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SHEEHAN HOSPITAL CLOSURE

PUBLIC HEARING

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.**

1 MR. CLANCY: Good evening. I want to thank everyone
2 for coming out tonight. I think we're going to get
3 started. This is the, this is the hospital -- the
4 Sheehan Hospital Public Hearing. I'm Jim Clancy,
5 Assistant Commissioner for Governmental and External
6 Affairs for the Department of Health. I'll let my
7 colleague introduce himself in a second. Just wanted
8 to first point out -- well, first of all, thank you for
9 being here, and to let everyone know this is very
10 important. This is important to the Commissioner and
11 important to the Department of Health. What we want to
12 do here is give you, the community, an opportunity to
13 express to the Department and the Commissioner concerns
14 you have with the closure of the hospital, what that
15 means for health access for the community, and anything
16 else that you want the Commissioner to know.

17 I will be taking copious notes as well as a
18 stenographer here recording the testimony that we will
19 then within two months of today produce a report made
20 available back to you and to the world on the events
21 that led up to the closure of the hospital, but more
22 importantly what we glean from this meeting today as we
23 look forward and assess the health care access needs of

1 the community. So with that, I'll introduce my
2 colleague.

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

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

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

22 DR. GAYLES: I'm Dr. Kenneth Gayles, a cardiologist
23 in Buffalo. Most of you know me. And I started

1 practicing at Sheehan Memorial Hospital probably in
2 1985 or thereabouts when Deaconess Hospital closed. I
3 think you remember that, it merged with Buffalo
4 General. My colleagues asked me to come and help take
5 care of patients there. I was at Deaconess, Buffalo
6 General, ECMC and I did join Sheehan Memorial Hospital.

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

15 To make a long story short, I came back to Sheehan,
16 became the Director of the Intensive Care Unit,
17 Chairman of the Department of Medicine and eventually
18 President of the Medical Staff at the hospital, and
19 that was approximately 1990. It was at the time that
20 Sheehan was really going through some rocky periods.
21 Buffalo General was merging with a bunch of the other
22 hospitals, Kaleida. The name Kaleida didn't exist at
23 that time. But Sheehan decided it was going to remain

1 independent and continue as an independent health care
2 facility.

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

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

16 It was only recently that Dr. Vazquez and a group of
17 other physicians got together and organized an IPA and
18 subsequently developed the Greater Buffalo United
19 Accountable Health Care Network. It is this network
20 that took advantage of the changes and looked at the
21 changes that were occurring in the health care system
22 and we thought that it would be a golden opportunity
23 for us to change how we practice. We've all been

1 practicing on treadmills and putting out fires. We
2 really have not had the opportunity to do what we
3 really want to do, which is preventive care. We want
4 to keep people out of the hospital. We want to keep
5 them healthy and we want to have them live longer and
6 we found that this Accountable Care Act which
7 fortunately today has been declared legitimate, the
8 Affordable Health Care Act allowed us to begin the
9 process of developing an Accountable Care Association
10 and begin development of a health home.

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

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

21 We presented our proposal to the board and it was
22 not accepted wholly or partially. The hospital did
23 close. Unfortunately that led to -- that has led to

1 some difficulties in that if we were to reopen the
2 facility and we're still interested in doing that, very
3 much so, there are a lot of economic hits that we will
4 be taking in doing so. But we still think it's the
5 right thing to do. Our organization is still very
6 interested in acquiring that location one way or
7 another. It doesn't mean ownership or anything else.
8 It means to be able to practice there so we can bring
9 health care back to the community the way we as
10 physicians know it can be delivered.

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

19 So I'm going to let our administrator, Ralph
20 Hernandez talk to you a moment also, but we are
21 interested. We're the Greater Buffalo United
22 Accountable Health Care Network. Thank you very
23 much.

1 MR. CLANCY: Thank you, Doctor.

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

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

21 So I guess we need to look at parity and we need to
22 look at equality with respect to monies coming into the
23 region and try to do more to help some of the smaller

1 entities that provide these services in these
2 communities. When we learned that Sheehan Memorial
3 Hospital was closing, the doctors immediately reacted
4 to the need to get involved to keep it open. Granted,
5 they didn't do it politically correctly so it caused
6 some unfortunate circumstances, but we were able to
7 come back despite that.

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

21 So we put together as Dr. Gayles said, put together
22 a very comprehensive -- what we thought was a fair,
23 very comprehensive, to the point proposal for the

1 board. We met with the board. Granted, I think at
2 that time, they had proceeded by -- they had already
3 sent the letter to the state and the wheels were
4 already in motion for the closure of the facility. But
5 had they given us an opportunity when we first started
6 perhaps six, seven months ago, maybe we wouldn't be in
7 these circumstances.

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

23 These people, we know these people and they know us

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

11 And then for the future, I may add that I think it's
12 imperative for the future for the Department of the
13 Health and others to -- when the letter of closure is
14 prompted, that prior to acceptance that the DOH comes
15 into the community and kind of (inaudible) exactly what
16 it is that we can do prior to actually going through
17 the process of closing it. And that way, if it appears
18 that there is no interest at that point, then of
19 course, then that would be the rational thing to do.
20 But I think in these circumstances there were plenty of
21 people to step up to the plate and that the closure
22 letter should have never been filed in the first place.
23 There are people that care enough for that facility

1 that they would have done whatever it takes to keep it
2 open. Thank you.

3 DR. YOUNG: Thank you.

4 MR. CLANCY: Number 3?

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

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

22 As pastors and ministers, we're privileged to serve
23 these men, women, boys and girls during every stage of

1 their lives. Our families attend worship regularly and
2 there are many and varied calls to awareness and
3 service within the city's limits, statewide, nationally
4 and internationally.

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

18 One of the results of these circumstances is that we
19 become intimately acquainted with the diseases and
20 conditions that ultimately rob our congregants of good
21 health. We learn far more than we ever intended about
22 heart disease, hypertension, cancers, arterial
23 sclerosis, stroke and many others. We assume a first

1 name basis with bypass procedures, prostatectomies,
2 colonoscopies and all manner of medical surgeries and
3 procedures. We're made keenly aware of how disease
4 ravages life expectancy and vitality of people that we
5 know as vibrant and vital.

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

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

20 Sheehan Health Network was the final transition of
21 the hospital known affectionately as Emergency Hospital
22 when I was a boy growing to maturity in Ellicott
23 District. Many things have changed since the day that

1 I, a prepubescent boy, arrived at emergency with a dog
2 bite or a few years later when as a teenager I returned
3 with a right pinky finger fracture. I received routine
4 emergency care and was referred to my pediatrician and
5 others for further care. That process worked then and
6 it should work now. But lots of things have changed
7 for the worse in our community.

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

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

21 The number of well-trained health professionals with
22 cultural credentials has often warped the population
23 that needed to be served and the absence of culturally

1 sensitive care made the imposition of majority health
2 professionals an issue to be suspected.

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

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

17 We're guardedly optimistic about the kind of
18 assistance that we believe could be valid and valued by
19 the New York State Department of Health. We have
20 resolved as pastors and ministers of 40,000 congregants
21 that we will be of a greater level of vigilance in the
22 future. We have also resolved that we will work with
23 those who have an interest in returning health care to

1 the property once occupied by the Sheehan Health Care
2 Network. It's imperative that the Department work
3 diligently and efficiently with those physicians who
4 have confederated together to form this affordable
5 health care group and grant a Level 1 health care
6 license to that facility for reuse with all deliberate
7 speed.

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

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

22 Finally, we call on the Commissioner and his staff
23 to initiate greater and more frequent dialogue on the

1 creation of culturally sensitive health care delivery
2 to all people and communities in New York State,
3 further preventing the creation of health care deserts
4 for isolated groups of economically disadvantaged
5 persons. Understand that we are willing and able to
6 work with anyone who will labor to improve health
7 outcomes.

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

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

22 Since the people most affected by the closing of
23 Sheehan had no way of knowing that this hearing was

1 taking place, I wanted to give you an idea of what
2 moving this facility will mean to the community. The
3 closing of Sheehan Hospital means that thousands of low
4 income, mostly African-Americans and Hispanic residents
5 of our city will have a much more difficult time
6 getting the health care that they need.

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

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

22 So many of our people work two or three part-time
23 jobs, low paying jobs that don't allow for sick days.

1 Many are single mothers with all the challenges that
2 come with raising children and keeping food on the
3 table and the rent to pay. At Sheehan, they were able
4 to visit their personal doctor for checkups for
5 themselves and their families. With Sheehan closing,
6 those doctors have moved on, some into practices far
7 away in the suburbs.

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

22 This community needs those efforts to reopen Sheehan
23 so that Sheehan can succeed. I understand that the

1 state has made significant investments in Sheehan that
2 have help to improve the care of our community and the
3 services they receive. It would be a real shame to see
4 that the investments go to waste if Sheehan is not
5 reopened and as health care providers are not able to
6 provide services to the community.

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

11 MR. CLANCY: Number 5?

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

23 And like my other colleagues have said, when the

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

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

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

16 MR. COVINGTON: Good evening. My name is Bill
17 Covington. I work with the Health Care Education
18 Project which is a collaborative of 1199 SEIU United
19 Health Care Workers East which represents the folks
20 that work at Sheehan and other health care facilities
21 across the state. It's a collaboration between that
22 union and the Greater New York Hospital Association
23 which is the industry association that represents

1 hospitals and health care facilities like Sheehan
2 across the state. So the projects naturally got
3 involved in the effort to try to bring health care
4 services back into Sheehan Hospital.

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

19 Having said that though, my statement is here to --
20 I explained who the Healthcare Education Project is and
21 I wanted to make you aware that they have a plan that
22 is moving forward which is -- works to restore health
23 care services to the community surrounding Sheehan and

1 beyond. This is a different plan than the one that's
2 been articulated so far.

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

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

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

1 on as a tenant.

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

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

19 We're working with a consultant who has done work on
20 transforming small community type hospitals like
21 Sheehan into FQHC based health care delivery systems
22 successfully. And our consultant estimates that a loan
23 that would be taken out by Sheehan to satisfy its debt

1 could probably be paid off within five years by this
2 formula. We'll be sending you a copy of this proposal
3 as I mentioned to you earlier.

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

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

21 It's -- we want to do all in your power to make sure
22 that Sheehan continues to be a place where the local
23 community can come for regular doctor visits, for

1 dental services, where the elderly can receive day care
2 services and other services and where young people can
3 come to get help with problems related to addiction,
4 etcetera. So even more can be done here in this spot
5 and with patience and a willingness to work and meet
6 the need, we can save health care issues. Thank you.

7 MR. CLANCY: Thank you.

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

19 I just found out about this meeting today and so to
20 show that I am concerned, I'm here. I'm here because
21 I'm concerned for the congregants specifically of the
22 church that I pastor. I'm concerned because of the
23 neighbors that live in the neighborhood of the block

1 club that I serve as chaplain. I'm concerned
2 personally. Years ago, I visited Sheehan in terms
3 of -- had a girlfriend that was an employee at Sheehan.
4 I visited many, many times congregants, family members
5 and friends at Sheehan as a pastor and as just a
6 concerned person. And so to hear that there's a void
7 in this community, a health related void, if you will,
8 in this community when so many health issues exist, not
9 only here but elsewhere, but when you don't have access
10 with a nearby proximity, that's discouraging. It's
11 discouraging. And as a pastor, I believe in miracles.
12 And I know that I've heard some people say that it's a
13 done deal, that Sheehan will close, but I believe in
14 miracles.

15 But also as a pastor, I believe that faith without
16 works is dead. And so, if there's -- if there will be
17 a void with Sheehan not being there, there has to be
18 other entities, other health related agencies or
19 organizations that will address the different issues
20 and the different, how can I say, health calamities
21 that exist in our community. Teenage pregnancies,
22 substance abuse, mental disease, mental disorders,
23 tutoring. So many different issues exist that the

1 people in the community need to be able to have close
2 access rather than go clear across town. Going that
3 distance may make the difference between being well or
4 staying sick, and even possibly dying.

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

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

1 municipalities, but something needs to be in place.

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

10 DR. YOUNG: Thank you.

11 MR. CLANCY: Number 8, please?

12 MR. MARTINEZ: How are you doing today? Thanks for
13 coming to Buffalo and spending time with us. I'm Ed
14 Martinez and I grew up on South Division Street, just
15 up the street. I was born there and baptized at St.
16 Bridgid's, the old church that burned down so I'm from
17 the neighborhood. But I have a little more experience
18 in the neighborhood (inaudible). I was on the board of
19 directors of Columbus Hospital that closed. I was on
20 the board for a nursing board home that closed. So I
21 have a served on the Health Systems Agency Board for
22 ten years. So I went through the transition of the
23 downsizing of health care in Western New York.

1 I understand that we have to downsize. We've lost
2 more than half our population. But the population that
3 is growing in the city continues to be the Hispanic
4 population and African-American population. Those
5 populations keep growing, they're not diminishing. But
6 these services seem to be going out to the suburbs. My
7 mother still lives in the neighborhood and often I take
8 her to her doctor's appointment when she can't get
9 around. She doesn't have -- doesn't drive. And in
10 particular in the winter, taking the bus is really,
11 really horrible, especially if someone has arthritis
12 and those kind of problems.

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

23 When I walked in, they provided me this list of

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

16 I know that the health department has invested a lot
17 of resources down here trying to make this thing
18 happen. And I was a little disappointed, too, because
19 I have another hat. I'm the publisher of Panorama
20 Hispano Newspaper, (inaudible) in Buffalo, Rochester,
21 Dunkirk and Erie, Pennsylvania. I didn't even know
22 about this and I'm the publisher of a paper in four
23 cities. But (inaudible) called me this morning and

1 told me about it, that's why I showed up because I have
2 family members that use that facility and have family
3 members they used to work there. The radiologist is
4 actually an old family member of mine who's no longer
5 there.

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

19 MR. CLANCY: Thank you. Number 9, please? Number
20 10?

21 MR. JONES: Good evening, everyone. My name is
22 Reginald Jones, Sr. I've been employed with Sheehan
23 for 17 years. I'm also an 1199 SEIU delegate. I wrote

1 a little speech here that I do not know who is
2 responsible for the closing of Sheehan Health Network,
3 but I honestly do know that Sheehan Health needs to be
4 reopened, reorganized and reestablished with the same
5 employees and the same union, 1199 SEIU, who honestly
6 cares about the health care of all the patients in that
7 community and all patients in need of health care. And
8 I thank you to any and all organizations that are
9 concerned about the health care of everyone. Thank
10 you.

11 MR. CLANCY: Thank you very much.

12 DR. YOUNG: Thank you.

13 MR. CLANCY: Number 11?

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

23 Despite Sheehan's official closure last month, our

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

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

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

1 Parkinson's disease, multiple sclerosis and other
2 disease states.

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

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

23 Foremost, we want to assure everyone in the

1 community that Schofield is committed to our Adult Day
2 Health Care Program. We plan to continue to grow to
3 meet the needs of frail elders and disabled individuals
4 for many years to come.

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

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

22 **{SPEAKER4}**: Good evening.

23 MR. CLANCY: Good evening.

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

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

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

23 One of my concerns is the fact that the poor

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

10 There's approximately six housing developments in a
11 three block radius of Sheehan Hospital, that being the
12 Ellicott Homes which serves the -- which has over about
13 200 families. The other one is the Ellicott Towers
14 which has about over 400 families. The Town Gardens
15 Phase 1, the Town Gardens, Phase 2 which has over 300
16 families and then there's the Frederick Douglass Towers
17 which has over 200 families. So in total, you're
18 looking at over 1,200 families, low income families and
19 seniors that would be greatly impacted by this void if
20 the decision is to shut Sheehan down.

21 That will eliminate any accessible health care for
22 those families and seniors and it would be such a
23 travesty if that were to happen. I have family members

1 that still live in the vicinity as well as I do. I
2 have seniors that lived there, was there since I was
3 born, that knew me when I came around as a youngster
4 and the young people that live there. Low income
5 families in total. And we're looking at a great void
6 if that was the case.

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

19 And on the other hand, you're looking at huge
20 disproportionate numbers of low income families and
21 seniors that have health disparities compared to other
22 parts of the city. And if the effort can be made for
23 individuals that live in other parts of the city, that

1 same effort should be made for individuals that live on
2 the east side of Buffalo.

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

6 In my closing, I just want to say we've heard a lot
7 from the administrators and other health care
8 providers. We've heard a lot from individuals that
9 have proposals they'd like to submit to see that
10 Sheehan remain open and a vital entity in our
11 community, but we want to hear more from the
12 stakeholders, the common people that have to walk to
13 get services in that community. And it's no way
14 possible for them to transport themselves across town
15 when they rely on Medicaid cab, public transportation,
16 have young children, infants. Right now it's mostly
17 impossible for them to do that and when Sheehan makes
18 the decision if, in fact, they decide to. But I
19 believe just like the pastor said, I believe in
20 miracles as well and I'm not writing Sheehan off
21 because as I stand here today, they persevered and
22 they've saved my life not once, but twice. And I
23 believe that we can come up with a proposal, we can

1 come up with a facility that's going to bring quality
2 care, that's going to bring sustainability in addition
3 to employment to our community that's so greatly
4 needed. Thank you for your time.

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

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

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

1 still unemployed, we will remain united in protecting
2 our patients.

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

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

20 The most vulnerable in our community cannot afford
21 to continue down this path of decreasing access to
22 health care. We need healthy, vibrant residents in
23 order for our community to flourish. We are standing

1 here today and we're asking that health care services
2 are restored at Sheehan. Thank you for your time and
3 God bless.

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

16 (Whereupon, the hearing was concluded at 7:30
17 p.m.)

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RE: SHEEHAN HOSPITAL PUBLIC FORUM
AT: Buffalo, New York
ON: June 28, 2012

C E R T I F I C A T I O N

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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