

**Public Hearing
for the COPA Local Advisory Council**

COPA Local Advisory Council:	Mr. Doug Varney, Chairman
	Dr. Brent White Wright
	Dr. Jerry Miller
	Dr. Karen Shelton
	Mr. Dennis Phillips
	Mr. Gary Mayes
	Mr. Dan Pohlgeers
Tennessee Department of Health:	Mr. Jeff Ockerman
	Ms. Judi Knecht

Taken At:	Northeast State Community College Center for the Arts Auditorium 2425 Highway 75 Blountville, Tennessee
Taken On:	February 7, 2019
Hearing Officer:	Mr. Jeff Ockerman
Reported by:	Deborah Todd, Licensed Court Reporter

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Chairman Varney: We are ready to get started with the meeting. Most of this meeting is going to be devoted to really getting public comment. There's a few items of business that the council needs to take up before we start that process but I would like to welcome everybody for coming tonight. We worried earlier on in our process how we were going to get public comment. I don't think that's going to be a problem. So we're going -- all of you are here to share your thoughts about the process.

With that -- oh, also, David Hawk, I wanted to share with other members had planned to be here but the General Assembly's in session. He's going to try to be here so he may be a little bit late. He's very interested in this and wanted me to express his apologies to the group for not being able to be here right at this time.

I'd also like to say to the committee members thank you so much for your cooperation and patience in this process of us having to change this meeting. As you know, I felt we needed to have a larger area where we could support the number of people that said they would like to come and speak before the council. So we just kind of reversed

1 things and this was the date we could get this and
2 we'll be following up with other business. Anyway,
3 thank you all for -- for your cooperation.

4 With that I'd like to entertain a motion
5 to accept the minutes of the last meeting.

6 **(Minutes voted upon and approved)**

7 **Chairman Varney:** With that I'd like to turn the
8 meeting over to -- where's Jeff?

9 **Hearing Officer Ockerman:** Right here.

10 **Chairman Varney:** Oh. Jeff Ockerman, who will
11 explain a little bit about the process tonight and
12 how it's going to work and kind of go from there. I
13 should say, I do feel the need to say one thing.
14 The purpose of this meeting really is about public
15 comments from any perspective that people have. I
16 would ask that everyone please be respectful of each
17 other whether or not you agree with their position.
18 Let's show proper manners and decorum and so forth
19 so that we can really get through the process. And
20 the other thing I'd ask for you to do, please follow
21 the guidelines that we put out because we've got a
22 lot of people that want to speak and we're hoping
23 that everybody that -- that signed up will get a
24 chance to do that. And again, if you didn't get a
25 chance, or didn't want to you can send in written

1 comments and those will be included in the report.

2 Anyway, thank you.

3 **Hearing officer Ockerman:** Thank you, Chairman
4 Varney. My name if Jeff Ockerman, J-e-f-f, O-c-k-e-
5 r-m-a-n for our court reporter. Welcome to all of
6 you here. We look forward to hearing your comments.
7 A few matters, first of all, this is the Local
8 Advisory Council here. Their job is not to serve as
9 a governing body, not to make decisions about the
10 COPA or anything in the COPA. Their job is to hear
11 from you and report to the Department of Health and
12 the COPA Monitor about your -- your input, as well
13 as their own review of the Annual Report that's been
14 filed by Ballad.

15 We want to hear from as many people as
16 possible. Everyone has up to three minutes to speak
17 but no more than that out of fairness to everybody.

18 Ms. Knecht, Judi Knecht, right here will
19 hold up a one-minute warning sign and then she'll
20 hold up a 30-second warning sign. And three minutes
21 goes by very quickly so please don't hesitate.

22 The restrooms are out -- right outside
23 that door, just to make sure you know that. If you
24 have a written statement, please leave it at the
25 court reporter's table and we will collect those at

1 the end of -- of the meeting.

2 Hopefully you can remember the number that
3 was next to your name so that you will be prepared
4 to speak in order. I will be calling out the number
5 and name of the speakers as -- as they are to come
6 up. When you come to podium please remember to say
7 your name and spell it for our court reporter so
8 that we can have everything accurately in the
9 transcript. And with that, Judi, is there anything
10 else we need to say before we begin? Okay. Then
11 the first speaker is Number 1, Dannie Cook.

12 ***

13 **Dannie Cook:** So I want to speak to you guys first
14 and foremost about the NICU. As you all know,
15 that's the thing that brought me here, that's the
16 thing that garnered my attention, was when Ballad
17 Health decided that they wanted to try to reduce the
18 Holston Valley Medical Center Level 3 NICU to a
19 Level 1 nursery. The reason why I believe that
20 that's a significant disadvantage that only exists
21 because this COPA was allowed to happen and the COPA
22 was allowed to happen under SB 994 is because it
23 allowed a merger to take place. The existing COPA
24 law would've allowed Mountain States and Wellmont to
25 work together. This law created one entity. That

1 one entity with no competition means that we would
2 be losing a center that we would've had because it
3 would've been a Wellmont facility.

4 You had 272 babies that were treated at
5 that facility last year. Eighty-three of those
6 babies were NAS babies. If you know anything about
7 this region you know that the Northeast Region of
8 Tennessee accounts for 25 percent of all NAS babies
9 across the entire state. Our infant mortality rate
10 is triple what the -- what the national average is.
11 That means so on a national level 5.8 babies out of
12 every 1,000 die at birth. In Hawkins County that
13 number's 11.2. In Bristol, Virginia that number is
14 15.2. In Sullivan County that number is 6.5. In
15 Carter County that number is 7.5. It's ridiculous
16 and it -- when you combine that with our opioid
17 crisis you create a situation that cannot be solved
18 when you reduce access and you move access to care
19 away.

20 Now, you've heard Alan Levine talk about
21 protocols that they have utilized in Norton and in
22 Johnston Memorial. The reason that's problematic is
23 because it's also illegal. According to Virginia
24 state law Level 1 nurseries can only be used for
25 well babies with low risks and if there is a risk

1 they are to be stabilized and then immediately
2 transported.

3 What I will tell you is that Norton is
4 using those facilities and they are keeping babies
5 on cardiorespiratory monitors and -- and giving
6 morphine treatments and the longest they've had has
7 been up to six weeks. That is special care. That's
8 sick baby care and they're billing it as such as a
9 Level 1 facility which, again, is illegal. That's
10 problematic. So it's not that we oppose all of
11 these changes. We oppose them being done in the
12 manner that they're being done without resources
13 actually happening, without training and stability.
14 This -- these are things that take a long time to
15 put into place.

16 You cannot put families at a disadvantage
17 and expect them to go an additional 30, 45, 60
18 minutes away when we know that babies do better,
19 they have better outcomes when they are closer to
20 their moms, when they are closer to their dads.
21 Study after study after study shows that and proves
22 that it is definitive.

23 Holston Valley's NICU -- by Ballad's own
24 information their babies go home three to five days
25 faster than Niswonger. So when you talk to me about

1 better outcomes the proof is in the pudding and in
2 the numbers and they came straight from Ballad
3 Health.

4 Our Level 3 NICU needs to stay exactly
5 where it is because moving it away is a disadvantage
6 to every baby that is going to be born like this one
7 that was one pound and three ounces, every mom,
8 every dad, every grandmother.

9 These folks live in a region that is 20 to
10 40 percent poverty. Ten percent don't have
11 transportation. You have a high rate of food
12 insecurity. People do not have time to track down
13 healthcare when they're trying to figure out where
14 their next meal is coming from. And it's your job
15 to make sure that they have access to that care and
16 that it's quality. Thank you.

17 **Hearing Officer Ockerman:** Thank you, Ms. Cook.

18 Number 2 is Tim Bradshaw. Number 2 is Tim Bradshaw.

19 ***

20 **Tim Bradshaw:** Hello, my name is Tim Bradshaw, T-i-
21 m, B-r-a-d-s-h-a-w, and I'm resident of Sullivan
22 County. I've been involved in EMS and fire services
23 for 35 years in Southwest Virginia and Tennessee --
24 East Tennessee.

25 The first thing I want to touch on

I want to give you some numbers real quick. 220,217 represents the population of Sullivan, Hawkins and Hancock County combined. Those are the folks that are being disadvantaged in Tennessee by the reduction of services at Holston Valley. Out of those counties, all three of those counties has passed opposing resolutions, which you have a copy in front of you, from Southwest Virginia and East Tennessee that has supported or has supported opposition in the restructuring plan that Ballad has and that is the elimination of -- a reduction to a Level 3 trauma service and the reduction -- elimination of NICU services.

288,902 represents the people in Southwest

1 Virginia that now have to travel farther for Level 1
2 trauma centers. In some instances many of these
3 folks by Virginia Trauma Triage Guidelines will be
4 forced to go to Pikeville, Kentucky because it is
5 logistically closer than Johnson City Medical
6 Center. The State of Virginia does not recognize
7 Level 3 trauma services as a high level of care,
8 that is important.

9 Over 21,000 people locally have signed a
10 petition opposing these changes. We're not opposing
11 Ballad. I still believe Ballad can be the right
12 answer. Ballad can be the right answer for our --
13 for our citizens in our county but we have to have
14 objective decision making for the entire region and
15 not one certain geographical location.

16 One of the things I want to touch on,
17 medical not trauma services are suffering at Holston
18 Valley Hospital right now. The chances if you have
19 a stroke of going to Holston Valley and being
20 treated are very slim. You're going to Johnson
21 City. Those folks are being transported every day,
22 transferred, transported directly from Rogersville,
23 from Hawkins County, lengthier transports with life-
24 threatening emergencies. It's happening every day.

25 Right now Holston Valley and Indian Path

1 both in Kingsport are on diversion. Holston
2 Valley's been on diversion since 2:00 o'clock
3 yesterday. I personally went down last night and
4 looked myself. The lobby was full, the ER was full
5 but, guess what, half the floor upstairs were empty.
6 There's no staff. There's no staffing to cover it
7 because the changes in pay, the changes that they're
8 making, they can't get staff to cover it. We're
9 seeing 24 hour admit times from the ER. People are
10 suffering.

11 You folks are charged and have the duty to
12 influence and make changes. We're not anti-Ballad.
13 We're pro-healthcare and equal healthcare for our
14 region. We want the people that are needing help to
15 be helped. You have the duty and influence to do
16 that and I'm asking you to do that tonight. Thank
17 you.

18 **Hearing Officer Ockerman:** Number 3, Deborah
19 Holman.

20 ***

21 **Deborah Holman:** Yes. Hello, my name is Deborah
22 Holman, D-e-b-o-r-a-h, H-o-l-m-a-n. And I want to
23 talk about my brother was taken to Bristol hospital
24 on January 9th by ambulance because he appeared to
25 be having a stroke. He got there and he got a CAT

1 scan within about 30 minutes and it took a while for
2 us to get the results. And about an hour later we
3 were told it didn't look he had had a stroke but he
4 still couldn't talk or move and they decided that it
5 was something to do with blood sugar. It turned out
6 his blood sugar was 37 and that's very low. They
7 gave him a glucose injection and he did improve.

8 But in all this time he was laying there
9 without being able to talk or move and he was laying
10 on a bed in the ER that only the sheet had only been
11 pulled down like 12 inches along the top so he was
12 laying on the plastic bed and his clothes were wet
13 where he had collapsed at home and he had spilled
14 his drink on himself. And never ever did anyone
15 come in to fix the sheet or offer him a gown or
16 something to wear other than the wet clothes. The
17 -- I finally worked on the sheets some and he did
18 get moved to a room on the second floor and it at
19 least had a sheet but he still had no dry clothes or
20 clean clothes. I thought they always gave patients
21 a gown to wear.

22 His medications were given in what seemed
23 to be a random order, never all at once and he'd get
24 partial times and he'd have to ask about the others
25 and they'd go back to get them but it would take

1 another 30 minutes to an hour before he would get
2 them.

3 On the night of the 9th, the first night,
4 he has restless legs and his legs were jerking and
5 hurt -- that really hurts and he was denied his
6 medication by the nurse. She told him no, she
7 couldn't give it to him until she had talked to a
8 doctor. Two hours later she still hadn't talked to
9 that doctor as far as we knew because he never got
10 the medication.

11 I could not stand to see him laying there
12 like that. I got his medicine out of the bag that
13 he had brought with him and gave it to him. Now,
14 that might not have been the right thing to do as
15 far as the hospital was concerned but it was the
16 right thing to do for him, and they never came back
17 and offered him his medicine.

18 When he would call to need to go to the
19 bathroom it would take at least 30 minutes before
20 anyone was available to help him. We did help him
21 when he couldn't wait any longer. He was supposed
22 to be drinking; they never bought him the drink. I
23 went down and bought it for him.

24 In all this time that we were there I
25 would see nurses and they were busy. They were

1 going from room to room to room. And finally the --
2 a doctor came on the second day that he was there
3 and told us no stroke, blood sugar problem but they
4 didn't know why or what was happening. They ordered
5 more tests but he didn't get them. He was released
6 but they didn't give us time to go home and get his
7 oxygen or his shoes and he still hadn't got clean
8 clothes until we went and got them. And they didn't
9 give us time to get his oxygen there to him before
10 they released him. And he didn't get out fast
11 enough so they sent a second wheelchair to take him
12 down.

13 And his foot had a -- had surgery and he
14 hadn't -- was supposed to have it re-bandaged every
15 day. They did it once in the three days that he was
16 there and when he went back to his doctor he had a
17 staph infection in his foot and now they're saying
18 he may have to have a second surgery. And we can
19 only assume, and that's not a good thing to do, that
20 he acquired that staph infection while he was at
21 Bristol hospital. I don't know that but they can't
22 tell us.

23 And I have other things I could tell you
24 about my aunt but my time is up so I will turn it
25 in.

1 **Hearing Officer Ockerman:** Thank you very much.

2 Number 4, Crystal Regan.

3 ***

4 **Crystal Reagan:** My name is Crystal Regan and
5 that's C-r-y-s-t-a-l, R-e-g-a-n. And I am a
6 licensed healthcare practitioner in Tennessee and
7 Virginia and I thank you for giving me the
8 opportunity to speak tonight. And I'm here to speak
9 to you about my experience as a patient and the
10 handouts I have given you are actually my own
11 itemized bills.

12 There are three bills there and they're
13 dated 11/13/17 which is the pre-merger; 6/15/18
14 which is post merger; 12/1/18 which is the post
15 merger. On those bills -- I just love being short.
16 On those bill you're going to notice there's no
17 increase in the billed costs on identical items
18 between 11/13/17 and 6/15/18 but on the 12/1/18 bill
19 you're going to notice the price has increased on
20 Lipase, CBC, metabolic panel, urinalysis. Now, my
21 understanding is that those increases took effect in
22 September and that's less than eight months after
23 the merger and that's exactly what the FTC predicted
24 was going to happen if this merger took effect.
25 They said that we weren't going to see our prices

1 increase and this is a significant public
2 disadvantage to all of us. The lack of competition
3 has driven these prices up.

4 There's also a scan that I receive two or
5 three times annually to monitor whether a pancreatic
6 mass has returned. That scan cost me \$3,885 on
7 January the 5th, 2017. Today that scan will cost me
8 \$4,048. And that is a significant public
9 disadvantage. What can we expect prices to be in
10 six months or a year if this continues?

11 On January the 1st hospitals were required
12 to post their chargemasters. And Marvin Eichorn,
13 the Chief Operating Officer for Ballad Health, said
14 in regards to the prices online and I quote, "This
15 is not what anybody pays. If you have insurance
16 then it's what that insurance is going to pay for
17 something and what that expectation is for the
18 patient in that case to pay for an out-of-pocket
19 basis." And that is very, very out of touch. My 30
20 percent is based on that price, and when it
21 increases I pay more. When our insurance pays more
22 our premiums increase.

23 I was also misdiagnosed in a Ballad
24 facility in December. I was told I had GERD.
25 Within one and a half weeks HMG had to do surgery on

1 me to relieve a stomach obstruction. I asked to
2 have an executive from Ballad return my call but
3 instead I got a letter saying my case was closed and
4 I had received appropriate care. So I guess
5 appropriate care would be I would go home and my
6 stomach would've ruptured, I would've had sepsis and
7 I would've died. They aren't listening.

8 This COPA -- I thought that it could maybe
9 be modified but it is my belief that it needs to be
10 terminated. At this point I and my family will no
11 longer utilize Ballad Health for our healthcare
12 needs.

13 And this part this is strictly business,
14 it is not personal and I don't see her here. Dr.
15 Latimer -- she needs to recuse herself from your
16 all's Local Advisory Board. Her husband, Bill
17 Greene, has been very outspoken about his
18 relationship with Ballad and his support and we need
19 her to recuse herself sooner than later.

20 I thank you for giving me the opportunity
21 to speak tonight. Thank you and have a good
22 evening.

23 **Hearing Officer Ockerman:** Thank you. Number 5 is
24 Brenda Isaacs. Brenda Isaacs, Number 5. The next
25 one is Number 6, Jane Harris. Ms. Harris, please be

1 ready.

2 ***

3 **Brenda Isaacs:** Brenda Isaacs, B-r-e-n-d-a, I-s-a-
4 a-c-s. Thank you for letting me speak. I come on
5 behalf of my daughter who is pregnant. She'll have
6 twins in April. If she is forced to go to Johnson
7 City, the expense -- I'm -- I'm in Southwest
8 Virginia, she is in Hawkins County. But the expense
9 of possibly separating babies and mother would
10 traumatize the babies, the expense of transporting
11 those infants to Johnson City, as she would be
12 delivering in Kingsport. On top of that, if the
13 twins were to need additional care, they needed to
14 stay above and beyond the time that my daughter
15 would be there, Autumn and Bailey, to be able to
16 nurse them she would have to come to Johnson City;
17 come home, get Trent and Jada to school; go back to
18 Johnson City, nurse Autumn and Bailey; go back and
19 pick up the kids from school. And the expense just
20 kind of just snowballs.

21 In addition to not wanting the NIC unit to
22 leave, three years ago my grandson was sleigh riding
23 in Scott County and busted his head open. The roads
24 were very bad. I was not even able to get to work.
25 I had to have someone come and get me that day. We

1 could not have gotten to Johnson City. It would've
2 just -- it would be a serious disadvantage to lose
3 our trauma, to lose our NIC unit and to extend the
4 need and the travel distance and the expense. Thank
5 you.

6 **Hearing Officer Ockerman:** Thank you. Number 6,
7 Jane Harris.

8

9 **Jane Harris:** Hello, my name is Jane Harris.
10 That's J-a-n-e, H-a-r-r-i-s. I'm a resident of
11 Sullivan County, a retired nurse and I worked for 25
12 years for the Red Cross. I am a past chairman of
13 the Sullivan County Emergency Planning Committee.
14 That's a group that plans for mass care, mass
15 casualty type incidents that happen in the
16 community.

17 My first experience with a major disaster
18 was the John Sevier Apartment fire in Johnson City
19 in 1989. Fourteen people died. I remember where I
20 was in 1964 when the explosion at Eastman killed 16
21 people and injured 200. There have been many other
22 disasters in this area and there will be many in the
23 future, some with a lot of incidents of injury and
24 death and some less.

25 We have -- I'm not going to tell you all

1 the things that could cause an incident for us but
2 we do have a lot risk factors. A functioning trauma
3 system is essential for quality care for all of our
4 community, all of the people in our area when this
5 happens.

6 I speak in support of maintaining a
7 minimum of a Level 2 trauma center at Holston Valley
8 Hospital. I worked in disaster planning for 20
9 years. Everybody, everyone that's a responder has
10 to be prepared and has to work together in a
11 disaster. The ER staff at Holston Valley works --
12 work -- has worked for years to plan and execute
13 those drills. I hope Ballad will be continuing with
14 that but we need all hospitals to be at a high level
15 to triage and treat patients.

16 Don't take away from Sullivan County when
17 -- what they've worked so hard to develop. A
18 facility that's been a Level 1 for 30 years should
19 not be downgraded that significantly. The
20 collaboration of -- excuse me. We lose the efforts
21 of many people and many capital expenditures if we
22 do that downgrading. It's often said that if you
23 don't use something, a skill or a facility or
24 whatever, you lose it. I hate to think of what a
25 waste it will be for us to lose all that we have

1 gained in the past 30 years. Downgrading this ER so
2 significantly is definitely a public disadvantage to
3 quality of care for our entire community.

4 In the COPA 4.03 it says access to
5 healthcare and quality healthcare is required.
6 Don't limit this. Kingsport is known as a very
7 caring community, one that gets things done for the
8 good of our residents. Leaders have put the needs
9 of the community before their pocketbook for a
10 hundred years. We've taught our children that by
11 example. Most people who move here come in on the
12 Kingsport spirit. We should not live in the past
13 but we should learn from it. Ballad Health could
14 tap into this spirit and spread it across our whole
15 area. Thank you.

16 **Hearing Officer Ockerman:** Thank you, Ms. Harris.
17 Number 7, Carolyn Doerfeit.

18 ***

19 **Carolyn Doerfeit:** It's Carolyn, C-a-r-o-l-y-n,
20 Doerfeit, D-o-e-r-f-e-i-t. I am a registered nurse
21 who has worked for the past 35 years for the
22 National American Red Cross out of Washington D.C.
23 My speciality is disaster response.

24 I have been to some horrendous situations,
25 as you can imagine, whether it's simple -- I hate to

1 say simple but true, simple hurricanes, floods, wild
2 fires, terrorism, airplane crashes, and the list
3 goes on. We have a lot of threats here and most of
4 us think of Eastman and BAE right away but there are
5 others.

6 We currently have an unstable dam. Oh,
7 okay. Most people don't think in terms of the dam
8 above it, Watauga, which happens to be an earthen
9 dam and can much more easily be stressed than a
10 steel dam.

11 We have others, we have Nuclear Fuels.
12 Well, I hate to think of problems there. Our
13 community does have remarkable risks. We have two
14 interstates that cross. One of the worst things on
15 the road that I've seen -- you know, a gasoline
16 tanker truck is nothing but a Molotov cocktail going
17 down the highway. Yeah, absolutely. Our community
18 is constantly at risk with these threats and there
19 are plenty of others. We do get tornados, we had
20 one five years ago in Greeneville with a whole list
21 of casualties. We tend to forget these things.

22 To reduce our emergency room at Holston
23 Valley is one of the most foolish things I have ever
24 heard. Time equals survival. Everybody knows that.
25 And this merger and getting rid of that time,

lengthening it is going to cost lives, not just
babies', everybody's. Our terrain is different
from the rest of the state. Our geography is
different. Even our weather patterns are different
and we monitor those things. We open shelters here
for ice storms and the rest of the state it's 75
degrees.

12 **Hearing Officer Ockerman:** Thank you. Teresa
13 Allgood.

14 ***

15 **Teresa Allgood:** Hello. My name is Teresa Allgood,
16 T-e-r-e-s-a, A-l-l-g-o-o-d. I have been a patient
17 at the Kingsport Hematology and Oncology Center
18 since April of 2014. I've received excellent
19 treatment there. When I went for my visit in May of
20 2018 I was told that I would no longer be able to
21 receive my Infed infusions, that they were going to
22 use another drug and that Infed was no longer
23 available. So I went ahead and scheduled my
24 appointment and a few days later the nurse from
25 hematology called and said that they had found some

1 Infed and that I would receive my Infed infusion in
2 June. So when I went back for my appointment in
3 November I was told I needed more infusions, which I
4 usually get three or four a year. The different
5 doctor, because my previous doctor had left the
6 practice, so I saw another doctor and he said that,
7 of course, Infed was not available that they were
8 going to use Feraheme which is a non-formulary drug.

9 My -- the -- the routine of my infusions
10 usually consist of one day about four or five hours.
11 With Feraheme now it's going to involve two days for
12 several hours. My charges -- this is what concerns
13 me, my charges for over four years have been \$3500.
14 The new infusion that they said that I had no choice
15 is \$13,449.29. This is outrageous. And I
16 understand that when they move to Indian Path that
17 they potentially will change from Feraheme to yet
18 another medication that I expect to cost even more.

19 This has certainly created a significant
20 disadvantage to me and my family having to go two
21 days instead of one, having no choice and to see an
22 increase of over \$10,000 for one procedure. We're
23 very limited in access to availability of other
24 services. There's no competitors in this area that
25 provides the infusion that I need. And my

1 understanding is that this is a total violation of
2 the COPA. Thank you.

3 **Hearing Officer Ockerman:** Number 9, Jeffery
4 Fraysier.

5 ***

6 **Jeffery Fraysier:** Jeffery Fraysier, J-e-f-f-e-r-y
7 F-r-a-y-s-i-e-r. Good afternoon, Board. I'm
8 Jeffrey Fraysier. I'm with the Disabled American
9 Veterans. I'm a District Commander of East
10 Tennessee.

11 The reason that I'm here today to explain
12 to you how this merger is going to affect our
13 veterans in the region. First of all, as you well
14 know, Trump passed a bill, signed in legislation in
15 January of this year, what they called The Choice
16 Program. The Choice Program states that anyone that
17 seeks care at the VA Medical Center in Johnson City
18 who is -- who cannot be treated within a timely time
19 frame, which is less than 30 days, has to be fee
20 based to an outside facility.

21 Now, let me ask you a question. Why --
22 how is these veterans going to be fee based when
23 we've been on diversion for two days in Kingsport.
24 There's no way. We have a patient say go into the
25 VA Medical Center, he's a cardiac patient, he's

1 having a MI, he -- he needs immediate attention.
2 The normal transition is they send them to the
3 Medical Center. The Medical Center a lot of times
4 is on diversion; therefore, they have to send them
5 to Knoxville to UT Medical Center which is an hour's
6 ride from the VA. And if they can't go by ambulance
7 they go by helicopter which is \$44,000 one way. So
8 you tell me how this helps the veteran. It greatly
9 impacts the veteran's care. It greatly impacts.
10 We've had veterans die on the way to Knoxville
11 because we was on diversion at Mountain States or
12 Holston Valley or whatever.

13 And I just want to say one thing. I -- I
14 grew up in this community. I love my community. I
15 fought for my country and I'm disabled because of it
16 and I've sacrificed a lot. But I want -- I want you
17 to know I've got two small grandchildren and both of
18 them have severe medical conditions and at anytime
19 if it takes 25 to 30 minutes to get those children
20 to the hospital they'll die on the way. One of them
21 -- of them has severe asthma, and as you well know,
22 if you're deprived more than five minutes of oxygen
23 your brain starts deteriorating, brain damage
24 occurs.

25 So like I said, I love my -- first of all

1 I love my God and I love my family and I love my
2 community and I want to see the best for this
3 community and that's why I'm here today. May God
4 bless you all and make the right decision. Thank
5 you.

6 **Hearing Officer Ockerman:** Thank you. Number 10,
7 Tim Mullen.

8 ***

9 **Tim Mullen:** I've got my own timer. Ready? I need
10 your all's help, I'm very weak on voice right now.

11 **Hearing Officer Ockerman:** Go.

12 **Tim Mullen:** This is Homeland Security Trauma
13 System.

14 **Hearing Officer Ockerman:** Excuse me, your name,
15 please, sir?

16 **Tim Mullen:** I'm sorry, Tim Mullen, M-u-l-l-e-n.
17 Thank you. Homeland Security Trauma System, our
18 current one. The current Level 1, 2, 3, 4 and 5
19 Medical Trauma System in Tennessee was set up nearly
20 30 years ago. 9-1-1 happened in 2001. Terrorism
21 technology has advanced since then up to 18 years.
22 In Tennessee we have the Memphis, Nashville,
23 Chattanooga, Knoxville, Northeast Tennessee Level
24 1's that are all well structured, solid trauma
25 systems for Homeland Security terrorism. Each has

1 an infrastructure of well planned highways,
2 interstates and transportation needs, medical, for
3 worst case scenarios.

4 Northeast Tennessee was built specifically
5 as it currently is for trauma. To strip it to a
6 Level 1 north of 81 completely makes us vulnerable.
7 We're already marked as a Homeland Security
8 terrorist target having a Fortune 300 international
9 chemical plant, military explosive plants. To lower
10 us below two goes against all Homeland Security
11 protocol for developing a trauma security grid in
12 the United States of America.

13 If our trauma system is neutered, we north
14 of 81, which is approximately 400,000 citizens have
15 only one way to get to Johnson City. It's air or
16 ground. If we have bad weather that stops the
17 helicopters. We have one interstate, that's all,
18 one interstate. If it's blocked we have nothing
19 else. The other cities have a multiple grid like we
20 do now.

21 If I was a terrorist I'd make my move in
22 town, I'd block out I-26 and if I was lucky we would
23 have bad weather and I would sit back and I would
24 watch the chaos. This is real world. We have
25 school shootings, mass stabbings, hand grenade

1 church attacks. You can buy a \$300 drone, load it
2 with dynamite, load it with gasoline or a bag of
3 Anthrax if you're that good, put it over a high
4 school stadium, stick it over Fun Fest, fly it over
5 NASCAR. It cannot be handled by a neutered trauma
6 system. The people -- as the newspaper today, they
7 are wild. They are wild.

8 Level 3 does not have the tools, does not
9 have the equipment nor the doctors. One vicious
10 school shooting and we're a blood dead vulnerables.
11 How many times have we heard cities saying we just
12 weren't prepared for this. Northeast Tennessee
13 right now is very much prepared and gaining in that;
14 however, if they pull our levels below two we're
15 terrorist bait. We won't need hospitals, we'll need
16 cemeteries. Even Las Vegas did not have enough
17 trauma centers.

18 Is there anyone here -- or let me just ask
19 you. Does anybody here want to give up our Homeland
20 Security trauma system?

21 **Audience Members:** No.

22 **Tim Mullen:** Thank you. A quote from the United
23 States National Library of Medicine. "Preparing our
24 hospitals and our healthcare facilities for disaster
25 is a national security priority." I plead with you,

1 each of you, and thank the council, by the way, the
2 local advisory council. I plead with our governor,
3 Governor Bill Lee and I personally ask our United
4 States President, President Donald J. Trump, to
5 somehow, some way come up with a solution where we
6 will not lose our Homeland Security Trauma System.
7 To be neutered will be a disadvantage to the public.
8 Thank you.

9 **Hearing Officer Ockerman:** Number 11, Dr. Mary
10 Johnson.

11 ***

12 **Dr. Mary Johnson:** My name is Dr. Mary Johnson, M-
13 a-r-y, J-o-h-n-s-o-n. This is the scariest thing
14 I've ever done and I've done some scary things in my
15 time. Thank you for the three minutes.

16 I am stating my opinion based on my
17 experience as an ETSU Assistant Professor and
18 Pediatric Hospitalist working at a Mountain States
19 facility in Virginia between 2015 and 2018.

20 In November 2016 I attended a COPA hearing
21 in Johnson City. It became clear during the course
22 of what amounted to a dog and pony show focused on
23 corporate regionalism that speaking up would be
24 pointless and likely deadly for my job. I left
25 early.

12 Ballad has pitched a partnership with ETSU
13 physicians and Niswonger Children's Hospital as a
14 means of expanding and staffing Alan Levine's vision
15 for pediatrics. I am here today to present the
16 details of how reprehensibly I was treated as I
17 labored on Alan Levine's ground in a cooperative
18 community program that crossed state and
19 jurisdictional lines and predated the merger by
20 almost three years.

21 Every mechanism of internal, state and
22 federal oversight utterly failed me as a physician,
23 not for the first time, but the game clearly rigged
24 from the start.

25 I only survived two business days beyond

1 the finalization of the merger but those two days
2 give full legitimacy to my story as I believe Ballad
3 Health's first physician kill. I cannot now stand
4 by and allow Mr. Levine to flat out lie to the
5 public as his people once lied to me. I cannot be
6 silent while other pediatricians and pediatric
7 subspecialists, particularly those just starting
8 out, are sucked into Ballad's black hole of greed,
9 corporate indifference and administrative
10 incompetence.

11 I'm responding to the State of Tennessee's
12 specific request for public input. I'm asserting my
13 status as a medical whistleblower done wrong and
14 publically requesting the state and federal
15 government's protection against Ballad Health. I am
16 also requesting state and federal investigations of
17 the series -- excuse me. I'm also requesting state
18 and federal investigations of the series of
19 retaliatory acts that were clearly founded in Alan
20 Levine's fear that my story looked bad and
21 threatened his precious merger.

22 I am aware this letter is considered
23 public record. Noting the constraints of HIPAA,
24 names of patients and specific dates and times and
25 specific diagnoses are omitted. But it is far past

1 the time that the public understood how Ballad
2 Health really conducts business and how a university
3 supposedly with all the power of the great state of
4 Tennessee behind it allowed its physician employees,
5 someone who it was supposed to protect, to be so
6 horribly used and abused and then thrown away like
7 garbage.

8 I will tell you stories of bad babies, of
9 former abortionists unable to pass their boards
10 hired to teach new doctors, of substandard perinatal
11 evaluations igniting clinical nightmares and of
12 denied and delayed transports, of a pediatrician
13 going way above and beyond, all but destroying her
14 health working to the brink of burnout and of
15 repetitive, academic and corporate baits and
16 switches that would make mobsters blush.

17 I will close my story with commentary on
18 Alan Levine's current plans for regionalized
19 pediatrics. I have already made many of these
20 points online and Facebook postings and newspaper
21 commentary. I wear being banned by the Johnson City
22 Press as a badge of honor. This is America. This
23 doctor is still in. It is time for Mr. Levine to
24 take his medicine and it's time for all of you to
25 listen. Thank you.

1 **Hearing Officer Ockerman:** Number 12, Ketron
2 Bailey. Number 12, Ketron Bailey.

3 ***

4 **Ketron Bailey:** Hello, I'm Ketron Bailey, K-e-t-r-
5 o-n, B-a-i-l-e-y. I want to thank you all for
6 coming tonight and I hope you all take this to heart
7 and you really listen to everybody that's speaking.

8 I want to speak to you tonight about the
9 COPA and the Certificate of Need for information
10 against Ballad's changes.

11 Just to be clear, the Commonwealth of
12 Virginia has laws and the state require --
13 requirements regarding newborn care. The State of
14 Tennessee just has guidelines so there's a big
15 difference right there. CEOs of healthcare
16 companies with dual state COPAs agreement should
17 learn and know the difference. Regarding Ballad
18 Health plan to close the Holston Valley Level 3
19 NICU, Ballad -- the COPA states nothing in the COPA
20 exempts Ballad from compliance with the laws of
21 governing certificate of needs. Closing the Holston
22 Valley level NICU directly contradicts the
23 certificate of needs of neonatal intensive care
24 units as it's designed to support the state health
25 plan's five principles for achieving better health.

11 Alan Levine is just doing what he wants.
12 He's having a free circus up here.

Per the state health plan certificate of
needs the NICUs, Department of Health must so
regarding application -- therefore should do so
regarding the closures. Number 12 of the
certificate of need for the Neonatal Care Intensive
Care Unit states that the initial care changes from
healthcare to health protection and promotes 83
closings in NICU that has 272 babies admitted in the
last year. Eighty-four of them are premature NAS
and 62 or 66 in their respiratory distress does not
protect or promote the health of the population of
this area.

25 I please ask you to leave this NICU and

1 this trauma center right where it's at. I'm a
2 survivor of the trauma center. I live in Hawkins
3 County and I was all the way over in Hancock County
4 which is a good hour away from Holston Valley. It
5 -- and a helicopter couldn't fly that day for
6 weather. Thank God the rescue squad could get me to
7 Holston Valley because they sure wouldn't have got
8 me to -- all the way up to Johnson City. That's
9 another 35 to 40 minutes and if you know anything
10 about this area, 26 could've been closed down
11 because of a wreck like it -- most time it happens,
12 that or weather. And I would've passed away, all of
13 the thanks of Holston Valley -- of Ballad trying to
14 save money for no reason. It's time to save lives.
15 Please keep it all open. Thank you.

16 **Hearing Officer Ockerman:** Thank you. Number 13,
17 Christy Castle.

18

19 **Christy Castle:** My name is Christy, C-h-r-i-s-t-y,
20 C-a-s-t-l-e. The state of Tennessee, it has the
21 eighth highest rate of infant -- infant mortality in
22 the country. The country average is 8 -- 5.8 babies
23 per 1,000 births. Tennessee's average is 7.4 of
24 babies per 1,000 births. Tennessee has an
25 abnormally high rate of premature births which is

1 11.3 percent in 2016 which accounted for 26 percent
2 of the entire state's infant deaths.

3 In 2017 Child Fatality Annual Report shows
4 Washington County had 7.5 out of 1,000 infant
5 mortality rate. Carter County 11.3. Sullivan
6 County was under 6.5. The national average for NAS
7 babies is six per live births. Sullivan County has
8 the highest of 50.5. Let that sink in for a second,
9 that's 50.5. That's pretty high. Knowing this
10 information, why would Ballad propose shutting down
11 a Level 3 NICU?

12 The Virginia infant mortality is 5.9 out
13 of 1,000 live births which on the surface it sounds
14 like there's not an issue but there's some things we
15 need to kind of be concerned about. Let's take a
16 little bit of a closer look. Lee County Virginia is
17 13.6 out of every 1,000. Wise County is 10.3.
18 Buchanan County 19.6. Bristol Virginia 15.2.
19 Washington County 12.4. Holston Valley NICU is a
20 lot more easily accessible than Johnson City.
21 Trying to get those babies to Johnson City from Lee
22 County is a lot farther and that will result in a
23 lot more deaths.

24 With the existing opioid crisis that this
25 community has, the lack of mental health care, the

1 limited resources due to the poverty it's a valid
2 concern of closing the NICU in Holston Valley
3 Medical Center. I ask that the Board really take a
4 closer look and consider the -- the COPA. It is a
5 big disadvantage for this area and consider not
6 closing them. Thank you.

7 **Hearing Officer Ockerman:** Thank you. Number 14,
8 LouAnn White.

9 ***
10 **LouAnn White:** Hi, my name is LouAnn White, L-o-u-
11 A-n-n, W-h-i-t-e. Hello, thank you for letting me
12 talk. I'm a retired healthcare worker with over 41
13 years experience here in this area. I live in
14 Kingsport. I have 38 and a half years spent at
15 Holston Valley. I've worked directly with patient
16 care. I've been in management and I've done
17 clinical education. I also was an adjunct faculty
18 for a local college. My experience spans a
19 multitude of areas which included NICU, critical
20 care, trauma, wound care and many other components
21 in between.

22 I feel that the merger of this hospital
23 system, Wellmont and Mountain States, that it has
24 created a healthcare monopoly and is a public
25 disadvantage to our region of Northeast Tennessee

1 and Southwest Virginia and where -- to the areas
2 that I live. Without competition there will be
3 lower wages for those who work in healthcare which
4 has already started when Ballad has changed the
5 shift premiums, the clinical ladders and extremely
6 low starting salaries for new graduate nurses.

7 Our children and our grandchildren will
8 not want to stay in this area to work if they do
9 decide to further their education and become nurses,
10 doctors, therapists or other healthcare
11 professionals. They will move to -- away to take
12 jobs in other areas where competition has been
13 driving the paygrade up, not down like here.

14 If you are a healthcare worker and you
15 want to stay near your home you'll have to settle
16 for what -- the only shool around which is what
17 Ballad will pay you and that's not very much. This
18 -- when I heard that they were starting new GNs out
19 like around 13, \$14 an hour, you know, I've got a
20 grandchild that works at Pal's that's making pretty
21 dang good. That's where I'd be.

22 So this will cause our -- a trickle down
23 effect. Kids will not want to go to the colleges
24 around here and do healthcare. They'll be going
25 into some other area. If they do go into healthcare

1 they'll be leaving. When they leave there goes our
2 economy. They're not going to be staying around
3 here so people will be moving out of the region. We
4 already see that nurses are leaving. We see
5 physicians leaving and that's -- Ballad has even
6 stated that some of their physicians have already
7 started leaving.

8 Monopolies of any kind are not good.
9 Monopolies in healthcare are definitely a travesty
10 to everyone from the youngest to the oldest citizen
11 in the community. I'm asking you to please
12 reconsider what was allowed to happen to our
13 healthcare region and our -- to our healthcare in
14 our region. The COPA and its revision should have
15 never been allowed to happen. Ballad is a public
16 disadvantage to everyone from Eastern Kentucky,
17 Virginia line to the Wytheville area and from the
18 Tennessee, North Carolina line and down past
19 Greeneville. This COPA should be voided. Thank
20 you.

21 **Hearing Officer Ockerman:** Number 15, Gary Frady.

22 ***

23 **Gary Frady:** My name is Gary Frady, G-a-r-y, F-r-a-
24 d-y. I'm speaking tonight because I want the
25 committee to know that I credit the doctors and

1 nurses of the Holston Valley NICU with saving the
2 life of my beloved granddaughter. She was born at
3 28 weeks. Her lungs were not fully developed. Her
4 eyes were still fused shut at birth. For three long
5 months the dedicated doctors and nurses of Holston
6 Valley NICU did for my granddaughter what no one
7 else on God's green earth could do, they kept her
8 alive and because of their extraordinary efforts
9 they ultimately gave her a chance at life.

10 I believe with all my heart that had
11 Ballad Health's proposed plan to transport at-risk
12 babies to Johnson City -- if it had been in effect
13 at the time of her premature birth she would not
14 have survived the additional transport time required
15 to get her to Niswonger Hospital.

16 I ask you as an oversight committee how
17 can anyone believe that it is an acceptable thing to
18 significantly increase the time required to get
19 these at-risk babies to the lifesaving care they so
20 desperately need. Does that sound like an
21 organizational plan that considers the patient
22 first? Does it make sense to this committee to take
23 an already high risk baby and subject them to even
24 greater risk? Is it acceptable as some have so
25 callously said that the increased risk would only

1 amount to a potentially insignificant increase in
2 infant mortalities?

3 Let me assure this committee had my
4 granddaughter died because of unnecessary delays in
5 getting her the lifesaving care that she required, I
6 would not have considered her death an insignificant
7 addition to the increased mortality statistics. It
8 would have been a devastating loss for my entire
9 family.

10 How can so drastic a change in the
11 delivery of quality of care to our at-risk babies be
12 viewed as anything other than a very significant
13 disadvantage to the citizens of our community? I
14 believe that the plan put forth by Ballad Health
15 violates the terms of the COPA Agreement,
16 specifically Sections 4.02 and 4.03 as they relate
17 to the quality of care and the accessibility of
18 care. Therefore, I respectfully ask this committee
19 to reject Ballad Health's plan to close the Holston
20 Valley NICU and their plan to increase transport
21 times in order to send at-risk babies to Niswonger
22 Hospital. Thank you.

23 **Hearing Officer Ockerman:** Thank you. Number 16,
24 Kris Casey.

25 ***

1 **Kris Casey:** Kris Casey, K-r-i-s, C-a-s-e-y. A
2 surgeon once said to help the people you must first
3 get them out of the holler. I'm an advanced EMT at
4 Duffield Fire and Rescue. I grew up in that holler
5 and along with the amazing team of people that I
6 work with, we bring the sick and the injured out of
7 that holler.

8 With that being said, Virginia EMS
9 protocols do not recognize a Level 3 trauma center.
10 With serious injury we have to transport to a Level
11 1 or a Level 2 unless the scene is 30 minutes or
12 more to that facility. This means that the injured
13 that we cannot fly will have to be taken by ground
14 and they will be taken to Holston Valley. If these
15 specialties of a Level 1 are being dropped to a
16 Level 3 that means our injured will be -- sorry,
17 excuse me. They will be taken to Holston Valley
18 hopefully to be stabilized.

19 Now, we -- we bring these people out on
20 one-lane dirt roads, narrow curvy roads. Our time
21 is pushed to meet the golden hour to begin with.
22 We're not going to make it if we have to be
23 stabilized first and then have to be transported to
24 Johnson City. How -- tell me how is that giving our
25 citizens the proper and best healthcare possible,

1 because it's not. I mean, truthfully, morally and
2 ethically to say that it's not a severe
3 disadvantage, you can't. That's all I've got.
4 Thank you.

5 **Hearing Officer Ockerman:** Number 17, Wayne Baxter.

6 ***

7 **Wayne Baxter:** My name's Wayne Baxter, W-a-y-n-e,
8 B-a-x-t-e-r. I'm a registered nurse and a
9 paramedic. I'm a pediatric and adult ER nurse and I
10 was the EMS Director for Loudon County. I am here
11 to support the nurses of Holston Valley Medical
12 Center that don't have a voice for fear of their
13 jobs. Just today one of them told me they were
14 demoralized and felt like administration did not
15 support them.

16 Ballad has 8x10 color glossies of
17 everything we put on Facebook and are using it
18 against them. I'm here to oppose the downgrading of
19 Holston Valley Medical Center to a Level 3 Trauma
20 Center. On Section 4.03(c)II of the COPA it states
21 that the Department of Health pre-approved
22 consolidation of Level 1 trauma centers and while
23 this was preapproved, preapproval did not mean down
24 grounding. And it didn't specify what's
25 consolidated. We found that out in November from

1 Alan Levine.

2 And when we found out what the actual
3 plans were we found out they were publically
4 disadvantageous and dangerous to people's lives.
5 This is going to be costly.

6 The state of Tennessee's statistics on
7 trauma patients show the absolute need to keep a
8 Level 1 Trauma Center at Holston Valley. The data I
9 received from the Tennessee Injury Surveillance and
10 Hospital Discharge Data System does not include
11 citizens of Kentucky or Virginia but at Holston
12 Valley -- in 2016 Holston Valley received 1,049
13 Level 1 and Level 2 trauma patients. Bristol
14 received 393 Level 2 trauma patients. The total
15 combined of only Tennessee trauma residents was
16 1,442. Sixty-one percent of these patients came
17 from Sullivan County. Forty-three of all Tennessee
18 trauma patients in the Northeast go to Holston
19 Valley. This doesn't include the Virginia and
20 Tennessee again. Johnson City Medical Center
21 received 1,859 trauma patients. Only 154 of those
22 patients came from Sullivan County, that's eight
23 percent.

24 This is only slightly above the 29
25 patients that UT Hospital received from the

1 Northeast. One large disaster's going to flip that
2 around folks -- one large disaster.

3 Senior citizens should be fighting to keep
4 Holston Valley's Level 1 Trauma Center. Forty-three
5 percent of all trauma patients are over 65 years of
6 age. This compares to only six percent of trauma
7 patients being zero to 17 years of age. Thirty-two
8 percent of the patients that came to the hospitals
9 came directly from Sullivan County, leaving the
10 other 68 originating in seven other counties. This
11 means that not only is Ballad requesting to curtail
12 services to the newborn in the NICU, they're also
13 requesting to curtail the same -- the same services
14 to senior citizens in the Emergency Department.

15 I've worked EMS since 1983 in various
16 roles. I visited both Holston Valley, I visited
17 Johnson City. My wife was a patient in Johnson City
18 ER one night. And from observing the infrastructure
19 of both hospitals I cannot fathom why Ballad
20 believes it's better to keep Johnson City as Level 1
21 and downgrade Level 3. I believe that the military
22 air medical services cannot put a helicopter at
23 Johnson City.

24 The transportation issues have been
25 discussed over and over about if anybody got on the

1 I-26 during the paving you couldn't get to Johnson
2 City. EMS services are going to be negatively
3 affected. They're going to have to transport longer
4 areas, they're going to have less people and there's
5 going to be less people covering your county.

6 Finally, I want to say one thing. The
7 nurses that I mentioned that were downgraded and
8 demoralized, I've spoken to multiple nursing and
9 technical staff and heard the same thing. Ballad
10 Health has cut their pay. Not in -- not in -- they
11 have no recourse, they're scared for their job.
12 They could leave the area, they could.

13 Ballad followed the letter of the law.
14 They raised their base rates. One of them they
15 raised their base rates 11 seconds or 11 cents but
16 they cut their -- they cut their shift differential
17 by -- from 3.45 an hour to 2.46 an hour. So they
18 lost 81 cents an hour. That's about \$1800 a year.
19 People are leaving because of this.

20 Ballad Health is bad for Tennessee, bad
21 for Virginia and bad for Kentucky. Thank you.

22 **Hearing Officer Ockerman:** Number 18, Gary
23 Cutshall.

24 ***

25 **Gary Cutshall:** Good afternoon. My name's Gary

1 Cutshall, G-a-r-y, C-u-t-s-h-a-l-l. And I'm here --
2 I'm from Greene County. I'm here to speak about
3 Ballard's organization operating the Laughlin
4 Nursing Home in Greene County. My mother is a
5 patient there, has Alzheimer's and dementia and has
6 been since April of 2017.

7 When we first checked into Laughlin
8 Nursing Home there was plenty of staff, adequate
9 coverage. It was in Greene County, the best of the
10 lot. It was the best nursing home by far.

11 Ballad started exercising their influence
12 in January of 2018. Since that time we have lost 23
13 CNAs and three have been hired. So that's a net
14 loss of 20 of the direct care givers, the ones that
15 change the messy diapers, the ones that feed those
16 that can't, the ones that transport the patients.
17 We've also lost 11 LPNs and hired two, a loss of
18 nine. And this is the same facility that has a 90
19 bed capacity. It's -- usually it runs between 75 to
20 80 beds filled.

21 So I'm not here because it's just my
22 mother, because I'm there every other day and my
23 sister's there the day that I'm not -- we spend with
24 my mother to make sure she has care. But there's so
25 many people in this nursing facility that has nobody

1 to speak for them. I had a 95-year-old lady come to
2 me and said, "Thank you, Gary, for speaking out for
3 those that can't speak for themselves." She said,
4 "I can't remember much but I can remember that
5 you're talking for our well-being."

6 The other thing is that the differential
7 in pay. They tell me we're trying to hire people,
8 we want to hire people. Well, when you pay two
9 dollars an hour less than the other facilities, what
10 do your good people do? They go to the other
11 facilities so that they can get another payment on
12 the car, an extra house payment a year.

13 And last of all, I'd like to tell you this
14 is what I've saw personally, not by word of mouth
15 but seen. I've seen patients sit in a wheelchair
16 with a pad with urine running into the floor because
17 there's not enough help. We've got good help, we
18 just don't have enough help.

19 I've seen 14 patients being fed by one
20 CNA. Do you think you could feed 14 people in 45
21 minutes and supervise 14? You can't.

22 They lay -- when we first went there there
23 was a two-hour wet check. That's way all gone by
24 the wayside. People lay in their feces overnight in
25 this facility because of the lack of people. Now,

1 you take three days in this past month there has
2 been one CNA in the facility and two nurses for 80
3 people. Now, you put your mom, dad or your loved
4 one in there and we have a fire, do you want your
5 loved one rescued or you want the other one rescued
6 and let yours perish?

7 I've talked to the state fire marshal,
8 I've talked to the state government, the
9 congressman, everybody I could get to listen to say
10 these people aren't disposable. They're not like TV
11 sets and cell phones when you get -- they don't work
12 good you throw them away. They're not disposable.
13 They need to be cared for. They give their life for
14 our country and our -- our counties. We need to
15 take care of them and give them the -- the services
16 and treatment and care that they need. Thank you
17 very much.

18 **Hearing Officer Ockerman:** Thank you. Number 19,
19 Donna Arnold.

20 ***

21 **Donna Arnold:** I'm Donna Arnold, D-o-n-n-a, A-r-n-
22 o-l-d. This is a personal experience that I had.
23 On January 11th on a Friday my mother-in-law was
24 transported from an assisted living to Holston
25 Valley Emergency Room. She had a hematoma that had

1 **Hearing Officer Ockerman:** Thank you. Number 20,
2 Michael Honeycutt.

3 ***

4 **Michael Honeycutt:** Michael Honeycutt, M-i-c-h-a-e-
5 l, H-o-n-e-y-c-u-t-t. I'm a retired paramedic. I
6 spent the last 28 years in this region, mostly in
7 Sullivan County, some in Unicoi and Greene County.
8 I know and understand the trauma and EMS system in
9 this area rather well.

10 What I want you folks to understand is the
11 decisions that this COPA and Alan Levine and the
12 management team -- it is not just the one transport,
13 the one call. It's a domino effect, folks.

14 These transports aren't taxi cab rides.
15 You don't pull up, throw somebody in and take them
16 to next hospital and dump them out. It can take
17 hours for that ambulance to be back in service in
18 whatever county it is. While that ambulance is gone
19 the calls keep coming in. All the local agencies
20 are at full capacity already. These bad decisions
21 in closing and decreasing trauma and NICU levels is
22 going to affect everybody in this area.

23 While that ambulance is out the calls come
24 in, there's not an ambulance there to take your
25 loved one to the hospital. We've already heard

1 everyone else say when they get to the hospital they
2 may be stacked up in the lobby for hours or days
3 waiting to be seen.

4 I charge you folks on this advisory
5 committee to rethink allowing the current
6 administration to continue to make these decisions
7 that will take lives. And that's what it will do, I
8 promise you.

9 I, myself, have been a member of this
10 Level 1 trauma. I sustained a gunshot wound. Had I
11 needed to be transported longer than what it was I
12 probably wouldn't be able to stand here in front of
13 you to talk to you today. And that's exactly what's
14 going to happen to other folks if these decisions
15 are unfettered. And you folks have the ability to
16 take change.

17 You can save lives. If you don't take
18 this opportunity to change them, people will die and
19 I just want you to understand that. You've been
20 charged with this position as the Advisory Council
21 and I want you to take that very, very seriously.

22 **Hearing Officer Ockerman:** Number 21, it's Ken and
23 I cannot read your last name.

24 **Audience Member:** What number?

25 **Hearing Officer Ockerman:** Twenty-one.

Dr. Ken Smith: This is doctor's handwriting.

Hearing Officer Ockerman: I figured that.

* * *

4 **Dr. Ken Smith:** I am Dr. Ken Smith. I am your
5 Level 1 trauma neurosurgeon for 29 years at Holston
6 Valley, before that seven years at Grady Memorial in
7 Atlanta, one of the largest trauma centers in the
8 United States. And I didn't get to the Chamber of
9 Commerce meeting because I was at the hospital night
10 before last and, yes, the ER was overflowing. There
11 were people in rooms created between rooms. There
12 were not enough nurses on the floor to take care of
13 people. There...

14 (Off the record conversation)

1 care if you have an injury severity of 9.2, that's
2 state wide. What Ballad proposes to decrease the
3 amount of care here so you have to be a 15. So
4 anyone between 9.2 and 15 does not get the
5 lifesaving benefits of a Level 1 trauma center,
6 period. We've become second class citizens in our
7 own state and we're collateral -- everybody in here
8 that doesn't fly out tonight is potential collateral
9 damage to that. And I'll let Ballad explain why
10 they're trying to do that. I'm not going to put
11 words in their mouth but a Level 3 is not a Level 1.

12 I can't do my job at a Level 3. We're
13 running full tilt at both Level 1's on both
14 neurosurgery services. We can't slow down. The
15 plan will not work period.

16 And the other issue with this is everyone
17 here is valuable whether you come from the
18 mountains, the hollers, et cetera, and to -- to
19 treat people differently from the care that they can
20 get in Nashville or Atlanta or Raleigh or whatever
21 example you want to use is preposterous and I find
22 it hard to believe there our state and federal
23 agencies haven't looked at this and come to our aid.
24 And I just implore you folks to listen to this, look
25 and see what's happening right in front of our eyes

before the switch is pulled. When it's pulled it's too late. Thank you.

Hearing Officer Ockerman: Number 22, Conni Wells.

* * *

Conni Wells: Conni Wells, C-o-n-n-i, W-e-l-l-s.

Wow, this is greater than the Super Bowl. It was with great interest that I read the Ballad report and I'm going to kind of stick my comments to that report because a lot's already happened that we can't change but I think that a lot is coming that we can change.

I was struck by the number of committees, work groups, strategic plans, all of that. Like I lost count after a couple of dozen and I was really interested in seeing a map of how all of these committees are going to work together in order for us to come out with the outcomes that you're looking for.

The report also boasted a lot of focus on evidence based practices and they're a buzzword in the industry right now and we all use them and throw them around and they just kind of justify taking new directions. As you know, many of those evidence based practices evolved from grants and contracts with the federal government. My opinion is evidence

1 based practices are way of many people continuing to
2 get money after the grant's over.

3 Am I against evidence based practices, not
4 at all. I think it's a great thing but I do feel
5 that there's many practices that maybe have been
6 ignored and not looked at and I didn't see them
7 throughout the report. One of them would be family
8 support providers or peer specialists. They're
9 considered to be the living legend of what families
10 have been through. I've listened to dozens of
11 people here tonight. I've learned so much from them
12 and you learn from people who have gone through it
13 themselves, the people who have had to walk in your
14 shoes.

15 I -- I don't know how many of you are
16 doctors but I work mostly in the mental health field
17 and I will -- I will appreciate and take in the
18 considerations of an individual who's my peer, who's
19 been through what I've been through quicker than I
20 will you. I'll even double check what you tell me
21 with a peer specialist. This is an emerging
22 profession. They're certified, they're trained and
23 they're Medicaid billable and I didn't see anything
24 about them in the report.

25 You know a key concern of the communities

1 served by Ballad was mental and behavioral health of
2 students and of kids. As you know, one in five
3 children will struggle with mental illness this year
4 and 50,000 kids will be expelled from Pre-K and
5 daycare centers. I hoped but did not see how
6 competent mental health services are going to be
7 boosted or provided by Ballad within the school
8 systems.

9 So here's my story. My granddaughter
10 before Christmas had a mental health crisis at
11 school and tried to cut her wrist. After it was
12 determined that it wasn't an emergency she was
13 picked up out in front of the school by a police
14 car, paraded by her peers with a policeman. She was
15 taken to an emergency room where she sat for 36
16 hours before she received any care, one of our
17 Ballad emergency rooms.

18 Finally, as a member of the
19 congressionally appointed department --
20 Interdepartmental Serious Mental Illness
21 Coordinating Council I'm pleased with your focus. I
22 was very pleased with your focus on innovative
23 approaches to financing. It was a major area within
24 our 42 recommendations to Congress last year and I
25 certainly will be watching very closely to see how

1 they unfold in our area. Thanks again for this
2 opportunity and as usual on behalf of the one in
3 five, let's make what we have work. Since we
4 started tonight two vets have taken their lives for
5 a lack of mental -- for a lack of mental health
6 services. Several youth have -- have tried it and
7 one in ten kids in our area have contemplated it.
8 The system's broken, it's not working. The
9 accountability clock is already started and it's
10 your watch. Thank you.

11 **Hearing Officer Ockerman:** Thank you. Number 23,
12 Ethan Cruze.

13 ***

14 **Ethan Cruze:** Hello, my name is Ethan Cruze, E-t-h-
15 a-n, C-r-u-z-e. And I'm here, I came up from
16 Grainger County in Bean Station and you might say
17 why is this important to me? Because I have friends
18 and family that live in this area. I have to come
19 to the VA in Johnson City every week, sometimes
20 multiple days because I'm a disabled veteran.

21 My mother was also a disabled veteran and
22 in 1996 she was involved in a car accident. She
23 sustained a spinal cord injury, a very severe spinal
24 cord injury. If she had not had access to a Level 1
25 trauma center she would not have survived that. As

1 it was, she was with us for another five years,
2 mostly thanks to the VA being able to provide her
3 specialized care. If she had not been a veteran
4 there wouldn't have been the specialized care here
5 for her to take advantage of.

6 Also, once I got out of the military I was
7 an occupational therapist and I traveled around the
8 country working at different places and I got to see
9 what happened every time there seemed to be a merger
10 where the bean counters won out, and the care always
11 went down. I worked at nursing homes where it was
12 myself and the speech therapist performing CPR
13 because there wasn't a nurse available. That's not
14 right. And as I understand the agreement, the COPA
15 Agreement, and the disagreements between what's law
16 in Virginia and what's guidelines in Tennessee, it's
17 more and more apparent that this COPA really needs
18 to be started over.

19 Also, my former specialty was as an EOD
20 officer and the man who talked about the Homeland
21 Security and talked about the access of the roads
22 and trying to get from Kingsport to Johnson City is
23 just asking for a disaster. And I don't think we
24 want to be on the news for that.

25 So I appreciate you taking the time to

1 listen to this and I really think that once you've
2 listened to everybody's comments here that you'll
3 come to a good decision. Thank you.

4 **Hearing Officer Ockerman:** Number 24, Keltie
5 Kerney.

6 ***

7 **Keltie Kernie:** My name is Keltie Kernie, K-e-l-t-
8 i-e, K-e-r-n-e-y. I'm a retired registered nurse.
9 I know some of you personally on this committee,
10 I've worked with you. And I'm not going to repeat
11 the statistics that you've heard tonight so very
12 clearly from many professionals, many individuals
13 and I think you'll hear from some more but I want to
14 share with you a little bit more about the history
15 of Holston Valley and how it came to be.

16 Many of you in this room have family who
17 worked, gave a day's wage, miners, plant workers, to
18 build that facility, to build what it became through
19 services, through recruiting specialists, through
20 accreditation, through hard work, through the
21 impossible to come where it is today. But Ballad
22 can't take that away because the spirit exists and
23 the foundation is there but there are some real
24 concerns. There's a major disadvantage, many
25 disadvantages, access to care, the disadvantage and

1 the costs that have increased. Something that I
2 haven't heard anyone mention yet is how are we going
3 to recruit specialists, world class specialists?
4 How are we going to do that?

5 And one of my dear friends who is a
6 specialist said he conveyed that to this committee
7 and was told, "I'm disappointed in you." Well, I'm
8 disappointed in Ballad. The leadership begins at the
9 top. And it needs to begin to stop. There's a
10 compromise there. There's a disadvantage, there's a
11 conflict. Mr. Levine is conflicted. He makes
12 decisions to reduce care to save himself to get a
13 big bonus. He is -- and I know this factually -- I
14 know this factually so when he can close a service
15 he could save money, he looks good. He needs to go.
16 Leadership starts at the top.

17 And now this committee has an opportunity
18 to do something about it. One of you told me that
19 you didn't even know what some of these
20 recommendations were about closing the NICU and
21 downsizing. Think about that, if you don't need --
22 if you don't know, who does know? He needs to go.
23 His leader group needs to go.

24 If history is a predictor of the past --
25 if history is a predictor of the past look at the

1 revolving door, Benny DeNovero, Dr. Saluso, Eddie
2 George. How many more do I need to tell you about?
3 And they all got big bonuses, memberships in golf
4 clubs, cars, clothing allowances. Do I need to say
5 more? They're conflicted and compromised. So lives
6 are at matter -- are at stake here.

7 I could tell you personal experiences, one
8 after the other. Talked with one of you about a
9 hypothetical, what if I'm in front of Holston
10 Medical Group and have an accident. Well, if it's a
11 true trauma I'm going to Johnson City and I'm in
12 Holston Valley's back door. It doesn't take a
13 statistician to know there's no logic in that.

14 Just Monday night there were two traumas
15 on Stone Drive. By definition they would be going
16 to Johnson City. Again, last night on the way back
17 from Johnson City my husband I almost wrecked a the
18 intersection of 26 and 81.

19 I appeal to you all, please do something.
20 Pray about it, but let me give you another
21 highlight. You can't have the Gideon Bible in the
22 hospital anymore because Ballad says it's an
23 infection control issue. Bah humbug. Something has
24 to stop now. Please do something.

25 **Hearing Officer Ockerman:** Number 25, Sherri

1 Thacker.

2 ***

3 **Sherri Thacker:** I'm short, can you hear me?

4 Everybody hear me? All right. My name is S-h-e-r-
5 r-i, T-h-a-c-k-e-r. I'm a mother of five children.
6 I'm a nurse for 23 years. I worked at Holston
7 Valley and it was a highlight for me but when they
8 talked merger I started looking for another job
9 because mine wasn't safe. Okay?

10 I work in a job in this area that I will
11 not be merged out of because of Ballad. I have four
12 teenagers/young adults that drive these roads that
13 could wreck at anytime. They are all in Southwest
14 Virginia where we live. They go to college at
15 Mountain Empire. Heaven forbid should they have an
16 accident on US-23 because they're going to be two
17 hours away from Johnson City.

18 It's a travesty to move this Level 1
19 Trauma Center from Holston Valley. Yeah, you all
20 talked about consolidation of services but nowhere
21 in the COPA did you all talk about downsizing. It's
22 wrong.

23 I also have a daughter with Angelman's
24 Syndrome which is severe to profound mental
25 retardation and it's a national organization, a rare

1 disease diagnosis. You can go to Angelman.org to
2 learn all the problems that she has but she's
3 critical.

4 She has neurologic sleep apnea. That
5 means at any moment in time her brain could tell her
6 stop breathing. She cannot wear a mask for that.
7 There's no help for it. If I don't have her within
8 30 minutes while I'm doing CPR trying to help save
9 her life her golden hour is gone. There's no way I
10 can get to Johnson City in -- in an hour.

11 I live in Scott County and I'm lucky that
12 they call the police out to drive the ambulances
13 when these ambulances are tied up at the other
14 hospitals, and that happens all the time.

15 I help the Sheriff's office, I know how
16 many times that the Sheriff's office has been called
17 and they've got behind the wheel of an ambulance.

18 I was in the ER when they brought a child
19 in from Nickelsville because they couldn't get a
20 rescue squad to get it to the hospital. It took
21 them two plus hours just to get an ambulance to
22 Nickelsville. By the time that child got to the
23 hospital you could forget it, it didn't live and
24 that's already before the merger.

25 Now, with us having to go for another long

1 time to Johnson City and being that far away you're
2 going to kill more people. We can't play God and I
3 think that's what's going on with this.

4 I want you to know that this is a severe
5 public disadvantage especially to those of us that
6 live in Southwest Virginia and Kentucky and North
7 Carolina that are served by Holston Valley. It is a
8 direct violation of the COPA. And if you lived in
9 these areas and you had to come here because there's
10 no hospital where you live, you would feel the same
11 way. You need to really consider what you're doing
12 and see the public disadvantage and the violations
13 of the COPA that are already existing.

14 I pray that you will change your mind and
15 take away the COPA that you already have. Thank
16 you.

17 **Hearing Officer Ockerman:** Thank you. Number 26,
18 Dr. Mickey Spivey.

19 ***

20 **Dr. Mickey Spivey:** Hello. Mickey Spivey, M-i-c-k-
21 e-y, S-p-i-v-e-y. Good afternoon. I am an
22 emergency physician that's mostly retired. I've
23 been involved with EMS fire and rescue for many,
24 many years in the area of pre-hospital care. I'm
25 here today because I believe with all my heart that

1 the plan to downgrade Holston Valley's Level 1 and
2 Bristol Regional's Level 2 Trauma Centers to Level 3
3 will significantly disadvantage the majority of the
4 people in the Ballad service area.

5 There are many reasons for this and many
6 of these have been touched on but let's just look at
7 capability. There's a vast difference between the
8 capability of a Level 1 trauma center or a Level 2
9 trauma center in that that's provided by a Level 3.
10 Likewise the requirements of a Level 1 or a Level 2
11 trauma center is far greater than that of a Level 3.
12 And we've talked about before that a Level 1
13 requires 28 different specialties to be available
14 24/7, 365. 365 is important, okay?

15 A Level 2 which is very similar, requires
16 24 different specialties to be available 24/7, 365.
17 A Level 3, however, only requires four specialties
18 to be available 24/7, 365.

19 Ladies and gentlemen, people in all the
20 Tri-Cities from Johnson City, Kingsport and Bristol
21 have all enjoyed having all these specialties
22 available for the last 30 years and one of those
23 reasons are because of the requirements of Level 1's
24 and Level 2 trauma center in this region. I am
25 greatly concerned that downgrading these hospitals

1 in Bristol and Kingsport to Level 3 trauma centers
2 with only four specialties required to be available
3 and many of these specialities that we have today
4 will no longer be available 24/7, 365 and that,
5 ladies and gentlemen, has a great potential to
6 significantly impact the quality of care, not only
7 to trauma patients but also to medical patients in
8 the entire area. This is so important to the great
9 majority of those of us in the Ballad service area.

10 Virginia has trauma triage destination
11 guidelines similar to Tennessee. Virginia basically
12 states that certain patients with certain injuries
13 and vital signs at the scene are to be directed to
14 the closest Level 1 or Level 2 trauma center.
15 Historically that has been Holston Valley or it has
16 been Bristol Regional Hospital. Now, with the
17 downgrade to Level 3 those patients will no longer
18 be able to go to Holston Valley or Bristol because
19 they don't meet that criteria. Instead they will
20 now have to be transported to either Johnson City or
21 maybe to Pikeville, Kentucky to be the closest Level
22 1 or Level 2 trauma center. Guys, that's
23 significantly disadvantaging these people.

24 And then Virginia also has a requirement
25 that states that if the transport is greater than 15

1 minutes you need to airlift these patients. If the
2 Virginia State helicopter, which is a free service,
3 is not available then another helicopter has to
4 provide that transport, that charge to that patient
5 is going to be absolutely huge and many of these
6 people are already living in depressed economic
7 situations. This further disadvantages these
8 people.

9 One thing that's very important to
10 understand is that the COPA did not preapprove the
11 consolidation of the trauma system. It approved
12 only the consolidation of the Level 1 trauma
13 centers. It did not mention downgrading the Bristol
14 Regional to a Level 3, nor did it mention what
15 should become of Holston Valley if it was not chosen
16 as the Level 1. This is important to remember.

17 And last but not least, I think that it's
18 the best thing that we could possibly do is to try
19 to make sure that Bristol Regional and Holston
20 Valley are maintained at least at a Level 2 trauma
21 center. This would significantly reduce the
22 disadvantages to all of the people in the area, but
23 most importantly of all it would help make sure that
24 everyone, everyone in the Ballad service area has
25 their best chance of survival if they're facing a

1 major medical or traumatic event and that's what
2 it's all about. Ladies and gentleman, they deserve
3 no less. Thank you very much.

4 **Hearing Officer Ockerman:** Thank you. Number 27,
5 Sabrina Gray.

6 ***

7 **Sabrina Gray:** Good evening. My name's Sabrina
8 Gray, S-a-b-r-i-n-a, G-r-a-y. I'm the Associate
9 Clinical Leader at Holston Valley Medical Center
10 Cardiovascular Surgery Department.

11 On January 23, 2019 I get my paycheck
12 expecting to have a two percent annual raise for my
13 performance evaluation. These evaluations are done
14 annually usually around August or September and
15 they're based on your work performance throughout
16 the year. So I busted my back all year to make sure
17 that I got that evaluation, and I got a great
18 evaluation, by the way. Instead, I didn't get my
19 bonus onto my hourly rate. I got it as a lump sum
20 bonus. One time only for that year.

21 For -- for -- I've been there for five
22 years and in that five year's time I've missed two
23 days of work, one of which I totaled my car and
24 rolled it and could not go to work. I was on my way
25 to work and got -- crawled out of the car. The

1 first thing I did was go to a home because I
2 couldn't find my phone. I called Holston Valley
3 Medical Center operator to make sure that that unit
4 was taken care of for the day before I ever called
5 my family. I'm a very committed person to my job.

6 I don't want to have to leave this area
7 because now I'm being told that of August of 2018
8 there was a pay grade decrease so that I cannot go
9 any higher than I am. We were not told this during
10 our performance evaluations. They have always been
11 tacked onto the hourly rate, always.

12 So my leader, when I went to her she did
13 not know anything about a lump sum one time bonus on
14 my check and there were others to follow me with her
15 that this had affected. And it appears to be the
16 older people in their 50s that it has affected
17 because, of course, we're -- we make the most
18 because we're experienced and have been there the
19 longest. So she showed me an email that said as of
20 August of last year -- "I did not know anything
21 about it, I'm sorry, when I did your evaluation or I
22 would've told you all."

23 So I called HR. They knew nothing about
24 it. The HR Manager knew nothing about the pay
25 grades being decreased. So I -- I think that's a

1 pretty slap in the face if your HR managers don't
2 know anything about it.

3 So just to make a long story short, I'm
4 going to have to leave this area to make more money
5 because they're -- they handcuffed me. I cannot go
6 any higher up at Mountain -- at Ballad. And just an
7 example, for an 83 cent an hour raise for the next
8 10 years, which I plan on working until I retire,
9 accumulates and had this been put on to my hourly
10 rate it would've accumulated over the years, rather
11 than a small lump sum bonus. I'm losing \$101,587.20
12 in 10 years. So I hope they use that money for good
13 use.

14 I train the new nurses that are coming in.
15 We have travelers coming in this area that are
16 making far more than I'm going to make. So I just
17 can't understand the reasoning of having travelers
18 brought back into the system when they don't want to
19 pay me as -- as a committed person less and going to
20 bring travelers in here and pay them more. So I
21 hope you're listening to my story. Thank you.

22 **Hearing Officer Ockerman:** Number 28, Crystal
23 Moore.

24 ***

25 **Crystal Moore:** My name is Crystal Moore, C-r-y-s-

1 t-a-l, M-o-o-r-e. I've been a registered nurse for
2 10 years. There are several components to this
3 hospital merger proposed and implemented changes to
4 care, the COPA, and its oversight that are of
5 extreme concern to the public as it creates a
6 significant disadvantage in the following areas:
7 Patient access to healthcare, increased cost of
8 healthcare, quality of care received and employee
9 impact as you've just heard.

10 Some conflicts of interest that are of
11 concern are as follows: First, the former
12 Tennessee State Health Department Commissioner John
13 Dreyzehner's wife, Jana Dreyzehner, has a company
14 called Starfish Health that has a telehealth
15 contract with Ballad Health. In addition, she is
16 listed as the Medical Director in the Psychiatry
17 Department for Dickenson County Hospital with
18 Ballad. This was a clear conflict of interest and
19 potential ethics violation during his time in
20 office.

21 Secondly, on January 30th, 2018, one day
22 before the COPA was issued, Senator Rusty Crowe
23 sponsored SB2048. This legislation eliminates the
24 public transparency that COPA's thought to provide.
25 It allows Ballad Health to keep private information

1 obtained through the COPA oversight, that includes
2 hospital and facility closures, repurposing of
3 facilities and elimination and relocation of
4 services, and so on and so forth.

5 Ballad's justification for this
6 legislation was to protect themselves from -- from
7 competitors. But Ballad controls an average of 77
8 percent of inpatient care in our region and greater
9 than 90 percent of that care in other areas. So it
10 begs the question, what competition? There is none.
11 This law's privacy is detrimental to the public and
12 has the potential to lead to serious health issues
13 including death.

14 For example, Ballad Health closed its
15 cardiac cath lab at Indian Path Medical Center in
16 August of 2018; yet for several months thereafter
17 their website still listed it as an open department
18 with a telephone number. And patients who had been
19 previously getting cardiac care at that facility or
20 expected to get it at that facility were going with
21 heart attacks and cardiac related issues, only to
22 find they cannot be treated.

23 Thirdly, Senator Rusty Crowe is the Vice-
24 President of Shared Health Services which is a
25 company that provides wound care units to Ballad

1 Health. He has been a paid contracted employee of
2 Mountain States Health Alliance from 2011 to 2017
3 and is now one with Ballad Health as of 2018
4 according to his senate financial disclosure forms.
5 He has since passed two additional pieces of
6 legislation that have the potential to monetarily
7 benefit Ballad Health and himself as a result. This
8 is an obvious conflict of interest and potential
9 ethics violation.

10 Some COPA oversight concerns are as
11 follows: Gary Miller over COPA Compliance is
12 employed by Ballad Health and therefore would also
13 have a biased position in reporting. And lastly,
14 Larry Fitzgerald who is the COPA Oversight appointed
15 by the state only works part-time on the 119 pages
16 of requirements and commitments contained in this
17 COPA. The ability of Mr. Fitzgerald to adequately
18 oversee, investigate and report on the fulfillment
19 of the COPA is in grave question, not due to his
20 integrity or desire, but simply because of the lack
21 of time and resources available to him to cover such
22 a vast legal document. Thank you.

23 **Hearing Officer Ockerman:** Thank you. Number 29 is
24 Jennifer Miller. And I'll remind everybody if you
25 have written statements that you want to leave with

1 us please give them to the court reporter.

2 ***

3 **Jennifer Miller:** J-e-n-n-i-f-e-r, M-i-l-l-e-r.

4 I'm speaking to the devaluing of nursing speciality
5 certification. According to the COPA, Section 3.08,
6 Ballad is to work as quickly as possible to address
7 differences in salary, pay rate and employee benefit
8 structures. According to Section B the goal of this
9 undertaking is to achieve a uniform system of
10 compensation and competitiveness in order to attract
11 and retain employees and Ballad is to spend a
12 minimum of 70 million dollars over a 10 year period
13 to eliminate these differences. This 70 million
14 dollars is in addition to what is currently spent on
15 compensation as of the COPA approval date and is
16 applicable to all levels of employees.

17 Ballad has decreased the value of
18 specialty nursing certifications by changing the
19 legacy Wellmont policy of compensation of one dollar
20 an hour additional pay to two percent of the
21 employee's base pay.

22 Ballad adjusted base salaries of current
23 employees so that the current paychecks will not be
24 affected, thus being able to claim that they've not
25 technically violated COPA. However, this has

1 effectively decreased the value of certification for
2 all nurses by anywhere from 40 to 60 percent across
3 the board, depending on that current nurse's base
4 pay.

5 If you do the math, according to
6 glassdoor.com the average salary of an RN in
7 Kingsport is around \$50,000 per year, which
8 incidently is 32 percent below national average
9 already. The annual pay equals to around \$24 per
10 hour. A two percent certification pay is 48 cents.
11 This is over a 50 percent reduction in certification
12 value.

13 The unattended consequences of this change
14 are a public disadvantage and will negatively affect
15 the opportunity for nurse career development as well
16 as patient safety and health outcomes because less
17 nurses will become certified, less nurses will
18 recertify. The percentage of certified nurses will
19 decline, thus affecting certain accreditations such
20 as with the Commission on Cancer.

21 Quality of care will decline. Patient
22 safety will be compromised and the ability to
23 recruit new nurses will also decline. These changes
24 to nurse certification are a violation of COPA by
25 implementing changes that will not attract and

1 retain employees as outlined in Section 3.08(b). A
2 violation of the essence of the COPA that addresses
3 compensation differences would be made in addition
4 to the -- in -- in addition to what was currently
5 spent on compensation as of the COPA approval date
6 and not utilizing the 70 million dollars earmarked
7 for this and by being a public disadvantage by the
8 unintended but very real consequence of compromising
9 patient safety.

10 So why is this so important? Maybe today
11 it's not. I'm an oncology certified nurse and I'm
12 working on my tenth year. My certification has
13 expanded my knowledge. It's made me accountable to
14 upcoming treatments, new drugs, changes in the world
15 of cancer treatments. Statistically one in three
16 men and one in two women will have a lifetime cancer
17 diagnosis. So I ask you, if you were diagnosed
18 today would you feel better if your nurse was
19 specially certified in oncology and would it be
20 worth more than a dollar? Thank you.

21 **Hearing Officer Ockerman:** Number 30, Elizabeth
22 Foran.

23 ***

24 **Elizabeth Foran:** Hello. My name is Elizabeth
25 Foran, E-l-i-z-a-b-e-t-h, F-o-r-a-n. I came to you

1 as a flu patient a year ago and I'd never been in
2 the hospital for 20 years since I had my children.
3 My husband had been treated at Duke because he was a
4 Stage 4 cancer, four year -- about 20 years ago so
5 I'd seen what good hospitals can do. I presented
6 you with two insurances, very good insurances. You
7 would not accept either one of them.

8 I went to Urgent Care, I was told to go to
9 the ER because I needed an IV. I ended up with
10 \$4,000 and I thought to myself, why are you here in
11 East Tennessee if you don't take two major
12 insurance? I was told that your ER is leased out by
13 your physicians and they do not take either
14 insurances I have. I have CHAMP Insurance and I had
15 CIGNA 200. I was told at Urgent Care if I was -- if
16 I were to have gone to Sycamore Shoals it would've
17 been paid for but Ballad Health owns Sycamore
18 Shoals. I don't understand why are you in East
19 Tennessee if you do not accept the insurances that
20 the majority of the people here have.

21 Duke Medical Center -- I have seen the
22 very best but they are wonderful to the very least.
23 Why do you play a power play for our area and
24 deliver such insignificant health care, period? It
25 makes me sick as a resident of this area that you

1 would power play us and get up here and then
2 disappoint all of us. Whether you like us or not we
3 are going to grow and maybe you are not to grow with
4 us. Thank you.

5 **Hearing Officer Ockerman:** Thank you. Number 31,
6 Dr. William Buselmeier.

7 ***

8 **Dr. William Buselmeier:** My name is William
9 Buselmeier. That's B as in bravo, u-s-e-l-m-e-i-e-
10 r. I'm a primary care physician in Kingsport,
11 Tennessee. I am part of an inter-professional 25-
12 physician practice that has been serving patients
13 from at least eight counties in Northeast Tennessee
14 and Southwest Virginia for 44 years. We also
15 provide medical care to patients of all ages
16 admitted at Holston Valley Medical Center. My
17 partners have authorized me to speak on their behalf
18 at this meeting.

19 Over the last several months we have
20 experienced ongrowing -- experienced growing
21 concerns for the ongoing safety of our patients due
22 to Ballad Health's proposal to remove key services
23 from Holston Valley Medical Center. The lack of
24 sufficient input from community physicians in
25 creating this plan is deeply concerning and we are

1 fearful that the proposed changes will significantly
2 disadvantage our patients. However, after reviewing
3 Ballad Health System's Annual Report we see a major
4 opportunity to ensure our patients continue to have
5 access to the vital inpatient services and help
6 ensure that Ballad Health's long-term financial and
7 strategic goals are met.

8 In Greene County, Tennessee there exists
9 two hospitals, formerly competitors. Ballad Health
10 has transformed their operations such that they now
11 function as one hospital with two campuses. One
12 hospital will focus its services on advanced
13 outpatient and non-acute inpatient care, while the
14 other hospital will focus on providing acute
15 inpatient services. My colleagues and I would
16 actually like to praise Ballad Health for
17 implementing this forward thinking systematic
18 approach that cooperatively improves the medical
19 care of patients in Greene County.

20 We think a similar approach could be
21 effectively used in Kingsport where another two
22 formerly competitor hospitals are located. The
23 facilities are Indian Path Community Hospital and
24 Holston Valley Medical Center. In the Greene County
25 model Indian Path would best service as the advanced

1 outpatient non-acute inpatient care facility and
2 Holston Valley as the provider of acute inpatient
3 services. Specifically we think Holston Valley
4 should retain the ability to provide inpatient
5 services to children and adults, labor and delivery
6 services to our pregnant patients and at least as
7 well as a Level 2 NICU.

8 Additionally, a number of problems in
9 Kingsport could be solved if Indian Path Community
10 Hospital were to focus on advanced outpatient
11 services. Problems such as nursing staff shortages,
12 prolonged patient hospitalizations, bed diversions
13 and subspecialist unavailability could all be
14 improved by focusing services in the one hospital,
15 two campuses model.

16 Ballad Health has the potential to
17 dramatically improve the healthcare of our region.
18 We seek the opportunity to inform Ballad Health on
19 how to accomplish this and partner with them to
20 better care for our patients. Thank you for
21 listening.

22 **Hearing Officer Ockerman:** Thank you, Dr.
23 Buselmeier. Number 32, DeRhonda Bearden.

24 ***

25 **DeRhonda Bearden:** Hello. My name is DeRhonda

1 Bearden, D-e-R-h-o-n-d-a, Bearden, B-e-a-r-d-e-n.
2 I'm a nurse at Holston Valley. I -- I was a candy
3 stiper there in my high school days. I got a
4 scholarship from their auxiliary to go to nursing
5 school and I graduated from ETSU in 1982 and so I
6 started out in their special care nursery there in
7 1982. It was far from the Level 1 then but we had
8 the need and the want-to to learn. I watched the
9 nursery grow as the nurses became more experienced.
10 We took care of more babies then, sicker babies as
11 -- as it grew. As the doctors became more
12 specialized we got neonatologists here. I watched
13 that unit grow so I feel a special warm feeling for
14 the nursery and -- and the level of care that the
15 neonatologists have given there.

16 I also can speak from the experience of a
17 grandmother. I have four-year-old twin
18 granddaughters that their mother was a high risk
19 patient there for a month before she delivered. I
20 would've hated to have thought that we would've had
21 to have went to Johnson City, driving there several
22 times a day to -- to see her and to attend to her.
23 And so when it came time that she needed to be C-
24 sectioned for her hypertension the babies were about
25 36 weeks. They were taken care of by Dr. Powers,

1 Dr. Lail, Dr. Martin in our -- our Neonatal
2 Intensive Care Nursery.

3 As a proud nurse I was able to go down
4 there and participate in their care. They were
5 there for 13 days. I consider it a definite
6 advantage for me to -- to be able to go in my
7 community hospital because like I said, I -- I was a
8 candy striper there. I've -- I've been a nurse
9 counting the time that I was an LPN I've -- I've
10 been a nurse almost 40 years.

11 What I'm doing now, I help breastfeeding
12 babies. I'm a lactation nurse at Holston Valley. I
13 work with those NAS babies in -- in the Neonatal
14 Intensive Care and it's definitely a bonus to have
15 those nurse -- the parents to be able to be that
16 close to their babies. These are moms that are at
17 risk for bonding issues. They -- they need to be
18 able to be close to their babies to breastfeed.
19 Most of those babies are breastfeeding every three
20 hours. They certainly don't have time to make a
21 track back to Southwest Virginia to home, you know,
22 to see other children or whatever so it's a definite
23 advantage. The hospital also has the -- and I -- I
24 call it a luxury. We have several hospitality rooms
25 that those mothers can board in free of charge. So

1 I -- why would you mess up a good system?
2 Alan Levine, in the beginning he talked
3 about the American Academy of Pediatrics'
4 recommendations that all the babies be at a level --
5 the perinatal designated center in Johnson City. He
6 was quoting from old American Academy Pediatric
7 recommendations. That's not the most current ones
8 that says that babies can be taken care of in places
9 other than the designated perinatal center and we
10 have been doing that for 30 years and I hope that
11 you all will have the foresight to let us continue
12 doing what we do. Thank you.

13 **Hearing Officer Ockerman:** Thank you. Number 33,
14 Kevin Mitchell.

15 ***

16 **Kevin Mitchell:** Kevin Mitchell, K-e-v-i-n, M-i-t-
17 c-h-e-l-l. First off, I want to thank you all for
18 serving on that council and it's my sincere hope
19 that you will hear the voices -- not just hear the
20 voices but listen to the voices, the courageous
21 voices of the people that have spoken and those who
22 are here in the audience because this is going to
23 affect them.

24 As you heard Dr. Spivey, my understanding
25 of the provisions in the COPA was for a

1 consolidation of Level 1 services. It didn't
2 specify a downgrade, especially a downgrade to a
3 Level 3. Now, that represents a serious -- a
4 serious public disadvantage to emergency medical
5 care. More pointedly, it represents a serious
6 threat to life and survivability.

7 Now, I'm going to read you some quick
8 figures just so you understand about traumatic
9 injuries in rural -- in our rural area. They have
10 been increasing and you can find this information on
11 the Tennessee Department of Health website. If you
12 go to the Trauma Care Advisory Council you can see
13 some of the data they have and this is where I
14 pulled that from.

15 In 2014, and this is from their 2015
16 report, we saw -- again, I'm not going to give you
17 the Tennessee figures but the surrounding counties.
18 We saw 954 patients from Kentucky, 1364 from
19 Virginia. The next year 1258 patients and 1341 from
20 Virginia, and the latest data that they have on
21 their website is 1462 patients seen in trauma
22 centers and -- from Virginia, 1340 from Kentucky.
23 Now, in the Valley's -- in Holston Valley's service
24 area, you know, there are really 14 counties, there
25 -- there are more, this is not an inclusive list.

1 You've got Washington County, yes, Washington
2 County, Tennessee, Sullivan, Hancock, Hawkins,
3 Greene Counties in Tennessee; Bell County, Harlan
4 County, Knott County, Letcher County in Kentucky;
5 and Lee, Wise, Scott, Washington and Tazewell
6 Counties in Virginia. Now, why that is important is
7 that you heard someone mention the golden hour. The
8 golden hour basically says that the sooner we can
9 get those patients to definitive care that have life
10 threatening injuries the higher chance of
11 survivability that they have.

12 Now, I'm going to paint you a scenario and
13 this is my hometown, my town in Kingsport. If we
14 run a vehicle accident in Kingsport if it's a bad
15 accident that you see those life threatening
16 injuries, a complex extrication can take on a
17 conservative estimate 30 to 45 minutes. Now, we get
18 that patient out of that vehicle and we transport
19 them to Holston Valley. We can usually be in any
20 part of the city to Holston Valley in seven to 10
21 minutes. That increases survivability. If we have
22 to transport those patients another 30 miles, 22
23 miles, 23 miles to Johnson City, those patients are
24 probably not going to survive their injuries. So I
25 want you to take in account to why the State of

Tennessee saw fit to have a trauma center, Level 1, in Kingsport at Holston Valley and then in Johnson City is because of the nature of our topography, our geography, the weather is -- we require that. And if you take that away from Kingsport it is definitely going to be a public disadvantages -- a public disadvantage to healthcare. Thank you.

Hearing Officer Ockerman: Thank you. Number 34,
Annette Gentry.

10 ***

11 **Annette Gentry:** My name is Annette Gentry, A-n-n-
12 e-t-t-e, G-e-n-t-r-y. Hello. Thank you for serving
13 on this Board. My aspect is from a patient
14 standpoint. On December 26th of 2018 I was admitted
15 to a local ER. There wasn't a neuro team there so
16 they were transferring me to Johnson City Medical
17 Center. I had symptoms and signs of a stroke. I
18 had to wait in the ER for over 26 hours to be
19 transported to Johnson City Medical Center. Twenty-
20 six hours of patient with stroke symptoms.

1 wing on the stroke floor.

2 Keep in mind this entire time my insurance
3 was being billed for me being there. This is a huge
4 disadvantage to the public here. It's unacceptable.
5 When I finally got to Johnson City Medical Center
6 one entire wing was -- was empty. They did a lumbar
7 puncture, they found out that I had meningitis which
8 is very serious. I could've died before I even got
9 over to Johnson City Medical Center. They finally
10 got me on treatment and it could've been very
11 critical for me because I had chemo therapy at one
12 time for breast cancer so my immune system is
13 already compromised.

14 I could've died. I don't know that
15 anybody -- I know the doctors would've cared but I
16 don't think anybody else would've that's over there.
17 The cost of the delay in treatment and the
18 transferring me to Johnson City Medical Center is
19 actually what drives up the costs of insurance.
20 This is directly a disadvantage to the public.

21 They put a midline in my arm in addition
22 to my IV that I already had, an additional cost
23 billed to my insurance. I received discharge orders
24 with home health which would've been cheaper than a
25 hospital stay, right? They were to come out once a

1 day for four days and give me an IV infusion of
2 antibiotics to get rid of this.

3 I was advised by the Johnson City Medical
4 Center nurses that they had put in for the orders
5 for home health for me to go home with for four
6 days. I waited and waited and waited. I kept
7 asking, they kept saying, "We put in orders, we put
8 in orders. We called, we called. Your insurance
9 just hasn't got back with us." I called my
10 insurance. They said, "We've never had a request
11 for you to have home health," my insurance. Now,
12 they said they'd done done it. I was supposed to
13 went home four days. I got charged for being in the
14 hospital when I shouldn't have been. No need
15 whatsoever.

16 I was discharged and I was met at home
17 with a hospital bill that was already there waiting
18 for me for over \$35,000 for 13 days. This is
19 unacceptable. It's ridiculous. It's definitely a
20 public disadvantage. Surviving cancer was easy.
21 It's this community and everybody here surviving
22 Alan Levine and Ballad Health that I'm worried
23 about. Thank you.

24 **Hearing Officer Ockerman:** Thank you. Number 35,
25 Allen Lark.

1

2 **Allen Lark:** My name is Allen Lark, A-l-l-e-n, L-a-
3 r-k. I'd like to start off with thanking the Board
4 for being here. I'd like to introduce this group
5 here. From wall to wall you've got residents,
6 you've got taxpayers, you've got voters, you've got
7 patients, you've got survivors. Now, from wall to
8 wall you've got a room full of victims. Why are
9 they victims? Something they have -- their
10 healthcare has been taken from them. They have no
11 input. When they had input nobody wanted to hear
12 it, it didn't matter.

13 We have contacted our local, state and
14 federal elected officials. They don't even want to
15 return emails, they don't even want to talk to us.
16 Go look at their campaign contributions. They've
17 all been paid off by Ballad and their leadership.
18 That's not what I'm making up, it's a public record.
19 They've been bought. The people we voted into
20 office now wear price tags on their uniforms or
21 their suits. So we have no representation other
22 than this Board.

23 Moving on, I'm a 1989 graduate of Holston
24 Valley's Trauma Center from a very bad car wreck in
25 eight inches of snow. I wasn't flying that day and

1 I wouldn't have made it to the Med Center. What
2 we've got here is a conflict in terminology. We
3 keep hearing the word COPA. You all hear it as
4 Certificate of Public Advantage. What these people
5 have been presented is no public advantage what so
6 all. What they've represented -- hang on, you're
7 killing my time. What they've been presented was a
8 certificate of personal advantage. It's personal
9 advantage. How do I get that? And this is all in
10 my opinion but I think everybody will agree. Why is
11 it personal advantage? Alan Levine at Kingsport's
12 Board of Mayor and Aldermen meeting presented
13 Ballad's finances for the first year in business and
14 they made double or triple digits in the millions of
15 dollars profit the first year. So business is good,
16 okay? He proved that. While business is good we're
17 tearing the business down from the inside.

18 Everybody in this room that works at one
19 of these hospitals should be happy to go to work,
20 not worried about what they're going to do with
21 their house because they can't accept the pay
22 they're paying them. Give these people a freaking
23 wage they can live on. It's ridiculous. The
24 money's there but because of my certificate of
25 personal advantage I'm taking from them so it goes

1 in my pocket on the end.

2 Now, they have also presented a
3 regionalized trauma plan, great idea, it sounds
4 fabulous. We're going to cut out, we're going to
5 have one Level 1 trauma center because Memphis,
6 Nashville and Chattanooga only has one trauma
7 center. Why do we need more than one? Go to
8 Erlanger, Nashville or Memphis and look at their
9 trauma center, okay? You people are no dumber than
10 these people are. You don't compare a one-lane
11 gravel road to a 12-lane interstate. Okay. I
12 personally visited Erlanger ER and a friend of mine
13 give me a tour of their ER and their trauma center.
14 They have more capabilities in that one facility
15 than we have in the Tri-Cities. That's why we need
16 three trauma centers, is we're spread out. You've
17 never heard Ballad say okay, we're going to have the
18 capabilities in Johnson City to land five
19 helicopters at once and all the ground ambulances
20 that can roll in here and we're going to have the
21 staff on site or on call to take care of you. No,
22 they're going to have one doctor.

23 This area serves three states. Patients
24 come in here from three states, Kentucky, Virginia
25 and Tennessee. Okay? So now -- and keep this in

1 mind and I don't mean this in any respect, you all
2 have not left this area yet. Anybody in this room
3 could have an accident leaving here. Do you want to
4 get to the hospital and say well, we're waiting
5 until they get free. You're in a cue right now,
6 you're Number 3. I know you're bleeding to death
7 but you're just going to have to wait. That's the
8 reality of what we're dealing with. You all are the
9 only ones that can help us in anyway. Nobody wants
10 to help us.

11 If you look at geographically Tennessee
12 stops in Knoxville, Virginia stops at Roanoke, the
13 part in the middle nobody cares nothing about. So
14 this Board is the only one that can do anything to
15 help us because nobody else cares, their pockets
16 have already been padded. It's ridiculous that we
17 -- and I'll assure you everyone of these people had
18 something better to do tonight and this is only a
19 small sample of what could be here to recognize
20 their voice.

21 **Audience Member:** Because they're scared. Because
22 they're scared.

23 **Allen Lark:** Yeah. Most of them are scared. They
24 have been threatened, if you speak out, if you say
25 anything we don't need you no more. Yeah.

1 **Audience Member:** They've already been firing.
2 **Allen Lark:** They have several -- some have already
3 been fired for speaking out, folks. Where -- and
4 where is this for us? I'm -- I hate to say this, I
5 don't want to do no personal attacks but when you're
6 from Florida and you've come up here to make
7 millions of dollars, chances are you're probably
8 going back to Florida with more millions. Now, I
9 didn't call out no names but you can put the puzzle
10 together.

11 **Hearing Officer Ockerman:** Thank you, Mr. Lark.
12 **Allen Lark:** Thank you.
13 **Hearing Officer Ockerman:** Thank you. Number 36,
14 Donald Christian.

15 ***
16 **Donald Christian:** My name is Donald, D-o-n-a-l-d,
17 Christian, C-h-r-i-s-t-i-a-n. I've just got a few
18 comments. I'll be brief. My name is Donald
19 Christian. I'm from Blountville. I am highly
20 concerned about the only trauma center being in
21 Johnson City. I'm -- I'm with all the other
22 patients who have chronic life threatening diseases.
23 They need access to care and quick care.

24 I have cardiovascular disease and I also
25 am at risk of bleeding out without emergency bypass

1 during a heart attack. So what if I'm being
2 stabilized at a Level 3 trauma center and I start to
3 bleed out? Did -- there's not going to be the
4 people on call to do that open heart surgery for me.
5 So it's ridiculous to ask me to have two heart
6 caths, one in Bristol to stabilize me and then one
7 in Johnson City to actually put in a stent. And it
8 would be the same with people with lung diseases and
9 other -- other things. Anybody with chronic illness
10 needs access to immediate care.

11 I had my heart attack pre-merger 2011. It
12 took me an hour to get an ambulance. Praise the --
13 the Lord for our EMTs but they're overworked. And
14 it took me an hour to get an ambulance. If we're --
15 if we're shipping everybody to Johnson City that's
16 -- that could be two hours. Time is tissue
17 especially when you're having a heart attack or
18 stroke. Time is tissue. And what -- it's
19 ridiculous that -- to -- to expect us to wait on
20 ambulances because all -- the only trauma center is
21 in Johnson City so your ambulances are tied up and
22 you have to wait for another city to send you an
23 ambulance. My ambulance came from Bluff City and I
24 live four miles from Sullivan County EMS but they're
25 overworked and you can't expect them to be

1 overworked even more.

2 And when it comes to NICUs I believe they
3 need to be in all three hospitals. You never know
4 when something is going to go wrong in labor so
5 these infants deserve a chance. A NICU needs to be
6 in every hospital and Bristol should at least be
7 Level 2 if not Level 1. Thank you.

8 **Hearing Officer:** Thank you. And thank all of
9 you. That's all we have who has signed up. Is
10 there anyone else who would like to speak? Yes,
11 ma'am.

12 ***

13 **Kristin Smith:** I just wanted to -- oh, my name is
14 Kristin Smith, K-r-i-s-t-i-n, S-m-i-t-h, and I just
15 wanted to comment kind of on behalf of the
16 employees, you know, not just doctors and nurses but
17 there's respiratory therapists, there's radiology,
18 there's lab personnel. And I actually -- I'm a
19 contract employee through Quest Diagnostics. Quest
20 has owned the former Wellmont hospital labs. And in
21 January I was told all of us in the hospital labs
22 we're the ones running troponins to see if somebody
23 had a heart attack. We're the ones giving the
24 doctors the results so that they can treat their
25 patients.

1 I was told in January, or that beginning
2 in January I could either lose my vacation time or I
3 could lose my premium pay which is what we get for
4 working evening or nights, seven on/ seven off
5 shifts which is seven 10-hour shifts in a row. I
6 couldn't afford to take that pay cut so I had lose
7 my vacation time.

8 Now I found out today that we are no
9 longer going to be employed by Quest, we're going to
10 be employed by Ballad and I know from other Quest
11 employees that were taken over by Ballad earlier
12 that work at like Southwest Virginia Cancer Center
13 and the clinics they lost -- their hourly pay was
14 cut and they also had changes to their benefits.

15 Right now, you know, I get a 10 percent
16 shift differential. I get a 10 percent weekend
17 differential. I'm -- I'm expecting that -- I don't
18 think I'm going to keep getting that and so I've
19 already lost -- just by losing my vacation time this
20 year that equals about \$7,000 I'm going to lose in
21 benefits and now I expect to lose probably more in
22 income just this year. That's -- that's all I
23 wanted to say. Thank you.

24 **Hearing Officer Ockerman:** Thank you. Anybody
25 further?

1

2 **Melissa Ladd:** My name is Melissa Ladd. I'm from
3 Greeneville, Tennessee and my last name is L-a-d-d.

4 **Court Reporter:** What's your name again?

5 **Melissa Ladd:** Melissa Ladd, L-a-d-d. Hello, and
6 thank you for listening to me. I was born with
7 cerebral palsy in 1966. I was adopted in
8 Greeneville, Tennessee. I was placed for adoption,
9 closed adoption. Born with cerebral palsy,
10 undoubtedly I was treated by the Shriners for --
11 from the time I was first diagnosed about age two to
12 -- up to 18 years old. Reported to Greenville,
13 South Carolina.

14 I was also diagnosed in the year 2000 with
15 MPGN which is a kidney disease there is no cure for
16 and in my situation I started being treated in 2000
17 by my nephrologist who's in Johnson City, Tennessee.
18 I fought kidney disease from the time I was
19 diagnosed up until this stage. I'm still fighting
20 it.

21 The good Lord give me the opportunity to
22 have a kidney transplant. I was called from UT
23 Hospital on Christmas Day of last year and I'm a
24 survivor because of a donor but along from
25 Greeneville, Tennessee there were a lot of issues

1 that took place. I was treated in Johnson City
2 Medical Center at first to start my dialysis.

3 The doctor who cut on my arm to prepare me
4 for dialysis unfortunately was not even a
5 cardiologist. He was a physician who was brought in
6 from a surgical unit representing Johnson City. I
7 was there for 26 days. I was sent home after the
8 first week with my arm as blue as the towel on that
9 table. They readmitted me, re-cut my arm. I've had
10 seven surgeries from 2015 to 2017 before transplant
11 in 2017. I did two years of dialysis through Davita
12 in Greeneville, Tennessee with a wonderful
13 nephrologist that practices on his own in Johnson
14 City but I had a lot of disadvantages because of my
15 cerebral palsy, because of my kidney disease and all
16 the surgeries that I had. It caused me to have four
17 CVCs in my heart and have to go from dialysis center
18 to UT because my left arm had gotten infected.

19 I made that decision to go on my own
20 because of the lack and the disadvantage of the care
21 I was receiving in Johnson City. I appreciate that
22 you would listen to me and I speak for all dialysis
23 patients. There are quite a few here, quite a few
24 being treated especially in Greeneville. There are
25 two centers that stay full. I was having dialysis

1 three times a week, four hours a day for two years
2 before I got my call. People die because they don't
3 get kidneys and have transplants. And I was very
4 close, my kidney function was only down to four and
5 I am here speaking on behalf of Greeneville. We are
6 in dire need of better care. If those hospitals in
7 Greeneville wind up closing because of what Ballad
8 Health has chose to do, proposed to do, we stand to
9 lose our community's health more than what it is now
10 and we're already losing.

11 So I ask that you seriously consider this
12 information that I have given you on my own to help
13 rectify what has been done and stop Ballad or at
14 least change what has taken place because it is a
15 disadvantage. And I very well could have been one
16 of the deaths but thank the Lord and better
17 hospitals further away which was a disadvantage. I
18 used NET Trans to get there the whole time, no
19 support team.

20 The entire time that I was being treated
21 from the time I started prior to both surgeries I've
22 had no support team. I called the State, "Oh, we
23 can't help you." I finally got some home health set
24 up after I gained sepsis in February after
25 transplant. It was because there were some cysts in

1 my back that went septic. I spent 21 days in a
2 nursing home near Greeneville, was released and I've
3 been diagnosed with CMV. So I'm still fighting and
4 I'm going to keep on fighting. And I appreciate you
5 recognizing me to speak but please stop some of the
6 disadvantages that are taking place. We need help
7 here.

8 **Hearing Officer Ockerman:** Thank you, Ms. . . .

9 **Melissa Ladd:** We needed help before he came.

10 **Hearing Officer Ockerman:** Thank you. I think
11 that's all? Yes, ma'am.

12 **Julia Wallace:** Can I -- can I say something?

13 **Hearing Officer Ockerman:** Uh-huh (affirmative).

14 ***

15 **Julia Wallace:** Thank you. My name is Julia
16 Wallace, J-u-l-i-a, W-a-l-l-a-c-e. I have family
17 members that live in Southwest Virginia and we've
18 had a trauma. My uncle was hit by a tree a few
19 years ago and when the EMT person said 'you have to
20 get out of the holler', you really do. The first
21 thing you don't do is call 9-1-1 because sometimes
22 your phones don't work as WJHL has reported here
23 recently. There's no cell service there.

24 You load people up into the back of pickup
25 trucks. You get someone to call at the -- at the

1 homeplace because these farms are acres, they're
2 hundreds of acres. You may be cutting trees at the
3 sawmill, you might be 10, 15 minutes from the
4 closest phone. You load these people and put them
5 on the back of a truck, you drive to Yuma
6 Elementary, a chopper picks you up.

7 Holston Valley was on diversion so my
8 uncle went to Bristol. Multiple broken bones,
9 internal injuries and if Bristol would've been
10 downgraded to a Level 3 and there was no backup for
11 a Level 1 trauma -- I'm all about consolidating it
12 but you have to have a backup because it's already
13 overflowing now and there's not been any changes
14 supposedly made.

15 Dr. Miller, I know you're from Southwest
16 Virginia and I know that you worked there probably
17 early in your medical career. You know these people
18 are already disadvantaged. They're already
19 disadvantaged geographically, by money, they don't
20 have a lot of it so why would you want to take away
21 access to important trauma care for when those
22 accidents occur? There is no trauma center in
23 Southwest Virginia. It's only Holston Valley,
24 Bristol, Pikeville, Kentucky.

25 I'm -- I'm new to this. I just heard

1 about this on social media and I was wondering when
2 this COPA hearing was to see if I could get off and
3 I sent an email to the COPA Advisory Council asking
4 about when is the COPA hearing rescheduled for
5 because I couldn't find it on the website. I got an
6 email back from Judi Knecht. It says, "The date for
7 the local Advisory Council next working meeting has
8 not yet been set." When we will -- "When the date
9 is posted we will send you an email with that
10 information." And this was sent on February 4th,
11 Monday. Thank you.

12 **Hearing Officer Ockerman:** Thank you very much.
13 Anyone else want to speak?

14 ***

15 **Lori Hamilton Dykes:** Hello, my name is Lori
16 Hamilton Dykes. I am a...

17 **Court Reporter:** Excuse me, ma'am. What's your
18 name?

19 **Lori Hamilton Dykes:** Lori, L-o-r-i, Hamilton, H-a-
20 m-i-l-t-o-n, Dykes, D-y-k-e-s. I'm a lifelong
21 resident of Sullivan County and Washington County.
22 I grew up in Sullivan County for the first 24 years
23 of my life. I lived 13 years in Carter County and I
24 have now lived 20 years in Gray, Washington County.
25 I have had numerous family members who have been

1 treated at Bristol, as well as myself. I have had
2 numerous family members in Johnson City, as well as
3 myself. And I have numerous family members who have
4 been treated in Kingsport. I don't recall myself
5 being treated there other than maybe at Indian Path,
6 I take that back, not at Holston Valley.

7 I, myself, at age 37 in the year 2000
8 survived a life-threatening illness -- well, not an
9 illness, a life-threatening trauma I suppose you
10 would call it, from a pregnancy. I had something
11 very rare that only happens to one in three million
12 women who get pregnant and I survived it and only
13 one -- they told me only one in three million people
14 have happen to me what happened to me. It only
15 happens to one in three million and only one percent
16 survive. I survived it.

17 And I was at Bristol and they had to move
18 me from one unit to another because they didn't have
19 me a in the proper surgery unit. As a result, I've
20 had lots of problems from that because I had
21 internal bleeding that was left in my abdomen that
22 took the doctors here eight years to figure out what
23 was wrong with me.

24 I could go on and on about what I've been
25 through with all that but let's just get back to

1 what's really important here. I also had a friend
2 recently, last -- that was last -- last year, last
3 February who survived in Bristol from a heart
4 attack. She was in the ER when it happened because
5 her mother had just passed away 30 minutes prior to
6 that from a heart attack herself. She was 55 years
7 old and she was in Bristol hospital. They did the
8 utmost best they could possibly do for her. They
9 told her she would probably -- they told us as we
10 waited that she probably wouldn't even be able to
11 speak again possibly, that she would have all kinds
12 of problems. They took her body down into what --
13 I'm not really familiar with all of the medical
14 terminology but they took her body down in -- below
15 80 degrees or whatever. They had all that available
16 to her at Bristol. Had she not been in Bristol --
17 she ended up with seven stents -- she would not be
18 here today. She's here today. Not only is she here
19 today, she works every day. She still has all of
20 her mind and memory. They didn't think she would
21 ever been able to speak possibly is what they told
22 the family.

23 I'm very concerned if we do what we're
24 talking about that we would not have the
25 capabilities to save her life. She wouldn't -- if

1 she would be there in the next year or so, if that
2 had happened she wouldn't be able to probably be
3 alive. She spent about roughly, I think, around 20
4 days in Bristol and then they transferred her to
5 Johnson City due to some issues that she had with
6 her, I think, gastro issues. They thought they
7 couldn't do what they needed to in Bristol and so
8 they sent her to Johnson City, which they did great
9 things for her there too. But what I'm saying is it
10 took the combination of two family -- of the two
11 facilities to save her life and to continue to do
12 what they needed to do.

13 Bristol has amazing equipment that is not
14 available in most places, such as they -- I'm
15 actually supposed to be going for a -- not a
16 colonography but a colon -- yes, not a colonoscopy
17 but a colonography. Bristol's the only one who has
18 that equipment to do that. Of course I need to have
19 that done and the fiasco I went through just this
20 past week with the scheduling of that and how that
21 goes and what I was supposed to do was unbelievably
22 unacceptable.

23 At this time I'm not going to stop because
24 people aren't really waiting. You can hold up your
25 signs all day. I am, you know, . . .

1 **Hearing Officer Ockerman:** Ma'am, . . .

2 **Lori Hamilton Dykes:** Look, if there's somebody
3 else waiting I'll get off here, but don't interrupt
4 me. I want to talk for another minute. Basically
5 what I have to say is this: If -- if any of you
6 all have been, surely you have, to -- to Johnson
7 City Medical Center, my biggest concern there is
8 getting in and out of that hospital. They don't
9 have enough parking spaces now for the people that
10 they accommodate. They don't have proper ways to
11 get in and out of that hospital. Washington County
12 as a whole is probably absolutely the worst city
13 I've ever been in my life to navigate.

14 We -- Kingsport's not like that. They
15 fixed it all around Holston Valley really nice where
16 you can get in and out of there. Indian Path's not
17 like that, they've made it really nice. Sycamore
18 Shoals is not like that. But we're going to take
19 all of our trauma people over there to where they
20 have to not only have to be over there and be
21 farther away from home but we don't even have a cart
22 that can pick you up and take your family in there.
23 We have -- we're going to make you walk possibly for
24 a mile or more to get into the hospital. I could go
25 on and on about the things that -- and the reasons

1 why this is not a good thing.

2 I've had -- my mother-in-law died in a
3 house fire in 2008 in -- in Kingsport. My father-
4 in-law -- my father-in-law was flown out because he
5 was burned to the burn unit in Winston Salem. I sat
6 in Holston Valley while all that happened. They did
7 a good job with all that. I've been through
8 numerous things and seen numerous hospitals in this
9 area. All three of them saved people in my family,
10 including the Johnson City Medical Center, but I
11 don't think that we can stop what we're doing
12 currently because if we do we're going to lose lots
13 and lots of lives at all three facilities.

14 And I just think it's an absolute travesty
15 as to what's going on in this area, not only for the
16 hospitals and the situation with that but with jobs
17 and pay and all that. It's time we did something.
18 Thank you.

19 **Hearing Officer Ockerman:** Thank you very much.
20 Thank you. Just so you know what the next -- one
21 more?

22 **Amber Riley:** Yeah, if you don't mind.

23 **Hearing Officer Ockerman:** Three minutes.

24 **Amber Riley:** Yes, I promise. I promise. You hold
25 your sign up I'll stop.

1

2

Amber Riley: Amber Riley, A-m-b-e-r, R-i-l-e-y.

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I've been a licensed healthcare professional for over 10 years. All of my service has been -- minus six months has been served within Southwest Virginia over in real Southwest Virginia. We're talking Big Stone, Norton, that area. We are very disadvantaged in that area. We have no hospitals. You know if you want to get good care you had to go to Holston Valley, this was pre-merger.

11

12

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17

Now, our healthcare is questionably -- my poor little 77-year-old grandmother was sent out of one of our local facilities with a hemoglobin of 7.7 and if we hadn't -- me and my mother as nurses had not had the knowledge to ask for her laboratory work we would have never known that because it was not in her discharge paperwork.

18

19

20

21

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23

Also, I had a daughter, she is -- was 12 months old at the time, was sent home. We ended up in Niswonger's just because I had decided to drive there. We were sent home from a local facility with a heart rate of 212. She could have died very easily.

24

25

But more recently, more recently -- let me share this. Yesterday my 12-year-old had to have a

1 procedure at Johnson City Medical Center. It was an
2 outpatient procedure, very simple. Didn't think to
3 turn my recorder on because -- I would have because,
4 you know, it's just normal check-in, wouldn't have
5 thought anything about it. We go to check in, I
6 have my infant with me, I have my 12-year-old with
7 me, we're doing all these paperwork. She says to
8 me, "When they call her she will go back alone, you
9 will be left in the lobby while they get her settled
10 in and then you will be permitted to be with your
11 daughter." My daughter is -- on the outside looks
12 12, very normal looking. She is not emotionally 12
13 years old, okay? She is not. And I was told I
14 couldn't go be with her.

15 Well, I raised all kinds of Cain and
16 needless to say Momma went back with her. Well,
17 thank goodness Momma did because they tried -- they
18 instructed her on how to put her gown on; she could
19 not do it. She had to have my assistance;
20 otherwise, it would have been a male aide that was
21 assisting my 12-year-old daughter putting her gown
22 on.

23 Furthermore, they thought -- they had this
24 little board game sitting on her bedside to ease her
25 nerves and she's so excited about this board game

1 and she wants to open it. She wants to explore like
2 a normal child. She opens the board game and I take
3 it from her to look to see what is in there and it's
4 a card and, Ms. Knecht, let me tell you what that
5 card said, one of the game cards. "Would you rather
6 lay in bed with someone naked or be spit on?" Yes.
7 And the game was easily labeled for an adult and
8 that is the center that you want to make our Level 1
9 trauma center and their nurses and their staff are
10 not even capable of reading the outside of a game
11 board box to give to their children to ease their
12 nerves.

13 In addition to that you also -- the same
14 nurse did not recap a needle, took a needle, numbed
15 her hand, missed the IV site so we're going to stick
16 an IV here. Uncapped needle on the bed, unsterile.
17 I look over at my infant to check on her because
18 she's making noise and look back and she's sticking
19 the same needle in my child's arm. Infection
20 waiting to happen. There are so many things that
21 could be reported to JCAHO in this situation and you
22 all could lose joint credit accommodation, not just
23 your Level 1 Trauma Center but your accreditation
24 and then where would your Medicare and your Medicaid
25 come from?

1 **Hearing Officer Ockerman:** Thank you. Are we done?

2 **Tyler Finocchio:** One more.

3 **Hearing Officer Ockerman:** One more.

4 **Tyler Finocchio:** One More. All right.

5 **Hearing Officer Ockerman:** Okay.

6 ***

7 **Tyler Finocchio:** I'm Tyler Finocchio.

8 **Hearing Officer Ockerman:** Your name?

9 **Tyler Finocchio:** Tyler Finocchio, T-y-l-e-r, F-i-
10 n-o-c-c-h-i-o. I'm actually a critical care
11 pharmacist working in -- at Holston Valley Medical
12 Center in the ER. Okay. I currently work as a
13 critical care pharmacist in Holston Valley Emergency
14 Room and I've seen a lot of change in the past
15 couple of months. I actually used to work there as
16 a resident, went away and specialized in critical
17 care and then I have come -- since come back to
18 Ballad. Since coming back I have seen just tragedy
19 in the Emergency Room Department.

20 I've seen nurses being -- having to take
21 more patients than they're physically able to, with
22 one patient coding in one room leaving the other
23 patients to go unattended which, of course, leads to
24 upset patients and decrease in quality of care.
25 Taking away the trauma services would be detrimental

1 to this -- to this hospital and this region.

2 I came back to Ballad because this is my
3 hometown. Kingsport is home to me. These people
4 are my people. My family is here but unfortunately
5 now I will be leaving Ballad Health for a new job.
6 I see physicians leaving every day. I see nurses
7 leaving every day and I'm leaving. And I can't
8 leave and have a clear conscious without trying to
9 beseech you to not let this continue to happen.

10 Even just a couple of days ago we had a
11 patient come into our ER. Holston Valley was on
12 diversion, we had about a six-hour wait time. She
13 waited about one hour before she told the
14 receptionist that she would just rather go die at
15 home. Well, four hours later EMS brought her in in
16 full cardiac arrest. And she has now since passed
17 away.

18 But I could not let that kind of care go
19 on because even though I will be leaving this area
20 my family is still here and if they have to go to a
21 Ballad facility -- I have even spoken with my own
22 mother that I do not want her going to a Ballad
23 facility if, heaven forbid, something tragic were to
24 happen. But I do not feel that my family or anyone
25 in this region will be getting the quality of care

1 that they deserve and I just beseech you all to have
2 a conscious and to, if not modify, please revoke
3 this COPA.

4 **Hearing Officer Ockerman:** Our next step -- our
5 next step from here -- we're -- we're hearing a lot
6 of the same types of stories. If you have something
7 new, we would really appreciate it.

8 ***

9 **Audience Member:** I just wanted to add one thing to
10 the -- to what I said. I, like he, feels like that
11 I need to stand up in defense of my coworkers who do
12 not feel the freedom to express their opinions or
13 whatever. I worked on the Childbirth Center at
14 Indian Path for 16 years and those girls should have
15 -- they are too afraid to speak up. They were told
16 back mid November if they were -- they got an email
17 and -- and I'm not sure -- Monty McLarin, it may
18 have come from him. I don't have a copy of it but a
19 coworker, a former coworker of mine said that they
20 got an email that said if they were mixed up in the
21 mess with Dannie Cook that they -- they were not to
22 get mixed up with that. So I -- even though I know
23 all of them have opinions and are -- that they're
24 deathly afraid for their job. And I hope I still
25 have a job tomorrow. I probably have jeopardized my

1 job but -- and I need to work. I'm 59, I need to
2 work about six more years for retirement but I -- I
3 feel like I need to speak up for my coworkers who --
4 who are too afraid to voice their opinion. So thank
5 you.

6 **Hearing Officer Ockerman:** We'll take one more.

7 State your name, please, and spell it.

8 ***

9 **Ron Allgood:** My name is Ron Allgood, A-l-l-g-o-o-
10 d. I'm not here to trash Ballad. The only thing I
11 have to say about Ballad as far as the COPA is
12 concerned is that they've gone about this whole
13 procedure the wrong way. They got input from our
14 local government officials or elected government
15 officials, state officials but not from the people
16 they're going to be serving.

17 In 2001 I had a heart attack in the
18 emergency room at Holston Valley. I wouldn't have
19 made it to Johnson City at that time. I feel like
20 that all of our -- not all of our, but most of our
21 government officials or local elected officials,
22 city councils and even the Chamber of Commerce have
23 sold these people out. And all that we're asking is
24 that you don't do the same thing. We plead to you,
25 we beg to you, don't sell us out.

1 **Hearing Officer Ockerman:** The next step -- and
2 thank you all for your patience. The next step, the
3 transcript will be made by the court reporter, Ms.
4 Todd. Thank you so much for your role. The Local
5 Advisory Council will prepare its report and then
6 that will be posted on our website. You may
7 continue to submit any comments to us if you would
8 like to up till -- we're cutting -- putting the
9 deadline on Monday the 11th at close of business but
10 please feel free to send us anymore information if
11 you want to. We've got the website, COPA.advisory-
12 council@TN.gov. Dannie can give it to you, I'm
13 sure.

14

15 **Dannie Cook:** Can I just say one thing to -- to you
16 all? Because I know that -- I know that people have
17 thought me to be a little controversial and here's
18 what I just need you to understand. This is not
19 about tearing down Ballad. This is not about
20 bashing folks. I know that I've made some people
21 mad by calling them out but we needed your
22 attention. I needed your attention and the people
23 in this room needed your attention. You didn't have
24 public input before because people didn't know. We
25 know now and we're speaking out.

1 This is not about tearing anybody down and
2 I just you all need you to understand that that's
3 the space that I come from. I told Jeff that. I
4 told the state representatives that. You tell me
5 how I can help and I will bring people to the table.
6 I will come to the table and we will cooperate and
7 we will make solutions. Solutions don't have to be
8 one way. I just need you all to understand that
9 this is an open room and open line of communication
10 and I'm here to bring about a solution, okay, not
11 just problems. So I just need you all to hear that
12 from my heart. Thank you.

13 **Hearing Officer Ockerman:** Thank you, Dannie. Mr.
14 Chairman, if you want to officially close this
15 public hearing.

16 **Audience Member:** When will the report be released?

17 **Hearing Officer Ockerman:** We -- the Local Advisory
18 Council has 30 days to get its report done...

19 **Audience Member:** Oh.

20 **Hearing Officer Ockerman:** ...so there's a lot of
21 work that's going to be done. They have to review
22 the Ballad Annual Report and all of your input.

23 **Audience Member:** So within a month it will be
24 posted?

25 **Hearing Officer Ockerman:** Pardon?

1 **Audience Member:** Within about a month?

2 **Hearing Officer Ockerman:** Yes.

3 **Audience Member:** Okay. When's the meeting in

4 Nashville?

5 **Audience Member:** Question?

6 **Hearing Officer Ockerman:** Yes, sir.

7 **Audience Member:** In your report, just so we miss

8 -- in case we missed something, in your report since

9 it's a Certificate of Public Advantage would you

10 please put in your report what the advantage is in

11 this merger because nobody else has seemed to see

12 it?

13 **Hearing Officer Ockerman:** All right. It's a real

14 -- it's a detailed process and lot of you have read

15 the terms of certification that we go through for

16 assessing how things are going. But everything that

17 you all have said tonight will be put into the

18 report, either -- I don't know if we're going to do

19 everything verbatim or just summarize it but it will

20 be in there and we will work hard to make sure it's

21 -- it's out there. And if there's any problem that

22 you all have with it we would like your comments

23 back on that, please.

24 **Audience Member:** I have one other question I'd

25 like to ask.

1 **Hearing Officer Ockerman:** One last question.

2 **Audience Member:** Question, I would like to know
3 where in all this that Tennessee Eastman is. They
4 are the largest employer in the state of Tennessee
5 and Kingsport, Tennessee does not need a Level 1
6 Trauma Center? Come on, really? Really?

7 **Hearing Officer Ockerman:** I have not spoken
8 with...

9 **Audience Member:** All the representatives, I don't
10 see any of them on this Board or are there any --
11 are there any in this room? I'd really like to know
12 where they're at.

13 **Hearing Officer Ockerman:** Okay. Thank you. And
14 the public hearing is closed and we appreciate your
15 attention and your time.

16 **Audience Member:** Jeff, I've got one question. I
17 think we're all disappointed that Ballad's not here
18 to -- to talk to us.

19 (**This ends all matters in this hearing**)

Reporter's Certification

2 State of Tennessee

3 County of Sullivan

I, Deborah Todd, LCR #173, Licensed Court Reporter and Notary
Public in and for the State of Tennessee, do hereby certify that the above
hearing was reported by me and that the foregoing _____ pages of the
transcript is a true and accurate record to the best of my knowledge,
skills, and ability.

9 I further certify that I am not related to nor an employee of
10 Counsel or any of the parties to the action, nor am I in any way
11 financially interested in the outcome of this case.

12 I further certify that I am duly licensed by the Tennessee
13 Board of Court Reporter as a Licensed Court Reporter as evidenced by the
14 LCR number and expiration date following my name below.

15 In witness whereof, I have hereunto set my hand and affixed my
16 notarial seal this the _____ day of February, 2019.

17

18 Deborah Todd (TBCR #173)

Notary Public Commission Expires: 4/24/19

21 Deborah Todd Court Reporting

22 P. O. Box 1296

23 Kingsport, TN