inability to ensure safety in a low-volume
25 hospital.

1 The hospital continues to engage in
2 thoughtful and deliberate planning to ensure that
3 eat pay -- each patient's care is safely
4 coordinated. Thank you again for this opportunity
5 to speak in support of the CON application for the
6 closure of Windham Hospital's inpatient
7 obstetrical service. In my professional opinion
8 this is the right choice for patient safety in
9 that community.
10 I'm available to answer any questions for you
11 once our presentation is concluded. Thank you.
12 MS. FUSCO: Our next witness is Dr. Adam Borgida.
13 Dr. Borgida?
14 THE WITNESS (Borgida): Good morning, Attorney Yandow
15 and the staff of the Office of Healthcare
16 Strategy.
17 My name is Dr. Adam Borgida. I'm the chief
18 of obstetrics and Gynecology at Hartford Hospital
19 and I'd like to take the opportunity to talk about
20 this CON application for the closure of obstetric
21 services at Windham Hospital.
22 For the past seven years I've been the Chief
23 of the Department of Obstetric Gynecology and the
24 Director of Women's Health Services at Hartford.
25 In my role I'm responsible for ensuring the health

1 and safety of the women delivering their babies at
2 Hartford Hospital, and ultimately am responsible
3 for oversight of the safe operation and continual
4 development of appropriate and necessary health
5 services for women in our community.
6 Clinically I have practiced the kind of fetal
7 medicine in Hartford HealthCare for the past 17
8 years. Prior to coming to Hartford Hospital I
9 spent 22 years in the University of Connecticut's
10 system, including my undergraduate and medical
11 school education, my residency and fellowship, and
12 I spent 8 years on the full-time faculty at UConn
13 Health, and I am currently a professor of
14 obstetrical gynecology at the UConn School of
15 Medicine. Having grown up in Eastern Connecticut,
16 even spending time in my OB/GYN residency at
17 Windham Hospital, I believe I bring a unique
18 perspective to the current situation at Windham.
19 My focus today will be on the factors that
20 drove the decision to terminate OB services at
21 Windham. These include declining patient volumes,
22 the hospital's inability to put together the
23 physician, nursing and ancillary clinical staff
24 coverage required to operate a safe labor and
25 delivery service, and the hospital's decision also

1 to engage a third-party expert Dr. Sandy Srinivas
2 to review the Windham OB program and make
3 recommendations about whether it should be closed
4 and how any closure can be carried out.
5 I will discuss the considerable efforts made
6 by Windham to keep the OB service open, the
7 factors that eventually required the hospital to
8 make the difficult decision to suspend the OB
9 program, and how Windham went about closing the
10 program.
11 As you've heard from Dr. Kalla, there's been
12 a significant and steady decline in births at
13 Windham Hospital coupled with an increasing
14 difficulty maintaining adequate staff for their OB
15 service. This was largely driven by the decision
16 in 2015 of the only private OB/GYN group at
17 Windham to make Manchester Memorial Hospital their
18 main site for obstetrical care.
19 It's important to state that group and the
20 prenatal clinic at Windham continue to provide
21 obstetrical care in the Windham region even at
22 this time, however the declining number of births
23 at Windham led the hospital to begin exploring the
24 possibility of closing the unit as early as 2017.
25 In 2017 Windham engaged Dr. Sandy Srinivas, a

1 practicing obstetrician, an NFM specialist and the
2 Director of Obstetrical Services at the Hospital
3 of the University of Pennsylvania to conduct a
4 review of the hospital's labor and delivery
5 services.
6 After thorough review of the hospital's labor
7 and delivery services Dr. Srinivas ultimately
8 recommended that Windham Hospital close their OB
9 unit due to a decline in delivery volume, making
10 it increasingly difficult to have facilities and
11 personnel ready for unpredictable obstetric
12 emergencies and catastrophic -- catastrophic
13 events, calling into question the safety of the
14 unit.
15 She concluded that the presence of higher
16 volume hospitals within a reasonable distance
17 created the ability to have a sustainable and safe
18 transition for women when delivering at Windham.
19 To review, the main reason Dr. Srinivas cited
20 was a concern that the low volume at Windham was
21 risky especially for high-risk pregnant patients
22 in this region who have a greater risk for both
23 higher maternal and newborn adverse outcomes. It
24 would be safer for these patients to deliver at a
25 higher volume hospital who deal with deliveries

1 and emergency situations on a regular basis, not a
2 few births a week.
3 Notwithstanding Dr. Srinivas' recommendation
4 that the OB unit and Windham be closed, Windham
5 and Hartford HealthCare continued efforts for
6 another three years to piece together another
7 obstetrics program due to the desire to maintain
8 services for women in that community.
9 During the community meeting that occurred in
10 the summer of 2020, which was held online due to
11 the COVID crisis, I heard several suggestions from
12 those in the community, including redeploying HHC
13 or Hartford HealthCare system resources to fill
14 gaps in clinical coverage at the OB unit in
15 Windham, obtaining coverage for the OB unit from
16 UConn's family medicine residency program,
17 coverage from a group at Day Kimball Hospital, and
18 locums tenens coverage.
19 None of these solutions are tenable. There
20 are no employed OB/GYN groups at Hartford
21 HealthCare to deploy to Windham. All the groups
22 at Hartford HealthCare are in private practice.
23 They choose the hospital where they wish to
24 deliver their babies. There is no feasible way to
25 have UConn residents practice -- practice

1 obstetrics from their home base in Farmington or
2 Hartford. Work hour restrictions make this
3 impossible, and they require 24/7 supervision.
4 The possible sharing of call with other local
5 groups is also impossible when all groups in the
6 region are having difficulty recruiting and
7 covering their primary hospitals at this time.
8 And finally, locum tenens, as Dr. Kalla
9 pointed out, was used at Windham, but by
10 definition this is temporary and can't meet the
11 long term needs of the community due to low
12 volume, creating issues with safety and
13 recruitment of providers.
14 Ultimately, a committee convened by Hartford
15 HealthCare's East Region leadership to review and
16 make recommendations on whether the OB unit should
17 be closed determined that it was not possible to
18 provide OB services at Windham in a safe and
19 consistent manner for the following reasons.
20 Physician staffing was critically low with no
21 ability to cover needed time off causing periodic
22 interruptions in service. The loss of the
23 physician for call coverage resulted in five
24 obstetrician's covering both Backus and Windham
25 Hospital. The nursing staff was critically low as

1 well, despite efforts to recruit additional staff.
2 Resignations and retirements of nursing staff
3 resulted in ten open shifts per week. And with
4 two births per week on average, clinical staff did
5 not have the opportunity to exercise their
6 competencies with sufficient frequency to maintain
7 and ensure a safe and effective program.
8 In suspending the OB unit and planning for
9 permanent closure Windham Hospital followed all of
10 Dr. Srinivas' recommendations, including
11 communication with the community and patients,
12 creating a seamless transition to delivering
13 hospitals, having 24/7 emergency transportation
14 available, having a planned transportation service
15 to assist women in traveling to their delivery
16 hospitals. And Windham Hospital also conducted --
17 consulted with the facility licensure staff at the
18 DPH before implementing the planned suspension of
19 services.
20 With all the community focusing concerns on
21 what they perceive to be negative, I'd like to
22 touch briefly upon the positive impact in the
23 suspension of OB services at Windham with the
24 redirection of pregnant women from the prenatal
25 clinic at the hospital to places of higher volume

1 for their deliveries, such as Backus.
2 These hospitals have volume and resources to
3 ensure the highest quality of obstetrics care and
4 the safest possible outcome for mothers and their
5 babies. As shown in the submitted documents, most
6 women who received their prenatal care at Windham,
7 Windham Hospital -- excuse me, Windham Hospital's
8 Women Health Clinic are given -- giving birth at
9 Backus Hospital in Norwich.
10 The travel distance between Windham and
11 Backus is not an unreasonable distance for women
12 to travel to deliver their babies. Even factoring
13 in the lack of highway access in the area, the
14 trip is less than 20 miles and approximately 25
15 minutes driving distance, and in an ambulance it
16 would take even less time. Women routinely travel
17 these distances and farther to deliver at
18 hospitals across our state.
19 Lastly, it's worth noting that this closure
20 will not result in an increase in costs for
21 pregnant women. A vast majority, 82 percent of
22 the women delivering at Windham were Medicaid
23 patients. Medicaid reimburses Connecticut
24 hospitals on behalf of patients the same rate for
25 deliveries with some adjustments, depending on

1 wage index and other factors. And the
2 adjustments -- both Backus and Windham receive the
3 same payment for obstetric payment for obstetrical
4 services with no out-of-pocket costs for the
5 patients.
6 In the addition of transportation for women
7 to Backus from there, to the hospital of their
8 choosing, or Backus, whether by ambulance or other
9 means is free of charge for the patients.
10 Thank you again for the opportunity to speak
11 in support of the CON application for closure of
12 Women -- Windham Hospital's obstetrics service.
13 Closure of the service and the redirection of
14 women to higher volume hospitals such as Backus
15 Hospital for the deliveries is in the interests of
16 patient safety and will lead to the best possible
17 outcomes for all the women of Windham and their
18 babies.
19 For these reasons I respectively request that
20 you approve our CON request, and I'll be available
21 after for questions.
22 MS. FUSCO: Thank you, Dr. Borgida.
23 Our next witness is Dr. John Rodis.
24 Dr. Rodis?
25 THE WITNESS (Rodis): Good morning, Attorney Yandow,

1 and members of OHS staff. My name is Dr. John
2 Rodis and I'm a healthcare consultant with Arista
3 Healthcare, LLC, and I'm a former practicing
4 OB/GYN, maternal fetal medicine specialist, and a
5 hospital administrator.
6 Thank you for the opportunity to testify this
7 morning in support of the certificate of need
8 application for the closure of Windham Hospital's
9 OB labor and delivery service -- obstetrics, labor
10 and delivery service, excuse me.
11 I was asked by the leadership at Windham to
12 review the circumstances around the proposed
13 closure of the hospital's OB unit. I've done so,
14 and for the reasons I will discuss today I agree
15 that the obstetrics service at Windham should be
16 closed and patients should be delivering at higher
17 volume OB units in the area to ensure patient
18 safety.
19 By the way a brief background, I've been
20 health care -- I've been in the healthcare
21 landscape in Connecticut for over 35 years. By
22 training I'm a board-certified OB/GYN and
23 fellowship trained in the internal fetal medicine,
24 high-risk pregnancies and clinical genetics, and
25 all the second board certification in maternal

1 fetal medicine.

2 I've spent 17 years at the University of
3 Connecticut Health Center, where I served as
4 Director of the OB/GYN Residency Program, Director
5 of Prenatal Genetics, and where I was an active
6 member of the division of maternal fetal medicine.

7 I went to Stamford Hospital in 2001 where I
8 became the Chairman of OB/GYN, in appertainance to
9 today's testimony just before I got to Stamford,
10 Stamford Health had bought St. Joseph's Hospital
11 in Stamford, which was a full-service hospital at
12 the time. They bought it from the Diocese of
13 Bridgeport, and actually repurposed that hospital
14 into an ambulatory center, closing the OB unit at
15 that time.

16 I should point out that St. Joseph's Hospital
17 is about 20 -- 15 to 20 minutes from Norwalk
18 Hospital, Greenwich Hospital and Stamford
19 Hospital.

20 I came back up to the Hartford Area in 2011,
21 where I became the chairman of OB/GYN at
22 St. Francis hospital, a 600-bed level-one trauma
23 center here in Connecticut, the third largest
24 hospital in the state, and the largest Catholic
25 hospital in New England.

1 In 2015 I became the president of St. Francis
2 Hospital, only the eighth president in its
3 130-year history. And in 2017. I took on the
4 added responsibility of overseeing Mt. Sinai Rehab
5 Hospital -- and it's the only inpatient
6 rehabilitation hospital in the state of
7 Connecticut -- as well as oversight over Johnson
8 Memorial.
9 Again of relevance of today's testimony, Mt.
10 Sinai Rehab Hospital used to be Mt. Sinai
11 Hospital, a full-service hospital in this state.
12 When I was a fellow here we delivered babies at
13 Mt. Sinai.
14 That Hospital also was repurposed and became
15 an inpatient rehab facility. The OB services were
16 shut down. Mt. Sinai is also about 20 minutes
17 from St. Francis or from Hartford Hospital. So
18 again, my point is I have experience with
19 hospitals that used to provide OB services and no
20 longer do, and know that there was no detrimental
21 impact for the people of those communities.
22 Also importantly, Johnson Memorial Hospital,
23 which I had responsibility for -- its in Stafford
24 Springs, a rural community, if you will, and a
25 low, low population density that's in Tolland

1 County, which is just adjacent to Windham County.
2 And just for the record, that hospital, Johnson
3 Memorial is a 92-bed hospital. So again, a small
4 community hospital.
5 Also importantly, I've never worked for
6 Hartford HealthCare or any of its affiliates,
7 having in fact worked for Hartford Hospital's
8 primary competitor, St. Francis for many years --
9 nor am I being paid for my testimony today. I
10 have neither asked for nor received any
11 remuneration for today's testimony.
12 And in giving my opinions today I do so
13 without -- I have the utmost respect for my OB/GYN
14 colleagues in the Windham area, many of whom I've
15 trained and I've had professional relationships
16 with for many years.
17 My focus today will be on several things.
18 First, the low volume of births and staffing
19 challenges at Windham and how that supports the
20 decision to close the OB unit.
21 Secondly, the demographics of patients in the
22 Windham area and their increased risk of
23 complications of pregnancy that necessitate --
24 necessitate delivering in an OB unit with
25 sufficient volume to ensure staff competency.

1 Thirdly, the adequacy of Windham's plan to
2 transition patients to better staffed, better
3 equipped and better prepared, high-volume OB
4 hospitals in the area, and the benefits to
5 patients of delivering their babies at high-volume
6 hospitals.
7 And fourth, the investments made by the
8 hospital in the Windham community that benefit
9 women and the vulnerable residents of that
10 community.
11 First, let me address the correlation between
12 obstetric volume and safety, specifically as it
13 relates to the Windham program.
14 As you've heard, between July of 2018 and
15 June of 2020 there were two periods of time where
16 the OB unit went longer than 14 days without a
17 maternity admission, and 16 periods of time where
18 the unit went longer than 7 days without an
19 admission.
20 A unit with approximately two births per week
21 on average, which has been known to go several
22 weeks at a time without a single delivery, is not
23 a unit that can ensure patient safety. I believe
24 Dr. Kalla already addressed the aspects of this,
25 the team sport, if you will, of -- of delivering a

1 **baby.**

2 **Also as Dr. Kalla testified, OB units require**

3 **highly skilled competent experienced practitioners**

4 **who can handle the unexpected. Approximately 5 to**

5 **10 percent of low-risk pregnancies experience**

6 **delivery complications, complications such as**

7 **fetal distress, shoulder dystocia, obstetric**

8 **hemorrhage, all obstetric emergencies.**

9 **When these deliveries go wrong, they do so**

10 **quickly and it's crucial that there be an**

11 **available competent staff to respond. Low-volume**

12 **obstetric programs are a safety concern even for**

13 **low-risk pregnancies, and particularly when you**

14 **have a demographic of patients who are more likely**

15 **to experience underlying chronic conditions of**

16 **pregnancy such as black and Hispanic women tend to**

17 **have a much higher incidence of hypertension,**

18 **obesity, diabetes, all of which increase their**

19 **obstetrical risks.**

20 **Hospitals like Windham in the lowest decile**

21 **for delivery have the highest rate of -- of these**

22 **composite morbidities. The risk of postpartum**

23 **hemorrhage is higher in rural low-volume**

24 **non-teaching hospital units. And conversely,**

25 **outcomes like mortality from peripartum**

1 hysterectomies are lower at high-volume programs.
2 There are also concerns around the incidents
3 of respiratory distress, diabetes and depression
4 in the Windham area, all of which are underlying
5 chronic health conditions associated with
6 high-risk pregnancies. Additionally, there are a
7 significant number of black and Hispanic women in
8 the community for whom studies show a higher risk
9 of complications from obstetric hemorrhage and
10 hypertensive disorders. Based on the foregoing,
11 the decisions -- the decision to close Windham OB
12 is the right decision for patient safety.
13 I also reviewed the hospital's triage and
14 transportation plan for women who historically
15 would have delivered at Windham. In my opinion,
16 the hospital has appropriately planned for the
17 safest possible care for these women and has
18 implemented its plan successfully. Indeed,
19 experience has demonstrated that Windham has
20 addressed any language barriers to access to these
21 patients and is persistent in encouraging women to
22 ask questions if their concerns have not been
23 adequately addressed.
24 In addition, delivery scenarios and
25 transportation arrangements are discussed with

1 pregnant -- pregnant women early and often. These
2 discussions begin at a women's first prenatal
3 visit and continue throughout her pregnancy.
4 The hospital has arranged for ambulance
5 transportation for pregnant women who need it. A
6 dedicated ambulance is stationed at Windham
7 Hospital during the overnight hours. During the
8 daytime an ambulance can be dispatched to
9 transport a pregnant women within 10 to 15 minutes
10 from the Willimantic Fire Department that can
11 respond within 5 minutes if needed.
12 And whether traveling to Backus by ambulance
13 with the lights and sirens, or by car, I believe
14 the time and distance are reasonable for women in
15 labor to travel. As Dr. Borgida testified, in
16 fact, women all over Connecticut travel as far and
17 further to deliver at hospitals in urban centers
18 like Hartford/New Haven because their pregnancies
19 are high risk, or simply for -- because they
20 prefer a larger hospital.
21 During my tenure at UConn, a regional
22 referral center for high-risk births, we readily
23 and frequently, and most importantly, safely
24 accepted patients with complications such as
25 preterm labor, preeclampsia, placenta previa,

1 triplets and others from as far away as Sharon,
2 Putnam and Danbury, all more than an hour away.
3 Lastly, there's tremendous benefit to the
4 Windham community from the enhancements to health
5 services that the hospital and the Hartford
6 HealthCare East region are making as the OB
7 services -- service closes. This includes
8 importantly, notably maintaining and enhancing
9 critically important pregnancy related services
10 for women in the community such as prenatal care,
11 lactation consulting and diabetes management.
12 Other services that Windham is investing in
13 are equally important to the community. These
14 include enhancements to women's health services
15 through, among other things, the recruitment of
16 specialty physicians and investments in
17 technology. These services and equipment
18 collectively benefit thousands of patients and are
19 a cost-effective use of the hospital's resources.
20 In my professional opinion closing the
21 Windham OB unit is the right choice for patient
22 safety. Women will be safe for delivering in
23 local high-volume OB units which are better
24 equipped to meet their needs and the needs of
25 their babies. In addition, Windham is doing

1 tremendous things for the community by investing
2 in much needed prenatal and postpartum care and
3 other women's health services.
4 Thank you again for the opportunity to speak
5 in support the CON Application for closure of
6 Windham Hospital's obstetrics service, and I'm
7 available to answer any questions that may arise.
8 Thank you.
9 MS. FUSCO: Thank you.
10 And our final witness is Donna Handley.
11 THE WITNESS (Handley): Thank you. Good morning,
12 Attorney Yandow and members of the OHS staff. My
13 name is Donna Handley and I'm a Senior Vice
14 President of Hartford HealthCare and President of
15 Hartford HealthCare's East region, which includes
16 Windham and Backus Hospitals.
17 Hartford HealthCare is an integrated
18 healthcare delivery system whose East Region acute
19 care general hospitals, as I said, include both
20 Windham and Backus Hospitals.
21 I will repeat again that I adopt my prefiled
22 testimony.
23 In addition to my role as a hospital
24 administrator, I am both a nurse and the mother.
25 So the issues we are here to talk about today are

1 of the utmost importance to me.
2 Thank you for this opportunity to testify in
3 support of the certificate of need application for
4 closure of Windham Hospital's obstetrics service.
5 You have heard clinicians including those
6 affiliated with Windham and an independent expert
7 testify to those factors that led to the difficult
8 but necessary decision to request permission to
9 close the Windham OB service.
10 Having heard all of that testimony which is
11 critically important to your decision making, I
12 would like to now refocus the conversation and
13 speak with you about what Windham is doing to
14 enhance healthcare services for all members of our
15 local community, including notably for women.
16 These enhancements include our commitment --
17 I cannot emphasize this enough -- our commitment
18 to maintain prenatal and postpartum services for
19 women.
20 This CON Is solely for the termination of
21 labor and delivery services of Windham. We will
22 continue to care for pregnant women before and
23 after their deliveries, providing that
24 comprehensive prenatal and postpartum care at our
25 Windham Women's Health Service.

1 In addition, I will speak with you about the
2 ways in which we have expanded other critical
3 women's health services at Windham. We are also
4 keenly aware of the issues faced by minorities and
5 underrepresented individuals and are continuously
6 striving to advance the causes of health equity
7 and improve health outcomes for all members of
8 our -- of our community.
9 There's a tremendous amount of misinformation
10 in the Windham community around our plans for
11 women's health services. I have heard repeatedly
12 in various public forums that Windham is doing
13 away with women's health services altogether, and
14 creating a health desert for women and underserved
15 members of our community.
16 This could not be farther from the truth.
17 First and foremost, and as I previously mentioned,
18 it is -- I'm going to keep repeating this, that --
19 and I want the community and those who are here
20 for the public hearing, and OHS to understand --
21 that Windham is committed to maintaining its
22 prenatal and postpartum services for women.
23 Earlier, you heard Dr. Rodis testify to the
24 necessity of these services, particularly in a
25 community with a significant number of underserved

1 women who lack means to travel outside of this
2 area for routine prenatal visits.
3 Prenatal visits, which are typically ten
4 visits in a typical pregnancy, comprise the
5 majority of pregnancy-related health visits.
6 Having these services available locally will help
7 ensure that women are complaint in obtaining
8 regular prenatal care with the goal of delivering,
9 delivering a healthy baby at term.
10 In addition, we are committed to maintaining
11 enhancing public/private services including
12 lactation consulting, diabetes management, and
13 providing these services in a culturally competent
14 manner. In fact, I'm very excited we have
15 recently established a Healthy Beginnings Program
16 which expands postpartum services to include home
17 visits. I will discuss the details of this
18 program in my later remarks.
19 Windham Hospital has also made significant
20 investment in women's health services including
21 the following. In September of 2020 we
22 established the position of a regional director
23 for women's health services for the East Region.
24 This individual is responsible for ensuring the
25 delivery of equitable, comprehensive, coordinated

1 and compassionate care to Windham across medical
2 specialties and spanning the course of their
3 lifetimes.
4 Windham has also -- had a bilingual --
5 bilingual advanced practice registered nurse and
6 midwife at the women's health clinic to help
7 ensure proper communications, and to make women
8 for whom english is a second language more
9 comfortable obtaining treatment.
10 Windham is partnering with the Thames Valley
11 Council for Community Action to fund the social
12 worker position for the women's health clinic. We
13 have recently upgraded our mammography equipment
14 to the latest 3D technology. We've added an
15 all-purpose ultrasound machine to our Mansfield
16 Ledgebrook location that will provide breast and
17 abdominal ultrasounds for women. And we have
18 acquired a new ultrasound machine for the women's
19 health clinic.
20 We have also recruited additional physicians
21 in the subspecialties of urogynecology and
22 gynecological oncology, which will allow women to
23 access those specialty services in their
24 communities and in our region.
25 Hartford HealthCare is also upscaling --

1 up-skilling and upscaling the birthing center at
2 Backus to a level-two neonatal intensive care.
3 This enhanced quality of neonatal services at
4 Backus will be a tremendous benefit to women from
5 Windham who choose to deliver their babies at that
6 hospital and find themselves in need of critically
7 important services.
8 Approximately 89 percent of Windham
9 Hospital's health clinic patients deliver at
10 Backus Hospital. Note also the Backus has been
11 recognized as a baby-friendly hospital for the
12 World Health Organization UNICEF Baby Friendly
13 Hospital Initiative. In addition, Backus was
14 recently named the most socially responsible
15 hospital in Connecticut by the Long Institute, a
16 healthcare think tank that measures hospitals
17 across categories including equity, value and
18 outcomes.
19 As I mentioned previously, we have also
20 established a Healthy Beginnings program. It's a
21 postpartum home visit program. The Healthy
22 Beginnings program involves a mobile postpartum
23 visit with a Windham Hospital-affiliated nurse and
24 a community resource partner and educator for
25 patients of the women's health clinic modeled

1 after best practice programs around the country.
2 The goal of this program is to improve health
3 outcomes for moms and babies, to assist in
4 connecting families to community resources and to
5 provide information about the healthy recovery of
6 moms and healthy birth and development of babies.
7 As of October 12, 2021, we have seen three
8 new mothers and have scheduled four home visits.
9 We have seven new mothers scheduled for the month
10 of December, two of which are Spanish speaking,
11 two are K'iche' speaking and three are English
12 speaking.
13 Two patients are scheduled already for
14 January 2022, and several followup assessments
15 have been scheduled. And women are offered this
16 program as they go through their prenatal visits
17 and sign consents for those home visits after
18 their -- the delivery of their babies. Joseph
19 Zuzel, who's the manager of Community Health at
20 Windham Hospital, will provide additional details
21 on this very highly beneficial program during the
22 public comment portion of this hearing.
23 In addition to the enhancements made to
24 women's health services, Windham Hospital is also
25 investing in the overall health of the community

1 in the following ways. Windham has added nine new
2 providers in the last 18 months, five of whom are
3 women. Their specialties include primary care,
4 heart and vascular, oncology, general surgery,
5 pulmonology and a breast surgeon.
6 Our partnership with the Center for Bone &
7 Joint Care Orthopedic Associates of Windham County
8 in 2017 resulted in an additional three orthopedic
9 surgeons, including a spine surgeon and two
10 orthopedists. Windham has also purchased a new
11 SPECT-CT nuclear imaging technology and acquired
12 surgical robotics, the Globus robot for spine
13 surgeries and Mako's surgery in 2017 for joint
14 replacement.
15 The hospital opened our cancer infusion
16 center in 2018. We have already improved --
17 planned improvements and enhancements to our
18 cardiopulmonary rehab -- rehabilitation center,
19 our sleep center, and womb care.
20 Windham Hospital has also been at the
21 forefront of our COVID-19 community response
22 through testing and vaccination. The hospital has
23 partnered with local health districts to operate
24 community vaccine clinics at various locations
25 throughout the community. And this is remarkable.

1 As of October 19, 2021, approximately 12,000
2 individuals have been vaccinated by Windham
3 Hospital and over 50,000 individuals -- and over
4 50,000 in total throughout the east region.
5 There have been more than 46,000 COVID tests
6 administrated from June of 2022 to July of 2021.
7 We moved our testing center off campus to
8 Recreation Park to provide more accessible testing
9 for the Windham community, and we are sharing our
10 COVID data with Generations Family Health Center
11 for care coordination.
12 Hartford HealthCare established an east
13 region department of community health and added a
14 new community health nurse. The community health
15 department in the East Region is dedicated to
16 education, creation and implementation of hands-on
17 grassroots initiatives that will have a positive
18 impact on the overall health of our communities.
19 We've established an Rx, a prescription -- a
20 health program at Windham Hospital that would
21 provide nutritionally at risk families with
22 prescriptions for fresh produce that come from
23 their doctor and other healthcare providers. In
24 Windham the program is available at the
25 Willimantic food co-op, the Willimantic Farmers'

1 Market and the New Windham Hospital Farm Stand.
2 Each prescription is worth $126.
3 Lastly, the Hartford HealthCare East Region
4 Community Health Department is in the planning
5 process for a healthy cooking initiative that will
6 be implemented in Windham County. The goal is to
7 identify individuals who would benefit from
8 learning about meal preparation techniques and
9 menu planning to assist with diabetes management.
10 Windham provides more than $1.6 million of
11 community benefit each year touching more than
12 10,000 individuals through our programs in care
13 focusing on health issues like cardiac and
14 pulmonary rehabilitation, diabetes education and
15 more. Windham also supports uninsured and
16 underinsured patients in financial need with close
17 to $1.4 million in financial assistance provided
18 each year.
19 You will hear in the public portion this
20 afternoon many unsubstantiated theories about
21 Windham Hospital, including that the hospital is
22 closing. This is simply not true. Based on the
23 foregoing investments it is apparent that Windham
24 Hospital is not closing, but rather the hospital
25 is committed to the Windham community. It is

1 making every effort to improve and enhance
2 equitable access to, and the quality of health
3 care for area residents.
4 The investments that Windham Hospital is
5 making in health care to benefit the local
6 community are a testament to our commitment to
7 keeping the hospital as a vital community
8 healthcare resource.
9 While we had to make the difficult decision
10 to terminate obstetric services to ensure the
11 health and safety of women and their babies, we
12 will continue to provide exceptional prenatal and
13 postpartum care to these same women and children
14 once they have safely delivered at Backus or the
15 other hospital of their choosing. And we will
16 care for these women and their families throughout
17 their lifetimes as we continue to grow and enhance
18 access to the high quality healthcare services in
19 our community.
20 I thank you for the opportunity and the time
21 to speak about Windham Hospital's commitment to
22 provide the highest quality care for the
23 community. I urge OHS to approve our CON request
24 to terminate OB services. I am available to
25 answer any questions that you have.

1 Thank you.

2 THE HEARING OFFICER: Thank you.

3 Attorney Fusco, anything else? I'm just

4 going to call -- it's Fusco-Gross. Correct?

5 MS. FUSCO: Attorney Fusco is fine.

6 No, that concludes our presentation.

7 Thank you.

8 THE HEARING OFFICER: Okay. We do have questions from

9 OHS staff. You'll find me either following up on

10 some of their questions and I will have questions

11 to follow theirs also.

12 Mr. Carney and Mr. Wang will be asking a lot

13 of the questions we had going through a lot of the

14 documents that have already been filed.

15 So the witnesses here are already sworn in.

16 Of course, what happens with public comment -- and

17 I know Ms. Handley made reference to what we're

18 going to hear at public comment. And of course,

19 until we hear we don't know what we're going to

20 hear in the public comment. And it will be, you

21 have the public that signed up and it will be

22 limited. These are not witnesses.

23 If -- as far as we take into the public's

24 concerns, as far as any other witnesses that

25 Windham Hospital has, I believe she was talking

1 about those types of witnesses. And Attorney
2 Fusco-Gross, are there other witnesses that you
3 have? I heard reference to names.
4 MS. FUSCO: There are -- are you talking about people
5 who are available to answer questions?
6 THE HEARING OFFICER: Yeah. I know that Ms. Handley
7 made reference to one person.
8 So who else do you have available?
9 MS. FUSCO: Absolutely. So we do have, you know,
10 others we have would/could answer questions
11 include Joe Zuzel who's in charge of community.
12 Correct?
13 Dr. Tom Gilmore, who's the director of the
14 Windham Emergency Department.
15 You met Jacqui Hoell who's on. She's the
16 attorney for HHC. I believe Sarah Lewis is
17 available. Sarah is the VP of Diversity and
18 Inclusion for Hartford HealthCare. And then I
19 think Tony Mastroianni is on as well. He's --
20 he's the VP of Finance for the East Region.
21 And Donna, you can address some of the
22 questions, but -- he can contribute. I think
23 that's it. Right?
24 THE WITNESS (Handley): Dr. Mary Berry.
25 MS. FUSCO: Oh, Dr. Mary Barry from the Windham board.

1 Correct?

2 THE WITNESS (Handley): Correct. She's Chair of the
3 Windham Board, East Region Board.

4 MS. FUSCO: Oh, I'm sorry. And Paul Pedchenko, who I
5 see up there, who is -- what's Paul's position?

6 The EMS coordinator for the system.

7 THE HEARING OFFICER: Okay. So our OHS staff will
8 either -- if they don't direct it to a specific --
9 because they may know which specific witness they
10 want to ask the questions to.

11 If not, Counsel, if you could just guide them
12 to who would be the best. And if they need to ask
13 the same question to a few witnesses, that would
14 be fine. Any other witness they're going to ask
15 of the ones you mentioned, they would have to be
16 sworn in.

17 MS. FUSCO: Okay. Understand.

18 THE HEARING OFFICER: Mr. Carney, go ahead.

19 MR. CARNEY: Okay. My first set of questions revolve
20 around access to services within the region.

21 I wanted to just begin by sort of confirming
22 when was the last delivery? When did the last
23 delivery occur at Windham Hospital? I think it's
24 in June of 2020, but I was looking for an exact
25 date.

1 THE WITNESS (Kalla): It is correct. It's in June of
2 2020. I'm sorry. I don't have the exact date. I
3 believe it was around the 15th or 18th.
4 THE REPORTER: This is the Court Reporter. If people
5 could just identify themselves?
6 THE WITNESS (Kalla): I'm sorry. This is Dr. Kalla.
7 THE HEARING OFFICER: Correct. And I'm going yes,
8 because it's not just for the public, but for this
9 is being transcribed. So for anyone who's
10 speaking or answering a question will need to
11 identify themselves before they answer.
12 MR. CARNEY: Okay. This is Brian Carney again from
13 OHS. Yeah, I'd really like you to provide me with
14 an exact date for the last, when the last delivery
15 occurred.
16 MS. FUSCO: Brian, this is Jen Fusco. We're looking
17 for it now, so we should be able to get it for
18 you.
19 THE HEARING OFFICER: And you will find also we may be
20 looking for late-filed exhibits. As OHS goes in
21 answering their questions we may find through the
22 answers, or maybe their answer is incomplete, that
23 we need additional documents.
24 So we will have a list of late-filed
25 documents to be provided to us. We will go over

1 the list at the end of the hearing and I will
2 issue an order for those late-filed exhibits, but
3 you also will want to keep an ongoing list of
4 those documents that you'll need to provide if
5 they come up.
6 MS. FUSCO: Okay. Thank you.
7 MR. CARNEY: So in coordination with that I wanted to
8 just double check to make sure that the obstetric
9 volumes that you've provided us are all up to
10 date.
11 So I'm looking -- it seems like 58 deliveries
12 occurred in fiscal year 2020. So I just want to
13 make sure we have the most up-to-date volumes.
14 I'm assuming no other deliveries occurred post
15 June 2020. So I just want you to confirm that we
16 have those up-to-date numbers.
17 MS. FUSCO: And this is Jen Fusco. I can confirm and
18 we can look for that now. Those numbers may have
19 been through the end of May, so there may be a few
20 additional ones from early June, but we'll get you
21 that exact number as well.
22 THE HEARING OFFICER: And the fiscal year, July 1 to
23 the following July 1. Is that correct?
24 MS. FUSCO: No, it's October 1 to September 30.
25 MR. CARNEY: Okay. So I guess I would ask that that

1 would be Late-File, Late-File 1, updated delivery
2 volumes.
3
4 (Late-Filed Exhibit Number 1, marked for
5 identification and noted in index.)
6
7 THE WITNESS (Handley): Mr. Carney, this is Donna
8 Handley.
9 MR. CARNEY: Yeah?
10 THE WITNESS (Handley): Through fiscal year 2020, which
11 ended in -- the year ended September 20, but we
12 suspended services at the end of June, and we'll
13 give you exact date of that last delivery.
14 Delivered 64 patients through June of 2020.
15 So October 1 to the end of June there were 64
16 deliveries.
17 MR. CARNEY: Okay. Thank you.
18 Okay. Dr. Borgida states in the prefile
19 Exhibit R, page 210, that Backus Hospital has the
20 capacity to absorb the hundred or less deliveries
21 happening at Windham each year.
22 My first question is, what is the total
23 delivery capacity at Backus Hospital at present?
24 THE WITNESS (Kalla): This is Dr. Kalla, and I'll help
25 answer that. It is -- I don't know that we've

1 calculated an exact number. We've done as many as
2 1200 deliveries at Backus in the past. So I think
3 we can easily accommodate that number.
4 MR. CARNEY: How many deliveries occurred at Backus in
5 fiscal year 2020?
6 THE WITNESS (Handley): This is Donna Handley. 852.
7 MR. CARNEY: All right. For the record then, what I
8 would like you to provide would be something in
9 writing to provide evidence to support, you know,
10 the inpatient obstetric capacity at Backus and the
11 number of deliveries for the most recent completed
12 fiscal year.
13 And then I'd like you to give me some kind of
14 a projection going forward for three years so that
15 we can validate that you can accommodate the
16 volume from Windham Hospital.
17 THE WITNESS (Handley): Certainly.
18 THE HEARING OFFICER: And when you supply these
19 documents, if they're documents as far as these
20 numbers, where your information is coming from.
21 When we write our findings they have to be
22 based on evidence. And your testimony, of course,
23 is part of the evidence -- but where are you
24 getting that information from?
25 So when you put together a chart that's very

1 helpful, but what is the information you're using
2 to support the number in the chart? So if you're
3 putting together a chart or information, or a
4 statement, please also cite to whatever
5 information you're using to get that information.
6 THE WITNESS (Handley): Thank you.
7
8 (Late-Filed Exhibit Number 2, marked for
9 identification and noted in index.)
10
11 MR. CARNEY: Okay. I'll move on to my next question.
12 In the second completeness letter, which is
13 Exhibit H, pages 123 to 124, you provide the
14 number of births for Windham Hospital's primary
15 service area towns. And these numbers basically
16 reflect approximately 500 births per year
17 emanating from Windham's PSA.
18 The second table reflects that most
19 deliveries of patients in the PSA are occurring at
20 Manchester Memorial Hospital, but you've
21 mentioned -- I guess it's somewheres in the
22 forty-some percent range. And then Windham
23 capturing fewer than 20 percent, and I think only,
24 like, approximately 10 percent in fiscal year '20.
25 So I know we've touched on this, and

1 specifically talking about the loss of the
2 Mansfield OB practice -- but one of the primary
3 reasons that Windham Hospital is capturing so few
4 patients in the service area when there appears to
5 be a need for the service with around 500
6 deliveries each year.
7 THE WITNESS (Kalla): This is Dr. Kalla again. It
8 is -- it really is -- revolves around the fact
9 that the Mansfield OB/GYN private practice, which
10 was doing the majority of the deliveries that
11 occur locally from that community, is transferring
12 its services to Manchester Hospital.
13 So that patients in the obstetrical world
14 follow their providers. They don't pick a
15 hospital and find a provider. They find their
16 obstetrician and go to where that obstetrician
17 directs them, and that's why those patients have
18 gone to Manchester. They followed that group.
19 MR. CARNEY: Okay. So let me follow up with this
20 question. Given Hartford HealthCare's size and
21 presence in Connecticut, why have recruitment
22 efforts been unsuccessful to replace Mansfield OB
23 practice in the area?
24 THE WITNESS (Kalla): First of all -- this is Dr. Kalla
25 again. Recruitment, in general, in the world of

1 obstetrics and gynecology is extremely difficult.
2 My practice based in Norwich is in continuous
3 recruitment mode, and we have recently --
4 hopefully have someone coming next year, but
5 that's the first new person we've been able to
6 recruit in seven years -- and that's at a higher,
7 higher-volume hospital with a more reasonable call
8 schedule.
9 It's just very difficult to do that. You
10 would have to recruit an entire group to come and
11 function in an environment. That's also very low
12 volume.
13 THE WITNESS (Borgida): Yeah, this is Dr. Borgida. The
14 other issue is that the group that was delivering
15 at Mansfield, it meant the women did not go away.
16 So to recruit another practice, it would still
17 have to share that patient volume with the group
18 still in the region that's taking their deliveries
19 to Manchester.
20 So it would be really untenable to think you
21 could get a whole practice to not support the
22 entire volume of patients that could potentially
23 deliver at Windham.
24 THE HEARING OFFICER: Just to follow up on that,
25 Dr. Borgida, Why did the Mansfield group leave

1 Windham to go to Manchester?
2 THE WITNESS (Borgida): Yeah. I mean, I can't get into
3 their heads exactly, but I think a lot of it had
4 to do with it was difficult as well for them to
5 recruit to a low-volume area. And when they went
6 to Manchester, their call coverage, there's a
7 range with another group at Manchester.
8 So they went from one in three, or one in
9 four calls at a time then every third night, to
10 now they're doing every ten, you know, one in
11 every ten nights.
12 So their life became much better.
13 THE HEARING OFFICER: Okay. So the way you prefaced
14 that, it sort of sounded like speculation. But
15 I'm just wondering what was the reason you were
16 told that they left?
17 THE WITNESS (Borgida): Yeah, I think it was both of
18 those reasons, hard to recruit to the area. And
19 the call coverage was a vast improvement by
20 joining with another group in Manchester.
21 THE WITNESS (Kalla): And -- and this is this is
22 Dr. Kalla, and I -- I did have some not in-depth
23 conversations with one of the principals in that
24 group. And those were exactly the reasons that he
25 cited to me. The ability, the ability to have

1 call coverage, and better call coverage and the
2 potential to be able to recruit better at a
3 higher-volume hospital.
4 THE WITNESS (Handley): This is Donna Handley. I -- I
5 have a document of notes I took in a conversation
6 with Dr. Gildersleeve who was the head of the
7 Mansfield OB/GYN group back on -- it was October
8 8th of 2019, and there were a number of reasons.
9 One was the call, and for our OB/GYNs there's
10 a second call in case a second women would come
11 and be in labor, and there were two deliveries
12 happening at the same time. So they were
13 essentially by the first or second call every
14 other night.
15 Another factor for Dr. Gildersleeve in that
16 group decision to leave is the inability for them
17 to do what's called VBACs. And I don't want to
18 step onto our esteemed physicians in the room, but
19 those are vaginal deliveries following a
20 C-section. So it's a woman who had already had a
21 Cesarean section delivery.
22 And a vaginal delivery after a Cesarean
23 section is a higher risk procedure. And given the
24 low volume of deliveries, our anesthesiologists
25 who cover Windham Hospital and provide services

1 there were uncomfortable because it was a low
2 frequency or low-volume procedure.
3 And so they were not -- they were not allowed
4 to perform those at Windham Hospital because of
5 the risk, not just to the patient, but to the
6 physicians who were providing the care.
7 THE WITNESS (Rodis): This is Dr. Rodis. I'll -- I'll
8 just chime in, if I can, attorney Yandow? Because
9 I also spoke with Dr. Gildersleeve at that time
10 when they were considering moving and I got into,
11 like Dr. Borgida alluded to, their heads a little
12 bit.
13 I think the call issue is -- was -- was --
14 and I agree with everything Donna just said, but
15 the call issue is significant in that it's not
16 just that. And physician burnout is a real thing.
17 Right? It's -- it's a particularly real thing
18 now, but it has always been a real thing.
19 Every third night isn't really every third
20 night, as Dr. Borgida said, because if someone's
21 on vacation, if someone is sick, someone is on
22 maternity leave, it could be every other night for
23 an extended period of time, which for old-timers,
24 like the three of us who trained at -- we trained
25 at a period of time, and I trained these guys, so

1 I know that we worked a hundred, 110 hours a week
2 in training. Residents today are brought up in an
3 era where there's work hour restrictions -- and
4 I'm not criticizing that, by the way.
5 They never worked more than every third or
6 every fourth night into -- none of them in my
7 experience over now 20 years of recruiting
8 physicians. And I've built two practices both in
9 Stamford and at St. Francis, hospital-based
10 practices. None of them had to work anything more
11 than every fourth or fifth or sixth night. It's
12 untenable.
13 So for that practice, even though they're
14 willing to suck it up, if you will, and do that
15 extra call, they -- they were unable to recruit
16 anybody who would work those hours. So as
17 Dr. Borgida alluded to, by joining -- going to
18 Manchester, not only did their call immediately
19 become half of what it was before, the ability to
20 recruit became exponentially greater.
21 THE HEARING OFFICER: Okay. I think you'll see as the
22 questions go forward -- and I'll probably have
23 more later on. I mean, one of the questions in my
24 mind is, what could Windham have done -- or what
25 could they do, if anything, to make it more

1 attractive to bring in groups, bring in OB groups?
2 If the Mansfield group left because the
3 anesthesiologist weren't comfortable during a
4 certain procedure, is there something Windham --
5 would that take care of the problem? I mean, I
6 don't know, but those are sort of the questions.
7 And what I'm focusing on is, what else? Is
8 there anything else you could do to make this a
9 safe procedure? And of course, I mean, having
10 doctors of course would be key. But those are
11 where you'll see some of the questions going.
12 But I'm sorry, Mr. Carney. Go ahead.
13 MR. CARNEY: Just one final followup on that, this
14 whole thing. So were there any other providers
15 that offered some sort of options for you to, you
16 know, recruit including, like, community-based
17 providers?
18 Any other options in the area for you to
19 secure additional physicians for running the
20 program?
21 THE WITNESS (Handley): So this is Donna Handley. I
22 certainly can, from my perspective as the person
23 responsible, but we -- I as -- as Dr. Kalla
24 mentioned in his testimony, when we received the
25 termination notice from Norwich OB/GYNs, it was

1 September of '19.
2 I met with Dr. Gildersleeve. I met with the
3 physician leadership of women's health -- it was
4 Connecticut. And they're large, and now Women's
5 Health USA. And they were both very clear that
6 their -- their physicians were their most valued
7 resource. And they were working where they could
8 provide care to the largest number of patients.
9 But they -- they couldn't -- they could not
10 take away from where the patients were going for
11 care, where we had high volumes of patients to put
12 a very valuable resource for -- so within one or
13 two babies per week.
14 We did look at locums, but I -- I was very
15 transparent in September of '19 when I met with
16 the nursing staff to say, we have a few months
17 before the December 31st deadline and termination
18 of this, the group-based coverage.
19 And my -- it was, like, one of the important
20 data points that I'm sure we made clear is that
21 none of the physicians in that group had made the
22 professional decision to no longer deliver. So
23 not only was a small group of physicians covering
24 two hospitals, their numbers were decreased as
25 well, and that became the untenable situation.

1 And when we discussed locums, we reached out
2 for locums. Never really a solution has been very
3 well described. The nurses were very clear, and
4 the nurses were fierce and heroic in their
5 continued support covering ten vacant shifts a
6 week so that the program could continue -- that
7 they were dissatisfied and concerned about locums
8 because they are -- they don't know the system.
9 They don't work as a team.
10 In the previous -- and this was documented
11 and communicated by them -- with the last outcome
12 that was of concern happened during a locum tenen
13 assignment at Windham.
14 So locum was really not an option for all the
15 reasons that have been stated.
16 MR. CARNEY: Okay. Thank you. Let's move on to my
17 next question. In the prefile and issues
18 submission, Exhibit R, pages 312 to 314, you
19 provided a whole bunch of birth rates for counts
20 served by Windham Hospital, Manchester Memorial,
21 Day Kimball and Backus.
22 So I'm looking at the tables and it basically
23 has the town and the birth rate, and really not --
24 not a whole lot else. So my question, first
25 question is, you know, I know we asked for the

1 birth rates, but there's nothing to go, sort of,
2 with them.
3 What conclusions can we draw from these birth
4 rate tables that you've provided to us? Or what
5 conclusions do you want us, you know, are you
6 making from these tables?
7 MS. FUSCO: So Brian, this is Jen Fusco. Can you just
8 clarify for me again where we're looking for this?
9 Is it in the hearing issues document?
10 MR. CARNEY: Exhibit R, pages 3, 12, 13, 14, the
11 prefile.
12 MS. FUSCO: Okay. Just give me one sec.
13 MR. CARNEY: Sure.
14 MS. FUSCO: Okay. Sorry. I think we found them.
15 Dr. Kalla, if you?
16 THE WITNESS (Kalla): I -- I can try to address it.
17 I -- I think this is in response to a request, but
18 this just has to do with the number of births per
19 1,000 population of women of childbearing age.
20 And it's -- we're looking at the primary
21 service areas for these various hospitals. And
22 you can look at that and -- and kind of get an
23 idea as to whether the -- they're having a lot of
24 babies in these towns.
25 If you look at -- although Windham has a

1 birth rate of about 10 per thousand, the other
2 towns in the primary service area for Windham,
3 Mansfield, Colombia, Lebanon, chap -- Chaplin
4 Coventry are all significantly lower.
5 By contrast, if you look at the last one,
6 which is Backus', almost all those numbers are
7 above 10. And when looking at the other hospitals
8 which are the other Eastern Connecticut hospitals,
9 which you might think as being comparable or -- or
10 competing, if you look at the -- look at the
11 various rates, Manchester's seem to generally --
12 if you look at -- those numbers being higher. I
13 think Kimball may be a little lower.
14 MR. CARNEY: Okay. So you're basically asserting that
15 the overall -- the Windham PSA rates are lower
16 than the other hospital PSAs.
17 Is that sort of the general?
18 THE WITNESS (Kalla): I -- I -- that's -- looking at
19 the numbers in these graphs, that would be the --
20 that would be the conclusion I would reach, yes.
21 THE WITNESS (Rodis): If I could just add -- this is
22 Dr. Rodis again -- just general comments regarding
23 birth rates?
24 Birth rate really depends a lot on the
25 demographics of the population. Specifically when

1 you talk about repro -- reproductive-aged women,
2 you're typically talking 18 to 45. But if you
3 really get down to the nitty gritty, it's really
4 the 18 to 30-year-old group that are having most
5 of the babies.
6 So the population demographics really depend
7 on the number of young folks in those communities.
8 Young folks in the community typically relate to
9 growth in general, population growth, population
10 moving.
11 As you know, Connecticut is growing
12 substantially and the births are not increasing
13 substantially. As a matter of fact, that's true
14 for the whole country. The only actually growth
15 in births in this country is related -- is related
16 to demographics and race and ethnicity where in
17 Hispanic -- the Hispanic population in particular,
18 it's particularly the immigrant population are
19 accounting for the bulk of the growth in births.
20 So I think that's true for Connecticut as
21 well as the rest of the country.
22 MR. CARNEY: Okay. I mean, it looks like you provided
23 just one. One. Particularly one year, one static
24 year, 2019.
25 Do you have any idea what the trend is of

1 birth rates in the PSA Over time, say, like for
2 the last three years, and what's projected based
3 on population changes?
4 THE WITNESS (Rodis): It's Dr. Rodis. I'll only
5 comment again. I can just tell you it's a
6 little -- it's not real-world right now because of
7 pandemic. In -- in pandemics in general and in
8 world -- big crises like this populations drop,
9 people don't have Children when there's a
10 pandemic, and that was true in 1917 and it's true
11 this last two years; birth rates way down.
12 I think now as we get out of the pandemic
13 there will probably be a slight increase going
14 back to pre-pandemic numbers, but unless the
15 population substantially changes with new young
16 couples moving into the community, I suspect the
17 birth rate in Connecticut will continue to be flat
18 as our population actually is aging substantially
19 over time.
20 MS. FUSCO: And if I can, Brian, this is Jen Fusco. I
21 can direct you to, in the CON application we do
22 have those demographics in there. And I think in
23 the application itself that shows the birth rate
24 for that age demographic being flat.
25 It's page -- I'm sorry. Someone is grabbing

1 **it for me.**

2 **It's on page -- it's page 18.**

3 **MR. CARNEY: Okay. I think what would be a little bit**

4 **more helpful for me in these table would be if I**

5 **also saw, in addition to the rate, how that rate**

6 **was calculated. So the number of births in the**

7 **popular -- corresponding population.**

8 **MS. FUSCO: Okay.**

9 **MR. CARNEY: And then also, you know, I'd like to see,**

10 **like, a three-year trend.**

11 **MS. FUSCO: Okay.**

12 **MR. WANG: Brian, sorry for the interruption, but also**

13 **regarding the demographics. I think you did**

14 **provide the age ranges, but if you can also**

15 **provide the race and ethnicity breakdown.**

16 **MS. FUSCO: Uh-huh. Okay.**

17 **THE WITNESS (Handley): And Brian, if you look on page**

18 **17 we did do a four-year trend of -- it's**

19 **obstetrics volume as opposed to birth rate. But**

20 **it will show you that, and it's based on a**

21 **Connecticut Hospital Association's time data and**

22 **all the hospitals in the state of Connecticut.**

23 **MR. CARNEY: Okay. I'm taking a quick look at it.**

24 **Thank you.**

25 **THE WITNESS (Handley): Great. I just want to make**

1 sure that you have what you need.
2 THE WITNESS (Rodis): While we're looking at this --
3 Dr. Rodis again. I think the important -- at
4 least to me, the important thing is, birth rate is
5 one number. They have to multiply it by the
6 population to determine actually the number of
7 births.
8 So to your earlier point, even if the
9 population -- if the birth rate went up a little
10 bit, because the population of childbearing women
11 is relatively low, the total number of births will
12 still be a relatively small number. And many of
13 those women, as we already talked about have
14 already made decisions of where they're going for
15 their care, because women follow their OB/GYN.
16 As I think Dr. Kalla mentioned -- mentioned,
17 women don't really choose a hospital deliver at.
18 They choose a doctor to go to, and they go
19 wherever their doctor, you know, practices.
20 So you have to make that -- you have to
21 understand that. So even if there's another
22 couple hundred births, well, that's not enough to
23 really sustain a hospital obstetric unit.
24 THE WITNESS (Kalla): Or to recruit a new practice of
25 physicians. This is Dr. Kalla. Sorry.

1 (Late-Filed Exhibit Number 3, marked for
2 identification and noted in index.)
3
4 MR. CARNEY: All right. Thank you. I'm going to move
5 on to the next set of questions related to
6 quality. So first question is, Dr. Kalla states
7 on page 201 of prefile that, in order to provide
8 optimal care for women, hospitals need to have the
9 volume and resources to support a team-based
10 approach to care. And I think he said that today
11 as well.
12 Please provide us with an explanation of,
13 sort of, the relationship between birthing volumes
14 and quality.
15 THE WITNESS (Kalla): I'd -- I'd be happy to. In --
16 obstetrics involves critical care with rapid
17 changes of basically two patients, a mother and a
18 baby. And to provide that care we need to have a
19 well-functioning well-trained experienced team of
20 obstetricians, oftentimes midwives, nurses,
21 pediatricians and other resources such as
22 respiratory therapy, radiology with ultrasound
23 capability, blood banking and the sorts of things
24 that are available differently at different
25 hospitals, larger hospitals because of their

1 greater need for those services; are able to
2 provide them more continuously and with more
3 experience.
4 When you're doing very few deliveries, the
5 team that you're working with doesn't see a lot of
6 the things that you need to know how to respond to
7 rapidly frequently enough to maintain that
8 expertise.
9 And an example, we see postpartum hemorrhages
10 not infrequently. We need to be able to respond
11 with alacrity, and we need to have good supportive
12 services to do that. In a hospital such as Backus
13 that is doing two or three deliveries a day as
14 opposed to two deliveries a month we see these
15 situations with some frequency. It allows all of
16 our team members to be familiar with their roles
17 and what to do.
18 This leads to better quality.
19 When you -- you can drill all you want. It's
20 not the same as the real thing.
21 Hope that answers your question.
22 MR. CARNEY: Yes. Thank you. And just following up on
23 the Srinivas report, you gave some sort of high
24 level sort of comments about what, you know, what
25 the report stated, what the conclusions were.

1 Did you want to share any additional, sort
2 of, details that sort of backs up what you're just
3 talking about of the quality issues related to low
4 volume?
5 THE WITNESS (Borgida): Yeah, this is doc -- yeah,
6 thanks. This is Dr. Borgida. So when Dr.
7 Srinivas looked at the volume, she and several
8 other researchers have looked at this and looked
9 across the country.
10 She has offered one paper, and I think she
11 had four different papers in her report that all
12 looked at volume and lowest volume versus
13 higher-volume institutions based on their delivery
14 volume, showing that there was a higher risk for
15 complications like hemorrhage, infection and other
16 obstetrical issues including lacerations in the
17 lowest volume obstetric units.
18 And that in the units that had the highest
19 volume, they have the lowest complication rates
20 from things like hysterectomy after delivery.
21 So I think, you know, she went through and
22 looked at the population that is served, the
23 volume of the population that is served by
24 Windham. And her recommendation was, due to the
25 risk, the safety risk based on the research that's

1 available, having such a low volume wasn't safe,
2 especially when there's other volumes that are
3 very close by.
4 If you look nationally, Connecticut is a very
5 small state with a lot of availability of
6 higher-volume hospitals for patients; that that
7 would be the safest thing for the patients in this
8 area.
9 THE WITNESS (Rodis): If I could just add? This is
10 Dr. Rodis. So what -- at -- both Stamford
11 Hospital and St. Francis actually implemented
12 perinatal safety programs. So I'm -- near and
13 dear to my heart, is your question, actually, and
14 I think I've tried to make that clear in my
15 testimony.
16 And I don't want to overdo the sports
17 analogies that I think Dr. Kalla was alluding to,
18 but there's a certain cadence that you get into in
19 running an obstetric unit. And the cadence
20 involves all members of the team, as Dr. Kalla
21 alluded to.
22 And that, that team really can't be switching
23 positions and players on a regular basis because
24 you're filling it with locums, or temporary staff,
25 nurses that are coming and going, doctors that are

1 coming and going.
2 And you -- drilling, actually I would -- I
3 would respectfully -- it's very slightly, I
4 think -- I think drilling is actually very, very
5 helpful in practicing, and we all do that in
6 our -- in the larger hospitals. We all have
7 regular drilling practices, which then we can
8 translate into the real-world setting when they
9 occur, just like an engine going on our plane.
10 Pilots, you know, Captain Sully landed on the
11 Hudson, not because he got lucky that day. It was
12 because they trained for engine failures.
13 If you train with a different team all the
14 time, when the thing really happens nobody knows
15 where to go and nobody knows what to do, and you
16 can easily overwhelm the system and a disaster
17 will ensue. And I think what we're here talking
18 about today is really trying to prevent that
19 disaster from occurring.
20 THE HEARING OFFICER: This Joanne Yandow. I just want
21 to follow up on Mr. Carney's question -- and maybe
22 this goes to Ms. Handley, but I know Ms. Handley
23 spoke about all the investments that the hospital
24 is putting into healthcare, new investments
25 regarding bone and joint care, and three surgeons

1 that came on, the robotics, the investment in the
2 robotics, cancer infusion, cardiac.
3 So how is it that the hospital can attract
4 the doctors and start these investments and these
5 new programs, but it couldn't happen for
6 obstetrics?
7 THE WITNESS (Handley): That is it -- I'd love to
8 answer that question, because there is a community
9 need and a volume of patients who are seeking
10 those services.
11 So cancer rates are on the increase. And,
12 you know, let me use -- I mean, I was an oncology
13 nurse for 20 years early in my career, so I will
14 use cancer as the example. It is a high-frequency
15 treatment. So patients who need to travel
16 frequently for -- for treatments, chemotherapy,
17 physician visits, they -- having that care close
18 to home is very, very important, but the rising
19 incidence of cancer and the demand in our
20 community necessitated -- with our growing
21 infusion center that's in our 5 Founders campus on
22 the -- on the Windham campus.
23 The numbers are rising. Orthopedics, we
24 talked about our population aging. The need for
25 joint replacement surgeries, traumatic falls in

1 the elderly. There is a high demand and need.
2 In fact with the three orthopedic surgeons we
3 have. We -- we are always looking for additional
4 surgeons because of the community in need and the
5 patients are there. So it's this -- I mean,
6 that's really the theme here, with all due
7 respect.
8 Women in our community, the 500 or so women,
9 400 of them have chosen to have their deliveries
10 and their care elsewhere. Oncology, orthopedics,
11 heart and vascular, cardiopulmonary rehab; our
12 volumes are very high and we're responding to that
13 community need.
14 Physicians want to take care of patients.
15 And the challenge we have is in a limited resource
16 of OB/GYNs. They want to be where they can
17 contribute and provide the most care. So there's
18 great demand. You heard Dr. Kalla say he's been
19 unable to recruit for seven years.
20 In the -- in the, both the professional
21 journals and societies, as well as the lay press
22 there there's constant discussion around the
23 increasing maternal fetal mortality rate and the
24 decreasing numbers of OB/GYN residents who are
25 coming out of training. So it's created this

1 dynamic and that's what's caused the issue at
2 Windham. So -- and we focus specifically on this.
3 THE WITNESS (Rodis): This is Dr. Rodis again. I just
4 want to -- I want to add, if I can, Attorney
5 Yandow, to Ms. Handley's answer?
6 I think we can't ignore -- and I've recruited
7 lots of breast surgeons over time,
8 urogynecologists, oncologists. The difference is
9 the call -- not just the -- the call is not about
10 just the frequency, but the burden of call.
11 If you're an obstetrician on call, you're
12 either in the hospital all night long or you're
13 within 15 minutes to respond to a patient, where
14 the breast surgeons are never getting called in
15 for emergencies at night. Your gynecologists are
16 never getting called in for emergencies at night.
17 Orthopedic surgeons are never getting called
18 in. They can live in Glastonbury. They can live
19 in West Hartford and still provide great services
20 to that community and live wherever they want with
21 their families.
22 Obstetrics is different because of that
23 burden of call. It would be the same thing as
24 saying, let's start a trauma center in Windham.
25 Well, you're going to have to recruit three or

1 four trauma surgeons and they have to live or be
2 in that community. It's just not feasible.
3 THE HEARING OFFICER: Is there anything as far as -- so
4 it's basically the doctors aren't living in the
5 area. Is there anything Windham Hospital or the
6 Applicant can do, or what have they done to try to
7 attract? Or have they done anything to attract
8 physicians coming in?
9 THE WITNESS (Handley): So I'm not -- I -- I totally
10 respect your questions and -- and other than, you
11 know, working with our colleagues -- and I'm
12 looking at the physicians around the room and
13 their network of physicians.
14 And It's -- we -- I'm struggling to find a
15 way, a different way say -- (unintelligible).
16 THE WITNESS (Rodis): This are private -- I mean,
17 Connecticut has many OB/GYNs. This Dr. Rodis
18 again -- many OB/GYNs.
19 These are private practices. So you can't
20 just, you know, wave the magic wand and -- and
21 three or four obstetricians will present. You
22 have to get folks who want to live in Connecticut
23 in the first place, raise their families in
24 Connecticut. And that, that's why that's part of
25 the reason we have challenges, frankly, because

1 you know, we -- you can only go so far to say, oh,
2 we're close to Boston and close to New York. The
3 kids I try to recruit say, well -- why don't I
4 just live there?
5 So recruiting in general is difficult. Then
6 you add -- add in demographic of the call. And
7 even if everything works great, the population
8 density just isn't high enough to have a
9 sustainable, financially viable private practice.
10 THE WITNESS (Kalla): And this is Dr. Kalla again. If
11 I may? As Dr. Handley -- (Unintelligible).
12 THE WITNESS (Handley): Okay.
13 THE WITNESS (Kalla): Sorry, Donna -- she stated
14 before, she did reach out to Mansfield OB/GYN to
15 see if they would be interested in coming back
16 either to provide call coverage, or coming back to
17 the hospital. They were not.
18 She reached out to the -- Dr. Matt Saidel,
19 who's the head of Women's Health Connecticut,
20 which is a large group of many practices of many
21 of the hospitals in the state, to see if any of
22 their members would have any interest in coming to
23 Windham. The answer was, they did not.
24 So those efforts were made. And unlike many
25 of the specialties that Ms. Handley spoke about,

1 which in the current world are largely hospital
2 employed -- for, as Dr. Rodis stated,
3 obstetricians, general practice OB/GYNS in the
4 state of Connecticut are exclusively private
5 practice, and that's true for much of the country.
6 So that it's not an issue of Hartford
7 Hospital just going out and hiring people. It's
8 enticing a private group to come, and that's a
9 much harder proposition.
10 THE HEARING OFFICER: Okay. Thank you.
11 MR. CARNEY: Just one final question related to this
12 topic. In this, you know, what is the optimum
13 level, or what is the minimum level needed to
14 provide, you know, obstetrics, inpatient
15 obstetrics services at a hospital and have a
16 quality, you know, high quality and safe program?
17 What will be the minimum volume?
18 THE WITNESS (Kalla): Dr. Kalla. If you're asking
19 about a number, number of deliveries, I -- I would
20 go back to the con -- consultant report that we
21 got in 2017, where I believe she was referencing
22 volumes greater than or more than 500.
23 MR. CARNEY: All right. Thank you very much. I'll
24 move on to the next question.
25 So in the prefile, page 321 states that under

1 the heading of social determinants of health, that
2 there is an emerging body of clinical research
3 that suggests that patients who deliver at
4 low-volume hospitals are at greater risk for
5 certain adverse events.
6 But I think you've touched on some of the
7 events, and I think we've touched on some of the
8 demographics of the primary service area maybe
9 being susceptible to these particular social
10 determinants of health.
11 Discuss the difference between low risk and
12 high-risk deliveries, sort of, in relation to
13 that?
14 THE WITNESS (Borgida): This is Dr. Borgida. I think,
15 you know, there's -- there's ways and there's a
16 table in the report from Dr. Srinivas that kind of
17 outlines high-risk medical conditions. So there's
18 certain conditions like diabetes and hypertension
19 and heart disease.
20 MR. CARNEY: (Unintelligible.)
21 THE WITNESS (Borgida): Right. So those are high-risk
22 conditions, and if patients have those conditions,
23 many of them would probably not be delivering at
24 Windham or any community hospital. They get
25 referred to the tertiary centers. That's the

1 obstetric -- I'm sorry, that's the medical
2 conditions, but there's also the obstetric
3 conditions.
4 So while the delivery is happening there's
5 the risk for hemorrhage, for infection, for
6 lacerations, for other complications that aren't
7 necessarily predicted by the patient's medical
8 risk factors. So those are unpredictable.
9 So you can't always say, well, we're going to
10 have you deliver at a different center because we
11 know already you're a high-risk patient. You have
12 to be ready for even the low-risk patients who
13 probably 10 percent of them have a high-risk
14 complication that happens in labor -- and that's,
15 I think, the concern with low volume.
16 We've already been sending patients from the
17 mans -- the Windham clinic, two other sites when
18 we've identified them prenatally as being too high
19 risk for delivering at Windham, because they have
20 hypertension, diabetes. They have a baby with a
21 birth defect and they come and deliver at
22 Hartford, who have been doing that even before any
23 of this.
24 But it's the -- the low, the lower volume now
25 and the risk for the patients that have risk for

1 hemorrhage or complications that happen during
2 labor. That, as Dr. Kalla pointed out, when you
3 don't have a good team together that works
4 together because there's not enough experience,
5 that's where I think you run into concerns.
6 THE WITNESS (Handley): And about -- this is Donna
7 Handley again, Mr. Carney. When we were going
8 through our evaluation and planning process and I
9 took my role in 2017, we used ACOG, the American
10 College of Obstetrics and Gynecology risk
11 stratification guidelines.
12 So they clearly identify from the
13 professional organization of which all three of
14 our esteemed colleagues testifying today are
15 members. So we were rigorous and disciplined in
16 assessing risk to make sure patients were provided
17 the care coordinator so that they had -- they were
18 appropriately delivering in -- in a facility
19 appropriate to the risk that has been assessed
20 based on their individual clinical situation.
21 MR. CARNEY: Okay. So my next question was -- this has
22 kind of been answered, I guess. So then I was
23 asking what the general proportion of high risk
24 deliveries would have been at Windham Hospital,
25 and you're stating that basically they would be

1 low.
2 THE WITNESS (Handley): Right.
3 MR. CARNEY: Is there a percentage you can assign to
4 that? Or it's like 10 percent of the patients
5 maybe would be high risk? Or hard to guess?
6 THE WITNESS (Borgida): Yeah, I think -- this is
7 Dr. Borgida. I think it's hard to guess. One is
8 that probably 10 percent of the patients that
9 presented for care there, were getting -- were
10 actually getting transferred to get their care
11 elsewhere before they even come in for delivery.
12 And then I'd say the next 10 percent of who
13 are delivering there would also potentially have
14 high-risk complications that arise in labor.
15 MR. CARNEY: Okay. Thank you.
16 My final question is for Ms. Handley. Now
17 you stated in the prefile on page 297 that
18 Hartford HealthCare is up-skilling and upscaling
19 the birthing center at Backus to a level-two
20 neonatal intensive care unit, a NICU, also known
21 as special care nursery, including hiring a
22 medical director and additional training of
23 obstetric nurses.
24 For the layman please explain, you know, what
25 it means to be a level-two neonatal ICU and how

1 this will improve the quality of care for
2 obstetrics patients in the area?
3 THE WITNESS (Handley): So I looked to my colleague.
4 Dr. Kalla is going to describe what a NICU level
5 two is. I'm happy to -- and then I can add the
6 rest of the details on the question you just
7 asked.
8 THE WITNESS (Kalla): So a nursery without any sort of
9 neonatal ICU capability generally will keep babies
10 who are otherwise well that are 35 weeks of
11 gestation or above, which is the vast majority of
12 babies that deliver.
13 But there are a number of babies that deliver
14 prematurely, or babies who have transient issues
15 with respiratory issues, or with feeding that
16 require higher levels of care. A level-two NICU
17 generally will take care of babies who are
18 premature as early as 32 weeks gestation.
19 And we'll have better capability to take care
20 of babies from 32 weeks to term who have issues
21 that might require short term ventilatory support,
22 that might require -- have feeding issues that
23 require additional levels of care.
24 There will still be babies in those ranges
25 that would still need a higher level of care for

1 significant anomalies or things like that.
2 There are other levels of neonatal ICU care
3 to take care of babies that are younger, but
4 that's not what we're discussing at facts.
5 THE WITNESS (Handley): And one of the -- excuse me.
6 This is Donna Handley again, one of the ACOG
7 recommendations, given our limited resources, of
8 our most precious resource which are physicians
9 and highly trained nurses and neonatologists -- to
10 look at regionalization where you look at your
11 population, and putting the right level of care.
12 So this is an example where of having a NICU,
13 a level-two NICU at Backus, and 91 of our Windham
14 women went to Backus for delivery to provide that
15 additional level of care for all the women in our
16 region. We don't have enough physicians and
17 nurses to staff every hospital. So this is really
18 a nationally endorsed model. It's to provide the
19 best care to patients.
20 So we -- one of the limited resources we had
21 in 2020 with neonatology coverage from Children's
22 Hospital -- and I know that the Division Chief of
23 Hematology submitted testimony -- but they have to
24 reach out to locum APRNs, neonatology APRNs to
25 help support Windham because again of the low

volume. They were deploying their staff where there was the highest volume and the greatest need for their services.

But we're working with Children's Hospital to identify a medical director who could provide that oversight for the whole region, for the Windham community and the Backus community.

THE WITNESS (Kalla): And this is Dr. Kalla again. And by trying to, in some ways, regionalize this neonatal care and expand its capabilities, it means that patients from the Windham community whose babies need special services, the vast majority of those will be able to stay somewhere that's 16 miles away as opposed to being -- having to come to Hartford, or even further. Many end up at the Hospital of Central Connecticut, as an example --

THE WITNESS (Handley): Or UConn.

THE WITNESS (Kalla): Or at UConn, which are less accessible to those patients than if we were able to regionalize more closely to Windham.

MR. CARNEY: Thank you very much. Those are the questions I have at the minute.

THE HEARING OFFICER: What I'd like to do now is I'd like to take a 15-minute break. We will be doing

1 well -- between two and three, there's probably an
2 hour break if we finish up.
3 We should be finished up before 2, but what
4 I'd like to do now is just to take a 15-minute
5 break. So if everyone could come back on then at
6 12:14? Thank you.
7
8 (Pause 11:59 a.m. to 12:17 p.m.)
9
10 THE HEARING OFFICER: Attorney Fusco, are you ready?
11 MS. FUSCO: Yes, we're here.
12 THE HEARING OFFICER: Okay. All right. I believe
13 Mr. Carney had a few followups from his questions?
14 MR. CARNEY: Yeah. So in regard to, like, other
15 providers in the community or in the area,
16 specifically like other, like, FQHCs or local
17 community healthcare health centers, I think
18 there's a couple in the area, and in the United
19 Community & Family, for Generations.
20 THE WITNESS (Handley): Yes.
21 MR. CARNEY: Do you guys have any existing
22 relationships with them regarding maternity or
23 obstetrics?
24 Or is there any potential to establish
25 relationships with those types of providers to

1 help, you know, keep the program running?
2 THE WITNESS (Handley): This is -- this is Donna
3 Handley. Prior to my arrival at Windham Hospital
4 there was a very concerted effort with Arvind Shaw
5 and Generations, Windham Hospital. And at the
6 time it was back when Mansfield OB was still
7 practicing at Windham.
8 And there was, you know, an enormous amount
9 of hard work and Windham -- one of my predecessors
10 invested and supported the project, and actually
11 filed for CON. The CON was granted and by --
12 since I wasn't there, but Mr. Shaw in multiple
13 conversations with me said that once we had
14 approval from CON, Mansfield OB/GYN said, we're
15 not interested.
16 And it was really a way in which to bring --
17 let Generations run the clinic, the prenatal
18 service. But when Mansfield OB/GYN left, there
19 were no OB/GYNs left to do that.
20 So, you know, as -- and I know there's
21 reference in Dr. Watson's testimony that was
22 submitted, Mr. Carney, but there's conversation
23 about the increasing specialization within
24 obstetrics and gynecology.
25 And it's -- it's increasingly more difficult

1 when we think about providing the right level of
2 care. So the bylaws, it used to be 25 years ago,
3 family practice physicians -- and maybe last
4 time -- family practice physicians delivered
5 babies in hospitals.
6 That's no longer the case. OB/GYNs are the
7 only physicians other than under emergency
8 circumstances who deliver in our hospitals. So
9 the ability that they're having with OB/GYNs, we
10 can't recruit an OB/GYN, and I think that that's
11 thematic in our testimony today, that there aren't
12 OB/GYNs to recruit to small, low-volume centers.
13 It would take these at least four positions
14 to even consider covering call. If there are one
15 or two deliveries a week that's not enough for
16 them to have a viable thriving practice doing what
17 they are called to do.
18 THE WITNESS (Rodis): If I could -- Mr. Carney, if I
19 could elaborate a little bit? While I have no
20 experience with those particular FQHCs, I have
21 extensive experience actually with many FQHCs in
22 this state. And I would say that virtually all of
23 them rely actually on the hospitals and/or the
24 obstetric community near where they serve to
25 provide obstetric services.

1 None of them that I'm aware of in this state
2 have been able to successfully recruit, and
3 they've tried as well OB -- their own OB/GYNs to
4 provide those services. And even if they can get
5 one, that person only does prenatal care, but when
6 it comes to delivery, they'll have the patients
7 come to the regional hospital.
8 They, you know, the FQHCs have an interesting
9 model in that they're limited a little bit to what
10 they can pay folks. So that's one of their
11 challenges. There, it's out there, kind of
12 basically at a salary cap that really precludes
13 them from being competitive in the marketplace.
14 But even with the loan forgiveness program that
15 you get potentially through the federal government
16 as well as you're covered for medical
17 malpractice -- because they're covered, as you
18 probably know, by the Federal Tort Claims Act. So
19 you can't really sue them.
20 While all that's tempting, I can tell you at
21 least in Connecticut none of them have been able
22 to recruit OB/GYNs. And I've been asked by at
23 least four or five, both in Fairfield County and
24 in Hartford County to help them recruit. And --
25 and I've said the same thing to all of them.

1 I said, you know, we'll -- we'll provide the
2 services for you, but you're not -- you're just
3 not going to be able to recruit.
4 THE WITNESS (Handley): And I would just add that
5 Mr. Schuyler and I have commiserated together on
6 numerous occasions. One of the greatest needs in
7 our communities, and based on community needs
8 assessment, is actually primary care. Right?
9 So it's, you know, we work very hard. And
10 it's hard to recruit primary care, and it's
11 increasingly more difficult when you're talking
12 about specialty care.
13 THE WITNESS (Kalla): And if I -- and this is Dr. Kalla
14 again. And I have some knowledge; you asked
15 specifically about the United Community & Family
16 services, which is -- which has recently become a
17 federally qualified health center.
18 They do have a gynecology clinic in Norwich
19 which is staffed by a midwife. OB/GYN Services,
20 my private group provides supervision for that,
21 but they had -- but we've had numerous
22 conversations about the fair provision of care,
23 and they are not interested in getting into the
24 rest of the obstetrical realm.
25 They provide primary care, pediatrics, mental

1 health services and dentistry services extensively
2 in Eastern Connecticut.
3 THE WITNESS (Borgida): This is Dr. Borgida. Just to
4 add on, in my own experience in Hartford we have
5 an FQHC around the corner, Charter Oak, and they
6 provide prenatal care with, as Dr. Rodis pointed
7 out, sort of a revolving door of providers because
8 it's hard to keep the providers there, midwives
9 that come and go.
10 All of their deliveries come to Hartford or
11 St. Francis if they choose, but they -- they don't
12 have providers that actually do the obstetrics,
13 just the prenatal care, and then we return the
14 patients back to them. So their patients are
15 showing up. They're getting good prenatal care,
16 but they don't have -- they're not able to recruit
17 the providers to provide the care.
18 And another -- I just wanted to add going
19 back to what Donna Handley said. Back in 2013,
20 Hartford HealthCare did recruit one of the
21 residents who graduated from our residency
22 program, the UConn program to go and work at
23 Windham to run the prenatal clinic, to work. The
24 idea was to transition over to Generations and to
25 have Mansfield OB/GYN sort of as a mentoring group

1 to her to provide coverage.
2 And that all fell apart when the prenatal
3 clinic didn't translate to Generations, and
4 Mansfield OB did not want to provide coverage for
5 the provider. So having one provider right out of
6 residency was an untenable situation. She
7 couldn't work alone, and she ended up coming back
8 and working in our clinic at Hartford Hospital.
9 So that's the problem with residents that are
10 graduating, that they don't want to go to a place
11 where they're not supported. And to have the
12 support that they're comfortable with from their
13 training, it requires usually a level-two nursery
14 or some kind of on-site 24-hour care, partners
15 that are there to mentor them.
16 And I can tell you being involved with the
17 residency at Hartford, I get calls from almost
18 every area of Connecticut looking for graduating
19 residents to join them and they're very, very
20 selective about where they want to go. Almost
21 exclusively they go to practices that have eight
22 or nine providers so that their lifestyle and
23 their -- their coverage and the mentorship that
24 they get is the level that they're comfortable
25 with. And that's, as Dr. Rodis pointed out

1 earlier, that's what the new generation of
2 providers are looking for.
3 The days of two, three men group, you know,
4 that's gone.
5 MR. CARNEY: Okay. Thank you very much.
6 I'm done with my questions.
7 THE HEARING OFFICER: I know. Mr. Carney, he named two
8 of the federally qualified local health centers in
9 the Windham area. Are there any others?
10 THE WITNESS (Handley): No, not to my knowledge.
11 THE HEARING OFFICER: Okay. And as far as there's
12 another late file, we would like some affidavits
13 from either people that you've reached out to -- I
14 mean, we certainly appreciate all your
15 information.
16 And as I mentioned earlier, we always want to
17 know where the sources come from when you give us
18 information and charts. So if we could get
19 statements of the doctors -- and this can be done
20 with late-filed affidavits -- doctors or the
21 Mansfield OB group or other groups that you've
22 reached out to that they're not willing to come to
23 Windham.
24 THE WITNESS (Handley): Of course. We will do that.
25

1 (Late-Filed Exhibit Number 4, marked for
2 identification and noted in index.)
3
4 THE HEARING OFFICER: I have a question related to
5 this. So your prenatal and postnatal care. Where
6 are those? Where is that care? At what location?
7 Where do you do that?
8 THE WITNESS (Handley): That's right on the third floor
9 of Windham Hospital.
10 THE HEARING OFFICER: Okay. And who's there? Are
11 there doctors there?
12 THE WITNESS (Handley): So we have a doctor that --
13 that Dr. Kalla referenced. Dr. Eugene
14 Rozenshteyn. He happened to be one of our locums.
15 We engaged a firm called Delphi Back in 2015.
16 Dr. Rozenshteyn came. He'd previously been
17 employed by Mansfield OB/GYN, and they no longer
18 had a relationship. He worked for Delphi as a
19 locum, came to Windham for an assignment and
20 because he lived locally he said he would be very
21 interested in the role. So Dr. Rozenshteyn is the
22 full-time physician running our outpatient
23 service.
24 THE HEARING OFFICER: And he's an obstetrician?
25 THE WITNESS (Handley): He's an OB/GYN, correct. And

1 when he came he did three nights of call, and
2 Dr. Kalla's group did the other four nights of
3 call.
4 And you've heard it referenced, the periods
5 after Jan, during January through June of 2020,
6 that Dr. Rozenshteyn had booked a number of CME
7 weeks and vacations, and we had three periods of
8 interruptions. And we -- I'm just -- we realized
9 then, given the fact that there were fewer
10 resources from our Norwich group that had been so
11 supportive of Windham, that we needed an
12 additional provider.
13 And that's when we recruited -- it took a
14 while but we found an APRN midwife, Erin Blaine
15 who now works full time along with Dr. Rozenshteyn
16 running the prenatal postnatal in women's health
17 service clinics.
18 THE HEARING OFFICER: Was the decision ever -- and he
19 did deliveries at Windham?
20 THE WITNESS (Handley): He did.
21 THE HEARING OFFICER: Okay. And when was his last
22 delivery?
23 THE WITNESS (Handley): Well, I'll have to check. We
24 did confirm that the last delivery at Windham
25 Hospital was June 16. I'll have to check and

1 make -- can we check and make sure it's
2 Dr. Rozenshteyn, please, Laura?
3 We'll confirm whether that was a delivery of
4 Dr. Rozenshteyn or one of the Norwich group.
5 THE HEARING OFFICER: Okay. And then, so the women who
6 go for their prenatal care at Windham Hospital --
7 THE WITNESS (Handley): Yes.
8 THE HEARING OFFICER: -- they would consider
9 Dr. Rozenshteyn their doctor. Is that correct?
10 THE WITNESS (Handley): That is correct. Well, Erin is
11 their provider -- her -- their provider. Those
12 are the two providers.
13 THE HEARING OFFICER: The midwife and Dr. Rozenshteyn?
14 THE WITNESS (Handley): Yes.
15 THE HEARING OFFICER: And are they told from the very
16 start that they won't be delivering at Windham?
17 THE WITNESS (Handley): Correct. So the process we
18 have -- if you indulge me for one minute please?
19 I want to just give a little background into the
20 plan we put in place.
21 In 2017, when I assumed my role it was a few
22 months after we had the outside consultant in the
23 report that Dr. Borgida referenced. A former
24 OB/GYN from Windham Hospital, Dr. James Watson
25 whose testimony was filed, he couldn't be with us

1 today -- was a member of the East Region Board of
2 Directors. And he shared with me his concerns on
3 the quality and safety and volume in the Windham
4 OB program, and asked me within my first week to
5 do a deep assessment and analysis.
6 So I immediately formed a group, Dr. Borgida,
7 Dr. Kalla, other executives, the Vice President of
8 Medical Affairs, and we had standing meetings so
9 that I could do an evaluation and assessment of
10 the Windham OB service, and we used the baseline.
11 We had this recent consulting document.
12 We looked at the most critical resources
13 necessary to apply the right and best care for
14 patients. It was nursing, it was physicians, OBs,
15 it was neonatology. And frankly, we had a
16 fragile -- but we had the resources we needed
17 which is why, despite the recommendation in 2017
18 to no longer deliver, we knew that we could
19 continue to deliver.
20 However any one of those critical resources,
21 the elements to provide care to patients, if
22 anything happened to lose that resource, we needed
23 to have a plan to care for our OB patients. So we
24 spent close to a year developing a very robust
25 plan that we put in place -- and then we just put

1 **it away because the process and the system we had**
2 **was working.**
3 **So this involved detailed assessments and**
4 **evaluations, and when June 2020 came and we had to**
5 **suspend services for the lack of physicians and RN**
6 **support, we had two more RNs retire or resign from**
7 **the Windham OB; we had the plan ready to go.**
8 **That includes from the very first visit we**
9 **document the conversation with the patient. We**
10 **have standard and written education around the**
11 **fact that prenatal care and postnatal care will be**
12 **delivered. And then we engage the patient in a**
13 **conversation about where she would like to**
14 **deliver, if she has a hospital -- a preference.**
15 **We evaluate that. We talked about those**
16 **typically ten prenatal visits prior to delivery.**
17 **This is reinforced and reeducated every single**
18 **visit so the patients know -- they go into labor,**
19 **what number do they call? What are those**
20 **resources?**
21 **We assess whether they have transportation.**
22 **Seventy-one percent of the women who delivered**
23 **between June of 2020 and October of '21 had a**
24 **transportation. They have resources. The women**
25 **who did not, we provided transportation. And of**

1 that was -- the percent who came by ambulance?
2 THE WITNESS (Kalla): Twenty.
3 THE WITNESS (Handley): I don't have a number in front
4 of me -- 20 percent by ambulance. We coordinate
5 that.
6 The most important part of this plan is it's
7 individualized. It's assessed at every visit and
8 we make this really specialized plan so that the
9 patient's needs are met.
10 So it's documented. It's standard work, and
11 one of the things that we explain to patients,
12 when women go into labor there are -- their
13 OB/GYN, if you think of a large center, they see
14 their doctor at every visit. But if their doctor
15 is not on call when they go into labor, somebody
16 else delivers for them. And that's really what
17 happens in this scenario.
18 We coordinate with the receiving facility,
19 the receiving team. They know the patient is
20 coming. They have the medical records of their
21 prenatal care so that it is seamless and
22 coordinated.
23 THE HEARING OFFICER: Okay. And are any of those
24 patients of Dr. Rozenshteyn? Do.
25 They go anywhere else other than Backus?

1 THE WITNESS (Handley): So we had five that went to
2 Hartford Hospital, one went to Manchester --
3 THE WITNESS (Kalla): And this is Dr. Kalla. One went
4 to the Hospital of Central Connecticut.
5 THE HEARING OFFICER: And those are Dr. Rosenstein's
6 patients?
7 THE WITNESS (Handley): Yes. See, Dr. Rozenshteyn --
8 so Dr. Rozenshteyn cannot do call. He came to
9 five days of seeing patients in the office and
10 then seven nights of OB on call.
11 Women deliver all hours of the day and night.
12 So he, as -- if he had a clinic full of patients,
13 he can't also be the person who delivers those
14 women.
15 So you know, Dr. Rosenstein's patients, you
16 know, which are essentially the patients of the
17 prenatal service deliver with other physicians in
18 any of the receiving hospitals. So there's a
19 handoff, an effective handoff.
20 THE HEARING OFFICER: Because I know -- and I know
21 Mr. Wang is going to talk more about the
22 transportation, but one of the things is the
23 ambulance transport to Backus or another hospital,
24 provided the patient has made arrangements in
25 advance with a receiving physician on the other

1 hospital -- I mean, so if these patients are
2 Dr. Rosenstein's, who's the physician at the other
3 hospital?
4 THE WITNESS (Kalla): Yeah. So this is Dr. Kalla.
5 So if they -- if they are among the 90
6 percent of these patients who come to Backus, it
7 is the physician who is on call at Backus
8 Hospital. That it's, there is a clear
9 understanding of the physician that's part of
10 their call responsibility at Backus Hospital.
11 For arrangements to other places we would
12 reach out to providers. At Hartford Hospital, for
13 instance, usually we'd go through the women's
14 ambulatory health service there and we'd make some
15 sort of transition.
16 If they want to deliver other places such as
17 Manchester, we would have to individualize that
18 outreach to providers at that hospital.
19 THE WITNESS (Handley): And given their estimate -- I'm
20 sorry. This is Donna Handley again. And we
21 really based it on their due date. So the
22 receiving hospital knows the appropriate day to
23 expect this patient. We want to look at who's on
24 call.
25 So we use every effort to educate and

1 communicate to our patients what to expect when
2 they --
3 THE WITNESS (Kalla): And this is Dr. Kalla again. And
4 as long as they're going to one of the hospitals
5 that is in the Hartford HealthCare system, which
6 is all but a very few of these patients, the
7 electronic medical record that's used in the
8 prenatal clinic is the same one that is visible at
9 each of those hospitals.
10 So the patient's records, labs, and prenatal
11 care narrative is available readily to the
12 physicians who take over their care when those
13 patients come in to deliver.
14 THE HEARING OFFICER: Manchester Hospital is not part
15 of Hartford HealthCare. Correct?
16 THE WITNESS (Kalla): Correct. And in that, in that
17 case we would make an arrangement for a hard copy
18 of those records to be available.
19 THE HEARING OFFICER: Okay. Has Windham Hospital had
20 contacts with Manchester Hospital about what their
21 plan is?
22 THE WITNESS (Handley): I'm trying to understand.
23 Would you -- would you mind please repeating the
24 question.
25 THE HEARING OFFICER: Right. So in one of your charts,

1 I think 47 percent of the deliveries in the PSA go
2 to Manchester.
3 THE WITNESS (Handley): Correct.
4 THE HEARING OFFICER: And you now have this, this
5 application in front of us to terminate your
6 services. And you have information in your
7 application about Manchester Hospital, and we're
8 going to take them to whatever hospital they want
9 to go to.
10 Has Windham Hospital reached out to
11 Manchester regarding their plan?
12 THE WITNESS (Kalla): Well, I -- I'm going to answer a
13 little bit about -- about those numbers. Since
14 we've had it, since we've had an interruption in
15 service for over a year, and only one of the
16 patients in that period of time has gone to
17 Manchester Hospital, it has not -- it would not
18 create an additional burden to them.
19 I do know that the physicians who provide
20 coverage at that hospital who are the ones who are
21 doing the deliveries are aware of this plan,
22 because we've had conversations with -- with
23 Windham, with -- with Mansfield OB/GYN, and
24 they're part of that coverage scheme.
25 I don't know whether we've had direct

1 communication with the hospital administration per
2 se.
3 THE WITNESS (Handley): Correct. The other thing I
4 just want to point out, Attorney Yandow, is that
5 the 46 percent, the majority of those patients are
6 already patients of Mansfield OB/GYN. So when we
7 look at the PSA in that data, we look at all of
8 the women in our primary service area and where
9 they have delivered.
10 Of that 46 percent a small fraction are
11 actually the patients who are patients of the
12 Windham Prenatal Clinic. The rest of those women
13 have already chosen to have all of their prenatal
14 care and their delivery at Manchester Hospital.
15 THE HEARING OFFICER: I know you've used the words
16 "suspension" and "interruption," but it seems as
17 if OB/GYN birth and delivery has actually been
18 terminated at Windham since June of 2020. And so
19 I'm just wondering how it is that the hospital in
20 2020 could stop those services?
21 And if it is just a suspension or an
22 interruption, do you have plans of going back on?
23 Or in your mind it was terminated as of June of
24 2020?
25 THE WITNESS (Handley): So I think my language is very

1 important here, and I'll just let you know that so
2 we had an extension and support from several of
3 Dr. Kalla's partners to help us get from January
4 until June where we were attempting to recruit and
5 locate replacement physicians to take call.
6 When it became apparent that we were no
7 longer going to be able to do that, the -- the
8 covering physicians only agreed to extend from
9 January until June. So that's when we made the
10 decision that we could no longer provide the
11 service.
12 So I called Donna Ortelle from DPH. I
13 wanted -- before we did anything in terms of
14 activating our plan, and on June 19th of 2020 I
15 called Donna. I explained our current state, the
16 situation in terms of low volume, the loss of
17 nurses -- and this was in the middle of the
18 pandemic.
19 We lost nurses because of -- the first nurse
20 resigned because she was uncomfortable working in
21 an acute-care setting, which left us when we had a
22 more compromised staffing plan. And she
23 immediately responded when we talked about volume
24 and resources, that this was a competency, quality
25 and safety issue. So she confirmed. She

1 reiterated that we -- we could -- we cannot stop
2 or close the -- we cannot close the program until
3 we have CON approval, and that's why we're here
4 today.
5 THE HEARING OFFICER: But it was -- and I know we're
6 talking semantics.
7 You stopped the services on June 16th?
8 THE WITNESS (Handley): Correct. We did not deliver
9 another baby at Windham Hospital after June 16th.
10 THE HEARING OFFICER: Okay. So I'm looking, as part of
11 your attachments you have the minutes -- or I'm
12 not sure if these are the full minutes, or part,
13 from the Hartford HealthCare Corporation Board of
14 Directors minutes of a meeting dated June 16,
15 2020.
16 And this is -- it says, 7.0, operations
17 report. And I'm looking at Bates Number 000330.
18 And I'm not sure, quite sure where -- I think
19 this, this came in one of the after-documents.
20 Michael Daglio reported on the plan for
21 closure of Windham Hospital's obstetrics
22 department. He noted that the issue had been
23 brought to the board for awareness in November
24 2019.
25 THE WITNESS (Handley): Yes.

1 THE HEARING OFFICER: Mr. Daglio reviewed the rationale
2 and plan for the closure, outlined the women's
3 health services that would continue and be
4 improved in the area, and reviewed the timeline
5 and approval process.
6 Attorney Mack recommended that the board
7 approve the closure of Windham Hospital's
8 obstetrics department. Upon motion duly made and
9 seconded, it was unanimous, unanimously voted to
10 close Windham Hospital's obstetrics department.
11 So the plan for the closure, is that a
12 written plan that's referenced in the minutes?
13 THE WITNESS (Handley): So maybe I can back up a little
14 bit. I report to Mr. Daglio who is the Chief
15 Operating Officer for Hartford HealthCare. And I
16 presented to our board in November.
17 THE HEARING OFFICER: 2019?
18 THE WITNESS (Handley): 2019, presenting the situation
19 we found ourselves in, that we had a plan if any
20 of these very critical resources should fail, that
21 we were going to continue to work through the
22 winter and spring to find additional resources --
23 but that ultimately if we needed to enact our
24 plan, that we would go back to the board.
25 I did not go back to the board. I am very

1 careful in my language because we -- we have
2 obviously moved patients to -- to a higher volume
3 center where they will have the appropriate care,
4 but we no longer have the resources to care for
5 those patients.
6 Despite every effort we no longer have the
7 resources to provide that care.
8 THE HEARING OFFICER: So when you talk about the plan
9 and the plan that you presented in 2019, is that
10 in writing?
11 THE WITNESS (Handley): Well, if everything that's
12 submitted as part of our CON application -- but we
13 do have a plan. It's a binder.
14 MS. FUSCO: There was a separate document submitted to
15 the board to review at that meeting.
16 You don't know?
17 THE WITNESS (Handley): I don't know.
18 You know what? I will absolutely look to see
19 if there was a document that was submitted to the
20 board. I did the preparatory presentation in
21 November, and this was a followup to the board.
22 THE HEARING OFFICER: So as a late file, could we also
23 have the meeting minutes for the meeting in
24 November 2019?
25 THE WITNESS (Handley): Uh-huh.

1 **THE HEARING OFFICER: Where -- and I guess it would be**
2 **part of the operations report?**
3 **THE WITNESS (Handley): Yes.**
4
5 **(Late Filed Exhibit Number 5, marked for**
6 **identification and noted in index.)**
7
8 **THE HEARING OFFICER: All right. And just I have one**
9 **more kind of questions. I don't think it's --**
10 **Mr. Wang touched on it, but we were talking about**
11 **the demographics, and I've gone through the**
12 **application and all the documents, and we did a**
13 **word search as far as we have the demographics of**
14 **age of women in the area.**
15 **There's also a chart that there's 82 -- I**
16 **think 82 percent are Medicaid. Is that correct?**
17 **THE WITNESS (Handley): Uh-huh, correct.**
18 **THE HEARING OFFICER: So is that 82 percent of the**
19 **women who have delivered? Or is that 82**
20 **percent -- what is the 82 percent? On Medicaid?**
21 **THE WITNESS (Handley): Those are the eighty -- so that**
22 **references the patients who are patients of our**
23 **service and clinic.**
24 **THE HEARING OFFICER: For OB/GYN?**
25 **THE WITNESS (Handley): OB/GYN.**

1 **THE HEARING OFFICER: Eighty-two percent. Okay. And I**
2 **know Mr. Wang had asked for, there's nothing in**
3 **there about the makeup -- even though it was**
4 **asked, there was no answer on the ethnicity and**
5 **race.**
6 **I also see there you talk about in Windham**
7 **that -- and I see reference in documents about**
8 **language, and I don't know if you keep any**
9 **demographic information regarding.**
10 **Do you have a part of that -- the women that**
11 **are serviced by Windham, is english not their**
12 **first language?**
13 **THE WITNESS (Handley): Yeah, that is documented, and**
14 **all of our teaching and instructional materials**
15 **around all the things I described in our previous**
16 **conversation are both in English and Spanish.**
17 **And if the patient has -- their first**
18 **language is not one of those two, we do have a**
19 **translation service ITI, that is -- part of the**
20 **assessment for what is the language, preferred**
21 **language.**
22 **And then we would use that ITI service, if we**
23 **did not have a person who is certified in that**
24 **language, to come and translate for that patient**
25 **and provider.**

1 THE HEARING OFFICER: Okay. All right. If you could
2 add that to the demographics if you know, if you
3 take --
4 THE WITNESS (Handley): Sure. We can write that down.
5 THE HEARING OFFICER: The people that use the Windham
6 services.
7 THE WITNESS (Handley): Yeah.
8 THE HEARING OFFICER: Also I think your age
9 demographic, the demographic in general of women
10 in the PSA, and I appreciate it and that's
11 helpful.
12 Do you also have a demographic of the age of
13 the women who have used the service who are giving
14 birth? Are they, you know, if we could have a
15 range?
16 Are they 18 year olds? Are they 30 year
17 olds? I'm just to get an idea of who is being
18 impacted.
19 THE WITNESS (Handley): Sure.
20 THE HEARING OFFICER: You know, 82 percent Medicaid.
21 You know. So, low income. I don't know. Are we
22 talking women of color? Are we talking white
23 women? I don't know based on what I have on the
24 application. You know, what language are they
25 speaking?

1 So I think a lot of this is matters about who
2 in the population is impacted by this. And I
3 think we just don't have enough information.
4 So when you can put that together for me and
5 footnote it, or somehow put where you're getting
6 this information from. It's probably from your
7 records, or whatever.
8 THE WITNESS (Handley): Yes.
9 THE HEARING OFFICER: But we need to know, not just
10 your testimony or that you put together a chart,
11 but where you're getting this information from.
12 THE WITNESS (Handley): Sure. Thank you.
13 THE HEARING OFFICER: That would be great. Thanks.
14
15 (Late-Filed Exhibit Number 6, marked for
16 identification and noted in index.)
17
18 THE HEARING OFFICER: Mr. Carney, do you have any
19 followup on my questions?
20 MR. CARNEY: No, Attorney Yandow. I do not.
21 THE HEARING OFFICER: Okay. All right.
22 Mr. Wang, you can go ahead.
23 MR. WANG: Thank you. Good afternoon. So Ruonan Wang,
24 Office of Health Strategy.
25 Before I begin my questions, just one quick

1 clarification. Is Dr. Robert Gildersleeve the
2 primary contact for Mansfield OB and Associates?
3 Is he the person that all the discussions were had
4 that you had mentioned in your testimony --
5 THE WITNESS (Handley): Yeah. So this is Donna
6 Handley. He is -- he was the chief of the
7 department and lead of that group, and he
8 submitted testimony as well.
9 MR. WANG: Thank you. So my next two questions are
10 regarding transportation. I know we just had some
11 discussion and we shared some of the percentages,
12 but the prefiled testimony Exhibit R, page 320
13 states that, the hospital has arranged to cover
14 all costs related to transportation to the
15 receiving hospital for women and their families
16 and other support persons.
17 Are these covered costs available only to
18 patients delivering at Backus? Or will these
19 costs be paid for patients delivering at other
20 area hospitals?
21 THE WITNESS (Handley): So this is a service to all
22 women in the prenatal clinic. So wherever the
23 patient chooses to deliver, we provide the
24 transportation services for both the patient and
25 the family.

1 **MR. WANG: And just as a quick followup to that, how**
2 **are these costs covered? I mean, what are the**
3 **funding mechanisms for these transportation costs?**
4 **THE WITNESS (Handley): So we -- so Windham Hospital,**
5 **we have a fund that was dedicated and restricted**
6 **to women's services, maternity and rehab services.**
7 **So we use those funds to support the**
8 **transportation.**
9 **MR. WANG: Okay. And I know it has been mentioned**
10 **multiple times that approximately 71 percent of**
11 **women that were looking to deliver at Backus**
12 **arrived by car, and then around 20 percent**
13 **requested ambulance transport.**
14 **Just for clarification on that percentage,**
15 **these are just percentage --**
16 **(Interruption.)**
17 **So regarding those percentages -- this for**
18 **clarification. Those are just for all patients**
19 **requiring transportation because there's 9 percent**
20 **missing. And those 9 percent are those that are**
21 **going to other hospitals. Right? So 71 percent**
22 **isn't of all of the Backus, because then there**
23 **would be a percentage of people missing from that**
24 **transportation assessment.**
25 **THE WITNESS (Handley): I'm not sure I really**

1 understand that question.
2 MS. FUSCO: He's trying to get those numbers up to a
3 hundred.
4 THE WITNESS (Handley): You're trying to get them up to
5 a hundred? Okay. I understand. We have -- we
6 have that breakdown for you. Thank you.
7 So, by car it was 71 percent, or 83 patients.
8 We had ambulance from Windham Hospital, was
9 15 patients, which was 13 percent.
10 We had ambulance from another location. Some
11 women call for the ambulance to home. So the
12 ambulance went to their homes, and that was seven
13 patients or 6 percent.
14 And we do have 10 percent, or 12 patients
15 with travel unknown.
16 MR. WANG: Unknown. Okay. And so regarding that
17 travel unknown, is there any transportation
18 assessment or any sort of metric on the
19 transportation in the area for those that might
20 not have access to a car or public transportation?
21 THE WITNESS (Handley): We do offer our patients, we
22 have a service as part of Hartford HealthCare and
23 it's called Ride Share, and it's for our patients.
24 And that's the service we use for patients
25 for, you know, that don't need an ambulance and do

1 not have a car. So you know, we, one of the
2 processes we put in place particularly when we had
3 our several weeks of interruption before the June
4 2020, and then ongoing, we evaluated and studied
5 every single patient's case, the transfer, making
6 sure that we have many opportunities to improve
7 our process.
8 We wanted to learn from every single woman's
9 experience. And you know, so we continue to tweak
10 and, you know, we never get to perfection, but we
11 always try to do that improvement with every
12 patient.
13 So this for me is an opportunity to improve,
14 to understand this 10 percent and how they got to
15 the hospital for delivery. So we could do a
16 follow-up audit. I'm happy to do that.
17 MR. WANG: Great. That would be much appreciated. So
18 my next question is regarding costs to consumer.
19 The prefiled testimony --
20 THE HEARING OFFICER: I just want to follow up on some
21 of the transportation questions, if I could?
22 In your answer you talk about transportation
23 for the women and their families. So have you
24 provided transportation for family, and how do you
25 do that?

1 THE WITNESS (Handley): So it's the same process. So
2 during on the prenatal visits, we assess
3 transportation and we have provided the Ride
4 Share, which is a process and the system I just
5 described. It's typically just for patients, but
6 in this circumstance, a special circumstance and a
7 special population, we provide that to loved ones,
8 support of the patient who is delivering.
9 Most of these women, when a healthy
10 uncomplicated delivery, they're in the hospital 24
11 to 48 hours. It's just a very brief admission.
12 So the Ride Share is what we use.
13 THE HEARING OFFICER: What if it's longer?
14 THE WITNESS (Handley): We continue to provide the
15 service.
16 THE HEARING OFFICER: Okay. And what about bringing
17 the babies home? Do you provide transportation
18 for bringing the mother and the babies home?
19 THE WITNESS (Handley): Yeah, it's the same thing with
20 car seats for -- through Ride Share.
21 THE HEARING OFFICER: Okay. All right. Thank you.
22 THE WITNESS (Handley): You're welcome.
23 MR. WANG: So shifting gears a little bit to the cost.
24 Pages 324 and 325 of the prefiled testimony states
25 that, the impact to the small number of women who

1 have commercial insurance cannot be readily
2 determined. Despite the low volume of commercial
3 and self-pay patients, OHS still needs to evaluate
4 patient costs for those patients who would no
5 longer be able to deliver at Windham Hospital.
6 So since Windham and Backus are both parts of
7 the Hartford HealthCare system, we're asking for
8 evidence to evaluate patient cost for delivery at
9 Backus compared to Windham. So this could be a
10 late file. That's something that we can receive.
11 MS. FUSCO: And Mr. Wang, Jen Fusco. That's for
12 commercially insured patients. Correct?
13 MR. WANG: And self pay, yeah. Commercial and self pay.
14 MS. FUSCO: Commercial and self pay.
15 MR. WANG: Uh-huh.
16 MS. FUSCO: We can get you that.
17 MR. WANG: Thank you.
18 THE WITNESS (Handley): With the same self-pay charity
19 care policy at both hospitals, that, we'll be
20 happy to share that.
21 MR. WANG: Okay, thank you. I'm just going to make a
22 quick note As I'm keeping track of all the late
23 files.
24
25

1 (Lated Filed Exhibit 7, marked for
2 identification and noted in index.)
3
4 MR. WANG: The next question is just regarding
5 financial feasibility. How will the termination
6 of the impatient obstetrics program impact the
7 financial performance at Windham Hospital?
8 And so in addition to your response, please
9 provide an updated financial attachment A to
10 include fiscal years '20 through 2024, and include
11 all assumptions.
12 THE WITNESS (Handley): So you're asking for a late
13 file. I'm happy to answer some of that, if you
14 look like?
15 Although this was never a financial issue for
16 us, we -- as long as we have the resources we
17 continued to provide this service. And on the
18 last year of our program being open -- and that's,
19 you know, what it was in terms of slightly under
20 or at a hundred, or 102 deliveries, we did -- we
21 did have a 'rozz' [phonetic] to the bottom line
22 from this program, but we remained committed to
23 that program.
24 And the cost of the, you know, when we look
25 at the cost per delivery because there were so few

1 births and the overhead, you know, there are
2 always two nurses on every shift in case a patient
3 should come in and deliver. So we always have two
4 nurses. And as you've heard, there were weeks at
5 a time when there were no patients.
6 The average cost for delivery -- not the
7 charges. This is -- none of the patients were
8 charged, but the cost to the organization was
9 slightly over 27,000 dollars; and at Backus is it
10 was slightly over 7,000. Because we had more
11 volume, and you know, it's just the way that the
12 fine -- the hospital finances work.
13 MR. WANG: All right.
14 THE WITNESS (Handley): So we'll submit to you that
15 they -- the impact of closing/suspending this
16 service in the late filing.
17 MR. WANG: Okay. Thank you. And then my last set of
18 questions we might revisit after a public comment
19 as well, but because of the ones that we've
20 received thus far there's been a lot of concern
21 from the public about services being reduced,
22 suspended, transferred or no longer being offered.
23 You have mentioned in your testimony and commented
24 on that as well.
25 But at this moment would you please discuss

1 any services that have been suspended or
2 terminated at Windham Hospital in addition to
3 inpatient obstetrics?
4 THE WITNESS (Handley): Well, in my four years' tenure
5 there have been -- we have not terminated or
6 stopped other services. I mean, we certainly can
7 look back further, but I cannot recall any --
8 Windham joined Hartford HealthCare in 2008.
9 We certainly evaluated and, you know, I have
10 to give, you know, as a result of the work that we
11 have done, the year prior to my arrival in my
12 first year our average daily census of Windham was
13 in the teens and 20s. Today we had 47 inpatient
14 and a very busy, full, you know, PCU.
15 And, you know, we have worked very hard to
16 provide the services the patients in our community
17 need and want so that they can -- they have that
18 care delivered. And it's been a turnaround for
19 Windham Hospital. The recruitment of the
20 orthopedic -- patients were leaving the community
21 for orthopedic surgery.
22 So -- but to my knowledge, there's none, but
23 we will do that research.
24 MR. WANG: Okay. And then just regarding future
25 changes in services, perhaps in the form of a

1 five-year services plan for Eastern Connecticut or
2 Windham, does that plan exist? Or can you discuss
3 some of the future changes in services?
4 THE WITNESS (Handley): So you know, we talked the
5 thing -- especially after the last 18 months, you
6 know, three to five years is almost a lifetime
7 because things change so quickly. But we do have
8 a strategy and growth plan, and I'll be happy to,
9 you know, it's -- it's the -- the investment in
10 the SPEC-CT, which is just primarily for cardiac
11 energy, investing in those heart and vascular
12 services.
13 Additionally, when we had the -- when we were
14 fortunate enough to recruit the ortho-pods in
15 2016, '17, we, Windham Hospital, had created a
16 Medicaid clinic, orthopedics, which didn't exist
17 and there are very few in the state, UConn and
18 Windham. And we were getting patients from all
19 over the state to come to our orthopedic Medicaid
20 clinic just because it's -- it's rare.
21 So I'd be happy to share that with you. It
22 doesn't go out five years, but it's certainly the
23 next two to three years where -- expansion of our
24 cardiopulmonary rehab, expansion of oncology
25 services and infusion because of the demand.

1 **MR. WANG: So I'll add the strategy and growth plan to**
2 **the late file.**
3
4 **(Late-Filed Exhibit Number 8, marked for**
5 **identification and noted in index.)**
6
7 **THE HEARING OFFICER: Yeah. And just to follow up on**
8 **Mr. Wang's question as part of the five year plan,**
9 **the strategy plan I'm wondering, too -- I know**
10 **what your plan is now, or what you have**
11 **implemented as far as transportation to other**
12 **hospitals. And is that part of the plan to keep**
13 **it going for five more years?**
14 **I mean, what acknowledgment do we have from**
15 **Windham that you're going to continue to offer the**
16 **transportation? Or everything you've put in now,**
17 **I mean, is that in writing?**
18 **Is that part of a plan?**
19 **THE WITNESS (Handley): This is the standard work. We**
20 **call it standard work, which is how we care for**
21 **patients. So this is the program now. So there's**
22 **an absolute commitment and we have the operate --**
23 **we have the restricted funds to use for this**
24 **service, so.**
25 **THE HEARING OFFICER: When you say, restricted, do you**

1 mean like, reserved? When you say restricted?
2 THE WITNESS (Handley): Reserved, yes.
3 THE HEARING OFFICER: Okay.
4 THE WITNESS (Handley): Yes.
5 THE HEARING OFFICER: Okay. I'm sorry.
6 Any more questions, Mr. Wang?
7 MR. WANG: No, Attorney Yandow.
8 THE HEARING OFFICER: Okay. So I have just a question.
9 So I know Connecticut is small, but we have a lot
10 of roads. And what I would like as part of a late
11 file, say you tell us how many miles Backus is?
12 How many miles to Manchester, Hartford, Day
13 Kimball? And you estimate travel time.
14 If we could have some sort of a late file,
15 whether it's a Map Quest or some kind of travel,
16 because there aren't a lot of highways? I mean,
17 my limited knowledge of roads and everything, but
18 my understanding is I don't think there are a lot
19 of major highways coming out of Windham. I could
20 be wrong, but if you could supply us with maps and
21 that distance?
22 I mean, I do understand in an ambulance it's
23 going to be shorter and I take that into
24 consideration for all the hospitals, but I would
25 just like something a little more scientific or a

1 little more formal about what that travel time is.
2 THE WITNESS (Handley): Okay.
3
4 (Late-Filed Exhibit Number 9, marked for
5 identification and noted in index.)
6
7 THE HEARING OFFICER: Mr. Carney, Mr. Wang, any
8 followup questions?
9 MR. CARNEY: None for me.
10 MR. WANG: Nothing.
11 THE HEARING OFFICER: Okay. What I'd like to do now is
12 take a ten-minute break, and come back on. And we
13 may determine at that time we will break until the
14 public comment.
15 But it's 1:07. So let's come back on at
16 1:20. And everyone, mute your Zoom.
17
18 (Pause: 1:07 p.m. to 1:23 p.m.)
19
20 THE HEARING OFFICER: Okay. I just have a couple of
21 follow-up questions.
22 Regarding the money on the transportation
23 that we spoke about earlier with Ms. Handley and
24 we talked about restricted funds or reserve funds,
25 where are those funds coming from?

1 THE WITNESS (Handley): So this was -- so the Hatch
2 Foundation divested itself and the -- so the Hatch
3 building which is part of Windham Hospital was --
4 became part of the hospital and the funds remained
5 in the Windham Hospital Foundation. And the
6 restriction has always been, as I said earlier,
7 for maternity, women's health and rehab services.
8 THE HEARING OFFICER: Okay. So can we get a copy of
9 that, those restrictions on the funds?
10 THE WITNESS (Handley): Absolutely.
11 THE HEARING OFFICER: Is that considered a charitable
12 gift?
13 THE WITNESS (Handley): Yes. Yes. And it's tightly
14 restricted, and this is the perfect opportunity to
15 use those funds in the way in which they were
16 intended to be used.
17 THE HEARING OFFICER: Okay. All right. So if you can
18 send us the restrictions that would be good.
19
20 (Late-Filed Exhibit Number 10, marked for
21 identification and noted in index.)
22
23 THE HEARING OFFICER: Okay. Is there any followup,
24 Mr. Carney or Mr. Wang?
25 MR. CARNEY: I'm all set, Attorney Yandow.

1 MR. WANG: I'm all set as well.
2 THE HEARING OFFICER: Okay. Attorney Fusco, do you
3 have any followup on the questions that we had?
4 MS. FUSCO: No, I don't think so at this point.
5 Thank you.
6 THE HEARING OFFICER: Okay. So what we're going to do
7 now is we're going to break. Two o'clock starts
8 the sign in, and we will be back here by three
9 o'clock. We will be back here at three to take
10 the public comment, and we'll just follow the
11 agenda after public comment.
12 We, OHS will follow up with questions. Then
13 we will have Applicant's closing statement and
14 closing remarks from OHS. All right.
15 Any other?
16
17 (No response.)
18
19 THE HEARING OFFICER: So we're going to go ahead and we
20 are adjourned now until two o'clock. All right.
21 Thank you.
22 And everyone go on mute, please.
23
24 (Pause: 1:24 p.m. to 3:08 p.m.)
25

1 **THE HEARING OFFICER: Okay. We are we are still**
2 **recording and we are back from our break for those**
3 **of you just joining us. This is the Office of**
4 **Health Strategy hearing and the Docket Number is**
5 **32394, 20-32394-CON.**
6 **I do want to make a correction. In the**
7 **beginning of the record I believe I gave the wrong**
8 **Docket Number in the very beginning of this**
9 **hearing. So Just to correct this is Docket Number**
10 **20-32394.**
11 **The Applicant here is Windham Hospital**
12 **seeking to terminate the impatient obstetrical**
13 **services at Windham Hospital. We had the**
14 **technical portion this morning. We are now moving**
15 **into the public comment.**
16 **We'll call the names -- I'm Joanne Yandow,**
17 **the Hearing Officer in this matter, and we will**
18 **call the names of who have signed up to speak in**
19 **the order in which they are registered.**
20 **If we miss anyone please raise your hand**
21 **using the hand function. Speaking time is limited**
22 **to three minutes. Please do not be dismayed if we**
23 **stop you at the conclusion of your time. We want**
24 **to make sure that we give everyone the opportunity**
25 **to speak, and we want to be fair.**

1 Additionally, we strongly encourage you to
2 submit any further written comments to OHS by
3 e-mail, or mail it in no later than a week from
4 today. Public comments that have come in already
5 are under Exhibit F on our CON portal, on our
6 website, and all comments are considered, those
7 that are written and those that we will hear
8 today.
9 If we start hearing the same comments over
10 and over again, depending on how many speakers we
11 have today I may ask you to please address other
12 concerns of yours if we've already heard them a
13 few times. I just want to make the best use of
14 your time, and certainly have you bring to us what
15 you think is important.
16 Okay. Our contact information is on our
17 website, and on the public information sheet which
18 you were provided at the beginning of this
19 hearing. Thank you for taking the time to be here
20 today and for your cooperation.
21 And I just want to also -- I think through
22 the audio we did here some inappropriate music. I
23 think that was someone coming in that was not part
24 of this meeting. Unfortunately these are some of
25 the things we have to deal with, with remote

1 hearings. We were able to take care of that.
2 So I do apologize for that. Okay. I will
3 take the list of public officials first. Leslie
4 Greer from OHS has been the one taking your names
5 and putting it together -- and she may have to
6 assist me at some point. I know names came in at
7 different times.
8 We will start with the first public official
9 I have on my list. It's Representative Susan
10 Johnson. And again, if you could please keep your
11 comments to three minutes for everyone?
12 And would anyone speaking please put on your
13 video, and of course your audio?
14 REP. SUSAN JOHNSON: Thank you so much. Hi there.
15 THE HEARING OFFICER: Hi.
16 REP. SUSAN JOHNSON: Thank you so much for giving me
17 the opportunity to speak today. I really
18 appreciate all the work that you're doing on this,
19 and that we do have this opportunity. I am State
20 Representative Susan Johnson; S-u-s-a-n,
21 J-o-h-n-s-o-n. And I represent the 49th House
22 District, in which Windham Hospital is located.
23 This has been an ongoing issue in terms of
24 the types of services that Windham Hospital has
25 been trying to limit here in this area. And I

1 really want to start by saying my testimony is
2 written.
3 We had started working to try and stop
4 Windham Hospital from limiting our services here
5 back in 2015 when the intensive care unit was
6 discontinued by Windham Hospital. And we tried to
7 get an Office of Healthcare Access hearing, but
8 According to the Office of Healthcare Access, the
9 statutory language didn't allow for that.
10 So we went back to the Legislature in 2016
11 and we finally presented some statutory language
12 changes, and that led us to creating a task force
13 that was done with Lieutenant Governor Nancy
14 Wyman. For the following year we heard from
15 providers, doctors, administrators from all over
16 the state as to what to do. And we finally --
17 they came up with the idea of creating the Office
18 of Healthcare Strategy.
19 So I'm very thrilled that we have the
20 opportunity to have a hearing so that when these
21 proposals occur, that we will fully understand
22 what the impact on the community will be, what the
23 impact on the people, what the impact on the
24 healthcare provider will be and the impact on the
25 State in terms of making sure that our healthcare

1 access is evenly distributed all throughout the
2 state.
3 And that is one of the focuses and purposes
4 of the Office of Healthcare strategy. So I'm very
5 thrilled to be here.
6 I want to just hit on some of the things that
7 I find to be really concerning. One is we are one
8 of the most distressed municipalities in the
9 entire state. This has been going on for more
10 than ten years, according to the Department of
11 Economic Development.
12 Also, just recently in the Willimantic
13 Chronicle, we saw that the Superintendent of
14 Schools indicated that our data from the State
15 Department of Education indicated that 77 percent
16 of the students are high-needs students in the
17 Windham Public Schools, and that is due to
18 poverty, language barriers and special needs
19 education requirements.
20 So we have a really difficult situation we're
21 dealing with here because the access to resources
22 here is very limited. This was recognized also by
23 Congressman Courtney who provided us with creating
24 a Medicare hospital, the only Medicare hospital in
25 the state of Connecticut, so that we would be able

1 to receive more reimbursement from the Medicare
2 beneficiaries.
3 We have between approximately 40 percent of
4 the people here in the Windham area, and Windham
5 itself are either Medicare or Medicaid, or both.
6 So we do have a real difficulty here with patient
7 mix.
8 Then the Hartford Health began through this
9 downward spiral, creating the limitations with
10 respect to the intermediate -- the intensive care
11 unit. And then now, projecting a few years later,
12 we now have their proposal to limit access to the
13 maternity ward and delivery services.
14 We have real limitations in terms of highway
15 access. We don't have highway access in the
16 immediate way to get in and out of Windham,
17 whether it's Route 32, or Route 6. If there's an
18 accident on those highways then what happens is
19 people are going to be stuck there for hours.
20 I just can't imagine being in labor and on
21 the verge of delivery and finding myself in an
22 accident on Route 32, or Route 6, trying to figure
23 out what to do next and not being able to move the
24 car, or the vehicle.
25 We also have a lot of helicopter services in

1 and out of Windham Hospital. And of course, if
2 the weather is bad, the helicopter cannot take
3 anybody to and from that place. So to the best of
4 our knowledge, we have about two -- two people,
5 anyway that I know of, who have found themselves
6 on the road having a baby and in labor.
7 If they went to Windham Hospital first, then
8 they would be in violation of the Emergency
9 Medical Treatment and Labor Act of 1986. And that
10 EMTALA law would create a situation for us, I
11 think, to take a very serious look at what's been
12 going on at Windham Hospital with respect to the
13 maternity and delivery of babies there.
14 And so for those reasons, and also for the
15 fact that under the Connecticut General Statutes,
16 Section 19a-638, when there is an idea or a
17 thought of trying to eliminate an essential
18 service like maternity and delivery services, that
19 we are in, then in that circumstance they need to
20 approach the Office of Healthcare Strategy first
21 before they eliminate it. And in this
22 circumstance, that was not done by Windham
23 Hospital.
24 And for all those reasons I hope that, you
25 know, and I thank you all so much for taking a

1 look at this.
2 These are all very, very serious things and
3 we have a lot of needs here in this community, and
4 taking away things from us will not help us at
5 all. So thank you very much for your good work.
6 THE HEARING OFFICER: Thank you, Representative
7 Johnson.
8 Representative Anne Hughes.
9 REP. ANNE HUGHES: Hi there. Thank you. Thank you for
10 hosting this. And I really appreciate the
11 transparency that this process allows the public,
12 and us as policymakers to participate.
13 I represent the 135th District of East and
14 Western Redding, but also serve with Cochair
15 Johnson on the complex care committee which has
16 oversight over Medicare/Medicaid patients. And
17 for those reasons I am also -- I listened to a lot
18 of this morning's testimony and I appreciate the
19 sense of safety that some of the attorneys and
20 representatives from the hospital talk about,
21 especially in keeping qualified obstetrics on call
22 close by.
23 I totally understand that because I
24 experienced firsthand as a patient of Sharon
25 Hospital what it's like to be in an underserved

1 community, and close by to a maternity obstetrics
2 state-of-the-art center that is now also in danger
3 of closing.
4 And I'd just like to point out with these two
5 underserved rural areas, they were never going to
6 be denser with families. I mean, now actually
7 we're seeing maybe in the northwest corner an
8 increase of young families moving in that expect
9 to have maternity and prenatal care from their
10 local hospital -- that may not be there.
11 But it was never going to be served by big
12 highways, and the same with the Windham Hospital
13 area. It doesn't have big highways. There's no
14 way to get fast when you're in a difficult labor
15 to Hartford, or a regional maternity center.
16 So I really want to question how we can think
17 outside the box, not with just today's very
18 specialty model, but how can we serve an
19 underserved community in the fairly small
20 geographic areas in both, both these corners.
21 Maybe set up as Representative Johnson was
22 talking about, a federally qualified health
23 clinic, a federally supported Medicare center.
24 Can we dual purpose the maternity facility for
25 other vital health center opportunities for these

1 underserved areas, instead of requiring them to go
2 to Hartford or another hospital?
3 I really think that we should be thinking
4 about regional health service and how we are
5 providing -- we could be -- we have a small state.
6 There's no reason that when we have world renowned
7 health systems, Yale, New Haven, Hartford
8 HealthCare, Nuvance, that we cannot provide
9 service.
10 Maternity, life-giving service to -- and
11 prenatal service to our rural areas and our
12 underserved areas -- and as a nonprofit
13 institution, Hartford HealthCare really has to
14 think long and hard about how it is serving the
15 public good in this instance, putting the burden
16 on expectant mothers to do the traveling in what
17 might be the most difficult time of their
18 pregnancy.
19 So thank you.
20 THE HEARING OFFICER: Thank you.
21 Leslie, I believe that's the last of the
22 public officials that I have. Is that correct?
23 MS. GREER: Councilman Rodney Alexander would like to
24 speak, from Willimantic.
25 THE HEARING OFFICER: All right. Councilman Rodney

1 Alexander?
2 COUNCILMAN RODNEY ALEXANDER: All right. Good
3 afternoon, everybody.
4 THE HEARING OFFICER: Good afternoon.
5 COUNCILMAN RODNEY ALEXANDER: It's a pleasure to be
6 here, and as newly elected Councilman for
7 Willimantic this is my number one concern about
8 getting OB/GYN services back here in Willimantic,
9 because this is how you break a small city.
10 How can we expect young families to move
11 here, reside and raise a family, and there's no
12 OB/GYNs here?
13 So my questions are, number one, why did you
14 allow this to happen? And why wasn't there a
15 community meeting?
16 THE HEARING OFFICER: So Councilman, what we have, this
17 is a public comment. So you're getting three
18 minutes to speak. And I will certainly -- any
19 questions you have I will certainly consider after
20 public comment.
21 OHS Staff will have the opportunity to follow
22 up with any question. So you can certainly pose
23 your questions and we will consider them.
24 COUNCILMAN RODNEY ALEXANDER: Okay, thank you. Because
25 to me this seems like this was a systemic

1 discrimination move to break a small city, because
2 of our latino population that we have here and our
3 low-income people that we have here.
4 I've been in this town -- the city over --
5 since '95. I've had grandkids delivered here. I
6 don't understand this. I don't understand how you
7 can expect anybody to travel down Suicide 6, or up
8 Route 32 in labor to deliver a baby -- lord knows,
9 winter is en route. We all know how these roads
10 get. They poorly lit it. There's no place to
11 park, no cell phones. You know this is just wrong
12 on all levels.
13 I really hope that Hartford HealthCare
14 reconsiders this because I'm just concerned,
15 because what about any wrongful deaths that may
16 occur? How are you going to handle that? You
17 know these are major concerns here.
18 I don't know how often you travel up 32 or
19 down Route 6 -- but Suicide 6 has the nickname for
20 a reason. I travel 32 every day to work, and one
21 accident occurs, you have a backup forever. What
22 happens then?
23 You know these were things that -- I don't
24 know who made the decisions, but they need to be
25 reconsidered. The critical care unit was pulled

1 first, and now this. How can we expect our city
2 to grow and the healthcare services that we
3 vitally need for our public are being pulled?
4 You say you're a community service. How was
5 this a community service? Thank you.
6 THE HEARING OFFICER: Thank you. Thank you,
7 Councilman.
8 Next on the list I have Melisha Cumberland,
9 MD.
10 DR. MELISHA CUMBERLAND: Hi, there. Thank you. Again,
11 my name is Melisha Cumberland. I represent
12 Windham Hospital. I am Chief of Medicine, and
13 thank you for allowing me this time.
14 I've had the pleasure of being/serving at
15 Windham Hospital for 10 years. And really for the
16 past 80 years, Windham has been a great supporter
17 of the community in providing exceptional care to
18 the community and the members of this community.
19 It's provided preventative care and urgent care,
20 interventional care as well as follow-up care.
21 Windham has provided quality care to the
22 members of the community of all shapes, sizes,
23 genders and ages, and the hospital has really
24 committed -- remained committed to the changes
25 that have occurred in Windham since 2012, which

1 demonstrates that the administration for Windham
2 Hospital really does care.
3 But somewhere along the line some of the
4 members of the community lost trust, and almost a
5 sense of abandonment as some of the members
6 believe that we no longer cared, and I'm here to
7 say that that's simply not true. We are vested in
8 the well being, the safety and the longevity of
9 the members of this community and its surrounding
10 communities.
11 The decision to close Windham Hospital's OB
12 unit is directly related to the changes that have
13 happened within our community. Less births were
14 occurring in the hospital, less women were coming
15 for their prenatal care. And due to the shift in
16 2020 we had less than a hundred births occurring
17 at Windham Hospital.
18 With this little volume, obstetricians,
19 gynecologists and pediatricians were unable to
20 adequately maintain their skill level to deliver
21 the quality and safe care associated with
22 prenatal, obstetrical and pediatric care.
23 In addition Windham was really unable to
24 provide the necessary supporting services to
25 support our OB/Gyn colleagues such as

1 round-the-clock anesthesia of coverage and
2 neonatologists, a neonatal unit, a blood bank.
3 And lack of those resources combined with
4 declining skills of providers, nurses and their
5 accelerated care team, including the respiratory
6 therapists, really provide a subpar environment
7 for safe quality care. Windham just cannot put
8 our patients at risk like that.
9 As the Chief of Medicine at Windham I
10 witnessed Windham's adjustment in the inpatient
11 unit as well. Several of you brought up the
12 critical care units. The members of the community
13 who lost trust in the community in Windham was,
14 not just from the obstetric care unit, but also
15 apparent loss of the critical care unit -- and
16 that is also not true.
17 The renaming of the critical care unit was
18 transitioned to a progressive care unit in order
19 to be more consistent with the level of care we
20 historically provided, and to more appropriately
21 reflect the already patient population we had.
22 Prior to the transition to a progressive care
23 unit, the critical care unit population declined.
24 So our twelve-bed CCU was converted to a four-bed
25 PCU, and an eight-bed medical surge unit to better

1 match the complexities of the patients we were
2 already having.
3 Windham still keeps the same level of care
4 patients, and the patients that were previously
5 transferred to tertiary facilities for a higher
6 level of care continued to be transferred. If
7 anything, the transition to PCU heightened the
8 level of awareness for providers and nursing,
9 forcing them to recognize when a patient needed to
10 be transferred faster to a tertiary care center.
11 The quality and care, this is what we show.
12 This is quality, this is safety, this is what
13 Windham has always done, which is to put the needs
14 of the community first, and its members. So
15 whether it's the closure of the obstetrics units
16 or transition from PCU to CCU -- I'm sorry
17 transitioning from CCU to PCU, these decisions
18 were made in order for Windham Hospital to
19 continue to do the safe thing.
20 And as a leader at Windham Hospital, I'm
21 tasked to continue and make sure that we do the
22 safe thing. And more importantly, as a black
23 woman and a black leader at Windham Hospital, and
24 a black mother my additional task is to do the
25 right thing. So the right thing in this case is

1 to advocate for the closure of the Windham OB
2 unit.
3 Our black and brown mothers are at higher
4 risk of gestational diabetes, hypertension,
5 preeclampsia, premature labor, and our black and
6 brown babies are at higher risk for prematurity,
7 abnormal birth weights, complications from
8 maternal complications, and stillbirth. So if we
9 know that, why would we decide to keep high-risk
10 babies in a potentially high-risk environment? We
11 simply cannot put our patients, our mothers and
12 our Children at risk.
13 Thank you so much for allowing me to voice my
14 opinion.
15 THE HEARING OFFICER: Thank you. Dr. Mary Berry.
16 DR. MARY BERRY: Hello, and thank you for the
17 opportunity to speak. I was a primary care
18 physician for 34 years in Windham. I'm currently
19 a per diem hospitalist. I work with
20 Dr. Cumberland, and also I'm currently the Chair
21 of the East Region Board of Directors.
22 I'm dedicated to Windham Hospital. I love
23 Windham Hospital and have seen the delivery of all
24 aspects of medical care, which is a universal
25 phenomenon in the US, including obstetrics,

1 significantly changed by necessity in the last
2 several years for several reasons; increased
3 specialization and advances in training and
4 technology with many newly trained physicians
5 choosing specialty rather than general medical
6 practice. This has led to not only a severe
7 shortage of general obstetrician and primary care
8 physicians, but the aging physician population are
9 choosing to limit their type of care provided to
10 focus on what they're comfortable and capable of
11 providing in their offices mainly.
12 They cannot provide expert care in an ICU,
13 for example, where specialists and hospitalists
14 are providing 24/7 care.
15 Smaller hospitals like Windham cannot and
16 should not provide services that are not at a
17 volume to maintain the expertise and technological
18 advances required for current potentially complex
19 care. Windham has had enhancements in many of its
20 services benefiting the community, including
21 women's health.
22 It is not a simple matter of more money
23 infusion. Patients deserve the best care provided
24 in the best environment. Having no neonatal
25 resuscitation or 24-hour anesthesia is dangerous.

1 In fact, if I was a mother who had had an
2 uneventful pregnancy, yet still had a delivery
3 that required urgent care for my newborn and it
4 wasn't provided, what could have been at another
5 hospital with an adverse outcome from my baby,
6 there is no excuse for that at all in 21st century
7 medical care.
8 The current generation of doctors require
9 less on call and a more balanced lifestyle.
10 Obstetricians now expect to work in a larger group
11 With advanced 24-hour services provided. The
12 obstetricians in this morning's testimony have
13 explained this, and there is written testimony
14 from the lead obstetrician of the group that left
15 Windham, Dr. Rob Gildersleeve providing this
16 explanation as well.
17 What Windham can and does do well here for
18 women's health, they are committed to continuing
19 prenatal and postnatal care, an individualized
20 labor plan, transportation to the best level
21 obstetrics care with all ancillary services
22 available, and emergency delivery if needed.
23 Quality and safety are the motivation for
24 this proposed certificate of need request, and
25 it's that simple. I'd add that our primary

1 responsibility as a board is oversight of quality
2 and safety to the community served, and we take
3 that responsibility very seriously.
4 We have been well informed by East Region
5 President Donna Handley about the issues leading
6 to the changes in obstetrics services. As a board
7 we support the certificate of need request for
8 closure of OB services at Windham in favor of the
9 current delivery of OB services plan to provide
10 safe and high-quality obstetrics services to all
11 mothers, babies and their families in our
12 community.
13 I thank you for allowing me the opportunity.
14 THE HEARING OFFICER: Thank you.
15 Joseph Zuzel.
16 JOSEPH ZUZEL: Good afternoon. My name is Joe Zuzel,
17 and I'm the Manager of Community Health at Windham
18 Hospital. I spent the majority of my career in
19 the social services sector advocating for
20 individuals of all ages from various backgrounds,
21 education and health care.
22 I'd like to briefly explain our current
23 hands-on grassroots community programs and the
24 beneficial community impact that we've had.
25 Healthy Beginnings is a program that President

1 Donna Handley had mentioned earlier that serves
2 new mothers and their babies who use the Windham
3 Women's Health Center for pre and postnatal care.
4 The program promotes healthy recovery for new
5 moms and healthy growth for infants through access
6 to community services. Two home visits are
7 offered beginning around one week after delivery
8 to assess the needs of the new mom and baby to
9 coordinate and refer the mom and baby to community
10 resources that are available.
11 The home visits offer the new mom an
12 opportunity to discuss any concerns or challenges
13 they may be facing in taking care of their new
14 infant. A licensed RN from Windham Hospital and a
15 community health worker from the health education
16 center performed the visits, and an in-person
17 translator is also provided if necessary.
18 Services include wraparound care, so for
19 example, information assistance in applying for
20 Husky Insurance, SNAP, EBT benefits, fuel
21 assistance, care for kids, diaper bank locations,
22 plus information about our local lactation
23 consultant, and healthy growth and development for
24 infants. This partnership also provides training,
25 education and work opportunities for individuals

1 **from diverse populations who are interested in the**
2 **healthcare industry.**
3 **Another program is the Arts for Health**
4 **Program, which provides nutritionally at-risk**
5 **families with prescriptions from their doctor or**
6 **other healthcare provider for fresh produce.**
7 **Funded by Windham Hospital, each family is given**
8 **$126 in vouchers. Windham Hospital collaborates**
9 **with Generations Family Health Center to identify**
10 **families who would benefit. Families exchange the**
11 **vouchers at Willimantic Food Co-op and the**
12 **Willimantic Farmer's Market.**
13 **The Windham Hospital dietitians also provide**
14 **nutritional support for families. We also have**
15 **the healthy cooking initiative which identify**
16 **individuals who would benefit from learning about**
17 **meal preparation and menu planning to assist with**
18 **their diabetes diagnosis.**
19 **Windham Hospital's food services director and**
20 **executive chef teaches how to prepare meals at a**
21 **local teaching kitchen in Windham. Participants**
22 **cook, learn kitchen and meal preparation skills**
23 **and receive education about choosing foods suited**
24 **for their diagnosis, plus ways to maximize meal**
25 **planning on a limited budget.**

1 Our vaccine equity program provides education
2 and equitable access to COVID-19 vaccines for our
3 historically underserved and diverse populations.
4 We work with community partners on educational
5 events, mobile vaccine clinics, community outreach
6 and vaccine registration.
7 Windham Hospital participates in, provides
8 resources for and sponsors local events within the
9 Windham community. We continue to provide
10 culturally relevant health education at events
11 like Latino Fest, Unity in the Community Day, and
12 Willimantic downtown festivals.
13 We opened up a new farm stand at Windham
14 Hospital this year to provide another access point
15 of fresh fruits and vegetables to the Windham
16 community. Windham Hospital is proud of what we
17 do for the people we serve, and I'm honored to do
18 this work on behalf of my employer for our family.
19 Thank you.
20 THE HEARING OFFICER: Thank you.
21 Paul Pedchenko?
22 PAUL PEDCHENKO: Good afternoon, everyone. My name is
23 Paul Pedchenko. I'm the EMS Program Manager for
24 the Windham Hospital. Since July 2020 we have
25 transported 22 patients safely by ambulance to

1 Backus Hospital without an incident, 100 percent
2 successful. Fifteen women were also transported
3 from Windham Hospital by ambulance. Seven women
4 were also transported from home or other local --
5 other locations to Backus Hospital.
6 Emergency medical transport is also available
7 to women 24/7 at Windham Hospital, or from their
8 homes, or other locations by simply calling 911.
9 In addition to these, to these points from
10 seven -- from 9 a.m. to 11 p.m., we have several
11 commercial ambulances locally available to us with
12 a 10 to 15-minute ETA to the hospital. These
13 services are Ambulance Service of Manchester,
14 Aetna Ambulance, American Ambulance.
15 And if we need an ambulance within five
16 minutes or less we can utilize the Willimantic
17 Fire Department which carries an MICU license for
18 their ambulance to transport a patient that needs
19 to get out the door rapidly from the emergency
20 department.
21 From 11 p.m. to 9 a.m. we also utilize
22 Hunter's Ambulance, an additional service, and
23 that ambulance is dedicated to our facility and is
24 parked in our parking lot during those hours. So
25 an ambulance transport is also provided free of

1 charge for women needing transport to Backus for
2 delivery. And Windham Hospital is billed directly
3 for these services.
4 In addition to these things, we've also
5 notified all the regional dispatch centers in the
6 area, QV, TN, the Willimantic Switchboard of our
7 OB service currently so they can remind any EMS
8 crews that may attempt to bring an OB patient to
9 Windham Hospital to seek another safer option if
10 it's viable to them.
11 When an ambulance -- when an obstetrics
12 patient presents at the emergency department and
13 they are identified as needing transfer from
14 9 a.m. to 11, the emergency department will call
15 what we have -- it's called a CLC, and they
16 coordinate the transport based on the clinical
17 urgency, and that's how we decide which service to
18 utilize.
19 The Windham Hospital paramedic service is
20 also available if this transfer is deemed to be
21 advanced life support. The Windham Hospital
22 paramedic team is also certified in neonatal
23 resuscitation, NRP, and that obviously is
24 advantageous in a situation because NRP basically
25 is resuscitating newborns that require it

1 immediately after birth. That is an additional
2 certification. Our paramedics carry that. Most
3 paramedic services do not.
4 So when an obstetrics person presents at the
5 emergency department they're identified as --
6 excuse me. If a woman cannot get herself to the
7 department, she can easily call 911 from her home,
8 and she'll be transported that way.
9 Utilizing lights and sirens for a transport
10 from Windham Hospital to Backus Hospital in
11 Norwich, utilizing lights and sirens it's
12 approximately 10 to 15 minutes. Under normal
13 driving conditions without lights and sirens it's
14 approximately a 25-minute drive.
15 I would say based on my experience I believe
16 the transportation plan that is in effect at
17 Windham Hospital is safe and effective.
18 Thank you for your time.
19 THE HEARING OFFICER: Thank you.
20 Wilson Camelo.
21 WILSON CAMELO: Hi, good afternoon. My name is Wilson
22 Camelo, and I'm the founder and principal owner of
23 Camelo Communication. Our company is an
24 independent Hispanic owned marketing agency that
25 specializes in providing culturally relevant

1 communication to Hispanic and multicultural
2 audiences. We have extensive experience in
3 marketing health care with specific expertise in
4 the Hispanic market.
5 On a personal note, I actually grew up in
6 Willimantic, a first-generation Hispanic. I
7 graduated from high school actually with the
8 current police chief. My roots are in this
9 community. I have many friends and family that
10 live there, and I understand the challenges of
11 communicating with diverse populations.
12 I say this because Windham Hospital has
13 engaged my company on many occasions over the last
14 ten years to assist with providing the Hispanic
15 community with important information about their
16 health care including changes in services, service
17 enhancements, new access points and our other
18 vital health and health related information,
19 always in a culturally relevant manner.
20 Earlier today you heard from many hospital
21 administration and physician experts about the
22 factors that led to the decision to close the
23 obstetrics service. I'd like to briefly just tell
24 you a little bit about our efforts in working with
25 Windham Hospital through this process to make sure

1 that we give timely and accurate information about
2 this decision out to the Hispanic community,
3 again, in a culturally relevant manner.
4 Windham Hospital is acutely aware of this
5 issue that's faced by these underserved and
6 underrepresented individuals in the greater
7 Windham community, and understands that providing
8 relevant information is one step towards
9 addressing these disparities.
10 Based on my experience Windham Hospital has
11 made tremendous efforts to inform the Hispanic
12 community about the changes to the obstetrics
13 program, including where to access service,
14 transportation options and what to do in the event
15 of an emergency.
16 Specifically, my company has assisted in many
17 different ways. For example, during last year's
18 community forum in August we provided translation
19 services during that public forum. We've created
20 a women's health services website in Spanish.
21 We've done a lot of outreach in the area of
22 COVID-19, whether that's clinics information,
23 safety information, et cetera; a lot of outreach
24 and messaging in Spanish through social media,
25 digital platforms, online communications, as well

1 as in person such as the Willimantic Latino
2 festival that happened this summer.
3 We've done a video series in Spanish
4 available online, hosted by a Spanish-speaking
5 nurse to discuss these changes to the obstetrics
6 program and to address questions and concerns of
7 women in the community.
8 Our community engagement is monitored for
9 each event and outreach activity. The number of
10 views is tracked, and based on this activity we
11 know we're reaching the community.
12 Windham Hospital has made every effort to
13 inform Hispanic women and their families about
14 these changes, and has done so in a way that
15 respects each person's cultural beliefs and with
16 the understanding of how diverse audiences
17 understand and consume health care.
18 I want to thank you for the opportunity to
19 share this with you and my experiences with
20 Windham Hospital and outreaching to the Hispanic
21 community.
22 THE HEARING OFFICER: Thank you.
23 Heather Evans?
24 DR. HEATHER EVANS: Thank you so much for the
25 opportunity to speak at this very, very important

1 hearing and I appreciate the time and attention
2 everyone is paying toward this topic.
3 My name is Heather Evans, and I live in
4 Mansfield, Connecticut. As a representative of
5 the Town of Mansfield's Human Rights Commission I
6 come to you with grave concerns regarding the
7 closing of Windham Hospital's labor and delivery
8 services.
9 In wealthy country such as the United States,
10 high-quality safe maternal childcare should be the
11 norm, but we know that that isn't the case. The
12 U.S. ranks last for maternal mortality among
13 high-resource countries, and over the past decade
14 while most countries have seen a decline in
15 maternal mortality rates, the United States has
16 experienced a 50 percent increase.
17 We know that childbearing women from
18 historically underrepresented populations suffer
19 disproportionately high rates of pregnancy-related
20 mortality and morbidity. Non-Hispanic white women
21 experience 13 pregnancy related deaths per 100,000
22 births, compared to 42.8 deaths per 100,000 for
23 black women. That's 13 versus 42.8.
24 Racial and ethnic disparities for mothers and
25 newborns in terms of quality of care and

1 availability of care have persisted over time.
2 The decision to close Windham Hospital's labor and
3 delivery services was short sighted and has
4 far-reaching implications. This decision has
5 resulted in many of our most vulnerable women
6 losing access to care within their community.
7 They're required to travel at least 17 miles
8 to receive care, and many of these women don't
9 have stable transportation. Additionally, the
10 delay in care as they travel to the other
11 hospitals may result in injury or illness to the
12 pregnant woman, or her baby.
13 Hartford HealthCare has indicated that
14 closing labor and delivery services at Windham
15 Hospital was based on declining patient numbers,
16 however little was done to address the decline,
17 and the community was not involved in seeking a
18 solution. And the financial argument doesn't
19 really hold up for me, because I speak to you now
20 as a nurse with a doctorate and 20 years
21 experience in maternal child health.
22 Now prior to moving to Connecticut I lived
23 and worked in Vermont. I was a nurse, and then in
24 hospital leadership at a critical access facility.
25 That 25-bed hospital served a geographically

1 remote and underserved population.

2 The catchment population of possible patients

3 was very limited due to the geographic location

4 and low number of people living in that area.

5 Despite this, people traveled long distances to

6 receive their full range of OB/GYN care at the

7 facility. They often bypassed other facilities in

8 order to deliver their children at this facility.

9 This morning and this afternoon we heard

10 concern for maintaining an adequate skill level of

11 providers due to low numbers of patients. I

12 appreciate that. I appreciate the comments from

13 both Doctors Cumberland and Dr. Barry, and I

14 agree, but the maternal child health accounts --

15 outcomes at the critical access facility in

16 Vermont were outstanding.

17 We provided extremely safe high-quality care

18 with the most successful outcomes. Due to the

19 facility's creativity, vision and focus on high

20 quality care they became the place to receive

21 OB/GYN care, and were financially rewarded for

22 this. The maternity patients at that critical

23 access facility were, in fact, extremely

24 profitable for the facility.

25 In closing, we know that providing

1 reproductive care within our own communities helps
2 to strengthen that community. We call upon you to
3 reopen and actually strengthen the services for
4 childbearing families at Windham Hospital.
5 This will help address the known disparity in
6 health outcomes for childbearing families.
7 There's no reason that Windham Hospital can't
8 become the place to receive OB/GYN services,
9 attracting patients from all over the state just
10 like that critical access facility in Vermont did.
11 I would be happy to answer questions or to
12 offer professional assistance in developing a safe
13 plan for opening a high-quality maternity center
14 at Windham Hospital, rather than closing the
15 center and limiting access to services within our
16 community.
17 Thank you.
18 THE HEARING OFFICER: Thank you.
19 Nelson Walker, II.
20 Hello, Mr. Walker.
21 DR. NELSON WALKER, II: Hello colleagues, friends,
22 neighbors. I'm Dr. Nelson Walker, retired
23 community family physician and was a member of
24 Windham Hospital medical staff for 34 years until
25 2018. I am testifying in opposition to the

1 decision of Hartford HealthCare to close the OB
2 unit at Windham Hospital.
3 Quality OB care with equity for all members
4 of our community is the need. You have heard the
5 Hartford HealthCare presentation. I understand
6 their concerns, but years ago corporate Hartford
7 HealthCare made the decision to bring on this CON.
8 When Hartford HealthCare took over Windham,
9 they cut back and did not support services that
10 were in place. Patients were transferred and
11 directed to other healthcare facilities. This was
12 especially felt by the medical staff of which I
13 was a member.
14 The ICU was closed. Services like general
15 surgery, cardiology, orthopedic surgery were
16 withering with a dwindling medical staff that was
17 leaving because of lack of support and resistance
18 to being employed by Hartford HealthCare.
19 Fortunately, there was a change in the CEO, and
20 his replacements did recognize the value of a
21 strong community hospital and took steps to
22 strengthen and expand the medical staff and invest
23 in the future.
24 Those investments paid off, but sadly the
25 same did not happen in OB. There was and still is

1 an excellent OB/GYN group in Mansfield. They were
2 delivering babies at Windham, but were not able to
3 offer vaginal deliveries after C-sections. They
4 subsequently moved all of their deliveries to
5 Manchester Hospital.
6 Yes, doing VBACs at Windham would have
7 required a major investment in staffing. Not
8 investing costs Windham a good OB group, their
9 deliveries, and their OB services to our local
10 community hospital.
11 The COVID pandemic has underscored the
12 discrepancies and inequalities -- inequities in
13 health care due to socioeconomic factors and lack
14 of community resources. We must have quality
15 local OB care for our diverse community with its
16 significant number of disadvantaged people with
17 transportation issues, especially when there are
18 emergent urgent conditions, like being in labor.
19 If the Windham OB unit is closed, there is no
20 chance of attracting new OB providers to the
21 community. No labor delivery unit at Windham
22 Hospital is poor quality. Not enough deliveries
23 also leads to poor quality. Hartford HealthCare
24 must invest, recruit and maintain quality OB
25 providers and staff. It will attract more

1 families to have their babies at Windham.
2 Keep the OB unit open. Hartford HealthCare
3 needs to make Windham the destination hospital of
4 choice for all expectant mothers and their
5 families in the community and surrounding towns.
6 Good outcomes with positive family experience
7 is quality OB care. If corporate Hartford
8 HealthCare had the will, they could and would find
9 the way to make this happen at Windham Hospital.
10 This spoken testimony will just highlight
11 some of my submitted testimony, and I really thank
12 you for inviting me and listening to me.
13 Have a good day.
14 THE HEARING OFFICER: You too. Thank you, Dr. Walker.
15 Frances Padilla?
16 FRANCES PADILLA: Hello. Good afternoon, everyone.
17 Thank you. My name is Frances Padilla, and I'm
18 President of Universal Healthcare Foundation of
19 Connecticut. I appreciate the opportunity to
20 speak this afternoon in opposition to the
21 elimination of labor and delivery services at
22 Windham Hospital, an affiliate of Hartford
23 HealthCare.
24 The Foundation's mission, to accelerate the
25 movement for health justice, recognizes that

1 health is a human right fundamentally related and
2 core to social justice and equity, and what we've
3 been talking about all day today is really a
4 social justice and equity issue.
5 We stand in solidarity with the women and
6 families of the Windham area community by raising
7 concerns on the need for equity and access to
8 health care for everybody. The closure of labor
9 and delivery services at Windham Hospital is
10 really a direct byproduct of consolidation. This
11 is not a high-profit margin service.
12 And I appreciate all the good people that
13 work in that hospital and that we have heard from
14 today, but there are corporate decisions being
15 made by Hartford Hospital that have -- made since
16 Hartford Hospital acquired Windham, and other
17 hospitals in Connecticut have acquired other
18 hospitals that are driven by the profit margin.
19 The reality is that it's very disconnected
20 from the community. So we heard today, you know,
21 decisions driven by low, low volume, so-called low
22 volume; decisions driven by doctors not wanting to
23 be on call, wanting to be able to be home with
24 their families, safety concerns which, of course,
25 are very, very critical.

1 All of that, it's very concerning to me that
2 there has been such disconnection from the
3 community over these last ten years that the
4 solutions, the decisions that needed to be made
5 couldn't be developed with the community in a
6 patient-centered and community-centered way.
7 And that instead it came from top down and
8 they were done really in the shadows, and the fact
9 that the hospital did not go for its certificate
10 of need when it should have before closing
11 services, before stopping services is, in our
12 opinion, a real disservice to the community.
13 So we demand that Hartford HealthCare restore
14 labor and delivery services at Windham Hospital,
15 and that they're held accountable to the
16 requirement to follow the certificate of need
17 process.
18 We also think that there's a real need for
19 state led health systems planning, that everything
20 we've heard today we know that health care in
21 rural areas is difficult to access. In the ten
22 years between 2004 and 2014 hospital-based
23 obstetrics care in rural areas decreased by 11
24 percent. That has a negative impact on maternal
25 and child health. That has a negative impact on

1 high-risk pregnancies.
2 Those 82 percent we heard this morning, of
3 the patients who are seen in the prenatal clinic
4 are Medicaid patients. And we also know that
5 OB/GYNs do not want to accept Medicaid. Medicaid
6 does not reimburse sufficiently for them, and
7 those patients are not a priority.
8 And so this is really about getting decisions
9 made that are informed by the community and that
10 are informed by the State from a larger macro
11 level of, where are the needs of our state
12 residents? And how do the institutions -- how
13 should the institutions address those -- not just
14 decisions made in the boardroom by however
15 well-intended people sit around the board table.
16 I will just close by saying that Windham
17 Hospital, as others have said, is critical to
18 everybody in the greater Windham area. Hartford
19 HealthCare did not go through a certificate of
20 need process to eliminate that service, and should
21 restore them, and the Office of Health Strategy
22 should act accordingly.
23 Thank you for the opportunity to speak to you
24 today.
25 THE HEARING OFFICER: Thank you.

1 Leah Ralls?

2 LEAH RALLS: Good morning, everyone -- or Good
3 afternoon. Thank you for the opportunity to speak
4 on this very critical issue. My name is Leah,
5 L-e-a-h; Ralls, R-a-l-l-s. I am the current
6 President of the Windham Willimantic Branch of the
7 NAACP.

8 And in terms of this particular issue, this
9 is deemed as a civil rights issue and a violation
10 of those civil rights, which is our responsibility
11 to speak on behalf of protecting civil rights for
12 our community.

13 Our community is one of many needs,
14 particularly healthcare access, and if the access
15 to those vital life-saving services are
16 interrupted our community will begin to experience
17 loss of life at rates that are unacceptable.

18 You know, I really appreciate all of the new
19 services that Hartford HealthCare has implemented
20 in our community, however I agree with the last
21 speaker that this particular service is a vital
22 need to our community.

23 Women have the right to bring life into this
24 world in their own community, safe and sound. And
25 if Hartford HealthCare when they originally took

1 over Windham Community Hospital -- I'm going to
2 put emphasis on the word "community."
3 Why did not they develop a plan to increase
4 the OB services? Increase the anesthesiologists?
5 Increase the NICU? And I mean, just you know, it
6 feels like there was a depletion of services to
7 our community and not an increase of services to
8 our community, because we could have avoided this.
9 This could have been avoided if the funding was
10 put into Windham.
11 And I heard the gentleman speak about the
12 Spanish-speaking community being made aware of
13 this decision, and I beg to differ. I beg to
14 differ, because we have hit the streets asking our
15 community, did they know this was happening? And
16 the answers have been no.
17 I'm not sure who his literature is reaching,
18 but I can tell you it's not reaching the average
19 woman of childbearing age who is unaware that this
20 is a critical issue in them potentially bringing
21 life into this world.
22 And you know as a woman, as a black woman, as
23 a black mother, as a representative of the black
24 community, I am appalled that we are dealing with
25 this. In the times of people facing hard economic

1 issues, this lack of transportation in our
2 community -- we can't even get a bus to Norwich,
3 nevermind an ambulance.
4 You know, I have a story of a young woman
5 who, in a psychiatric episode was about to
6 deliver, lived two blocks from our hospital. And
7 when the ambulance was called, they head down
8 Route 32 and her baby was born in the back of the
9 ambulance. Tell me how that is okay. Tell me how
10 that is okay, people?
11 We have a hospital there. Put the money in
12 our hospital and re-sustain our services. I'm
13 really hopeful that we can build on Windham
14 Hospital.
15 We have a new orthopedics unit. We have a
16 new, you know, nutrition -- and whatever units.
17 We don't have a labor and delivery unit.
18 THE HEARING OFFICER: Ms. Ralls, do you have a closing
19 statement?
20 LEAH RALLS: That's my closing statement. Thank you so
21 much. I appreciate the opportunity.
22 THE HEARING OFFICER: Thank you.
23 Ilda Ray.
24 ILDA RAY: Hello. I'm Ilda Ray. Thank you.
25 So my name is Ilda Ray. I gave birth to a

1 baby girl, beautiful baby girl. She's behind me
2 here, just graduated from Windham High School last
3 year, and she's in her second year of college this
4 year.
5 We were treated with the best of care at the
6 Windham Hospital, labor and delivery. I felt like
7 I was in a hotel getting concierge service.
8 I would want -- I did want my own doctor at
9 that time to deliver my baby, not a stranger from
10 another town. I don't think you can base the
11 closing of the labor and delivery based on the
12 pandemic.
13 We're back to what should be considered
14 somewhat of a normal situation, especially with
15 labor and delivery. Ride Share seems very
16 impersonal. I wouldn't want an Uber driver taking
17 me and my unborn -- home, taking me to the
18 hospital or taking my newborn home.
19 Hartford HealthCare has expanded other
20 services which seem very, very well thought and
21 lucrative for Hartford HealthCare. Why don't you
22 invest in our underserved community which is
23 predominantly black and Hispanics?
24 I've listened to others share, and I agree
25 with Representative Susan Johnson regarding

1 accidents. There's a lot of accidents on the
2 road. And I believe another paramedic said that
3 his ambulance only runs until eleven o'clock at
4 night.
5 Well, I gave birth to my daughter at eight
6 o'clock in the morning, but I had to be at the
7 hospital at 2 a.m. So in that case if it is today
8 and I can't get an ambulance to, let's say,
9 Norwich, I would not want my baby to be born in
10 the back of an ambulance or in an Uber if I
11 couldn't get a ride.
12 And I heard someone else say that they
13 took -- they did a study on the people who do have
14 transportation in this town, and I don't know who
15 they asked, but the majority of the underserved
16 community that I know of do not have
17 transportation. They don't even have
18 transportation to come to their child's school for
19 an event. How do they have transportation to get
20 to Norwich or Manchester?
21 You know, I've sat here and listened. I
22 listened earlier about the process, and I wish I
23 had caught more, but a lot of this is your
24 standpoint, the standpoint of Hartford HealthCare
25 and your representatives. And I respect all their

1 opinions, but I as a mother, as a brown woman in
2 this underserved community, I would love to see
3 our labor and delivery return to us.
4 Make it work. Hartford HealthCare has a lot
5 of doctors under them right now. I know because
6 my doctor went there. And I guess it seemed like
7 that was the best possible for him. So why can't
8 we make this work for us?
9 You make it work for doctors that you want to
10 come to Hartford HealthCare. So Hartford
11 HealthCare, please make this work for our
12 community, for our black and brown, and all the
13 other women who are having babies. Thank you. I
14 will end with that. I don't want to be cut off.
15 Thank you.
16 THE HEARING OFFICER: Thank you.
17 Brenda, Brenda Buchbinder.
18 BRENDA BUCHBINDER: Good afternoon. Brenda,
19 B-r-e-n-d-a; Buchbinder, B-u-c-h-b-i-n-d-e-r,
20 LCSW. It's an honor and a privilege to be here
21 today to speak on behalf of the community and our
22 wish to reopen the unit.
23 June 2020 was quarantine conditions in this
24 rural community; no vaccine yet. News has spread,
25 sickness and death, shortages of food supplies;

1 perilous trips to work as an LCSW and back home
2 again, I heard the heartless blow of the Hartford
3 HealthCare announcement of the termination of
4 Windham maternity unit due to dropping numbers at
5 first and no longer being safe.
6 The second blow after the pandemic assault
7 was an assault to my heart, to my body and my
8 maternal history. How cruel and wrong this edict
9 of loss to further marginalize the struggling
10 rural community, to terminate and deny our
11 sanctuary for new life and families when deaths
12 are rising.
13 I've shared my tears and grief with this
14 community, masked, online, spaced -- and found
15 shock, sorrow and outrage growing. The coalition
16 of community was born a year ago and are here
17 today to deny the right of the termination of our
18 maternity unit.
19 I wanted to review my three births a little
20 bit and how they would be different if I delivered
21 now -- but my three deliveries were in my 30s. As
22 a daughter of a mother who had postpartum
23 depression I feared that that affliction might
24 happen for me as well. I shored myself up with a
25 local trusted OB/GYN Janice Lee, healthy

1 nutrition, Lamaze classes offered here for my
2 husband and me, and prayed for live and healthy
3 babies.
4 The first birth, at nine months beginning
5 started with a faulty percentage that was shutting
6 down. I had an amniocentesis and a quickly
7 scheduled home-induced birth they went for nine
8 hours. It was very patiently attended to, and
9 they explained to me that if I used the anesthesia
10 his breathing and his heart would go down. So I
11 had no anesthesia.
12 There was no rush to do a C-section at a
13 regional hospital, and my healthy (unintelligible)
14 for my husband and me as new parents. Today he's
15 a firefighter and EMT saving lives.
16 Birth two, labored through the night. I woke
17 up with the urge to push to deliver. I was able
18 to take that toddler across the street and took --
19 and just made it to Windham Hospital. The second
20 push he was born.
21 Resting calm, there was no non-physician
22 delivery in the emergency room and racing
23 ambulance down terrible Route 32 into the arms of
24 strangers. Family and support nearby is not like
25 the health -- or Hartford HealthCare plan.

1 Sibling visit for the bonding was right there at
2 Windham.
3 My third birth, short but a difficult labor.
4 Me -- the second one by the way is a Google
5 engineer in California and he's working on housing
6 rights.
7 Birth three, short but difficult labor.
8 Daughter born with breathing problems, no birth
9 cry. Circle of OB/GYN, Nurse and husband in the
10 room with me working to revive her for what seemed
11 like an eternity -- and then she cried her first
12 cry. Relief of tears, and rest and comfort of
13 being close to home and family.
14 No life star ride, like the Hartford
15 HealthCare plan. Sibling visits and memory of my
16 youngest child safe and cared for in the loving
17 sanctuary of Windham maternity.
18 I did not suffer postpartum depression, but
19 who knows if I had been outsourced and
20 regionalized away. My heart aches for mothers to
21 be in the Windham area marginalized by this
22 Hartford HealthCare termination, whisked away and
23 made a commodity, disregarded all during a
24 pandemic. I weep for them that they will be far
25 from family familiar in home, and thrown into risk

1 and stressors unnecessary and wrong. They have
2 been suffering for the past year and a half.
3 Hearing Officer and community, listen to the
4 stories and bring us justice today, safety,
5 compassion and health equity to your hearts and
6 minds as you make your decision.
7 Let families start here, grow here and be
8 cared for here. I beg you do the best and
9 righteous thing today and end the termination.
10 Reopen and enhance our beloved maternity unit.
11 Thank you.
12 THE HEARING OFFICER: Thank you.
13 John Brady?
14 JOHN BRADY: Good afternoon, thank you for this
15 opportunity. My name is John Brady; J-o-h-n,
16 B-r-a-d-y. I'm a registered nurse who worked for
17 21 years in the Backus emergency room, and I am
18 now the Executive Vice president of AFT
19 Connecticut, a union of 30,000 members including
20 the staff at Windham Hospital, the staff at
21 Windham Public Schools and at Windham Technical
22 High School.
23 We also have members of Natchaug Hospital,
24 East Con Regional Schools, the University of
25 Connecticut and various state agencies in the

1 **Windham area. So as you can see, our members are**
2 **part of this community and the loss of labor and**
3 **delivery would adversely affect them and their**
4 **families.**
5 **Our members as healthcare and educational**
6 **professionals and as public servants also feel an**
7 **ethical responsibility to advocate equality and**
8 **accessible healthcare. We believe that Hartford**
9 **HealthCare has manufactured this decrease in**
10 **births, similar to what happened in 2015 with the**
11 **decreased number of patients in the intensive care**
12 **unit. We feel this was done in a deliberate**
13 **attempt to close the labor and delivery because**
14 **they see it as a redundant service now that they**
15 **control both Windham and Backus Hospitals.**
16 **While not every hospital must have every**
17 **service, we feel these decisions are best left up**
18 **to the needs of the people of Connecticut, not the**
19 **financial gains of an already profitable hospital**
20 **corporation. The people of Connecticut and the**
21 **Connecticut General Assembly agree with us, and**
22 **that is why we have a certificate of need process**
23 **in Connecticut.**
24 **Hartford Hospital has violated the spirit, if**
25 **not the letter of the certificate of need process**

1 by discontinuing labor and delivery, and then
2 asking for permission to do so. We also believe
3 that Hartford HealthCare has the financial
4 resources and ability to safely staff labor and
5 delivery at Windham, as evidence of their
6 investment fund of $4.1 billion.
7 We urge the Office of Health Strategy to
8 listen to the community members who have spoken
9 out and signed petitions, to the many groups you
10 will hear from today, to the city councils of
11 several towns, to the area of state legislators
12 and the Attorney General of Connecticut, of all
13 expressed concerns about this decision by Hartford
14 HealthCare.
15 We urge you to reject the certificate of need
16 application. Thank you for the time. Thank you
17 to the Office of Health Strategy for all you do to
18 protect the people and the patients of
19 Connecticut.
20 THE HEARING OFFICER: Thank you.
21 I would just like to tell everyone, or ask
22 everyone to please refrain from using the chat
23 other than for public sign up.
24 Next on the list, Arvind Shaw?
25 Hello. Mr. Shaw. Go ahead.

1 ARVIND SHAW: Good afternoon. Thank you for conducting
2 this hearing. My name is Arvind Shaw;
3 A-r-v-i-n-d, S-h-a-w. I'm the CEO for Generations
4 Family Health Center. We serve 18,000 patients in
5 the service area of Norwich, Danielson, Putnam,
6 and Willimantic where I'm speaking from.
7 On behalf of the communities we serve. I'm
8 speaking because -- I'm not speaking for myself
9 necessarily, or for our health sector, but I'm
10 speaking for access for all women in every
11 community. I'm asking for as full and fair
12 hearing on this matter as possible, to give voice
13 to those who often go unheard in legal and
14 regulatory matters.
15 I want to go back to June 2015 when the
16 Hartford HealthCare proposal was granted removal
17 of the ICU. In a published a document called the
18 East Region Transition Plan -- I have made a copy
19 of this, an available video -- but he talked about
20 the changes that were inevitable for this
21 community. And it also was produced in
22 conjunction -- in connection with the OHCA
23 termination of the ICU.
24 But the hospital assured us at that time that
25 they were committed to offering cornerstone

1 services which specifically included women's
2 health services. Today marks 22 months since the
3 hospital has interrupted and discontinued
4 maternity services in a community which has relied
5 upon these services for decades.
6 They have done this without community input.
7 They have abandoned the cornerstone service with
8 no proper notice to the community or regulatory
9 approval, or oversight. And it's truly a tragedy
10 for the services -- for the families who depend on
11 these services.
12 I'm asking that you deny these based upon the
13 OHS's criteria itself. It's not consistent with
14 the OHS policy and the relationship of the
15 statewide healthcare plan. The latest statewide
16 healthcare plan or OHS says, the not-for-profits
17 have an opportunity to address inequities and
18 disparities by listening to communities and that
19 community health needs assessments, CHNAs, are a
20 sound source for the identification of these
21 healthcare needs and disparities that are aware --
22 that are present in the community.
23 Windham Hospital identifies numerous racial
24 and ethnic, and economic challenges in
25 comparatively high black maternal mortality rates

1 and transcription as significant issues. This
2 CON is completely inconsistent with all of that
3 above. There is a clear need, that a public
4 health need is not being addressed.
5 Windham County is ranked last in the state,
6 and has been ranked last in the state for at least
7 20 years.
8 THE HEARING OFFICER: Mr. Shaw, I don't want to cut you
9 off. So if you could just wrap it up, because
10 you're over your time?
11 But I will certainly give you a little bit
12 longer to wrap it up.
13 ARVIND SHAW: Thank you for that grace. I appreciate
14 it.
15 Numerous studies have shown that, look, that
16 these, these have a cascading effect on community
17 health. I would suggest that at the very least
18 the hospital restore these services; the
19 hospital's legacy of investing and supporting
20 quality care, quality maternity services be
21 resumed, and OHS provide us with guidance because
22 there are stakeholders involved over here who
23 could come up with very innovative and creative
24 permanent solutions to address the public health
25 care need.

1 But what is really needed is regulation and
2 some kind of a benchmark, or some kind of a
3 blueprint, first of all.
4 Thank you so much.
5 THE HEARING OFFICER: Okay. Thank you.
6 Cher Kapelner Champ. Hello.
7 CHER KAPELNER CHAMP: Cher, C-h-e-r; Kapelner,
8 K-a-p-e-l-n-e-r; Champ C-h-a-m-p.
9 Good afternoon to all who have come, who have
10 gathered today for this urgent situation. As a
11 retired nurse, mother and grandmother, my offering
12 is the following as I read today, 'AKA Mother
13 Lightning.'
14 This poem is dedicated to the women and
15 Children of the world and is inspired by true
16 events as told authentically to me, its author.
17 So rocks the cradle.
18 Hungover with love and great concern, so
19 begins the day.
20 Misplaced such as life, matryoshka, you sit
21 on my shelf flowered and graced, blackered so thin
22 as your head goes pop.
23 On the side of the road the poor woman
24 screams in her labored birth, mid-eastern borders.
25 Willimantic, too.

1 Always. Yes, always. Tomorrow they say, but
2 the birthing room's gone.
3 No doctors in sight as the world's women wail
4 bleeding, erupting, forever in a day.
5 Thank you.
6 THE HEARING OFFICER: Thank you. And I skipped one an
7 out of order. Nan Kyer.
8 NAN KYER: Hello. My name is Nan Kyer. I'm a
9 registered nurse and lactation consultant, last
10 name Kyer, K-y-e-r.
11 I'm not going to stand here and tell you
12 about the high and rising maternal mortality rate
13 in the United States, and how Hartford
14 HealthCare's plan to permanently close the
15 maternity unit will contribute to that rate,
16 because you know about that already.
17 I'm not going to stand here and tell you
18 about health disparities, their impact on patients
19 and their families, and how these impacts
20 reverberate out into the community for
21 generations, because you know about that.
22 I'm not going to tell you about especially
23 vulnerable populations in the greater Windham
24 community, their need for accessible, high-quality
25 health care at delivery, because you know about

1 that. I am going to appeal to your sense of
2 justice and a presumed hope for something better.
3 The potential closure, permanent closure of
4 the maternity unit at Windham Hospital provides
5 the opportunity to reexamine who we are as a
6 community and reaffirm the value of all people.
7 This event opens discussions related to access to
8 quality health services and the profit motive
9 within the healthcare system.
10 It's time to walk our talk. If collectively,
11 we, the Greater Windham community, Hartford
12 HealthCare and public health agencies state that
13 we want to address healthcare disparities, that we
14 want women to be equal and valued members of our
15 society, that we want high-quality health care
16 that is accessible to all, the Windham Hospital
17 maturity unit should be reopened.
18 Requiring women to labor and deliver in the
19 emergency department in an ambulance at an
20 out-of-town hospital separated from their support
21 system disregards these objectives.
22 It is said that a society can be judged by
23 how it treats its most vulnerable persons.
24 Perhaps a healthcare system and a public health
25 governing body can be judged by the same criteria.

1 My hope is at the end of the day we do the right
2 thing and re establish this community's maternity
3 unit to enable safe, respectful and compassionate
4 care for delivering women and their families.
5 Thank you.
6 THE HEARING OFFICER: Thank you.
7 Jonathan Gonzalez Cruz.
8 JONATHAN GONZALEZ CRUZ: Good afternoon, Office of
9 Health Strategy members. My name is Jonathan
10 Gonzalez Cruz. I am a recent graduate of UConn's
11 master's of quantitative economics program and
12 work as a healthcare organizer for Connecticut
13 Citizens Action Group. I also became a new parent
14 in October when my newborn was born.
15 Today, I want to testify in opposition to the
16 closure of the maternity ward from both a personal
17 experience and economic arguments.
18 As I mentioned, last month I welcomed my
19 newborn, but before doing so my partner and I as
20 expecting parents felt fortunate to live in a town
21 where in all directions there was a hospital
22 accessible, should anything happen. On October
23 11, as both of us were getting up and ready for
24 work, we're unexpectedly rushing to the hospital
25 because our newborn was underway an entire month

1 **early.**

2 **With many thoughts flooding our heads such**
3 **as, will they be okay as a premie? Will my**
4 **partner be okay? I felt reassured that we got to**
5 **the hospital in a timely manner and were assisted.**

6 **Unfortunately, for all the expectant parents**
7 **in the Windham area, they do not share this**
8 **reassuredness from Hartford HealthCare.**

9 **Hartford HealthCare has indirectly informed**
10 **them that they as patients are less of a priority**
11 **in the closure of the Windham maternity ward. A**
12 **recent community health needs assessment has**
13 **highlighted how transportation is a key barrier**
14 **for folks in that area.**

15 **Given the poverty and uninsured rates in that**
16 **area as well, this further exacerbates the**
17 **inequity those expecting parents are experiencing**
18 **if they do not have transportation to the**
19 **hospital, and with a lack of health coverage,**
20 **would not want to or can't even be able to pay**
21 **thousands of dollars just on an ambulance ride**
22 **alone.**

23 **In the case of health needs, especially in**
24 **labor and delivery, timely access to professionals**
25 **who are able to take care of the patient and the**

1 newborn is imperative. As Arvind Shaw, CEO of
2 Generations Family Health mentioned in his written
3 testimony, numerous studies have correlated the
4 removal of maternity services from the community
5 with the decline in prevention and early detection
6 services.
7 Given how Windham County is ranked last in
8 the state in most health outcomes, at least the
9 state and health disparities for the last two
10 decades based on my county health ratings, there
11 is a clear data informed answer to, should the
12 maternity ward remain closed? And that is a
13 resounding no.
14 Hartford HealthCare should immediately
15 restore maternity services for the people in the
16 area. Every day, every week, every month that
17 this is not done puts the lives of patients and
18 their newborns in danger.
19 I hope for the safety and care of the Windham
20 area people that the Office of Health Strategy
21 listens to the community, listens to the
22 opposition to the closure, and informs Hartford
23 HealthCare they must reopen the maternity ward.
24 Thank you.
25 THE HEARING OFFICER: Thank you.

1 Rose Reyes.
2 ROSE REYES: Rose Reyes; R-o-s-e, R-e-y-e-s.
3 I appreciate the opportunity to comment on
4 the proposed closure of labor and delivery
5 services at Windham Hospital. I'm Rose Reyes,
6 resident of Willimantic, 20-year bilingual
7 educator, Vice President of Windham Federation of
8 Teachers Local 1577 AFT.
9 I'm serving my second term as the Working
10 Families Party council member on Windham's Town
11 Council, and completing my tenure on the Planning
12 and Zoning Commission.
13 I support the Windham United to Save Our
14 Healthcare coalition in its position on why this
15 request for permanent closure of the labor and
16 delivery service is unreasonable. When we take
17 note, as you've heard in many, many testimonies
18 before, the relationship that HHC has to Windham,
19 you can't help but notice a pattern and tendency
20 to take advantage of our vulnerable community --
21 And we're all aware of those actions such as
22 the changing the intensive care to progressive
23 care from 12 beds to 4 beds, eliminating 418 jobs
24 between Windham and Backus Hospital, closing the
25 Windham labor delivery services without proper

1 authorization or adequate community discussion in
2 the midst of a pandemic, justifying a service
3 closure due to a low count when the service
4 closure exacerbates the low count, and all the
5 while HHC is making billions in their hedge fund
6 investments during this very same pandemic. All
7 of this is rather conflicting of an entity in the
8 healthcare field, allegedly here to help a most
9 distressed community.
10 Remember that the Department of Economic and
11 Community Development has ranked us as the most
12 distressed municipality in the state, and that our
13 families are among the most underserved. HHC's
14 behavior seems greedy. It seems audacious, and
15 it's based on a false narrative and a pretense of
16 true service and fundamentally ill will towards
17 our working families.
18 We stand against the certification of need
19 because it is a false need. It is unfair and it
20 is paralyzing a community attempting to reclaim
21 itself in the midst of this pandemic.
22 Thank you for your time.
23 THE HEARING OFFICER: Thank you.
24 Lisa Thomas.
25 MS. GREER: Lisa chose not to testify.

1 THE HEARING OFFICER: Okay.
2 MS. GREER: I believe she's including something in
3 writing.
4 THE HEARING OFFICER: Okay. And that's fine.
5 Mary Gallucci.
6 MARY GALLUCCI: Mary Gallucci; M-a-r-y,
7 G-a-l-l-u-c-c-i.
8 Good afternoon. I gave birth at Windham
9 Community Hospital 23 years ago. The care was
10 first class -- unlike what I heard described this
11 morning. A supportive environment is fundamental
12 to a healthy birth. I spent much of labor at
13 home.
14 Even without complications labor does not
15 occur on schedule nor for a set time, which is why
16 comprehensive medical services within reasonable
17 reach are necessary. Living close meant no
18 anxiety about travel. Because I was calm and
19 comfortable I required no medications or
20 interventions.
21 Prenatal classes were key to my healthy birth
22 and breastfeeding experiences. Such pre, peri and
23 postnatal medical care pays off in optimal
24 outcomes for women, babies, families and
25 communities.

1 My individual experience is a testament to
2 the fine tradition of caregiving at a community
3 hospital, but it must be placed in a larger
4 context. The last thing a pregnant woman should
5 worry about is getting to a hospital.
6 Research in Holland where health care is
7 universally available finds that travel time of 20
8 minutes or more by car is associated with an
9 increased risk of mortality and adverse outcomes
10 for women at term.
11 Distance is not straightforward. How far is
12 too far cannot be measured in terms of city
13 blocks, miles or even minutes. A distant ride may
14 preclude the presence of family members. The
15 ability of a family to share in the joyful event
16 of birth is curtailed when women must travel to
17 hospital.
18 Stress and anxiety during labor can trigger
19 emergencies, resulting in invasive medical
20 interventions such as Cesarean sections. The
21 United States is one of the world's highest
22 Cesarean rates. Public health efforts are focused
23 on reducing this. Incidents among first-time
24 mothers with no complications is high, over 28
25 percent. The chances of future surgical birth are

1 strong.

2 Scientists have shown that where birth takes
3 place matters. Connecticut is in the top 10 of
4 States for high Cesarean rates. Research reveals
5 that hospital practice and medical decisions
6 contribute to the high rate of C-sections among
7 all mothers.

8 Health insurance and ability to pay are
9 factors doctors and hospital corporations use to
10 determine what kind of pregnancy and birth
11 experience women have. This practice is
12 discriminatory in outcome, if not in intent. Poor
13 women struggle to obtain preventive care. In the
14 United States a significant racial and ethnic
15 disparity in maternal mortality exists with black
16 women being three to four times more likely to die
17 from pregnancy related causes.

18 The local OB/GYN practice stopped taking
19 Medicaid patients. Medicaid covers over 40
20 percent of US births. The Medicaid program is
21 arguably the most important maternal and child
22 health program in Connecticut, said Mary Alice Lee
23 of the Connecticut Voices for Children.

24 Medical care might be coordinated in a
25 regional manner, but women in labor should not be

1 the ones traveling. Based on my experience,
2 pregnant women deserve to receive risk appropriate
3 care in a facility equipped with the proper
4 resources and healthcare providers in their local
5 community.
6 We should investigate whether providers are
7 reluctant to come to Windham Hospital, or if it's
8 Hartford HealthCare that they're reluctant to work
9 for. Thank you.
10 THE HEARING OFFICER: Thank you.
11 Bill Powers?
12 BILL POWERS: Good afternoon.
13 THE HEARING OFFICER: Good afternoon.
14 BILL POWERS: My name is Bill Powers; B-i-l-l,
15 P-o-w-e-r-s.
16 I want to let you know that I'm an
17 honest-to-God consumer. Okay? I, unlike a lot of
18 folks that spoke earlier today from Windham
19 Hospital -- they're probably paid by Windham
20 Hospital. So I'm an honest-to-God Consumer. I
21 live in Windham Center.
22 The closing of the maternity unit at the
23 Windham Community Memorial Hospital creates a
24 critical barrier for members of our community.
25 The lack of local access for our communities

1 **certainly impacts our many immigrants and**
2 **refugees. For them and many others the lack of**
3 **reliable transportation to other towns and cities**
4 **is just one of the difficult problems that they**
5 **are forced to contend with.**
6 **I guess for the leadership of Hartford**
7 **HealthCare where you live says everything. Our**
8 **women and babies deserve the kind of services**
9 **offered to others elsewhere in the region, that is**
10 **a top-notch full-service maternity unit. The**
11 **denial of this access amounts to gross -- a gross**
12 **injustice, in my estimation.**
13 **When Hartford HealthCare announced the**
14 **permanent closing of the unit they said, women**
15 **were choosing to go elsewhere. On the contrary,**
16 **by their own actions, Hartford HealthCare chose**
17 **that women would be required to go elsewhere.**
18 **That was not of their making. Talk about blaming**
19 **the victims?**
20 **After Hartford HealthCare came to town the**
21 **ICU Was closed. 90 nurses were let go and**
22 **impatient beds were reduced. OB/GYNs, that is**
23 **professionals, were left to the risk of working**
24 **without an ICU and a supporting staff for the ICU.**
25 **The maternity unit was doomed.**

1 Now I would also want to say to you that I
2 have in the past been a hospital administrator.
3 I've worked at Hartford Hospital. I worked at
4 Mt. Sinai Hospital in Hartford and I worked at Bay
5 State Medical Center. I was also a practicing
6 respiratory therapist specializing in special
7 critical care, and also worked at the ER at
8 Windham Hospital as a mental health provider with
9 a master's in clinical psychology.
10 I believe that the women, the people of
11 Windham and nearby communities require this basic
12 service to meet their essential needs, healthcare
13 needs, and those needs that they require.
14 And that would be it for today. And I thank
15 you, and God bless you and stay safe.
16 THE HEARING OFFICER: Okay. Thank you. You too.
17 Jamie Rosenblatt.
18 JAMIE ROSENBLATT: Hi. Good afternoon, Office of
19 Health Strategy Members. My name is Jamie
20 Rosenblatt. I'm an organizer at Connecticut
21 Citizen Action Group. On behalf of our hundreds
22 of member families in the Windham Hospital service
23 area I urge you to oppose the termination of
24 inpatient obstetrics services at Windham Hospital.
25 The current pandemic that we are all

1 attempting to navigate has been a stark reminder
2 that we need to make sure everyone has access to
3 health care for any of us to be truly safe, and
4 reiterates the importance that healthcare spending
5 must help strengthen our public health
6 infrastructure.
7 Instead of caring for their patients in an
8 unprecedented and historical moment in time,
9 Hartford HealthCare closed their doors to the
10 maternity unit in Windham Hospital in the summer
11 of 2020 without going through the proper process.
12 Hartford HealthCare's acquisition of Windham
13 Hospital was proposed to be the solution. They
14 would keep medical services local for the
15 community it serves and maintain quality services,
16 yet here we are, hearing a massive and extremely
17 profitable entity cry poor.
18 Maybe they're onto something. The time is
19 now to end the commodification of health care.
20 Patient access and care should be prioritized over
21 Hartford HealthCare's profits.
22 Windham Hospital serves an area that is
23 considered to be medically underserved and the
24 population has a high co-morbidity rate. Forcing
25 pregnant women and their families to go elsewhere

1 is not only illogical, it is also inequitable.
2 This brings up the issues of transportation;
3 for everyone does not have their own means of
4 transportation, the family's ability to get to and
5 support the expectant mother, and language
6 barriers if the mother is transported but does not
7 have anyone who speaks the same language.
8 In instances when the expecting mother is
9 transported via helicopter or ambulance, this is
10 dangerous and costly. The winding back road from
11 Windham Hospital to Backus Hospital is not a safe
12 route for an emergency vehicle to drive on, and
13 helicopter rides can easily be unreliable,
14 depending on the weather. So many things can go
15 wrong during the birthing process. Why add
16 another?
17 Hartford HealthCare's PR talks about
18 commitment to excellence and serving the region.
19 These values are directly contradicted by forcing
20 women to travel for maternity services. In
21 addition, the closing of the Windham maternity
22 unit will send the message to young people like
23 myself that it is not an area where they want to
24 settle down and have a family. No one will
25 knowingly choose to live somewhere where they

1 can't get the kind of health care they will need
2 if they can help it.
3 The war on women and the consistent disregard
4 of rural communities and their needs must end now.
5 You, the Office of Health Strategy have the
6 opportunity to protect basic care for thousands of
7 women and families. Health care is a human right,
8 and the pandemic has already exposed and widened
9 disparities in health care by race, income and
10 geography.
11 Closing Windham's maternity unit would be an
12 enormous step in the wrong direction and continue
13 to worsen these inequities.
14 Thank you.
15 THE HEARING OFFICER: Thank you.
16 Representative Brian Smith.
17 MS. GREER: He submitted written testimony. I
18 apologize. His name should have been taken off
19 the list.
20 THE HEARING OFFICER: Okay. All right. Thank you.
21 Lynn Ide.
22 LYNN IDE: Good afternoon. My name is Lynn Ide,
23 spelled L-y-n-n-e, last name I-d-e. I am here
24 today is part of Windham United to Save Our
25 Healthcare and the Director of programming and

1 policy for the Universal Health Care Foundation of
2 Connecticut.
3 I delivered three beautiful babies at Windham
4 Hospital, and I'm heartbroken to say that the week
5 before last one of my Children was unable to
6 deliver my first grandchild at Windham Hospital
7 because of decisions made by Hartford HealthCare.
8 You've heard a lot here today from my friends
9 and allies about why we should not do this, why
10 you at Office of Health Strategy could step in and
11 make a big difference in the lives of people in a
12 medically underserved part of the state with a
13 thing that connects many people to their hospital.
14 If you go back and you ask people what they
15 think about their community hospital, they tell
16 you stories.
17 They say, that hospital saved my father's
18 life. That hospital is where my grandchildren
19 were born. That was -- that hospital is where I
20 went to deliver my babies. Those are the stories
21 that people tell about hospitals.
22 This story could end differently than
23 Hartford HealthCare wants it to end. And you
24 asked great questions this morning, the staff of
25 Office of Health Strategy, and I hope you continue

1 to dig to get to the bottom of some of the false
2 and misleading answers that were given to you by
3 Hartford HealthCare.
4 They have shown an amazing lack of creativity
5 and fortitude in solving this problem. There are
6 examples of how rural hospitals around the country
7 have worked to create solutions to be able to
8 deliver safe effective labor and delivery services
9 at hospitals.
10 And I urge you to ask Hartford HealthCare --
11 order Hartford HealthCare to go back to the
12 drawing board and figure this out. And the
13 community stands ready to be a part of that
14 conversation, which we've been left out of by
15 Hartford HealthCare, despite anything that they
16 may be saying in these public forums.
17 We want to be part of the solution. We
18 believe a solution can be arrived at. We don't
19 believe it's impossible. We believe the situation
20 that we're in right now with Hartford HealthCare
21 and Windham Hospital was created by Hartford
22 HealthCare.
23 They created the story that got us here. We
24 need to create a different ending to that story
25 and return labor and delivery services to where

1 they belong, here at Windham Hospital.
2 Thank you.
3 THE HEARING OFFICER: Thank you.
4 Susan Eastwood.
5 SUSAN EASTWOOD: Good evening. Thank you for the
6 opportunity to speak today. My name is Susan
7 Eastwood and I am speaking on behalf of the
8 Permanent Commission on the Status of Women of
9 Connecticut. I am a board member and I'm also a
10 resident of Ashford in Windham County.
11 I'm deeply concerned about the inequities of
12 the health care that have been exposed by
13 termination of obstetric services at Windham
14 Hospital. Most of the women who are now and will
15 be affected by the lack of obstetric care in the
16 area are low-income minority women who will be
17 more disadvantaged than most by the long distances
18 they will have to travel for services, including
19 childbirth.
20 In 2020 to 2021 PCSW Connecticut conducted a
21 study of the economic impacts of COVID-19 on
22 Connecticut's women. In Windham County 68 percent
23 reported a negative impact on their health, above
24 the statewide average of 59 percent. Women of
25 Windham County also reported a higher than average

1 rate of negative impacts on their health care, 45
2 a half percent versus the state average of 35.4.
3 This data illustrates that cutting medical
4 services of any kind in this area of state is
5 likely to bring greater hardship than in most.
6 Obstetrical services are one of the most basic
7 needs of women and families in any community and a
8 safe, accessible place to deliver your baby is a
9 basic necessity for any family. This is
10 especially true for high-risk pregnancies when the
11 hospital care is essential.
12 A loss of these services would be a major
13 failure for any community, but it's especially
14 concerning when the area is ranked as the number
15 one distressed community municipality in the
16 state. Windham has recently moved to the top of
17 that list, I'm sorry to say.
18 Many families in Windham do not own a car.
19 Long distance transportation to Hartford Hospital
20 or Backus Hospital in Norwich is difficult and
21 expensive to arrange, and make family visits
22 almost impossible. This is a clear hardship that
23 exacerbates the disparities of health care in
24 Northeastern Connecticut.
25 The distance to travel for health care has

1 impacts on health outcomes as well. This
2 compounds existing socioeconomic factors that
3 impact public health and poor health status among
4 low-income persons who already have less access to
5 health care.
6 The National Advisory Committee on Rural
7 Health and Human Services has stated that the
8 impact and loss of accessible obstetrics services
9 and increased distance to travel to care has been
10 associated with increased risk of non-indicated
11 induced Cesarean section, postpartum hemorrhage,
12 prolonged hospital stay and postpartum depression.
13 Another study found that in rural areas the
14 absence of active labor and delivery units is
15 associated with a significant increase in
16 perinatal mortality.
17 If this becomes permanent the women of
18 Windham and Northeastern Connecticut, a
19 predominantly low-income minority population, will
20 be deeply affected by the termination of maternity
21 services that have been available in Windham since
22 the 1930s. The PCSW of Connecticut opposes the
23 removal of these essential cornerstone services
24 from the people of Windham and the surrounding
25 area and ask that these services be restored.

1 Thank you.
2 THE HEARING OFFICER: Thank you.
3 Amy Romano?
4
5 (No response.)
6
7 THE HEARING OFFICER: Is she with the Windham United to
8 Save our Healthcare Group?
9 MS. GREER: She had requested to submit her name
10 through us, but she was not logged in from here.
11 THE HEARING OFFICER: Okay. Again, I'll just try one
12 more time. Amy Romano?
13
14 (No response.)
15
16 THE HEARING OFFICER: All right.
17 MS. GREER: I can contact her. She can submit --
18 THE HEARING OFFICER: I'll move on. She can go to the
19 chat. If she comes in, let us know.
20 MS. GREER: Okay.
21 THE HEARING OFFICER: Elizabeth Huebner.
22 ELIZABETH HEUBNER: Hello. Elizabeth Huebner. My name
23 is spelled E-l-i-z-a-b-e-t-h, H-u-e-b-n-e-r. I'm
24 a Windham resident, a resident of Willimantic, and
25 I want to talk about the difference between my two

1 births.
2 I gave birth in Minnesota to my oldest son in
3 my community, and I had my family around me. And
4 it was a very difficult birth. And the staff
5 supported me enough so that I had a vaginal
6 delivery. And in fact, the head of the birthing
7 unit asked me how I did it because she's always
8 trying to help people do that. That meant, I
9 could go home to my family 24 hours later.
10 In contrast to my second birth which is in
11 Connecticut, I was a 39-year-old pregnant with
12 twins, and I almost carried them to full term, but
13 they were born at about 35 weeks. And so I had to
14 go to Hartford. I have good health care. I have
15 a husband who drives a car. We have, you know, so
16 we have resources but my experience post birth was
17 very dramatically different, and a lot of that had
18 to do with my experience of being not at home.
19 So I had a Cesarean section. So I had my
20 first lifetime surgery, and I had twins that had
21 to go into the neonatal intensive care unit. And
22 three days after I gave birth I was dismissed from
23 the hospital -- so I was 35 miles from home.
24 I had a four year old at home. My husband
25 was working, and I just had surgery. So I

1 couldn't really walk very well, and I definitely
2 couldn't drive.
3 So my experience was that I was confronted
4 with the situation of leaving my babies, which I
5 was being encouraged to do in the hospital and go
6 home -- which meant I couldn't drive. I couldn't
7 nurse my babies. I couldn't be with them. It was
8 very, very stressful.
9 So no one really has talked about what
10 happens after you give birth outside of your area.
11 And if you don't have a straightforward pregnancy
12 then you are isolated from your support.
13 What they did was, at Hartford Hospital they
14 kindly connected me with a social worker. I was
15 given a free apartment with no phone, no anything.
16 It was a bed, and a pass to eat in the cafeteria.
17 So I was just completely isolated so that I could
18 spend time holding my, you know, immature
19 babies -- which are all fine now.
20 But I think that is a piece that didn't get
21 addressed by anyone else's talk that I heard, that
22 it's not just getting there. It's giving birth
23 and it's also then, what happens after that if
24 you're way away from home and your babies are away
25 from home?

1 So I really hope that we can keep our
2 maternity unit local in Windham for all of us.
3 It's not just, you know, people who have little
4 resources, because that what's not my case.
5 Thank you very much.
6 THE HEARING OFFICER: Thank you. Thank you.
7 Catina Caban-Owen.
8 CATINA CABAN-OWEN: Hi. Good afternoon, still, to
9 everybody. I'm Catina Caban-Owen. C A T I N A,
10 C A B A N, hyphen, O W E N. I am a resident of
11 Windham, and everybody in this town knows I'm a
12 committed advocate to eliminate the social
13 determinants of health disparity, and I'm a fellow
14 of the Connecticut Health Foundation.
15 For transparency, I'm a part of the corporate
16 community advisory to the Windham Hospital. I was
17 for nine years on the board of Windham Hospital,
18 which at the time transferred the Windham Hospital
19 to Hartford HealthCare. And for a while I was
20 also part of the East Region Board of Directors.
21 The hospital has saved the life of my
22 husband, of my sister, and has delivered the most
23 precious nieces and nephews and godchildren that I
24 have ever had.
25 I am also a person who 40 years ago initiated

1 with some other of the people who have testified
2 here bringing bilingual/bicultural translators and
3 services. And in fact, years ago I was a person
4 who hosted Dr. Yvette Martas, who is part of the
5 OB/GYN -- and who enthusiastically, we recruited
6 her to be here.
7 I am in support that the labor and delivery
8 maternity services are open again. I also know
9 that because we don't have a local OB/GYN, a
10 group, this has happened. So as a
11 solution-focused person and as an advocate for all
12 health services to be local, I say that Hartford
13 HealthCare and we, the community, should get
14 involved in hiring recruiting and the retention of
15 OB/GYN groups here at the local level for our
16 young women and for our -- all our services.
17 Women prefer, as everybody has said before --
18 come to our hospital. I want to come to Windham
19 Hospital all the time for any needs. And
20 everything that I've stated is true about our
21 community and our people of color.
22 And pregnant women will come. Like they say,
23 if you build it they will come again, but the main
24 issue I see is to develop a plan jointly with
25 Hartford HealthCare and our community to recruit,

1 support and maintain on OB/GYN group that would
2 serve our community.
3 Thank you.
4 THE HEARING OFFICER: Thank you.
5 Leslie, is there anyone else on the list?
6 Okay. I just saw James Flores.
7 JAMES FLORES: Hello. I'm James Flores. Can you hear
8 me?
9 THE HEARING OFFICER: I can.
10 JAMES FLORES: Okay. I'm concerned about how soon the
11 hospitals all around America including Windham
12 Hospital becoming a money machine.
13 The main goal is not to help people. It's to
14 profit from people.
15 THE HEARING OFFICER: I don't know -- maybe you're
16 calling in from a phone, but do you have video
17 available?
18 JAMES FLORES: No, I don't have video, because I got
19 the old computer. I can't afford a computer.
20 (Unintelligible) want to see my face.
21 THE HEARING OFFICER: No, that's okay. I can hear you.
22 You're fine.
23 JAMES FLORES: Okay. Everybody concerned about
24 maternity room, but most of the Hospitals are
25 closed. I had a stroke a few months ago and I

1 have to go to New Britain, because of the stroke.
2 They don't have the services. Now
3 (unintelligible) they need to go over town because
4 they don't (unintelligible) in Windham Hospital.
5 I'm just still saying about the CEO of the
6 Windham Hospital get $1 million bonus. I'm
7 (unintelligible) saying about the Wall Street
8 market. The stock for Windham Health Care go up
9 to $45. Windham Hospital is about profit.
10 Now Windham Hospital bought a hundred acres
11 land in Willimantic. They say in the beginning
12 that they want to save money. How you going to
13 money when you do invest the money in
14 (unintelligible). (Unintelligible) they bought a
15 hundred acres land, and I don't know how much they
16 pay, but when you buy a hundred acres of land,
17 that's a lot of money.
18 I want (Unintelligible) to focus in human
19 side to help people and move away from profit.
20 (Unintelligible) right now I give you the
21 (unintelligible). I don't have my glasses, but I
22 see all white European. That's another issue.
23 How many black doctors, how many people that
24 work through Hartford HealthCare in the high rank
25 are minority? My concern was that the reason to

1 close Willimantic Hospital, because they're going
2 to close up the road. The plan is to close
3 everything and (unintelligible). Thank you.
4 THE HEARING OFFICER: Thank you. I appreciate your
5 comments.
6 I believe I've gone through the list.
7 Leslie, is there anyone else?
8 MS. GREER: No, that's all on my list.
9 THE HEARING OFFICER: Okay. Is there anyone here I
10 haven't called?
11
12 (No response.)
13
14 THE HEARING OFFICER: Okay. All right. Well, thank
15 you all for your public comment. I do want to
16 make you aware that all your comments --
17 MS. GREER: Excuse me, Attorney Yandow. Mae Flexor, I
18 guess, would like to speak. She just put her name
19 in the chat.
20 THE HEARING OFFICER: Okay. Mae Flexor, are you
21 available?
22 SEN. MAE FLEXOR: Yes, I am. Can you hear me?
23 THE HEARING OFFICER: I can.
24 You have three minutes.
25 You can go ahead.

1 **SEN. MAE FLEXOR: Can you hear me?**
2 **THE HEARING OFFICER: I can. I think you're going**
3 **frozen. I think you're going in and out.**
4
5 **(Pause.)**
6
7 **SEN. MAE FLEXOR: Okay. Can you hear me now?**
8 **THE HEARING OFFICER: I can.**
9 **SEN. MAE FLEXOR: Okay. Thank you. I'm sorry for that**
10 **delay, and thank you for calling on me.**
11 **My name is Mae Flexor. I am the State**
12 **Senator for the 29th District, which includes the**
13 **communities of Windham, Mansfield, Scotland,**
14 **canterbury, Brooklyn, Killingly, Putnam and**
15 **Thompson.**
16 **And I want to thank you for (inaudible) --**
17 **THE HEARING OFFICER: You're going in and out again.**
18 **SEN. MAE FLEXOR: -- attention to these (inaudible)**
19 **today, and particularly hearing all of this public**
20 **comment this afternoon; those of my neighbors and**
21 **my constituents who have expressed concerns about**
22 **the closure of the maternity and obstetrics**
23 **departments at Windham Hospital.**
24 **You've heard in great detail this afternoon**
25 **why this is so detrimental to this community, that**

1 by many measures Windham is one of the most
2 economically isolated and racially isolated
3 communities in the state of Connecticut, and the
4 deterioration of healthcare access in this
5 community has been devastating.
6 I do just want to emphasize a few points that
7 have been made this morning and this afternoon in
8 particular. I just want to say that this process
9 really started when the critical care unit was
10 eliminated at Windham Hospital.
11 And in the time since that unit has been
12 closed, Windham Hospital has made an effort to
13 expand services in many health areas at Windham
14 Hospital, but the decline of health services
15 overall really started with that decision. And
16 that decision led to a shakeup of our state
17 statutes, and it's why this process is going
18 forward here today.
19 The ramifications of that closure of the
20 critical care unit at Windham Hospital and other
21 healthcare decisions made across the state is why
22 my colleagues, led by people like Representative
23 Susan Johnson and my Senate President Senator
24 Martin Looney, and others in the Legislature, why
25 we changed this process.

1 And so to be here today, almost a year and a
2 half after Hartford HealthCare made the decision
3 to close and eliminate providing this type of
4 health care is a real disservice to the process
5 that was set up.
6 Why do we set up a process like this, a
7 regulatory structure, a legal framework for
8 healthcare decisions to be made in the state of
9 Connecticut if an organization like Hartford
10 HealthCare can move forward with closing these
11 services and not have to actually get the okay of
12 this entity until a year and a half after the
13 services have already been eliminated and the
14 structures around those services have disappeared?
15 I like to think that there is a way for this
16 community to come together. I think you've heard
17 today that there is a willingness --
18 (unintelligible, poor connection) -- child last
19 year, I can say from personal experience how
20 terrifying it can be to have to rely on traveling
21 in an ambulance.
22 When it's in close proximity to that joyful
23 moment of welcoming a child into this world, and
24 while it is a joyful moment, it is also a scary
25 time. And the fact that women in this community

1 cannot be assured that they can deliver their
2 babies and start their families comfortably at
3 their community hospital is really a shame.
4 And so I'm thankful for this process. I want
5 to thank everyone who's taken the time to testify
6 today and talk about why this change is so
7 critical for our community. And I hope that
8 during your deliberations you will carefully
9 consider the downfall of the healthcare system
10 that's happening here in Windham, and make sure
11 that the community is protected and that maternity
12 care can be restored in our region.
13 Thank you very much.
14 THE HEARING OFFICER: Thank you, Senator.
15 Pam Wright.
16 PAM WRIGHT: Yes, I am well past childbearing at this
17 point, but my best memories of Windham Hospital
18 were giving birth there for both of my children.
19 And I will say that the scariest time for me was
20 trying to decide when to go to the hospital, and I
21 was so grateful that I didn't have long to go.
22 I happen to be one of those lucky people who
23 did not spend a tremendous amount of time in the
24 hospital, and apparently my daughter also had the
25 same experience. So deciding when to go is a huge

1 problem.
2 When she became -- when she called me in the
3 morning she told me her water had broken, but she
4 didn't have any contraction. So she didn't know
5 if she should go in. She called her doctor and
6 her doctor said, well, if you don't have any
7 contractions by four you better come in. Well she
8 called me at four and said, mom, I've got a baby.
9 She started going in and she got to the
10 hospital and delivered something like 45 minutes
11 later. I have had several friends who have gone
12 to Windham and were told, you're not ready to be
13 admitted, and went downstairs and waited and went
14 back up a little while later and were admitted.
15 For many women to be sure they may wish --
16 and of course, these are women who have cars or
17 husbands to drive them. They may feel they have
18 to go perhaps 40 hours, 24 hours when they first
19 start having contractions and they're unsure.
20 And that's a huge additional expense and
21 amount of time that they're spending in the
22 hospital, whereas if they were close they could
23 wait a little longer. They could go in the middle
24 of the night, and they could wait a little longer.
25 I feel like it's really, really a disservice

1 to women, particularly those who have normal
2 births to have to wait. They're tempted then to
3 schedule the Cesarean, which they probably don't
4 need and it's not as good for them, or their
5 babies -- just to avoid that long ride or that
6 concern about, will I get there in time, or, will
7 I end up being pulled over the side of the road
8 telling my husband, you know, help me deliver this
9 baby.
10 I think that's -- if we're really concerned
11 about the health of our children and the new
12 mothers, we would not make them go far. If every
13 bit of equipment is not available at Windham, they
14 do have ambulances. At that point they can take
15 people to places where they would need to go, but
16 to simply make the availability of being able to
17 have a baby nearby because you can't have every
18 bit of equipment for every possible emergency is
19 not in the interests of any of our community
20 members, I don't think.
21 So that's basically all I have to say -- not
22 to mention the expense, but just the stress, the
23 additional stress on parents.
24 THE HEARING OFFICER: Thank you. And again, we
25 consider all the public comments, both the ones

1 that were here early today and the ones that are
2 filed. There are some already entered under
3 Exhibit F in our CEO and portal.
4 The record will remain open for written
5 public comment for a week. So certainly if
6 someone didn't have an opportunity to speak and
7 wants to weigh in and give some public comment, I
8 can certainly do that in the week to come.
9 Again. Thank you. Thank you all.
10 Leslie, is that it?
11 MS. GREER: Yes, Attorney Yandow.
12 THE HEARING OFFICER: Okay. Great. Thank you.
13 Now we're moving on into the agenda after the
14 public comment. We have part two of the Office of
15 Health Strategy questions. And these questions
16 are basically a followup from what we've read in
17 the public comment and what we've heard today.
18 And I would like to put it towards the
19 witnesses for Windham Hospital to ask for
20 responses. So I'll start with Ms Handley.
21 THE WITNESS (Handley): We're here.
22 THE HEARING OFFICER: Ms. Handley?
23 THE WITNESS (Handley): Yes, I'm here. Thank you.
24 THE HEARING OFFICER: I'm going to ask each witness,
25 and then I will also ask your attorney if she has

1 any follow-up questions after you've spoken.
2 But do you have a response to the public
3 comments?
4 THE WITNESS (Handley): Thank you. I thought you had a
5 question for me. I appreciate the opportunity.
6 First, I appreciate and respect the public
7 comments that we heard this afternoon. The
8 passionate comments were very moving, and I just
9 want to make that known.
10 There are a few things I would like to
11 clarify. One, no women have been transported by
12 LifeStar. That is not part of the plan.
13 Secondly, COVID disrupted our lives for the
14 last 18 months. Windham Hospital filed the CEO
15 application on September 3rd, so less than two
16 months after we made the decision to go on
17 uninterrupted service. We had a formal process
18 that we needed to follow.
19 I personally contacted over 40 elected
20 officials, community leaders, the Mayor, the Town
21 Manager of Mansfield. I have a long list, which I
22 would be happy to submit to you with the dates,
23 including multiple conversations and meetings with
24 Arvind Shaw. That took time and we did that
25 before we did hold the public hearing, which we

1 had on August 10th, and then we had public notice
2 in the newspaper.
3 We had to follow the regulatory requirement
4 for filing a CON application. So that was filed
5 on September 3rd of 2020. And just as we've all
6 been impacted by COVID, the Office of Health
7 Strategy has also been impacted. So we're
8 catching up.
9 In the last year 500,000 -- that's right --
10 500,000 healthcare workers have left the
11 profession due to the unprecedented challenges of
12 coping with the COVID-19 pandemic. We have a
13 national staffing crisis which adds to the
14 challenge.
15 I want to be absolutely certain that OHS and
16 the public, all of you understand the decision we
17 made was absolutely driven by quality and safety
18 concern. I am responsible for the safety of every
19 patient, every physician, every nurse and every
20 staff member. Given the conditions that we
21 discussed during this hearing this morning there
22 was no other choice.
23 This is not something we can fix. If there
24 was a fix we would have done at all levels. If
25 there were physicians to be recruited, we would

1 have recruited them. No practice will come. The
2 Windham patients are the high risk, and that is
3 exactly why they are better served in the system
4 of care we have created with this plan.
5 The plan that is in place to provide a
6 coordinated, clear patient-centered experience and
7 optimal outcomes has been proven to be an
8 appropriate, effective and exceptional approach to
9 provide the best care to our community.
10 The Hartford HealthCare values; caring, which
11 is we do the right thing; equity, we do the just
12 thing; excellence, we do the best thing; integrity
13 and safety, we do the safe thing -- resonates so
14 deeply with my personal values. These values are
15 the foundation as I went through the
16 decision-making process.
17 So just in response, we cannot provide every
18 service in every hospital, in every community in
19 our state and in our nation, and I know that's
20 been recognized. We do not have unlimited
21 resources, especially when we think about the most
22 required services of OB/GYNs.
23 And one final comment. The issue of revising
24 maternal fetal mortality. Many -- multiple
25 community members have addressed this as others

1 witnessed, the physicians who are here today --
2 but now it's being reported in the main press to
3 educate the public on this national issue.
4 And this was a compounding and secondary data
5 point for our process as we made the decision to
6 provide the best and safest care for the patients
7 in our community.
8 So thank you for the opportunity to be here
9 today -- and thank you.
10 THE HEARING OFFICER: Dr. Borgida, do you have
11 comments?
12 THE WITNESS (Borgida): Yeah. I think I just wanted to
13 address a few things that were mentioned. You
14 know, I understand the Medicaid population in
15 Connecticut quite well, and I don't know of any
16 practice in Central or Eastern Connecticut that
17 does not take Medicaid patients.
18 So there's no abandonment. There's no lack
19 of providers that take Medicaid. Every hospital
20 in the region takes Medicaid, and all the private
21 groups do as well. As it was mentioned, at least
22 40 to 50 percent of all births in our area are
23 covered by Medicaid. So it's not a lack of
24 providers that want to care for these patients.
25 And then a few other things that were

1 mentioned about the complicated deliveries that
2 didn't happen at Windham. That would not change
3 whether Windham was doing obstetrics or not.
4 We've been receiving high-risk patients from
5 hospitals all over the region, because the normal
6 low-risk hospitals can't take care of these
7 patients.
8 For example, twins at 35 weeks that need a
9 NICU, whether Windham was open or not, that's not
10 a patient that would be delivering at Windham
11 Hospital. We continue to get patients from all
12 over the region traveling much further distance
13 than going from Windham to Backus because they
14 have high-risk conditions. Even for their
15 prenatal care, they come to Hartford for the care
16 that they require because of the complexity that
17 they have.
18 So regardless of the levels of care that are
19 around many patients still have to go to tertiary
20 centers, regardless of the level of care in their
21 communities.
22 THE HEARING OFFICER: Okay. Attorney Fusco, do you
23 have any questions of any of your witnesses?
24 MS. FUSCO: I don't know if you want to allow --
25 Dr. Kalla just wanted to make one response;

1 clarify a few points to the public comment.
2 Is that okay?
3 THE HEARING OFFICER: It's okay.
4 MS. FUSCO: Okay.
5 THE WITNESS (Kalla): This is Dr. Kalla again. There
6 was a fair amount of discussion about the rural
7 aspect of Windham Hospital. And although it is
8 not as urban, certainly as Hartford or New Haven,
9 it is also not isolated in the same sense that the
10 rural access hospital in Vermont that was
11 discussed was.
12 There are, as we discussed, multiple other
13 hospitals within a fairly short distance, within
14 20 or 25 miles of the hospital. It's not isolated
15 in that regard.
16 There was also some discussion about the
17 inability for people to get transportation.
18 Ambulance service is, in fact, available and
19 readily available as we described in our previous
20 testimony and our plan of care for patients who
21 either presented to Windham Hospital or who call
22 from their homes to be transported to the
23 appropriate location. So those, those things are
24 available.
25 The last thing I would like to mention is

1 that there's a whole -- there's a lot of
2 discussion about healthcare equity, and to me to
3 take a population that is at risk based on its
4 demographics and economics and have it delivered
5 in a setting that we know is less safe for the
6 same complications that they're at risk for would
7 be inequitable, would be providing them with less
8 care than they would otherwise get.
9 And I, to be quite honest, healthcare equity
10 is a huge issue in terms of trying to make this
11 transition to be safer for this population.
12 Thank you for the opportunity to comment.
13 THE HEARING OFFICER: Thank you.
14 Attorney Fusco, any questions for your
15 witnesses?
16 MS. FUSCO: No questions -- unless Dr. Rotas has one
17 comment to make?
18 THE WITNESS (Rodis): Yeah, if I could, Attorney
19 Yandow? I just want to respond to a couple of the
20 comments made, and really I want to echo what my
21 colleague said -- but I'm just going to comment as
22 an independent person who reviewed this.
23 So when I first reviewed the CON and I spoke
24 to the folks involved, you know, my question, like
25 many of the folks who called in today and Zoomed

1 into the call, was the concern of, are we
2 abandoning the community. Is Windham Hospital is
3 abandoning the women of the community?
4 A VOICE: Recording stopped.
5 THE HEARING OFFICER: Excuse me. I think that the
6 recording stopped.
7 MR. CARNEY: Yes. I'm not sure why.
8 Let me see if I can reengage it.
9 A VOICE: Recording in progress.
10 THE HEARING OFFICER: Okay. We're back on. I'm sorry.
11 THE WITNESS (Rodis): And so my questions really
12 pertain to a lot of things that came up today.
13 What are the services that we're providing to the
14 women of the community? Not pregnant women only.
15 I know we're talking about OB services here, but I
16 want to just bring some perspective to it.
17 Only about 4 to 5 percent of women are
18 pregnant at any one time. That means the other 95
19 aren't. And when I heard about the commitments
20 that Windham Hospital is making to the women of
21 the community by breast services, by breast
22 surgeons, general surgeons, orthopedic surgeons
23 primary care providers -- and then when I heard
24 today from Mr. Zuzel, who I have not heard before,
25 about some of the services that they're providing

1 to pregnant women in particular, not just the
2 prenatal and postnatal visits, which are the
3 multiple visits -- as opposed to the one-off
4 have-the-baby visit -- are all provided the
5 community, and besides that, then home visits
6 after women deliver; I wish I had been doing that
7 at the hospitals I serve, to be honest with you.
8 I felt a little guilty listening to some of
9 those services. Those are -- that to me showed a
10 significant commitment to the women of the
11 community.
12 So I think, you know, having been the
13 president of a Catholic hospital, we talked a lot
14 about ethics, and particularly the ethical
15 principle of distributive justice comes in today,
16 which is, you only have so much resources. No
17 matter what, they're human resources, capital
18 resources to go around.
19 And to me, I think the women of the community
20 are being better served by putting those resources
21 into those other things that women need. One out
22 of four women have urinary incontinence as an
23 example. That's 25 percent. Those women could be
24 served locally now as opposed to having to be
25 shipped -- going to many miles away actually to

1 get those services.
2 So again, independently I just want to, you
3 know, comment on that. I appreciate the comments
4 made. I've taken care of women in this state and
5 I'm committed to them for 30 some-odd years.
6 Women travel far and wide in complicated
7 pregnancies and have done for many, many years
8 with triplets and twins, and placenta previas, and
9 preterm labor, ruptured membranes. All those
10 things we've heard about, and they travel 40, 50,
11 60 miles to come to UConn or Hartford or
12 St. Francis, and have done so for a long time.
13 But at least for my sense there's been no
14 abandonment of the women in that community, and
15 indeed I think a significant commitment.
16 THE HEARING OFFICER: Okay. Thank you. What I'd like
17 to do now is I'd like to take a five-minute break
18 to meet with my team to see if we have any further
19 questions. So I'm going to take a five-minute
20 break. We'll be back at 5:25.
21
22 (Pause 5:19 p.m. to 532 p.m.)
23
24 THE HEARING OFFICER: Okay. So is Mr. Pedchenko still
25 available?

1 PAUL PEDCHENKO: Yes, I'm on. Hello.
2 THE HEARING OFFICER: Hi. So Mr. Pedchenko, I'd like
3 to take your oath.
4 PAUL PEDCHENKO: Okay.
5 P A U L P E D C H E N K O,
6 called as a witness, being first duly sworn
7 by the Hearing Officer, was examined and
8 testified under oath as follows:
9
10 THE HEARING OFFICER: State and spell your name for the
11 record, please?
12 THE WITNESS (Pedchenko): Paul Pedchenko,
13 P-e-d-c-h-e-n-k-o.
14 THE HEARING OFFICER: Thank you. And Mr. Pedchenko,
15 could you tell me what your title is?
16 THE WITNESS (Pedchenko): I am the EMS Program manager
17 for the Windham Hospital paramedics and the EMS
18 Coordinator for the hospital.
19 THE HEARING OFFICER: Okay. And you testified today in
20 the public comment. Is that correct?
21 THE WITNESS (Pedchenko): I did.
22 THE HEARING OFFICER: And do you adopt your statement
23 and public comment? Do you adopt that and swear
24 that it's the truth, the whole truth and nothing
25 but the truth?

1 THE WITNESS (Pedchenko): I do.
2 THE HEARING OFFICER: Okay. Just some quick questions
3 that -- I don't know if you were listening
4 earlier, but I did ask as part of one of the late
5 files for more some sort of evidence showing the
6 distance and the travel time.
7 And I understand ambulance time is shorter.
8 I was looking for more neutral evidence regarding
9 travel time versus everyone -- what's a 10-minute?
10 It's a 20 minute ride -- but have you ridden an
11 ambulance from Windham Hospital to Backus?
12 THE WITNESS (Pedchenko): I have.
13 THE HEARING OFFICER: Okay. And have you driven an
14 ambulance from Windham Hospital to Manchester?
15 THE WITNESS (Pedchenko): I have, not from the
16 hospital. From the Windham area to Manchester
17 Hospital, yes.
18 THE HEARING OFFICER: Okay. And have you been in an
19 ambulance from the Windham area or Windham
20 Hospital to Hartford Hospital?
21 THE WITNESS (Pedchenko): I have.
22 THE HEARING OFFICER: So if you were traveling to
23 Backus in an ambulance, what routes would you
24 take?
25 THE WITNESS (Pedchenko): I -- I wouldn't be driving

1 the ambulance, but in my -- in my history, if I
2 was driving the ambulance, I would drive directly
3 down Route 32 into Norwich to the Route 32
4 connector directly into Backus, which is right
5 there .
6 THE HEARING OFFICER: Okay. So Route 32, what kind of
7 a road is that?
8 THE WITNESS (Pedchenko): It's a two-lane road. It's a
9 state highway.
10 THE HEARING OFFICER: Two-lane road, meaning both ways?
11 THE WITNESS (Pedchenko): Yeah, one -- one lane. One,
12 the other. Yeah, yeah. Two lanes.
13 THE HEARING OFFICER: There's single lanes both ways?
14 THE WITNESS (Pedchenko): Single lane both ways,
15 correct. Yeah.
16 THE HEARING OFFICER: So it's 32. So you get 32, and
17 32 takes you right to Backus?
18 THE WITNESS (Pedchenko): Route 32 takes you directly
19 down into Norwich where you'll encounter the Route
20 232 connector. And at the end of that connector
21 is Washington Street where Backus Hospital is
22 directly at the end of that road there, when you
23 come off the connector.
24 THE HEARING OFFICER: All right. And are there many
25 lights on 32?

1 **THE WITNESS (Pedchenko): There are -- there's probably**
2 **three or four, I believe.**
3 **THE HEARING OFFICER: If you are traveling from Windham**
4 **to Manchester, what's your route?**
5 **THE WITNESS (Pedchenko): I -- I don't generally drive**
6 **the ambulance. I'm in the back, but I would**
7 **assume depending on where you would come -- be**
8 **coming from, I believe you would go Route 31 out**
9 **and possibly to 44 to Manchester.**
10 **THE HEARING OFFICER: 31 to 44 in Manchester?**
11 **THE WITNESS (Pedchenko): Into Manchester, yes.**
12 **THE HEARING OFFICER: So is Route 6 part of it?**
13 **THE WITNESS (Pedchenko): I believe you could possibly**
14 **go that way if -- if you were closer to go that**
15 **way. Like I said, I -- I'm the paramedic who**
16 **generally is riding in the back. I'm not driving**
17 **the ambulance.**
18 **THE HEARING OFFICER: So you wouldn't know what route**
19 **you've taken to Manchester?**
20 **THE WITNESS (Pedchenko): Well, I've -- I've driven to**
21 **Manchester before. Yes.**
22 **THE HEARING OFFICER: Okay, but not in --**
23 **THE WITNESS (Pedchenko): In my personal vehicle, but**
24 **maybe not in an ambulance, no.**
25 **THE HEARING OFFICER: Okay. And what are the roads**

1 like to get to Manchester on either way, either
2 route?
3 THE WITNESS (Pedchenko): This is a combination of
4 two-lane roads.
5 THE HEARING OFFICER: And when you say two lane, you
6 mean, single lane each way?
7 THE WITNESS (Pedchenko): Single line in each
8 direction. I believe there are some parts --
9 parts of 44 that have more lanes, possibly.
10 THE HEARING OFFICER: Okay.
11 And what would you do to get to Hartford?
12 THE WITNESS (Pedchenko): Hartford would be Route 6 to
13 384, to 84 into Downtown Hartford.
14 THE HEARING OFFICER: Okay. So you would go on Route 6
15 on that one?
16 THE WITNESS (Pedchenko): Correct.
17 THE HEARING OFFICER: Okay. All right. So I know
18 that's part of the late file. So I would like to
19 see a map. And Attorney Fusco, I mean, as another
20 late file I'd like to see a map that has where all
21 these hospitals are, as far as so I can see it in
22 one.
23 So I will know the travel time and the miles,
24 how many miles, you're going to provide that. And
25 I'd like to know where on the Connecticut map

1 these hospitals are. I just, in my mind or just
2 for anyone coming in who's not familiar with
3 Connecticut, to review a file we need to know the
4 distances we're talking, the travel distances and
5 how these look on a map.
6 MS. FUSCO: And so you would be looking for Windham,
7 Backus, Manchester, Hartford? Do you want Day
8 Kimball as well?
9 THE HEARING OFFICER: Day Kimball I think is in your
10 filing.
11 MS. FUSCO: Yes.
12 THE HEARING OFFICER: I mean, these are hospitals that
13 you represented in the application.
14 MS. FUSCO: Okay. Yeah, I'll give you the whole
15 eastern, central eastern section. That's fine.
16 THE HEARING OFFICER: So I know and maybe I can see the
17 route. So then you're going to provide me with
18 the time, the travel time and the mileage.
19 MS. FUSCO: Yes.
20
21 (Late-Filed Exhibit Number 11, marked for
22 identification an noted in index.)
23
24 THE HEARING OFFICER: Attorney Fusco, any questions for
25 Mr. Pedchenko?

1 **MS. FUSCO: No, no questions.**

2 **THE HEARING OFFICER: Okay. Mr. Wang, Mr. Carney, any**

3 **questions for Mr. Pedchenko?**

4 **MR. CARNEY: No, I don't have any.**

5 **MR. WANG: No questions.**

6 **THE HEARING OFFICER: No questions.**

7 **Mr. Pedchenko, thank you.**

8 **THE WITNESS (Pedchenko): Thank you.**

9 **THE HEARING OFFICER: You're welcome.**

10 **Mr. Carney, did you have questions?**

11 **MR. CARNEY: No, I think I'm all set, other than the**

12 **late-file discussion. Okay, Mr. Wang?**

13 **MR. WANG: I did have some questions regarding**

14 **financial statements. I was wondering if we can**

15 **get an updated financial worksheet B for Windham**

16 **Hospital and Hartford HealthCare for updated**

17 **fiscal years given the timing that's the time that**

18 **has elapsed since the filing of this year end.**

19 **So updated financial worksheet B for fiscal**

20 **years 2020 through 20 --**

21 **MR. CARNEY: Excuse me, Roy. It's A, worksheet A, not**

22 **for profit.**

23 **MR. WANG: My apologies. Worksheet A.**

24

25

1 (Late-Filed Exhibit Numbers 12 and 13, marked
2 for identification and noted in index.)
3
4 MS. FUSCO: Yeah, that's okay.
5 MR. WANG: And then the second one would just be
6 audited statements of operation and balance sheet
7 for 2021 for Windham Hospital and Hartford
8 HealthCare.
9 MS. FUSCO: I mean, are you looking for the audited
10 financial statements for 2021?
11 MR. WANG: Correct.
12 MS. FUSCO: So the audited financial statements of the
13 2021 fiscal year ended September 30th. And so
14 those audited financial statements aren't
15 typically ready. We ran into this last year --
16 until late January.
17 MS. HOELL: Or early February.
18 MS. FUSCO: Early February for this fiscal year.
19 MR. WANG: Would you be able to provide the unaudited?
20 MS. FUSCO: I don't think we can just -- I'm not sure
21 when we would have those, but they typically would
22 not disclose the unaudited given that they will be
23 audited.
24 MR. WANG: You said the estimated time for audited
25 financial statements is January or February of

1 2022?

2 MS. FUSCO: Yes. I mean, we ran into this issue last
3 year with the hearing that was around this time of
4 year where they wanted updated audited. So I want
5 to say that they were available for disclosure,
6 like, the third or fourth week in January.
7 And they can't be disclosed before then, and
8 I can't remember -- and I don't know if Sherry
9 Bauber is still on the call -- but there's a
10 reason why they can't be disclosed in advance of
11 that.

12 THE WITNESS (Handley): We'll certainly send you
13 2020 --

14 A VOICE: We have to go the board, to the bond rating
15 agencies before --

16 MS. FUSCO: That's right. They can't be disclosed
17 before they go -- that's right -- before they go
18 to the bond rating agencies.

19 MR. WANG: Have the 2020 audited financial been
20 submitted already?

21 MS. HOELL: Yes.

22 MS. FUSCO: In connection --

23 MS. HOELL: 2020's is on file with (unintelligible).

24 MS. FUSCO: But not with this. We filed this in
25 September of 2020.

1 MS. HOELL: We filed already 2020, not with the --
2 MS. FUSCO: Yes. Okay. To answer your question,
3 Mr. Carney, they probably haven't been filed in
4 this CON, but they are available. So we could
5 provide 2020 audited.
6 I'm looking to see, did we give you 2019
7 audited when we submitted this? I think we
8 referenced them.
9 2020 audited should be on file with OHS.
10 MS. HOELL: Yes, they are.
11 We can resubmit them, but I believe they are
12 on file with OHS. But when we submitted this
13 application which it's September 3rd of 2020, we
14 wouldn't have had 2020 audited, because the fiscal
15 year wasn't over yet.
16 So we would have referenced the 2019s that
17 were on file with OHS at the time. Now given the
18 passage of time, the 2020s are on file with OHS.
19 We could provide a separate copy, but they are
20 accessible through things I think you took
21 administrative notice of, attorney Yandow.
22 THE HEARING OFFICER: Yeah.
23 MS. FUSCO: I think they're in the HRS database.
24 Right?
25 MR. CARNEY: Yes, they should be. Maybe you should

1 just submit it to us as part of this, you know,
2 the record.
3 MS. FUSCO: That's fine.
4
5 (Late-Filed Exhibit Number 14, marked for
6 identification and noted in index.)
7
8 MR. CARNEY: Just to be safe that we have it.
9 MR. WANG: And Attorney Fusco, you have it correct that
10 in the application itself, it only references
11 2019.
12 So the 2020 would be great.
13 MS. FUSCO: We'll give you 2020.
14 MR. WANG: That's all the questions I had, Attorney
15 Yandow.
16 THE HEARING OFFICER: Okay. All right. Mr. Wang, can
17 you go over the late-filed exhibits.
18 MR. WANG: Sure. So the first one I had is data
19 regarding delivery volume from October 1 to the
20 end of June. I know there was a number stated
21 during the discussion, and there was also a date
22 for the last delivery at Windham Hospital. I
23 just -- to have that in writing.
24 The second I have as evidence is for the
25 amount of inpatient capacity at Backus Hospital.

1 MS. HOELL: The capacity for OB at Backus Hospital.
2 We're trying to make sure we're taking good notes.
3 MS. FUSCO: I'm sorry -- and I apologize. If we could
4 go back to number one. The doctors were leaving,
5 and I had trouble hearing you.
6 So number one I have in my records was the
7 last delivery date at Windham, which we gave
8 verbally but you want in writing. And then the
9 obstetric volume in writing for that last fiscal
10 year from October 2019 through the end of June?
11 MR. WANG: Correct.
12 THE HEARING OFFICER: And just to follow up. So I
13 mean, testimony is evidence, but we're going to
14 give more weight to if you can tell us where this
15 information, where these numbers are coming from.
16 So if you can document, you can make
17 reference to where these numbers come from, where
18 you're getting that information. Thanks.
19 MS. FUSCO: Understood.
20 MR. WANG: Okay. So the second item was the evidences
21 for the amount of impatient obstetric capacity at
22 Backus Hospital. And also just any documentation
23 to support additional volume and additional
24 patients.
25 MR. CARNEY: So for that one, I think we want to see

1 the most recent complete, you know, completed
2 fiscal year. And then we want some kind of
3 projection going forward.
4 So you know, where is it now? And you know,
5 will you continue to be able to do that, say, for
6 the next three years, support the additional
7 volume?
8 MS. FUSCO: Okay.
9 MR. CARNEY: Sorry. Go ahead.
10 MR. WANG: Oh, no. Absolutely. That's important to
11 get the timeline. The third item is birth rates
12 and volumes, both historical and projection broken
13 down by age and race and ethnicity.
14 So I think we had that discussion with the
15 breakdown of the age, but to add the race and
16 ethnicity as well.
17 The fourth, I have an affidavit of the
18 doctors of Mansfield OB group --
19 MR. CARNEY: For three years, So that we can see a,
20 trend, and it would be for each of those hospitals
21 that you provided. You know, there's more than
22 one table.
23 And I'd like to see, like, the number of
24 patients and the populations, and how you arrived
25 at the rate.

1 MS. FUSCO: These going back -- so like, I'm losing
2 places where we are here. So these were the birth
3 rate charts. Right?
4 MR. CARNEY: Yeah.
5 MS. FUSCO: All right. I just want to go back and look
6 at my notes.
7 MR. CARNEY: Yeah. So it's in the prefiled testimony.
8 MS. FUSCO: Yeah.
9 MR. CARNEY: Pages 312, '13 -- 312, 313 and 314.
10 MS. FUSCO: Yeah. And so you want to see -- so what we
11 have in there are simple birth rates for each of
12 the towns within the PSAs of the three or four
13 hospitals.
14 So if you --
15 MR. CARNEY: Right. You just have one year. So I'd
16 like to see three years to see if we can identify
17 a trend. I know COVID has adjusted that.
18 And then also, like, you know, to determine
19 the birth rates, you know, I'd like to see, like
20 the, you know, the patient volume and then the
21 population, just not the rate.
22 And a projection, you know, if you could as
23 well?
24 MS. FUSCO: Okay.
25 MR. CARNEY: Those are kind of like the trend of, you

1 know, sort of the historical trend and what you're
2 projecting going forward.
3 MS. FUSCO: Okay. For each of those service area towns
4 and each of the hospitals. So we can probably
5 pull the data off of time and then project it out
6 based upon patterns. Okay.
7 Sorry about that.
8 MR. WANG: It's good. Thank you, Brian, for the
9 clarification.
10 MR. CARNEY: Sure.
11 MR. WANG: I just made the notes of the things while we
12 were having the discussion.
13 MR. CARNEY: It's tricky. It's tricky to do.
14 MR. WANG: Yeah, getting the exact detail. And we
15 will, of course, put all this into the order as
16 well.
17 So the fourth item we discussed during the
18 discussion of efforts to recruit and the OB groups
19 from Mansfield specifically. So an affidavit of
20 the doctors of Mansfield OB. We had mentioned
21 Dr. Robert Gildersleeve did provide testimony, but
22 also just that they were not willing to come to
23 Windham -- is what I have in my notes.
24 MS. FUSCO: Uh-huh, yeah.
25 MR. WANG: Number five is the documents from the

1 November 29th meeting minutes as part of the
2 operations report. And I reviewed the minutes
3 during break and just the plan that was presented,
4 or the presentation to the board. And then
5 whatever information was shared that led to that
6 vote at the very end of the minutes.
7 MS. FUSCO: Okay.
8 MR. WANG: Item six is the assessment of the 10 percent
9 of the unknown transportation population, and the
10 feedback from the women from the unknown. I
11 believe that was part of Ms. Handley's discussion
12 when we were talking about the transportation of
13 patients from Backus -- my apologies, patients
14 from Windham to Backus.
15 And there was that percentage of unknown, and
16 that she had mentioned there was feedback, and she
17 got information.
18 MS. FUSCO: That percent unknown.
19 MR. WANG: Yeah, that percent unknown -- and just
20 breaking that down, providing more information on
21 that, on whatever information you had collected.
22 Number seven is evidence to evaluate patient
23 costs for delivery at Backus compared to Windham
24 Hospital for commercial and self-pay patients.
25 MS. FUSCO: Okay.

1 **MR. WANG: Number eight is the impact of closure of the**
2 **obstetrics programs on the financials documented**
3 **in financial attachment eight to include fiscal**
4 **Years 2020 through 2024, and also include all**
5 **assumptions.**
6 **MR. CARNEY: Attorney Yandow, I'm looking at my list**
7 **and I'm not sure if we've asked for this, but you**
8 **had kind of interjected an additional file based**
9 **on demographics, base ethnicity, language**
10 **preference since age, demographic of women using**
11 **the obstetrics services at Windham.**
12 **Is that --**
13 **THE HEARING OFFICER: Yeah, I was wanting to know, not**
14 **just for, the women in that age group, but also**
15 **for those using the hospital, the patients that**
16 **they talked about with the demographics, that**
17 **being age, race, ethnicity --**
18 **MR. WANG: Language.**
19 **THE HEARING OFFICER: Language, yeah. Thank you.**
20 **Whether english was a second language or**
21 **whether maybe they don't even speak English. I**
22 **don't even -- whatever information you can give**
23 **us.**
24 **I'm just trying to get, from the**
25 **application -- I just don't know. I don't have**

1 enough evidence other than the 82 percent on
2 Medicaid what that group is made up.
3 You know, women, women on Medicaid.
4 MS. FUSCO: I understand what you're asking for.
5 MR. CARNEY: Attorney Fusco, for that particular ask it
6 may not be best to use the most recent years if
7 there's such a little small volume. Maybe you
8 would use, you know, one that had a more robust
9 volume.
10 MS. FUSCO: Yeah.
11 THE HEARING OFFICER: Yeah. I mean, if we can go look
12 back a few years it would be helpful, because I
13 think the demographic chart you have in there goes
14 for a few years. Correct?
15 MS. FUSCO: I believe so, yeah.
16 MR. WANG: That would be the ninth item.
17 MR. CARNEY: So historical three years. I guess.
18 Right? Yeah.
19 MR. WANG: Okay. So the tenth item I have is the
20 strategy and growth plan for Windham Hospital in
21 Eastern Connecticut, just specifically regarding
22 services, termination and stoppage of and/or
23 addition and future changes to services.
24 The eleventh one is the map that Attorney
25 Yandow mentioned and added, and discussed most

1 recently. And so that has the travel assessment
2 of all the hospitals, the travel by car and travel
3 by ambulance, and the various hospitals that
4 patients are transferred to.
5 And then the last one I had is the
6 documentation of the Hatch Building funds, and the
7 restricted, those restricted funds from Maternity
8 Women's Health and Rehab Services, and just
9 documentation on the application of that to
10 support transportation.
11 THE HEARING OFFICER: Okay. And you already have the
12 financials on the list?
13 MS. FUSCO: Yes.
14 THE HEARING OFFICER: Okay. Roy, how many is that?
15 MR. WANG: With the two financials, that's --
16 THE HEARING OFFICER: No, how many on the list? How
17 many items?
18 MR. WANG: Twelve, eleven financials. So --
19 THE HEARING OFFICER: So Attorney Fusco, how long is it
20 going to take you to get those documents together?
21 MS. FUSCO: I think -- can we have two weeks? Does
22 that work for you?
23 THE HEARING OFFICER: Yeah. Let me just look at my
24 calendar. I mean, two weeks is Thanksgiving.
25 Two weeks is thanksgiving, so which side of

1 Thanksgiving do you want? Two weeks would be the
2 day before.
3 MS. FUSCO: Could we get them in that day?
4 THE HEARING OFFICER: That's fine.
5 MS. FUSCO: What is it? The 24th?
6 MR. CARNEY: 24th.
7 MS. FUSCO: The 24th is the day before.
8 That works, if that works for you guys?
9 THE HEARING OFFICER: Yeah. Okay. So I'm going to
10 issue an order that the twelve items listed by OHS
11 staff, I'm ordering that those be produced as late
12 files by the Applicant, and that they would be
13 produced by close of business on November 24th.
14 And Mr. Wang, can you can memorialize that
15 order in a letter?
16 MR. WANG: I will.
17 THE HEARING OFFICER: Okay. So I'm issuing the order
18 now, so I don't need to sign it as an order.
19 So I've issued the order on the record.
20 MS. FUSCO: Thank you.
21 THE HEARING OFFICER: We can memorialize it, so we're
22 on the same page.
23 MR. CARNEY: I can share that with you, Roy.
24 (Unintelligible.)
25 MR. WANG: Okay. And for clarification, the two

1 financial documents that I asked, should those be
2 included as an individual item on that list? As
3 individual items on that list?
4 If that's the case then there would be 14
5 total. I just don't know.
6 MR. CARNEY: Yeah. So the audited financials for 2020,
7 and then -- yes, the financial attachment A for
8 Windham Hospital and for Hartford HealthCare.
9 MR. WANG: Correct. Yeah, so those two are added in
10 there as 14 total. I just wanted to get the right
11 number for the record.
12 THE HEARING OFFICER: Yeah. Yeah, I just want to make.
13 Right.
14 So anything that's been listed here is part
15 of that order.
16 MR. WANG: Yeah.
17 THE HEARING OFFICER: Anything else, Brian or Roy?
18 MR. CARNEY: No, I'm all set. Thank you.
19 MR. WANG: All set as well. Thank you.
20 THE HEARING OFFICER: Closing statement, Attorney
21 Fusco?
22 MS. FUSCO: In the interests of time I was going to
23 cede my time for closing remarks to the witnesses
24 today. And I appreciate you asking them for
25 followup on the public comment, because I think,

1 **you know, they said it way better than I could at**
2 **this point in the day. But you know, just again**
3 **wanted to thank you guys.**
4 **You know, it was a long day and this has been**
5 **a long process but we really do appreciate the**
6 **fact that our voices were heard and that the**
7 **community's voices were heard.**
8 **And you know, I took you through a lot in the**
9 **opening remarks about CON decision criteria and**
10 **what's been met. And you know, I would just say**
11 **that, you know, we feel that there's ample**
12 **evidence in the record to support all of the**
13 **decision criteria for a CON having been met.**
14 **And you know, just urge you to look at that**
15 **evidence, to consider it carefully, and to see**
16 **that really does show the reasons why this, this**
17 **proposal is needed and how it will sort of ensure**
18 **access to quality for women in this community and**
19 **how it will not be detrimental in the ways that**
20 **the public is concerned about.**
21 **So with that, I thank you and I appreciate**
22 **your time today.**
23 **THE HEARING OFFICER: And I want to thank you. And I**
24 **know that this, we've had many people from the**
25 **public with us today. We also have had several**

1 **letters already filed. And so we -- I do, for the**
2 **Applicant and for the public, want everyone to**
3 **know that the OHS staff and I and the Executive**
4 **Director consider everything that comes in.**
5 **And everything is looked at very carefully**
6 **and weighed. We apply it to the statutes,**
7 **plugging the facts into the law, and that's how**
8 **we're going to reach our decision.**
9 **But I want to thank everyone today. I know**
10 **this is a long day. A lot of people have been**
11 **with us all day long, and the OHS staff has just**
12 **been a great assistance to me in this matter**
13 **today. So again, I appreciate it.**
14 **The record remains open. Public comments can**
15 **have another week to be filed. If anybody wants**
16 **to file any more public comments, of course, the**
17 **record remains open.**
18 **The late file, we will review all of our**
19 **exhibits, all of the evidence, all the statements**
20 **and may follow up with -- there may be more**
21 **information that we need at this point. I just**
22 **don't know when the record will in fact close.**
23 **But the hearing, the actual hearing will be**
24 **adjourned for today, and this will close the**
25 **hearing.**

1 And I thank everybody and have a good night.
2
3 (End: 5:58 p.m.)
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1 CERTIFICATE

2

3 I hereby certify that the foregoing 264 pages

4 are a complete and accurate computer-aided

5 transcription of my original verbatim notes taken of

6 the ADMINISTRATIVE AND PUBLIC HEARING in Re: Docket

7 No. 20-32394-CON, TERMINATION OF INPATIENT OBSTETRICAL

8 SERVICES AT WINDHAM COMMUNITY MEMORIAL HOSPITAL, which

9 was held before JOANNE V. YANDOW, ESQ., THE HEARING

10 OFFICER, via Teleconference on November 10, 2021.

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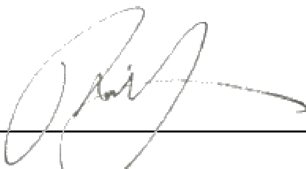

13 ______________________________

14 Robert G. Dixon, CVR-M 857

15 Notary Public

16 BCT Reporting, LLC

17 55 Whiting Street, Suite 1A

18 Plainville, CT 06062

19 My Commission Expires:

20 6/30/2025

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