SHEEHAN HOSPITAL CLOSURE

PUBLIC HEARING

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Hearing held before Kelly S. Hairston, Notary Public,
at Roswell Park Cancer Institute, David Hohn Hall,
Buffalo, New York, on Thursday, June 28, 2012 at 5:30
p.m., pursuant to notice.

APPEARANCES

STATE OF NEW YORK,
DEPARTMENT OF HEALTH,
BY: JAMES M. CLANCY,
Corning Tower, Room 1441,
Empire State Plaza,
Albany, New York 12237-0096,
(518) 473-1124,
Moderator.

GREGORY YOUNG, M.D.,
ASSOCIATE COMMISSIONER,
WESTERN REGION NYSDOH,
Co-Moderator.
MR. CLANCY: Good evening. I want to thank everyone for coming out tonight. I think we're going to get started. This is the, this is the hospital -- the Sheehan Hospital Public Hearing. I'm Jim Clancy, Assistant Commissioner for Governmental and External Affairs for the Department of Health. I'll let my colleague introduce himself in a second. Just wanted to first point out -- well, first of all, thank you for being here, and to let everyone know this is very important. This is important to the Commissioner and important to the Department of Health. What we want to do here is give you, the community, an opportunity to express to the Department and the Commissioner concerns you have with the closure of the hospital, what that means for health access for the community, and anything else that you want the Commissioner to know.

I will be taking copious notes as well as a stenographer here recording the testimony that we will then within two months of today produce a report made available back to you and to the world on the events that led up to the closure of the hospital, but more importantly what we glean from this meeting today as we look forward and assess the health care access needs of
the community. So with that, I'll introduce my
colleague.

DR. YOUNG: Hi, I'm Dr. Greg Young. I'm the
Associate Commissioner for the Western Region of the
State Health Department. That's the western 17
counties, thanks.

MR. CLANCY: I thought we could have one -- I want
to make this as informal as possible and allow people
as much time as they deem necessary to get their story
across to us. I just ask that you be mindful of the
folks behind you that are also going to speak. We have
about two hours and I do want to just put on the record
that Assemblywoman Crystal People-Stokes was here
earlier today, but unfortunately could not stay. But I
did want to get on the record that she did come and
speak with us earlier today.

So with that, I'd ask -- you guys all have cards,
right, signed in? So let's have 1 come up. I'd have 1
through 3 come up, but if you don't want to stand,
that's okay. Like I said, we want to be real informal
here, so we'll ask the first speaker to come up.

DR. GAYLES: I'm Dr. Kenneth Gayles, a cardiologist
in Buffalo. Most of you know me. And I started
practicing at Sheehan Memorial Hospital probably in 1985 or thereabouts when Deaconess Hospital closed. I think you remember that, it merged with Buffalo General. My colleagues asked me to come and help take care of patients there. I was at Deaconess, Buffalo General, ECMC and I did join Sheehan Memorial Hospital.

My story actually goes back further with Sheehan Memorial Hospital because I was born on South Division Street which was right around the corner from the old Emergency Hospital. I remember visiting the hospital, not as a patient, but as a paper boy. I delivered the Courier Express with my brother. I was too young to own a route, so he was the owner of the route and I just helped him.

To make a long story short, I came back to Sheehan, became the Director of the Intensive Care Unit, Chairman of the Department of Medicine and eventually President of the Medical Staff at the hospital, and that was approximately 1990. It was at the time that Sheehan was really going through some rocky periods. Buffalo General was merging with a bunch of the other hospitals, Kaleida. The name Kaleida didn't exist at that time. But Sheehan decided it was going to remain
independent and continue as an independent health care facility.

Well, we were millions in debt at the time. The board changed, the administrator changed. I became the chairman of the board for at least a year and a half and I said my role would be better served as the medical director, so I took that role until 1995.

In 1995, that million dollars in debt that we had had been whittled away to $500,000 and our administrator said this is the year that we're going to go into the black. And unfortunately, changes did occur at that time which resulted in the hospital going again in a downward spiral. I left the hospital in '97 and I've been keeping in touch with what's happening, but not necessarily to be involved

It was only recently that Dr. Vazquez and a group of other physicians got together and organized an IPA and subsequently developed the Greater Buffalo United Accountable Health Care Network. It is this network that took advantage of the changes and looked at the changes that were occurring in the health care system and we thought that it would be a golden opportunity for us to change how we practice. We've all been
practicing on treadmills and putting out fires. We really have not had the opportunity to do what we really want to do, which is preventive care. We want to keep people out of the hospital. We want to keep them healthy and we want to have them live longer and we found that this Accountable Care Act which fortunately today has been declared legitimate, the Affordable Health Care Act allowed us to begin the process of developing an Accountable Care Association and begin development of a health home.

Sheehan was a perfect fit for us. Our motto at that time was, "It was the right time, it was the right place and we were the right people," to sort of make sure that this hospital stayed open and that it served the people that it was serving all along.

We finally had a cohesive group and we had financial backing to the tune of an amount that would not only cover the debt, but also we could take over the hospital and begin the process of reinvigorating and changing how health care was delivered at the hospital.

We presented our proposal to the board and it was not accepted wholly or partially. The hospital did close. Unfortunately that led to -- that has led to
some difficulties in that if we were to reopen the
facility and we're still interested in doing that, very
much so, there are a lot of economic hits that we will
be taking in doing so. But we still think it's the
right thing to do. Our organization is still very
interested in acquiring that location one way or
another. It doesn't mean ownership or anything else.
It means to be able to practice there so we can bring
health care back to the community the way we as
physicians know it can be delivered.

We are very passionate about it and we will do what
we have to do with or without Sheehan, but it would be
much easier if we did it in the Sheehan location.
These patients could continue to have health care that
they need and we would change it in such a way that
preventive care, affordable care, decreasing the cost
of health care is always in our purview and our scope
of possibility and probability.

So I'm going to let our administrator, Ralph
Hernandez talk to you a moment also, but we are
interested. We're the Greater Buffalo United
Accountable Health Care Network. Thank you very
much.
MR. CLANCY: Thank you, Doctor.

MR. HERNANDEZ: Thank you, Doctor. My name is Ralph Hernandez and I'm one of the administrators for GBUAHN, which is the Greater Buffalo United Accountable Health Care Network that we have with Dr. (inaudible) and Dr. Vazquez.

The irony -- and I'm here to speak for a few minutes. The irony of this whole situation is that in this region literally there are tens of billions of dollars being poured into this region and this city for health care. You see it here at Roswell. You see it at Kaleida. You see it at ECMC. You see it all over the place. Yet we're standing here discussing the closure of a facility that caters specifically to the poor people, the poorest of the poor people in the city of Buffalo to the tune of maybe five, six million dollars, which is really insignificant money when you talk about the kind of resources that come into this region. And I didn't even factor in UB and the monies that they bring in for health care every year.

So I guess we need to look at parity and we need to look at equality with respect to monies coming into the region and try to do more to help some of the smaller
entities that provide these services in these communities. When we learned that Sheehan Memorial Hospital was closing, the doctors immediately reacted to the need to get involved to keep it open. Granted, they didn't do it politically correctly so it caused some unfortunate circumstances, but we were able to come back despite that.

We don't apologize for the fact that maybe we didn't say the right things at the time that we should have said it, but our intentions were honorable. What we thought was we wanted to get involved to try to continue the legacy of Sheehan Memorial Hospital. I was public relations of Sheehan Memorial Hospital for four years between '90 and '94. I know the hospital very well. Dr. Kenny Gayles was the Director, Medical Director there for many years. Dr. Vazquez has worked there. Dr. Forte (sp), another one of our doctors from the network. These are all folks that had firsthand learning of what Sheehan was all about, the philosophy of Sheehan and the people that they served.

So we put together as Dr. Gayles said, put together a very comprehensive -- what we thought was a fair, very comprehensive, to the point proposal for the
board. We met with the board. Granted, I think at that time, they had proceeded by -- they had already sent the letter to the state and the wheels were already in motion for the closure of the facility. But had they given us an opportunity when we first started perhaps six, seven months ago, maybe we wouldn't be in these circumstances.

But again, despite all of that, we still feel that we're very committed. We're ready to make that commitment to the community. The doctors are as eager today as they were back then. We realize we're going to have to go through the whole process of the CON where we have to apply and we have to go through whatever change we need. But I think it's important for us to be here. Dr. Kenny Gayles, vice president of the organization and myself as administrator to reassure the community and to let the state know that we're willing and able to do whatever it takes to have an opportunity to compete as one of the vendors for that facility and provide the health care to the population that we're so accustomed to taking care of for many, many, many decades.

These people, we know these people and they know us
and it doesn't make -- to me, it just -- why this had
to happen, it's beyond me. But it did, and we just got
to move on beyond that. I think right now, I think the
important thing is for us to convey to everyone that
GBHUAN is still committed and we want to do whatever it
takes and work with whoever we need to work with,
anyone in the community to make this a reality and hope
that the Department of Health would insist that the
facility remain as a facility health care and not
necessarily something different.

And then for the future, I may add that I think it's
imperative for the future for the Department of the
Health and others to -- when the letter of closure is
prompted, that prior to acceptance that the DOH comes
into the community and kind of (inaudible) exactly what
it is that we can do prior to actually going through
the process of closing it. And that way, if it appears
that there is no interest at that point, then of
course, then that would be the rational thing to do.
But I think in these circumstances there were plenty of
people to step up to the plate and that the closure
letter should have never been filed in the first place.
There are people that care enough for that facility
that they would have done whatever it takes to keep it open. Thank you.

DR. YOUNG: Thank you.

MR. CLANCY: Number 3?

REVEREND POINTER: The Baptist Ministers Conference of Buffalo and Vicinity, Incorporated is an organization of intentional fellowship among the Baptist pastors and ministers of the city of Buffalo's African-American churches. The current membership of the Conference exceeds 125 pastors and ministers representing 78 congregations in and about the city of Buffalo. As such, we represent a constituency that exceeds 40,000 congregants, situated mostly on the east side of Main Street. Currently the Reverend Dr. Ivery Daniels, the pastor of White Rock Baptist Church serves as president.

I am the Reverend Kinzer M. Pointer, pastor of Agape Fellowship Baptist Church and I serve as the chairman of the Conference's Committee on Health and Wellness. I come to you authorized by the Conference to speak on the Conference's behalf.

As pastors and ministers, we're privileged to serve these men, women, boys and girls during every stage of
their lives. Our families attend worship regularly and there are many and varied calls to awareness and service within the city's limits, statewide, nationally and internationally.

The privileges of ministry are varied, but among the most important of these is the ability to walk with families through all of the stages of life. We baptize, marry, counsel, celebrate, comfort and bury. We also bury their loved ones and throughout the course of our ministries, we are troubled by a number of things we see. Often we are called to their sides as families arrive at the crises of declining health. Unnecessary difficulty for us is that we must journey alongside them through illness, incidental, accidental, chronic and catastrophic. As pastors and ministers, we're often called to enter into suffering with them when they are called to these realities.

One of the results of these circumstances is that we become intimately acquainted with the diseases and conditions that ultimately rob our congregants of good health. We learn far more than we ever intended about heart disease, hypertension, cancers, arterial sclerosis, stroke and many others. We assume a first
name basis with bypass procedures, prostatectomies, colonoscopies and all manner of medical surgeries and procedures. We're made keenly aware of how disease ravages life expectancy and vitality of people that we know as vibrant and vital.

It has become our task to ensure and to insist on the best possible health care for the people entrusted to our care in the course of our ministry. A great number of the people we serve in the communities that we have been called to die much too soon. Most of those deaths could be mitigated with preventive health care, but health maintenance education is not a focus of the insurers that serve our community.

We've resolved to work with physicians to initiate a preventive health care education in Buffalo, thus improving the outcomes of ourselves and our congregants, providing a model that can be replicated in other communities. Large numbers of citizens suffer primarily from this form of nonexistent health care.

Sheehan Health Network was the final transition of the hospital known affectionately as Emergency Hospital when I was a boy growing to maturity in Ellicott District. Many things have changed since the day that
I, a prepubescent boy, arrived at emergency with a dog bite or a few years later when as a teenager I returned with a right pinky finger fracture. I received routine emergency care and was referred to my pediatrician and others for further care. That process worked then and it should work now. But lots of things have changed for the worse in our community.

The Conference has watched and monitored as Sheehan fell into difficulty. We were awesomely concerned and our concerned was founded. We realize that access to health care is often difficult for African-Americans and Hispanics of African descent particularly. The cultural realities are radically different from those of the majority American community and this often precludes the comfortable access to health care.

We also understand that there are longstanding trust issues in our community due to the medical atrocities committed under the auspices of the federal government research initiatives from as early as 1920 and through as late as 1960.

The number of well-trained health professionals with cultural credentials has often warped the population that needed to be served and the absence of culturally
sensitive care made the imposition of majority health professionals an issue to be suspected.

The closing of Sheehan was a done deal long before this community became aware of it and once it was initiated, the board turned a deaf ear to pleas for reconsideration.

The people served by the network in the Ellicott District are overwhelmingly African-American and Hispanic. They are also overwhelmingly economically disadvantaged, usually meaning that they lack the resources to travel even short distances to access other health care. The work of the Health Department has to be amplified to include the deliberate participation of all stakeholders in these processes. This will preclude the creation of a near health care desert in communities like this one in the future.

We're guardedly optimistic about the kind of assistance that we believe could be valid and valued by the New York State Department of Health. We have resolved as pastors and ministers of 40,000 congregants that we will be of a greater level of vigilance in the future. We have also resolved that we will work with those who have an interest in returning health care to
the property once occupied by the Sheehan Health Care Network. It's imperative that the Department work diligently and efficiently with those physicians who have confederated together to form this affordable health care group and grant a Level 1 health care license to that facility for reuse with all deliberate speed.

The Department must ensure that the property be returned to use for the purpose of health care and not for any other purpose.

We've committed ourselves to a new day of health care in Buffalo and Western New York. We're committed to collaborating not only with the Greater Buffalo Affordable Health Care Network, but also with the Buffalo Chapter of the National Medical Association and others to initiate in our churches health care education programs that focus specifically on those health issues that claim large numbers of our congregants much too soon. This initiative is already scheduled and will begin this summer in a church near you.

Finally, we call on the Commissioner and his staff to initiate greater and more frequent dialogue on the
creation of culturally sensitive health care delivery
to all people and communities in New York State,
further preventing the creation of health care deserts
for isolated groups of economically disadvantaged
persons. Understand that we are willing and able to
work with anyone who will labor to improve health
outcomes.

Our contact information is the Baptist Ministers
Conference of Buffalo and Vicinity, Incorporated, 480
East Utica Street, Buffalo, New York 14208. And on
today specifically, when the Supreme Court has spoken
positively about the American Affordable Health Care
Act, we encourage you to act and to act decisively.
Thank you for your kind and tolerant attention.

MR. RODRIGUEZ: Good evening. First of all, I'd
like to thank you for coming to Buffalo and lending an
ear to the community on such an important and emotional
moment. My son -- my grandson Caleb Jose is with me
this evening. My name is Casimiro Rodriguez and I've
been an active member of the Hispanic community locally
for over 40 years.

Since the people most affected by the closing of
Sheehan had no way of knowing that this hearing was
taking place, I wanted to give you an idea of what moving this facility will mean to the community. The closing of Sheehan Hospital means that thousands of low income, mostly African-Americans and Hispanic residents of our city will have a much more difficult time getting the health care that they need.

There are 6 or 7 public housing developments within a mile or two of Sheehan. Most of the people who live in these developments do not have cars and can't afford a long cab ride. A large part of the Hispanic community in our city is within walking distance to Sheehan. The Olivencia Community Center is just a few blocks away and a large Hispanic population surrounds this community center. And in fact, a large portion of the people who use Sheehan walk in order to use the services there.

Many people who are sick and in need of care will figure out a way to get to ECMC or even Buffalo General, but many more will not. Many will just not go to the doctor because it will just take more time and effort than they are able to give.

So many of our people work two or three part-time jobs, low paying jobs that don't allow for sick days.
Many are single mothers with all the challenges that come with raising children and keeping food on the table and the rent to pay. At Sheehan, they were able to visit their personal doctor for checkups for themselves and their families. With Sheehan closing, those doctors have moved on, some into practices far away in the suburbs.

Now more people will wait until they go critically sick until they need to call an ambulance to get to an emergency room. We all know that this is no way to live a healthy life. Our community needs health care services returned to Sheehan. I know that Sheehan was losing money over years and that things could not continue as they have been. The closing was a very bad emotional event in our community and seems to have been unavoidable, but there are health care providers that have spoke here today in our area that are working hard to bring health care back to the Sheehan site. They should be able to make things work because they will not be forced to depend upon the low Medicaid reimbursement rates that forced Sheehan to close.

This community needs those efforts to reopen Sheehan so that Sheehan can succeed. I understand that the
state has made significant investments in Sheehan that
have help to improve the care of our community and the
services they receive. It would be a real shame to see
that the investments go to waste if Sheehan is not
reopened and as health care providers are not able to
provide services to the community.

I urge the Department of Health to do all in its
power to make sure a viable health care provider is
able to move into Sheehan and bring health care back in
this very needy neighborhood. Thank you very much.

MR. CLANCY: Number 5?

MS. CARRION: Thank you. Thank you for coming. My
name is Providencia M. Carrion. I am a patient left in
the cold from Sheehan. First from the clinic at the
parent projects, they closed and then at the hospital.
I have a hypertension condition. I also have a skin
condition which I need to see the doctor every two
months. Right now for eight months, almost to a year I
don't have a direct doctor to prescribe my medications.
Right now I might have to go to the emergency room in
order to get some of my prescriptions because if I
don't get them from the doctor, I can't have them.

And like my other colleagues have said, when the
emergency hospital was open, we could walk -- I lived right on the corner, right across the street from them. I remember very clearly my father, when I used to get seizures, carrying me to the hospital and I would be taken care of. That hospital has been here for a long time for the Hispanic and African-American folks. And most of the people that have been here are low income people or seniors. By you closing this facility, you're leaving us in the cold. You're leaving us in a place away from home to go to the -- in order for us to go someplace else, we have to take a cab, a bus or something else.

I plead to you to think and make some way of keeping this hospital open. Thank you.

MR. CLANCY: Thank you. Number 6, please.

MR. COVINGTON: Good evening. My name is Bill Covington. I work with the Health Care Education Project which is a collaborative of 1199 SEIU United Health Care Workers East which represents the folks that work at Sheehan and other health care facilities across the state. It's a collaboration between that union and the Greater New York Hospital Association which is the industry association that represents
hospitals and health care facilities like Sheehan across the state. So the projects naturally got involved in the effort to try to bring health care services back into Sheehan Hospital.

I also wanted to say, too, we found out about this hearing on Monday and to my knowledge, the only notice that went out was the press release. The reason we found out about it was because that press release was picked up by a weekly newspaper that somebody happened to read on Monday and bring it to our attention. And frankly, most of the people who are in this room are here as a result of our making an effort to get the word out to folks. So I agree with those who have said that had the community known about this, I think the turnout would have been better. I also agree with Mr. Ralph Hernandez who said that I think the time to have a hearing about the need for the hospital would be before the approval for the closure of one.

Having said that though, my statement is here to -- I explained who the Healthcare Education Project is and I wanted to make you aware that they have a plan that is moving forward which is -- works to restore health care services to the community surrounding Sheehan and
beyond. This is a different plan than the one that's been articulated so far.

This proposal recognizes that the old model of Medicaid reimbursement for services was a major reason that Sheehan had to close its doors. Locally, Healthcare Education Project is working on a plan to bring together the parties that can make a workable plan at Sheehan.

Briefly, the plan is based on the Federally Qualified Health Care Center model, or FQHC. The FQHC model is probably the only one that can work in the underserved low income neighborhood such as the one surrounding Sheehan. The federal government supports those health care centers that it has qualified with more than adequate funding and since today's Supreme Court ruling, the Affordable Care Act will most likely be moving forward and with that, federal resources for these centers will increase in the years to come, making such a development even more viable.

Under this proposal, a local Federally Qualified Healthcare Center would become the anchor tenant in the Sheehan facility. A local provider that is currently providing adult day care services at Sheehan would stay
on as a tenant.

In addition, a local provider of drug and alcohol rehab services is also very interested in coming into the mix. As well, the Veterans Administration has expressed interest in setting up shop at Sheehan to provide Veterans Health Services as a supplement to its large hospital on the city's eastern edge, which is a facility that's not too easy to reach for many inner city vets.

This combination of services would generate enough revenue to satisfy the multimillion dollar debt which Sheehan has undertaken through a loan that we would secure through a local bank that we have already been in conversation with. We also have resources available through a fund that's been initiated by the International Service Employees International Union and they're very interested in a project like this and done similar investments in other parts of the country.

We're working with a consultant who has done work on transforming small community type hospitals like Sheehan into FQHC based health care delivery systems successfully. And our consultant estimates that a loan that would be taken out by Sheehan to satisfy its debt
could probably be paid off within five years by this formula. We'll be sending you a copy of this proposal as I mentioned to you earlier.

Now the parties I mentioned are all interested in working together to make this plan work. The current Sheehan board would return -- would retain ownership of the property and in effect, it would become landlords. Now while this idea has yet to be accepted by Sheehan, we're confident in the knowledge that the board is made up of community-minded individuals who very much want to see the community continue to have its health care needs met at Sheehan and we will continue to work with the board and the above mentioned local providers.

Now Mr. Rodriguez mentioned that there has been significant investment by the government in Sheehan and it's our feeling that the State Department of Health would want to do all that it can to ensure that that significant investment is not sold off and wasted and used for purposes other than health care in that neighborhood.

It's -- we want to do all in your power to make sure that Sheehan continues to be a place where the local community can come for regular doctor visits, for
dental services, where the elderly can receive day care services and other services and where young people can come to get help with problems related to addiction, etcetera. So even more can be done here in this spot and with patience and a willingness to work and meet the need, we can save health care issues. Thank you.

MR. CLANCY: Thank you.

MS. HILL: Good evening. I'm glad that you have given us this opportunity. First of all, my name is Carl A. Hill, and I'm here representing two entities. First of all, I serve as pastor of the Greater St. Matthew Missionary Baptist Church, 450 Williams Street which is in the vicinity of the Sheehan Hospital community. I also represent the JAMM Block Club, the acronym for Jefferson, Adam, Monroe and Madison Street Block Club. And so with that being said, I have a personal vested interest in Sheehan not being a viable facility that is serving the community.

I just found out about this meeting today and so to show that I am concerned, I'm here. I'm here because I'm concerned for the congregants specifically of the church that I pastor. I'm concerned because of the neighbors that live in the neighborhood of the block
club that I serve as chaplain. I'm concerned personally. Years ago, I visited Sheehan in terms of -- had a girlfriend that was an employee at Sheehan. I visited many, many times congregants, family members and friends at Sheehan as a pastor and as just a concerned person. And so to hear that there's a void in this community, a health related void, if you will, in this community when so many health issues exist, not only here but elsewhere, but when you don't have access with a nearby proximity, that's discouraging. It's discouraging. And as a pastor, I believe in miracles. And I know that I've heard some people say that it's a done deal, that Sheehan will close, but I believe in miracles.

But also as a pastor, I believe that faith without works is dead. And so, if there's -- if there will be a void with Sheehan not being there, there has to be other entities, other health related agencies or organizations that will address the different issues and the different, how can I say, health calamities that exist in our community. Teenage pregnancies, substance abuse, mental disease, mental disorders, tutoring. So many different issues exist that the
people in the community need to be able to have close
access rather than go clear across town. Going that
distance may make the difference between being well or
staying sick, and even possibly dying.

And so I plead with you, I don't know what you can
do, but I know you can convey what you're hearing here
tonight. You can convey our voices, our sentiments.
You can let those who are going to make the decision
know that this facility if it's any way possible needs
to be reopened. And if that's not the case, something
needs to be put in its place to fill the void that
exists now. And so we need viable health related
agencies, entities to exist to help us so that we would
have a place to go to and not have to go clear across
town, not have to be wondering how I'm going to get
transportation to get where I have to go.

Sheehan is a place that has served so many for so
many years. Notwithstanding the financial problems
that it had, but I believe that if Sheehan's not a part
of a viable option, that other entities that are more
conducive to federal funding, more health related
institutions that are more conducive to even putting
monies in the state or should I say the city and county
municipalities, but something needs to be in place.

And so I appreciate the fact that you're giving us this opportunity, and I hope that what is said here this evening will not just fall on deaf ears, just not be just a course of formality that's going on, but in reality and with our heart and our sentiments, and the facts in mind that you seriously consider either reopening or fill the void that exists. Thank you so much.

DR. YOUNG: Thank you.

MR. CLANCY: Number 8, please?

MR. MARTINEZ: How are you doing today? Thanks for coming to Buffalo and spending time with us. I'm Ed Martinez and I grew up on South Division Street, just up the street. I was born there and baptized at St. Bridgid's, the old church that burned down so I'm from the neighborhood. But I have a little more experience in the neighborhood (inaudible). I was on the board of directors of Columbus Hospital that closed. I was on the board for a nursing board home that closed. So I have a served on the Health Systems Agency Board for ten years. So I went through the transition of the downsizing of health care in Western New York.
I understand that we have to downsize. We've lost more than half our population. But the population that is growing in the city continues to be the Hispanic population and African-American population. Those populations keep growing, they're not diminishing. But these services seem to be going out to the suburbs. My mother still lives in the neighborhood and often I take her to her doctor's appointment when she can't get around. She doesn't have -- doesn't drive. And in particular in the winter, taking the bus is really, really horrible, especially if someone has arthritis and those kind of problems.

I know that just one zip code over, 14201, is the shortage of 13 primary care doctors. I can't imagine what a shortage of primary care doctors is in this zip code. I know one 14213, we have the same problem. The university is not producing primary care doctors at UB. They have no interest in producing primary care doctors, but you have doctors in the community like Dr. Vazquez and Dr. Gayles and their group that are willing to come into the community and provide much needed services.

When I walked in, they provided me this list of
centers that people can go to. I can tell you that for many of these centers, you'd have to wait two months to get an appointment. That's how short they are for services because there is an acute shortage of doctors in the neighborhood. So these people that walk to these places, will have to probably wait a long, long time to see a doctor because they just don't have the staff. They don't have any medical doctors. UB Medical Group is not interested in sending doctors down here. First of all, they're not graduating any primary care doctors. They're just graduating cardiologists and specialty doctors where all the money is. So basically the Hispanic community, the African-American community is dealing with the have-nots and the have-nots. So it seems like we have to go without.

I know that the health department has invested a lot of resources down here trying to make this thing happen. And I was a little disappointed, too, because I have another hat. I'm the publisher of Panorama Hispano Newspaper, (inaudible) in Buffalo, Rochester, Dunkirk and Erie, Pennsylvania. I didn't even know about this and I'm the publisher of a paper in four cities. But (inaudible) called me this morning and
told me about it, that's why I showed up because I have
group members that use that facility and have family
members they used to work there. The radiologist is
actually an old family member of mine who's no longer
there.

But I urge the health department to really look into
this, whatever you can do, to do. I mean, we have an
epidemic down here. We keep building these gigantic
facilities, who are we building them for? The federal
government wants us to do preventive care, that's where
the money is going, to preventive care. Yet we keep
building these facilities that are dealing with acute
care. We keep building brick and mortar. We need to
invest a little more on having more doctors in the
area, keeping this facility open so the community
doesn't suffer. The expense to began (inaudible) even
more, we know that. Acute care is very expensive.

Thank you for taking the time. I appreciate it.

MR. CLANCY: Thank you. Number 9, please? Number
10?

MR. JONES: Good evening, everyone. My name is
Reginald Jones, Sr. I've been employed with Sheehan
for 17 years. I'm also an 1199 SEIU delegate. I wrote
a little speech here that I do not know who is responsible for the closing of Sheehan Health Network, but I honestly do know that Sheehan Health needs to be reopened, reorganized and reestablished with the same employees and the same union, 1199 SEIU, who honestly cares about the health care of all the patients in that community and all patients in need of health care. And I thank you to any and all organizations that are concerned about the health care of everyone. Thank you.

MR. CLANCY: Thank you very much.

DR. YOUNG: Thank you.

MR. CLANCY: Number 11?

MR. GRAY: Good evening, gentlemen. Thank you for the opportunity to speak regarding the impact of the closure of Sheehan Health Network on this community. My name is Edward Gray and I am the President of the Schofield Residence, a not-for-profit organization that runs the Schofield Adult Day Health Care Program at Sheehan. Our Adult Day Health Care Program has been operating at the Sheehan Health Network Building since October 2007.

Despite Sheehan's official closure last month, our
program remains open on the third floor of Sheehan's building. Schofield's plan is to stay at Sheehan until renovations at our new location are complete. We hope to provide uninterrupted health care services for the frail elders and individuals living with disabilities who are under our care. We will be moving to another site at 190 Fulton Street in Buffalo sometime this fall which is approximately about five blocks from the Sheehan site.

As the largest Adult Day Health Care Program in Upstate New York, Schofield cares for over 200 people in our Adult Day Health Care Program. More than 80 percent of these individuals live in the city of Buffalo. Many live within close proximity to Sheehan and to our new location.

Schofield's Adult Day Health Care Program provides needed health and rehabilitation services with a focus on improving, restoring or maintaining an individual's health status and their ability to remain in the community. We operate a morning and afternoon session on weekdays and one session on Saturdays. We care for individuals who have strokes, traumatic brain injuries, accidents and people with complications of diabetes,
Parkinson's disease, multiple sclerosis and other
disease states.

We have seen the need for the types of primary care,
laboratory and other services that the Sheehan Health
Network provided in the past. One of Schofield's
reasons for initially moving to the Sheehan location
was to be able to offer our registrants and their
families a one stop shopping experience for their
health care needs. We are still responsible for
coordinating our registrants' care. However, now we
are no longer able to send a registrant to another part
of the Sheehan Building to see, for example, their
doctor, get an x-ray, go to the podiatrist, receive lab
work or go over to the dentist.

Our Schofield Adult Day Health Care Program social
workers and other staff have worked hard to find new
physicians and other needed care services for the
registrants in our program. However, we worry that
with Sheehan's closure, it will be difficult for other
elders and disabled individuals in the community who
are not in our Adult Day Health Care Program to receive
these much needed services.

Foremost, we want to assure everyone in the
community that Schofield is committed to our Adult Day
Health Care Program. We plan to continue to grow to
meet the needs of frail elders and disabled individuals
for many years to come.

Finally, we ask you gentlemen for your assistance in
helping Schofield's Adult Day Health Care Program move
forward in our mission to provide uninterrupted care
for our registrants. Schofield has submitted and
requested approval of a Certificate of Need for our new
site. I am sure that you agree that there is an urgent
need for the health care services we provide to
registrants in our program. Many of the individuals we
care for would be hospitalized or face placement in a
nursing home facility if it wasn't for Schofield's
Adult Day Health Care Program. We would like to
formally request that our expedited CON application be
approved so that we can move forward with planning for
our new Adult Day Health Care Program site. Again,
thank you for being with us this evening and I thank
you for your time. Thank you.

MR. CLANCY: We're up to Number 12.

{SPEAKER4}: Good evening.

MR. CLANCY: Good evening.
REVEREND PRYOR: First and foremost, I want to thank you all for coming out this evening and I want to commend the board of Sheehan both past and current for the hard work and their dedication in spite of the obstacles and challenges that they had faced in the past and currently.

My name is Minister Kenneth Pryor and I'm here in two capacities. One, as the representative for Pentecostal Temple Church of God in Christ and also as a community leader, advocate and stakeholder.

I was born and reared in the Talbert Mall Housing projects which is currently Frederick Douglass Towers and as an adolescent growing up, I lived there over 21 years. And as an adolescent growing up in that housing complex, I endured two near death experiences. And if it had not been for Emergency Hospital which we know today as Sheehan, I wouldn't be here today talking to you. So I'm grateful for that hospital being in the vicinity that it's been in for over 30 years since I've been living in that community. In spite of growing up in a lower income family, it really was an asset for us.

One of my concerns is the fact that the poor
communication that went out and the lack of information
that was forwarded in that community in which I live in
today. I live a stone's throw away from Sheehan and
I've watched it go through challenges over the years as
well as the other stakeholders. And we're well aware
of the financial challenges, but at the same time they
weathered the storm, they right the ship and it
persevered and it kept moving forward and Sheehan kept
staying the course to provide those services.

There's approximately six housing developments in a
three block radius of Sheehan Hospital, that being the
Ellicott Homes which serves the -- which has over about
200 families. The other one is the Ellicott Towers
which has about over 400 families. The Town Gardens
Phase 1, the Town Gardens, Phase 2 which has over 300
families and then there's the Frederick Douglass Towers
which has over 200 families. So in total, you're
looking at over 1,200 families, low income families and
seniors that would be greatly impacted by this void if
the decision is to shut Sheehan down.

That will eliminate any accessible health care for
those families and seniors and it would be such a
travesty if that were to happen. I have family members
that still live in the vicinity as well as I do. I have seniors that lived there, was there since I was born, that knew me when I came around as a youngster and the young people that live there. Low income families in total. And we're looking at a great void if that was the case.

What we're asking -- and some of the stakeholders from the community was not aware of this meeting, is the fact that the opportunity given for another community forum where they can come and express their concern as well. In addition, to look at the proposals that's been submitted and taking a real in depth look and seeing what would be more feasible for that community and sustainable. Because you're looking at the fact over my lifetime, it's always been there. In spite of the challenges that they had, some way, somehow they managed to provide quality health care in that community.

And on the other hand, you're looking at huge disproportionate numbers of low income families and seniors that have health disparities compared to other parts of the city. And if the effort can be made for individuals that live in other parts of the city, that
same effort should be made for individuals that live on
the east side of Buffalo.

What we're asking is that there be an in depth look
at those federally funded health care centers that
would bring that quality services to our community.

In my closing, I just want to say we've heard a lot
from the administrators and other health care
providers. We've heard a lot from individuals that
have proposals they'd like to submit to see that
Sheehan remain open and a vital entity in our
community, but we want to hear more from the
stakeholders, the common people that have to walk to
get services in that community. And it's no way
possible for them to transport themselves across town
when they rely on Medicaid cab, public transportation,
have young children, infants. Right now it's mostly
impossible for them to do that and when Sheehan makes
the decision if, in fact, they decide to. But I
believe just like the pastor said, I believe in
miracles as well and I'm not writing Sheehan off
because as I stand here today, they persevered and
they've saved my life not once, but twice. And I
believe that we can come up with a proposal, we can
come up with a facility that's going to bring quality
care, that's going to bring sustainability in addition
to employment to our community that's so greatly
needed. Thank you for your time.

MR. CLANCY: Thank you. Number 13, 14? Anybody
want to speak? Come on up.

MS. DAVIS: Good evening. I have my notes on this
phone right here because it was a short notice and I
didn't have time to memorize it or get it typed up. My
name is Erica Davis and I worked at Sheehan Health
Networks for the past four and a half years. For the
most of us, providing care to the sick and the elderly
in our community isn't just a job. It's a part of a
larger mission to provide excellent health care
service, dignity and a better way of life to those who
need us most.

It is difficult work that we do, with little
recognition or glory, but we still remain committed
to our patients in our community. We have remained
steadfast during financial crises at Sheehan. We
remained on the job even when we weren't getting paid.
We did it because we care about our patients and we
care about our community. Even though most of us are
still unemployed, we will remain united in protecting our patients.

I am here today because I care about the future of the health care for the minority and the inner city residents. Residents of the east and west side of Buffalo are being hit the hardest in regards to this health care, much harder than any other population of Western New York.

The inner city has four nursing homes, numerous health care closing -- centers all closing down. With the closing of Sheehan, people lost access to health care in their own community. Many patients will walk or take the public transportation to their visits. They have personal relationships with their doctors. They have personal relationships with their nurses and with health care providers. Now all of that has disappeared and with the cuts to the public transportation as well, it's not as simple as just saying go somewhere else.

The most vulnerable in our community cannot afford to continue down this path of decreasing access to health care. We need healthy, vibrant residents in order for our community to flourish. We are standing
here today and we're asking that health care services are restored at Sheehan. Thank you for your time and God bless.

MR. CLANCY: Thank you. 15? I think we can throw out the number system if anybody wants to come up and speak. Okay. Well, thank you. We're going to be here. We said we're going to be here until 7:30 in case folks are coming in late. So if anybody wants to make any comments, we will certainly be here for another hour. Thank you all for coming. We will put this report together, we'll get it out. We will do our best efforts to increase our communication outreach to make sure that the community hears the report from the Commissioner and the Department of Health. Thank you all for coming.

(Whereupon, the hearing was concluded at 7:30 p.m.)
RE: SHEEHAN HOSPITAL PUBLIC FORUM
AT: Buffalo, New York
ON: June 28, 2012

CERTIFICATION

I, Kelly S. Hairston, Notary Public, in and for the County of Erie, State of New York, do hereby certify that the foregoing is a full, true and correct transcription of the proceedings reported stenographically by me in the matter herein at the time and place set forth in the caption hereof.

_________________________
Kelly S. Hairston
Notary Public,
State of New York, County of Erie
My commission expires 08/13/15.
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