Tennessee Department of Health Public Hearing

COPA Local Advisory Council Annual Public Hearing
Submitted January 22nd, 2020
Pursuant to T.C.A 1200-38-01

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Major General Gary L. Harrell, USA (Retired)
Dr. Linda Latimer, East Tennessee State University Board of Trustees
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TAKEN AT: Northeast State Community College
The Center for the Arts Auditorium
2425 Highway 75
Blountville, TN

TAKEN ON: Tuesday, January 7, 2020

REPORTED BY: TERRY L. KOZAKEVICH, RPR, LCR.
<table>
<thead>
<tr>
<th>Index</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opening Statement by Chairman Phillips</td>
<td>4</td>
</tr>
<tr>
<td>Motion to Approve Minutes of Last LAC Meeting</td>
<td>9</td>
</tr>
<tr>
<td>Statement by Dr. Jerry Miller</td>
<td>9</td>
</tr>
<tr>
<td>Opening Statement by Director Ockerman</td>
<td>10</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td><strong>Public Speakers</strong></td>
<td></td>
</tr>
<tr>
<td>Statement by Deborah Holman</td>
<td>12</td>
</tr>
<tr>
<td>Statement by Carolyn Gibbons</td>
<td>13</td>
</tr>
<tr>
<td>Statement by DeRhonda Bearden</td>
<td>15</td>
</tr>
<tr>
<td>Statement by Dani Cook</td>
<td>16</td>
</tr>
<tr>
<td>Statement by Crystal Regan</td>
<td>21</td>
</tr>
<tr>
<td>Statement by Lou Ann White</td>
<td>24</td>
</tr>
<tr>
<td>Statement by Elminia Dougherty</td>
<td>28</td>
</tr>
<tr>
<td>Statement by Teresa Allgood</td>
<td>31</td>
</tr>
<tr>
<td>Statement by Jim Balderes</td>
<td>34</td>
</tr>
<tr>
<td>Statement by Sheila Murray</td>
<td>36</td>
</tr>
<tr>
<td>Statement by Martin Olsen</td>
<td>38</td>
</tr>
<tr>
<td>Statement by Wayne Baxter</td>
<td>39</td>
</tr>
<tr>
<td>Statement by Teresa Daniell</td>
<td>44</td>
</tr>
<tr>
<td>Statement by Ethan Cruze</td>
<td>49</td>
</tr>
<tr>
<td>Statement by Anna Mahan</td>
<td>51</td>
</tr>
<tr>
<td>Statement by Donna Arnold</td>
<td>54</td>
</tr>
</tbody>
</table>
Public Speakers (continued)

Statement by Tonya Ferguson  . . . . . . . . . . . .  56
Statement by Dana Ledford  . . . . . . . . . . . .  56
Statement by Erick Herrin  . . . . . . . . . . . .  59
Statement by Karen Washington  . . . . . . . . . .  61

Closing of Public Meeting  . . . . . . . . . . . .  65
Reporter's Certification  . . . . . . . . . . . .  66
PROCEEDINGS

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CHAIRMAN PHILLIPS: Well, it's 5:30. And if you're here and want to stay for the entire meeting, hold up your hand. If you want to leave now, then go ahead.

Seriously, thank you all for coming. And this is the Local Advisory Council meeting of COPA, and we're here today to discuss at our annual meeting and give you all the opportunity for input into the response to 240-50-pages plus that I'm sure we've all went through page by page and believe it or not we have -- I think the members have been through it.

And I would just like to remind you that we were created through the COPA's term of certification with a primary function of facilitating input from residents of the region impacted by the COPA.

And in the LAC's review of the Ballad Annual Report that we, as I said, we have reviewed, and we have questions and concerns about some things in the annual report and things that we have brought up, such as I'm sure one thing that we're going to hear about is the length of
time from the emergency room to admitting in the hospital in the annual report I'm sure is much shorter than most people have been hearing.

    So we're not ignoring the things like that. The charity giving, we're not ignoring. There was no number on that.

    But I will remind you that I know in the Kingsport paper, the headlines this morning that had to do with the charity giving from Ballad Health, and I would say that Johnson City was the same story.

    And so I guess what I'm saying is that we -- there's things in the report that the committee will be also discussing and with our Nashville group to make sure we understand what they are saying and ask them to explain some of the things that we and probably some of you all in the audience have concerns about.

    And I guess the bottom line is, we know after the report there's going to be continuing questions that you and us would like to have answers to.

    I would remind you that our job is to receive input, and it's very important to remember that today's comments should relate to the annual
report, and this is the purpose of this meeting is
to get feedback concerning the annual report.

I'd also like to remind you that
counter to what some people think, we are not an
enforceable agency. We have no power to enforce
any rules.

Our job is, other than listening to you
all and gathering information, that should there
be fines for violations of COPA, our job is to
determine how those fines, the fine's money is
spent.

And I'm going to read this. I don't
like reading things, but I am going to read this
because I think it's very important.

We are to recommend to the Department
how funds in the Population Health Initiative's
funds should be spent. In consideration with the
Department host, we will host an Annual Public
Hearing to allow a formal process for the public
to comment on the new health system's annual
report and the ongoing performance of the new
health system.

That's what we're doing today. We're
allowing public comment on the annual report.
Also publish the Local Advisory Council Annual
Report on community feedback for review by the COPA monitor and the Department. Such reports shall be published no later than 30 days after the Annual Public Hearing, which is today.

So we are here to get your input on things in the Annual Report. And again, I would like to emphasize that the Annual Report is what we need to hear about today.

This is not the appropriate forum to express general complaints or to raise questions about outside issues outside the COPA. We know there's a lot of concerns about things and how people's experiences of going to the hospital, but this is limited to the Annual Report.

Those who wish to speak during the public hearing should have signed the roster upon entering. Everyone will speak in the order that they signed and will have three minutes to speak in order to give everyone, as many people as possible, the opportunity to speak.

And while you're sitting there thinking about coming up to the podium, please be thinking about how you can use bullet points or whatever to condense your thoughts to three minutes.

And that's the only way that we can get
most people that want to comment to comment, and we are going to strictly adhere to that time limit. And we ask that you please be respectful of the three-minute time limit. And we're going to go until 7:00 o'clock.

Now having said that, everyone that's ever been to a meeting knows that it's not going to stop exactly at 7:00 o'clock, so we -- our goal is to have the meeting over by 7:00 o'clock.

I would like to remind you that LAC is made up of volunteers. We are all unpaid volunteers that truly are trying to do the best job we can.

And I know, in my opinion, that there's been some misunderstanding about what we can and cannot do, and that's why I've tried to clarify a lot of the things that are going on and being said. We understand, we hear, and we agree with you.

And, but we are behind the scenes working on things that we have concerns about too. We're not doing it in the media. We're doing it behind the scene. And don't think that we don't hear you and that we're not listening.

Before we get started, is there any of
the LAC members or anyone else on the panel would like to say?

DIRECTOR OCKERMANN: Yeah. Mr. Chairman, would you like to introduce the approval of the minutes from the last LAC meeting?

CHAIRMAN PHILLIPS: Well, I would. Is there a motion? You've all received a copy of the minutes. Is there a motion that we approve the minutes of the last meeting?

DR. BRENDA WHITE WRIGHT: So moved.

CHAIRMAN PHILLIPS: Is there a second?

DAN POHLGEERS: Second.

CHAIRMAN PHILLIPS: Discussion? All in favor say aye.

(Panel members say aye).


DR. JERRY MILLER: Well, let me say that I'm Dr. Miller. I just celebrated my 55, 55th anniversary of being a doctor, and 40-plus of those were here in this region, and I want to thank each of you for being here.

It was such a privilege to be a doctor to any patient. There was an obligation. And I
will make a statement.

I enjoy being on this, and there isn't a day goes by that I won't get eight or ten emails from certainly people who want to talk and are concerned about things. And I'll make one statement, and that is I don't care which profession in medicine you're in.

If you are a doctor, the only way you can be a good doctor is to have a good hospital available to you, and it is absolutely in my prerogative to see that we have the best hospitals.

CHAIRMAN PHILLIPS: Jeff?

DIRECTOR OCKERMAN: Yes, sir. Thank you. So first of all, I'd like to thank our court reporter, Mr. Terry Kozakevich, for helping us out. And in that light, please when you come up to speak, state your name clearly and spell it for him so we have absolute accuracy.

If you have concerns about a particular facility or care you've received at a particular facility, this isn't the group that takes care of that, but the Department of Health does have a whole division that investigates those issues and concerns.
We have a complaint form over on the table there, if you would like to fill that out. You can do it on-line as well, but this might be easier, and we'll take those from you at the end of the meeting.

We also have a COPA complaint form itself that you can also fill out for us, and you can ask Judi or me any questions about that process after we're finished here.

We've received several questions about conflicts of interest regarding the Local Advisory Council members. First of all, the Department and the Attorney General's Office review those annually, but we've asked the Attorney General's Office to review those again.

And as of today, regarding the duties of the Local Advisory Council members, the Attorney General's Office sees no conflict of interest in their ability to receive your complaints and to report them to us to prepare the annual report.

And once there is any money in the public -- the Population Health Improvement Fund to make decisions regarding that.

We are also, at the request of one of your fellow citizens, reviewing the nomination
processes for Local Advisory Council members. And once we get through figuring out how we're going to do that, which will need to come up in the next few weeks, we will post that on our website, and thank you again for bringing that to our attention.

Public comments can be submitted tonight by writing as well or anytime by email. And one other matter for the Local Advisory Council members.

You had asked the COPA monitor about physician retention information. He has received information on that, he is corroborating it, and he will make a report on that when he does his COPA monitor annual report 30 days after your all's is issued.

And with that, we're ready to begin. And our first speaker is Deborah Holman. And Judi will hold up notices about how much time you have.


This summer I had a stress fracture in
my hip. I went to my doctor here locally, and I
was told if you have to have the surgery to
correct it, please go somewhere else, not to our
hospitals.

DIRECTOR OCKERMAN: Thank you, Ms.
Holman. The next speaker is Carolyn Gibbons.

CAROLYN GIBBONS: My name is Carolyn
C-A-R-O-L-Y-N, Gibbons G-I-B-B-O-N-S. This whole
merger is a scam, a dishonest scam. Webster's
definition of scam is a fraudulent or deceptive
act or operation.

First of all, we were told that the
hospital needed to be bought out or was going to
be bought out. This was a dishonest statement, a
scam.

The second thing is that all the experts
weighing in on the merger, not one of them said
that it was in our community's best interest, and
that's experts.

The FTC said don't do this. Now what do
we have? We have no NICU, no real emergency care
Level Three. The right hand doesn't know what the
left hand is doing.

Time and again, diversions are made in
the NICU and the emergency rooms. Case in sight
is when the new telemedicine came in, and it had not been tested prior to going live.

When it went live, the EMS could not even talk to the hospitals when the telemedicine came in. It was like a bull in a china shop.

Ballad must have thought Well, we'll just do it anyway and see where it lands. They said to themselves, We'll just make money, and to hell with the general public.

Ballad Health's billing is deplorable. Just ask the ones that have been sued. Been sued over bills that are over 10 and 15 years old -- 15 years ago for $15.

I feel sorry for the doctors and the nurses that have had to put up with what the board is doing. I live in the state of Tennessee, and you're letting this happen to us. That violates my right as a citizen of Tennessee, so says the State of Tennessee's constitution.

I'm asking you to fire everyone on the board members of Ballad and replace the CEO. Even the state lied to us and said, Oh, we'll score in a year. But now they came back and said two to five years. What a scam.

Mr. Phillips, the one that publicly said
that he had no authority to do anything, so what
are we doing here? I'm asking the State of
Tennessee to terminate the COPA.

DIRECTOR OCKERMAN: Thank you very much,
Ms. Gibbons. That was perfectly timed. The next
speaker is DeRhonda Bearden. DeRhonda Bearden.

DERHONDA BEARDEN: Hello. I'm DeRhonda

I'm actually an employee of Ballad
Health, and I said that at the last COPA meeting
approximately a year ago that I spoke out.

And I'm kind of surprised that I'm still
a Ballad employee, but I am entitled to my
opinion. And there's no reason for me not to be
an employee because I got a good evaluation, so
I'm sticking with it.

I don't understand. My primary concern
is why the COPA has not been scored as it was
supposed to be. There supposedly was not enough
information to be able to assign a number to the
COPA.

But we need to know and the public needs
to know how Ballad is doing. You know, we're
hearing them make claims of how they're doing, but
we need actual numbers per the COPA.
I also was glad to hear Jeff say that
the procedure for assembling the COPA monitors
needed to be different, and Mr. Phillips says that
everybody is volunteers. I'm not real sure that
some of the people on the board can be objective.

I've been attending. I live in
Kingsport in Sullivan County. I've been attending
all the Board of Mayor and Aldermen meetings, and
I'm not really sure that some people on your board
are objective and can be objective about the
Ballad situation.

You know who you are, what I'm talking
about that. So I thank you for listening to my
opinion.

DIRECTOR OCKERMANN: Thank you very much,
Ms. Bearden. The next speaker is Dani Cook.

DANI COOK: Before I read my statement,
I would just like to provide a correction. I
would like it to not count against my time.

Dani Cook, D-A-N-I C-O-O-K. And the
correction is that the purpose of this hearing,
this Annual Public Hearing, was stated to address
the annual report, and that's not true.

According to the Tennessee Department of
Health, it says in coordination with the Tennessee
Department of Health, hosting an Annual Public Hearing to allow a formal process for the public to comment on the annual reports from Ballad Health and the COPA complaints' office and the ongoing performance of Ballad Health.

So I would stipulate any complaints or concerns that people had about the service that they experienced at Ballad would be in reference to their ongoing performance.

So just for clarification, if there are people who came and wanted to express that, they should know that it is within their right to do so, according to the charter and the purpose of this council.

Now I'll start my statement. According to the Local Advisory Council charter, the number one purpose of this council is to facilitate input from residents of the COPA geographic service area. Your current chairman, Dennis Phillips, made the following statements to the Time News on July 31st.

He said, quote: "We feel like people think we have some control over Ballad, and we absolutely do not have any control over Ballad. Our purpose is to determine where the money is
spent and if Ballad violates the terms of the COPA."

"The long waits in the emergency room, the shutdown of wings of the hospital, that is something that people expect us to do something about, and we have no authority," end quote.

It appears that the chairman of this council either is not clear himself on the purposes outlined by the charter or is misrepresenting to the public and then blaming us for not having a clear understanding, because nowhere in the charter does it state that the purpose of this council is to be responsible for determining COPA violations.

What you are responsible for is for facilitating input from the public to the Department of Health and your annual report.

The chairman of this council recently referred to the citizens of Kingsport, the entire city as, quote, "morons" during this comment at the Kingsport Board of Mayor and Aldermen meeting.

To believe that this individual can impartially and properly facilitate the input of some 57,000 citizens he believes to be morons is absurd and unacceptable.
The standard is, according to Article Four of the charter, Section Three under resignation and removal. It states, whenever in the judgment of the Tennessee Department of Health Commissioner, the best interest of the organization will be served, any officer may be removed from office.

It's not a legal question, but the Attorney General needs to answer. It is simply a matter of the judgment of the Commissioner.

So what I am asking respectfully for this council to do is take up the issue as to whether or not your current Commissioner is in the organization's best interest and for the Commissioner to do the same for your current Chairman, excuse me.

And what I would ask of the Chairman is that he do what's in the best interest of the council, the region, and Ballad Health and resign from his position today.

With regard to Ballad Health, what I have witnessed is a manipulation of the terms of certification of a, quote, private corporation under the protections of government.

They have been -- they've sued 6700
people in their first year. They've had multiple
sentinel events, with two of them resulting in
immediate jeopardy because people died at two
separate hospitals within six months of each
other.

Their entire OB-GYN group left. They're
now going to work for SOFHA. Their entire
pediatric group left. They're going to work for
SOFHA.

Physicians don't leave health care
systems that they're proud to be affiliated and
associated with. This is a direct representation
of the impact that this COPA has had, not only on
patients but on physicians.

I am asking this council, you are an
arm, an extension of active, ongoing state
supervision. Live up to that. There is no
advantage of this COPA whatsoever.

You are an instrument though, and so
what I'm asking you to do is realize that lives
matter, even on the east side of Knoxville, and
stand up and do the right thing for the people in
this region. Thank you.

DIRECTOR OCKERMAN: Thank you, Ms. Cook.
The next speaker is Crystal Regan.
CRYSTAL REGAN: Hi. My name is Crystal Regan, and that's R-E-G-A-N. It's Crystal C-R-Y-S-T-A-L. Hi. My name is Crystal Regan, and I reside in Kingsport. Thank you for giving me the opportunity to speak before you this evening.

On Friday, my 24-year-old son, who resides with my husband and I, tested positive for the flu. On Saturday, it appeared that he was taking a turn for the worse and may need further medical intervention.

There were several conversations between my husband and myself, unbeknownst to my son, in which we discussed which hospital we would take him to. We knew it would be in Asheville or Knoxville and not one of the hospitals in the very service area in which we live.

We no longer trust the care that we and our family will receive at a Ballad Health facility. Even worse, we do not trust the Tennessee Department of Health to oversee the COPA that they helped to create.

We have asked your all's recommendation was that Ballad needed to better communicate to us. We need the Department of Health to better communicate with us as well.
I believe the decrease in volumes is from families such as ours traveling outside of the services area to receive care. Unfortunately, there are others that cannot do this: the babies, the elderly, the most vulnerable that God has entrusted us all to care for.

I did find myself in a few situations this year in which I had to utilize Ballad facilities. I had to have a procedure for stomach obstructions at their facilities maybe four times I think in the past 13 months.

Each time I am asked if I'm possibly pregnant. Each time I respond no. I explained I have had a tubal ligation with tubal clips and uterine ablation for endometriosis.

Each time I'm handed a urine cup, as it is Ballad policy, and my private insurance is billed a ridiculous amount for a pregnancy test. The Ballad ER couldn't or wouldn't test me for C. Diff., but HMG would.

I think that a lot of things are not being tested for. That's why you all are seeing a decrease in C. Diff. If you're not testing for it, you're not going to find it.

My second experience happened this
summer. I was having heart palpitations, sweating. I had gone to HMG. They are amazing. I have a wonderful doctor.

I was to be fitted with a Holter Monitor and placed on Metoprolol. I was instructed to go to the ER if I felt things were getting worse. I felt things were getting worse. That night I went to the hospital.

My husband and son were working, and I really would have liked to have had my friend Dani Cook with me, but she had been banned from Holston Valley Medical Center for bogus reasons, as explained by Lindy White in a media interview.

Long story short, it was decided the Holter Monitor was needed, as I was throwing PVCs, and my blood pressure was all over the place. I was to be released without any further testing.

While the nurse was gone to get my discharge instructions, my blood pressure dropped to 131 over 40. She came in with my discharge papers, which I hadn't signed at that point.

DIRECTOR OCKERMANN: Ms. Regan, your time is up.

CRYSTAL REGAN: Can I finish the story at least?
DIRECTOR OCKERMAN: Very quickly.

CRYSTAL REGAN: I said, What about the -- what about this blood pressure? I was told maybe the cuff was malfunctioning and that I had already been released in the system, so I would have to go back out to the waiting room and be readmitted and re-triaged.

I chose to just go home and drive myself home. No one inquired about if I had a driver, so I was released with a blood pressure of 140 over 40, and I actually took a picture of the monitor.

When I requested my records, that blood pressure was nowhere in it.

DIRECTOR OCKERMAN: Thank you so much. That is a perfect example of something that the licensure and provider review division of the Department of Health needs to hear about.

If you would fill out that complaint form for us, please. With that, I send it on. Thank you. The next speaker is Lou Ann White.


It's been one year since we've been here, and really I haven't seen any advantage of
what Ballad Health has done for health care. I was a 41-plus-year worker in the health care and education at northeast Tennessee and southwest Virginia.

I worked 38 and a half years at Holston Valley, I worked three years at Indian Path, and I also taught at area community colleges as an adjunct faculty.

One thing I really feel like it's really bad that they have allowed the closure of the Level Three NICU at Holston Valley, causing this increase in the commute times and the cost of travel for patients to be with their infants.

There's now more overcrowding at Johnson City in the NICU. And when Johnson City is at their capacity, it's even a worse situation when those patients are having to go to Knoxville or to Roanoke.

Critical time on the road in an ambulance is dramatic for some of these infants. This creates even more of a hardship for families. If there are travel issues, then this will create bonding issues also with the mothers and the babies.

Another issue is the nursing staff.
Ratios are not the safe levels when the census is maxed out and the RNs are short staffed. So what are the advantages to patient care? There's none.

You have also allowed Ballad to close down the Level One trauma center at Holston Valley causing increased travel times for critical care patients. Most of these patients will also have an increased cost to their care due to helicopter transports.

And also we haven't seen it yet, but just from increased travel of helicopters, you're going to find a big crash one of these days.

Some of the patients there are ensuing costs for two facilities. They go to Holston Valley, and then they're getting transferred to Johnson City. That's double the cost.

Ballad and this region have lost more wonderful trauma surgeons due to their closure, due to the closure of the trauma center there.

I would hate to be a police officer in the City of Kingsport knowing that the wonderful facility that we once had can no longer care for them if they were to be shot or in a tragic accident. Maybe that's why the Kingsport city constantly has positions open for policemen in
Kingsport.

Also the issues with the ER that you all have already heard from last year, they're continuing, so it's been a year. So what has happened in a year?

You all knew these incidents of people sitting in the waiting room with IVs in their arms, getting EKGs, going back out there, people sitting out there and then not getting beds and then getting charged for an ER room. That was happening last year. It's still happening.

Also Ballad thinks they're such a big pediatric hospital? Then they don't even have enough surgeons to cover when a patient needs to have surgery. We've now known that there's been many having to go to Knoxville.

And for the COPA Advisory Committee and the Tennessee Attorney General's Office and the Department of Health, it appears that you have turned your back on many concerns that you've received, the phone calls, emails, and such.

You have allowed Ballad to continue to pass the date that they were to submit their data to for their grading. You have not been compliant in being able to give them a score for their
so-called advantage.

So here we are. Another year has gone by. The issues are the same. The complaints are the same. The medical monopoly is the same, and the only thing is we are going downward in spiral of our health care for this reason.

DIRECTOR OCKERMAN: Thank you very much, Ms. White. The next speaker is, if I say your name correctly, is Elminia Dougherty. Thank you.

ELMINIA DOUGHERTY: My name is Elminia Dougherty. It's E-L-M-I-N-I-A D-O-U-G-H-E-R-T-Y. And first of all, before my time, let me explain. If you can't understand me, it's because I've had a trachea collapsed.

So I'm at 20 percent, headed back for surgery again. I'm 80 percent open, so excuse me if you can't really understand me. Okay?

DIRECTOR OCKERMAN: We can hear you. Thank you.

ELMINIA DOUGHERTY: My name is Elminia Dougherty. I live in Church Hill, Tennessee. I'm a retired employee from Holston Valley with 13 and a half years.

The reason that I did retire from there is on Halloween night of October, October 31st,
2017, I was trick or treating with my grandson, a seven year old. As we were going trick or treating, I got real short of breath. Couldn't -- had to stop and rest, catch my breath.

I got a phone call that night from work wanting me to come in because they could not get anybody to work. And the changes were all restarting where Ballad was coming in, so just remember that first.

They begged me to come in. And even though I was short of breath, I told them I would try to come in. So as soon as I got there, they promised me that I would not be the only tech there.

I ended up working on the fifth floor. And when I got there, I was told I would be the only tech with 25 patients. Now when you have a tech, you have to change patients.

You have to keep the patients from falling, and we do have a great lot of high-risk patients. And in doing that, I had to do that, change the patients, take them to the bathroom, do their vital signs.

There was one nurse that was there. She was an RN. She was actually helping. She was
supposed to be the second person on the first part of the shift, and it so happened that the tech that was there decided she was sick and had to go home, so that left the RN by herself.

And the RN, when I got there at 10:00 or 10:30, was still doing the first shift vitals. And remember, we start those around 7:00 o'clock, and I got there about 10:00 or 10:30, and she was still doing them.

So anyway, as it goes on, when the clinical leader arrived that morning, she thanked me for coming in, and I told her that if I had known I would have been the only one for more reasons than one, it is unsafe to have that many patients. It is hard enough to have 15 patients when you're a tech and with that.

The other thing I was wanting to talk to you about is my grandson, he fell off of a scooter in April of this year, of 2019. He went to Niswonger Hospital. And when he got there, we were told he was going to have to have surgery.

One of the chief medical officers that wrote in support of the COPA was one of the people that took care of him. And I've got it on my phone that he documented wrong arm. Now tell me
how that's good.

One of the chief medical officers, and he said wrong arm. It was my grandson's right arm. It's in the paper, and I do not feel like that insurance should pay for a mistake that he made.

They tried to tell my daughter that she needed to amend it. She wasn't the one that did it. He was. So how is that fair?

And, you know, with mine, when they took me to go into the RAM Clinic to find my trachea was collapsed, and there's no cure for it. Thank you very much, and I would like to see this amended.

DIRECTOR OCKERMAN: Thank you very much, Ms. Dougherty. The next speaker is Teresa Allgood.

TERESA ALLGOOD: My name is Teresa Allgood, T-E-R-E-S-A A-L-L-G-O-O-D. I spoke to you all in February this time last year, and I have been a patient at the Allandale Cancer Center since 2014.

I had multiple medical problems. I'm followed by my family physician with Holston Medical Group and as well as my doctors at
Vanderbilt. I have been followed since 2014 with the oncologist there at the Allandale center.

I had received infusions a number of times every year in that length of time. My infusions were at the price of about $3500.

When I went for my visit in November of 2018, I was told that my oncologist was no longer there and that Ballad had taken over and that I would no longer be able to get my infusions that I had gotten for the last four years, four and a half years.

They were changing it to a different medication called Feraheme. I had received Infed. After I got the bill, this required me being there two days instead of one at the outpatient center. My bill was $13,449.28 for the same procedure that I had received for the last four and a half years.

So when I go back for my next infusion in March, I'm told that -- of course, by this time Allandale has been closed as well as our NICU and as well as our trauma center. I'm told again that I have to see yet another oncologist.

So I see a different doctor. I'm scheduled for my infusions, and I'm told once again they're not going to offer the infusion
medication that I had been required to have through HMG and Vanderbilt University for four and a half years.

They now are using only Injectafer, so let me tell you what my bill was for that: $14,246.

Now, folks, there's no explanation for that except greed, except the changes that Ballad has made. Needless to say, I'm no longer associated in any way whatsoever, nor will I, nor my family be associated with Ballad.

I have sought out treatment at another facility outside of our area. My bills for my infusion there are $3,323. That is from 13,000 to 14,000 back down to 3300.

Now you tell me how that makes any sense reasonably. It's outrageous. It's uncalled for.

It's time that the COPA Advisory Council and all other individuals representing citizens of our community take a stand against the unfair, illegal, and unethical changes that Ballad Health has brought to us.

Many people, including certain elected officials for the State of Tennessee and their personal business associates, stand to greatly
benefit financially from these changes that Ballad Health has made and more changes that Ballad Health plans to make in the future.

Do the right thing and stand up for the citizens of our community.

DIRECTOR OCKERMAN: Thank you, Ms. Allgood. The next speaker is Jim Balderes.

JIM BALDERES: My name is Jim Balderes, J-I-M B-A-L-D-E-R-E-S. I'm from Greene County.

Since August, I've been attending Greene County General Sessions Court on a monthly basis, as a citizen concerned about Ballad Health suing patients for payment of medical debt and what that's doing to our community.

I had read last summer about our Circuit Court Clerk's request for additional funding to keep up with the number of lawsuits flooding our courthouse and wanted to see for myself what the Thursday morning sessions were like.

Each visit has been quite eye-opening. The room is almost always filled to capacity with some of our most vulnerable citizens.

So when I read in the New York Times in November that Ballad Vice President Anthony Keck said, quote, "We're only pursuing patients that
have the means to pay but choose not to pay," unquote, I was astonished.

I'd say the vast majority of the defendants I'd seen and all of the ones I've spoken to during my five visits to the courthouse do not have such means.

Ballad Health is not proving to be the good corporate citizen it claims to be. In one case, when a defendant spoke of how he'd received no bills at all before being sued, the judge said that he'd heard a lot in the past two years of Ballad -- he'd heard that a lot in the past two years of Ballad and advised the defendant to make a complaint to the Tennessee governing board where, he added, they probably have a person solely dedicated to handling Ballad complaints, as he'd heard so many.

In another case just last month, the judge suggested that a defendant, a defendant who had agreed to a payment plan, he'd suggested that defendant make their payments through the court clerk rather than directly, even though it involves a five percent fee to do so.

He advised that the clerk keeps a record and, quote, "Considering this Ballad Health and
their accounting department is in a shambles, I would pay through the court clerk," unquote.

There was a bit of welcome news during my last visit to court. As I had read online, Southeastern Emergency Physicians announced it had ceased the practice of suing patients for payment. And sure enough, the Southeastern cases that came up in Greeneville that day had all been dismissed.

I saw on the TV news yesterday and read again in the paper this morning that Ballad Health announced some reductions in prices and increases in their discounts to health care costs for those who are eligible, based on limited income.

I was truly hoping they'd also say that Ballad was following Southeastern's recent change in practice and stop suing patients for medical debt. Thank you.

DIRECTOR OCKERMAN: Thank you very much, Mr. Balderes. The next speaker is Sheila Murray.

SHEILA MURRAY: My name is Sheila Murray, S-H-E-I-L-A M-U-R-R-A-Y. I'm from Hawkins County, Tennessee, and I'm going to speak a little bit on personal. As far as professional, I am a nurse in drug and alcohol rehab.

Our patients that we send over to Ballad
are low income, don't have insurance. About 95 percent of them we ask for them to ask for the 340-B pricing, which is the financial assistance. They come back with no meds because that's not available, and they tell us that that's only limited doctors that can do the 340-B program. The majority of them is not at Holston Valley. It's at Johnson City Med Center.

The heart patients that I send out, as far as withdrawals, Holston Valley is always on diversion, so they send them to Indian Path, which is not even equipped to deal with these patients. When they do go to Holston Valley, they don't even know how to deal with the addicts. They just give them what they want and send them back, which means morphine, which starts their track of rehab all over again, just because that's what they want.

As far as a personal level, I've lost my physician, so I am now looking for another physician who was with Ballad, so she's left.

My sons, if I have to see a specialist, we have to go all the way to Knoxville or Morristown to see the specialists. With my preemie we have to go to the children's hospital
at UT for him to be treated. He's now seven years old, and we still have to go over there because he's considered a preemie still.

My son, who's a senior, plays sports. If he has a head injury, our trauma is gone. Holston Valley is always on diversion, so my son's outcome is nothing, so that's impacted sports altogether for us.

DIRECTOR OCKERMAN: Thank you very much, Ms. Murray. Next is Dr. Martin Olsen, and after him is Mr. Wayne Baxter.

MARTIN OLSEN: Thank you for your time. My name is Marty Olsen, M-A-R-T-Y O-L-S-E-N. I've been a physician in Johnson City for 27 years, and my opinion is that the citizens have lost confidence that the decisions being made are always in the patient's best interest and in the community's best interest.

And that comes from my view to the Board. And I would not criticize any member of the Board, but I would think we can have a better system. Other communities have a hospital authority that's answerable to the community, and in my opinion we need something like that.

We need some system where elected
officials or voters select the board members. I think the citizens deserve a chance to believe and hold the Board accountable and believe that the decisions are being made in their best interest. Thank you.

DIRECTOR OCKERMAN: Thank you very much. Mr. Wayne Baxter.


I just want to -- before I start my statement, the last annual report that we're supposed to be talking on that Ballad put out was in May 2019, so I'm not sure exactly how we're supposed to address that.

I live in Sweetwater, Tennessee. Why am I up here in Johnson City and Kingsport dealing with this? It's because I'm worried about this area, and I'd like to read the council a news article from the future. Went out there and got it.


Ballad Health leadership and community
members have agreed to schedule regular meetings
to discuss differences and changes for the future
of healthcare. These meetings will help resolve
the adversarial relationship that has caused a
250-plus-day protest. The committee hopes to
create a model healthcare system by open and
honest dialogue.

Does anybody here think that this is
possible, that this headline is possible?

(Audience members say no.)

Okay. The State of Tennessee and
Virginia have failed the people in the Tri-Cities
region. If this situation isn't fixed
immediately, the harm will extend generations.

The Council Chairman stated that this
council has no binding power to regulate or even
mandate any actions by Ballad Health, and
honestly, I feel like this whole meeting is a
waste of time, but it's the only voice we have.

What I hope happens is that the
representatives of the Tennessee Department of
Health listen to the comments made today and use
the power of the State to cause Ballad Health to
work with instead of against the community.

If that's not done, I fully support
formation of a strong non-partisan hospital authority that is able to provide more than just lip service to this crisis.

  I was always told if someone criticized your actions, that going to talk to them face to face was the best decision, best solution.

  The COPA Council, State of Tennessee Health Department, Federal Trade Commission, numerous other agencies have advised Ballad Health to improve their communications. Ballad has not improved their communication.

  Most of the information from Ballad that I have seen come through have been by communique or through politicians that are acting as proxies.

  If you believe Ballad Health's administration, the critics and protests are all venomous snakes. I have met many of the protesters and communicated with them individually, and I do not believe any of them actually bite.

  Not engaging critics is a coward's way. The brave man walks out to face his critics, especially when the protest is in front of your own building. What would the harm be for Ballad administration to leave their offices and speak
with -- to the protestors?

Instead they have avoided the protest like they've all got Ebola, while threatening to fire any employees if they are interacting with them.

During the COPA meeting last February, no one from Ballad Health Administration stood up to speak on their behalf. I wonder if they'll be brave enough to step forward tonight.

I have witnessed a meeting where Ms. Cook sat quietly, and the Ballad representative almost threw the microphone down to avoid her questions. What is Ballad scared of?

If anything, the interactions I've had with Ballad on Facebook and with the protestors and in person and on-line have been hidden. With Ballad, they've been hidden by false names, drive-by screaming, name calling, and throwing them.

I've been called one of Dani Cook's groupies and Alan Levine's minions. I wish they'd decide and make up their mind which one I am.

While I'm sure this activity isn't condoned by Ballad, this makes them appear to be the biggest middle school bully in the room by
proxy. The path forward entails bravery, ego suppression, change, and uncomfortable conversations. This will not happen without the influence by the state of Tennessee and Virginia.

I'm going to suggest a few solutions to make the COPA successful. I see no need to have a fight through legislation if the State of Tennessee truly has effective oversight --

DIRECTOR OCKERMAN: Mr. Baxter, your time is more than running short.

WAYNE BAXTER: I know, Jeff, but I'm going to finish this out because this is the most important part. No. 1, eliminate the COPA Advisory Council. There's no consequences to eliminating this council.

Form an interdisciplinary council that includes members of the community and the protest, nurses, physicians -- which there's no nurses on the Ballad board. Physicians, emergency services, Allied Health providers, Ballad Health administration, representatives from the State and local politicians and give them the power to mandate and ensure that changes are made for the best practices of the healthcare system and the community.
They should have the fiercest critics and the staunchest defenders on that committee. The state department can name a neutral mediator that is able to assist with binding decision by this Board. The State of Tennessee should also name two health care providers that have no ties with employment or contracting with Ballad Health.

Mandate that this process be open and transparent when possible. And meetings should be initially weekly, not yearly, and then progresses as monthly.

DIRECTOR OCKERMAN: Mr. Baxter, may I ask you how many more recommendations you have?

WAYNE BAXTER: What?

DIRECTOR OCKERMAN: How many more recommendations?

WAYNE BAXTER: That's it.

DIRECTOR OCKERMAN: Thank you very much. The next speaker is Teresa Daniell. And after Ms. Daniell is Ethan Cruze.

TERESA DANIELL: Hi. My name is Teresa Daniell, T-E-R-E-S-A D-A-N-I-E-L-L, and I'm here tonight to speak on behalf of my daughter, Jennifer Tice (phonetic) and Jeremiah Fields'
Late on the Saturday evening of November the 9th, 2019, I received a call from my daughter, and she told me that Jeremiah had been involved in a car accident and she was on her way to Holston Valley Hospital. At that time, she did not know if he was dead or alive.

Approximately 30 minutes later, she called and said the ER doctor had told her that he had non life-threatening injuries, all of his ribs were broken on the left side, and he needed a chest tube, would probably be put on a ventilator just so he could -- they could help him to breathe and he wouldn't wear out, and he would probably be transferred to Johnson City Medical Center.

She was really upset and stressed, so I went straight over there. And when I arrived, Jeremiah was conscious, alert, and he could talk. He was really struggling to breathe, but we were thankful that he was -- had survived.

It was a multiple rollover accident, with him ejected from the car, which was traveling at 70 to 80 miles per hour. He no doubt needed a Trauma One, Level Trauma One center.

He had multiple bruising, cuts, and
abrasions to his head, and he was not on a
ventilator, nor did he have the chest tube.
Shortly after I arrived at the ER, the nurse said
they were going to transfer him to the ICU. The
ICU, as they said, was slow tonight, and he could
receive one-on-one care.

He was transferred to ICU. He was
having a real hard time breathing. His heart rate
was up, his blood pressure was up, and he clearly
was in excruciating pain. He did not sleep any of
the time that he was in the hospital.

He remained about the same over the next
few hours, which brings us to Sunday evening.
Just prior to shift change, the nurses came in to
change his bed. It was bloody and wet from
profusely sweating, and after that things began to
change.

His heart rate continued to climb. His
blood pressure started to drop. His O2 sats
started to drop. My daughter told the nurse he
needed to be checked. She told him about his
blood pressure.

He put the blood pressure cuff on one
arm. When he didn't get a blood pressure, he put
it on the other arm. When he didn't get that, he
put it on both legs. He said that it was an error.

He did not check a manual blood pressure. He did not call a doctor. He did not have the machines checked. He did not ask anyone else to come and check the machine.

Jeremiah laid there for hours begging for help. "Lord, please help me. I'm dying. Please help me. I'm dying", as he struggled to breathe. I'm sorry.

She took a paper towel out to the nurses' desk. He had started spitting up blood. He said, "That's normal in this type of accident."

I told her that would have been normal had it been from the beginning, but this was a new incident, and it should have been checked.

By 2:00 a.m., she sent me pictures on the monitor. The O2 sats were in the 60s. His heart rate was 174, and his blood pressure was 60 over 40, yet the nurse continued to say it was an error. That was not right.

At one point my daughter literally ran into the hallway begging for help, and a nice young pretty nurse came in, took one look at the monitor, took one look at Jeremiah and said, "I'm
going for help. I'll be right back."

She went and got who I assume was her supervisor, and they were thrilled that they were finally going to get some help. Unfortunately, as soon as they walked into the door, he coded.

I was there within 15 minutes. They worked with him for over two hours. They worked really hard. And on several occasions, I heard the doctor say, "Where is the piece for the chest tube?"

I don't know what piece they were looking for. I don't know what they needed, but he never got that chest tube. He never was put on the ventilator. He was never sent to Johnson City Medical Center.

At about 10 minutes to 7:00 on Monday morning, Jeremiah passed away. He left behind four children and two step children. And to say that our family is devastated would be very understated.

We need our hospital in Kingsport. We need it to be back to where it was or better. And I agree with what Dr. Miller said. We need this hospital, and there are people dying. There are people dying, and I would like for you all to
consider this. Thank you.

DIRECTOR OCKERMAN: Thank you so much.
The next speaker is Ethan Cruze.

ETHAN CRUZE: Hi. I'm Ethan Cruze,
E-T-H-A-N C-R-U-Z-E. I spoke to you last year,
and I told you about my experience with needing
Level One trauma care and needing it to be close
by. That didn't seem to have much effect because
we don't have a Level One trauma center here in
Kingsport.

Why does that matter to me? Because I
live all the way down in Bean Station. Well, why
it matters is because I'm a veteran, and I have to
go to Johnson City.

I am afraid now to use 11-W to come up
and go over because I'm afraid if something
happened, I'd have to go to Holston Valley and
then be leap-frogged over to Johnson City perhaps.

I already have to use Ballad facilities
because they have contracts with the VA. So far
my care has been really good, but I don't know how
long that's going to last because I don't know
what's going to happen to the Greeneville
hospitals again. They've already closed one.

The second thing that came to my -- as I
looked at things, Article 1 Section 22 of the Tennessee State Constitution, that perpetuities and monopolies are contrary to the genius of a free state and shall not be allowed.

I wonder how did we come up with this COPA? The State of Tennessee Constitution says no monopolies, and yet we've seen nothing that is a public advantage from this monopoly. We've seen nothing but degradation of service.

Nothing but loss of medical personnel. Nothing but increased prices, outlandish facility fees, especially for the infusion center.

There is no reason to centralize when for 40 years we tried to reach out to communities and got better care, because we could get to the community. And now we're saying, "Oh, no, we have to centralize. It's on you to get to us." That's not right.

And we need a hospital authority. We need that badly. We need somebody who has enforcement capabilities, so we need that hospital authority. Thank you.

DIRECTOR OCKERMAN: Thank you very much. We have five speakers left. The next one is Anna Mahan, and then next is Donna Arnold.

So I made some notes on my phone, and I'm going to tell you I'm a mom of two boys. And they were both in the NICU at Holston Valley.

One, oldest one, knew would be in the NICU, and I was advised to go somewhere else to have him. And I said we have a great hospital. We have Holston Valley.

The second one was supposed to be perfectly healthy and ended up being rushed to the NICU. And had Holston Valley been today like it was then, okay, I would have been separated from him.

But because that we had the NICU then, we stayed together. And those boys have grown up on me, and we've always counted on Holston Valley as our hospital. That's where we've done everything at.

And last January, the oldest 17 year old had a blood pressure of 249 over 148. He told us he had a really bad headache, and we checked his blood pressure at home.

We rushed him in the EMS to Holston
Valley. The first thing said to my 200 pound
17-year-old son was we have to transfer you to
Niswonger because you're a minor. I called bull,
and I would not let them transfer him.

He needed help then. He didn't need to
be played around all over the place. We'd already
traveled from Hawkins County.

So they kept him for three days, and I
think they did the best they could. They really
tried. Ended up having to be transferred to
Vandebilt.

When the time came that they said they
could not help him at Holston Valley, they tried
to transfer him to Niswonger. They did not have
the doctors in Johnson City to treat him. They
refused him.

They called Knoxville, and Knoxville was
full because I guess everybody from Kingsport and
Johnson City were in Knoxville, and he had to be
transferred to Vanderbilt.

We waited hours. I'm not talking one or
two. I'm talking hours for an ambulance to
transfer him to Vandebilt, like 10 hours.

When he got there the next morning, they
were impressed with some of the tests and things
that had been run at Holston Valley. They didn't
know right off what was wrong with him, but they
found out. And he has a rare auto-immune
disorder, and we'll deal with it the rest of his
life.

So we got treatments there, and we've
been back down there a lot since then. But we
like to do things local when we can, so we've
tried to do things local. So I'm going to tell
you about what an infusion, five specialist
doctors, and some other tests at Vanderbilt is
$18,000.

An infusion with no doctors and no other
test at Johnson City Medical Center is $35,000.
Half of the care or less for twice the money.
Does that sound right? Okay.

So the next time my child crashes,
because he'll crash again, because he had him in
December in Holston Valley. They took him off the
EMS stretcher and sat him in a chair in the
waiting room, because everybody else is having
chest pains too.

I begged them to pull his chart. I
begged them to look at his record, and nobody
would.
Five hours later, after he was treated, they took him and had a test and brought him back to the waiting room, took him and had a test and brought him back to the waiting room. They did that for five hours.

When they finally took him to a room and the nurse practitioner came in, she said, "I've just pulled his record. It's so extensive, I'm going to have to show it to the doctor before we can treat him."

That was five hours later. I could make it to Vanderbilt in five hours. If I call EMS, they're going to take him to Ballad Health.

Do I go down that interstate with my child crashing to try to make it to Vanderbilt before it's too late? What would you do if that was your child?

DIRECTOR OCKERMAN: Thank you, Ms. Mahan. The next speaker is Donna Arnold, and after her is Tonya Ferguson.

DONNA ARNOLD: Good evening. I'm Donna Arnold, D-O-N-N-A A-R-N-O-L-D. A couple of months ago, I was walking down in front of Holston Valley, and I saw my friend Ms. Dougherty.

And we were talking, and there was a
lady, an elderly lady that was stumbling down the sidewalk.

DIRECTOR OCKERMAN: I'm sorry, would you mind speaking up or bring in the mic closer? Thank you.

DONNA ARNOLD: Thank you. There was a lady coming down the street. She was stumbling. She was hardly on her feet at all.

And we went to her, and she had just come out of the ER. She had no one to take her home.

She was so weak, we decided to take her back into the ER to possibly get a blood pressure check, something along that line. We got her in there.

Two nurses could not get the blood pressure cuff to work. They seemed to have stripped all the equipment from Holston Valley. It's a shell at this point.

The lady was sitting there, and we were wondering about how to get her home. Luckily the phone in her purse rang, and it was one of her friends, and we did get a way for her to get home.

Is that the way a hospital is supposed to be? Is that how we treat people these days?
They're nothing. They can wander out.

The nurse said they had seen her walking around in the hospital after she was, you know, let go, and she was truly just let go to the wind. That's not the way it should be.

DIRECTOR OCKERMAN: Thank you. The next speaker is Tonya Ferguson, and then I believe it's Dana Ledford is next.

TONYA FERGUSON: Hi. My name is Tonya Ferguson, T-O-N-Y-A F-E-R-G-U-S-O-N. My name is Tonya Ferguson, and I'm from Kingsport, Tennessee. I have idiopathic pulmonary fibrosis, and I have to go outside of the facility around here to Duke University to get treatment.

I'm also one of the morons that one of your leaders called us, and I also run around with the lady that he calls a bumbling idiot, and I think he should step down.

DIRECTOR OCKERMAN: Thank you. Dana Ledford is the next speaker and then Erick Herrin.

DANA LEDFORD: My name is Dana Ledford. I didn't know whether I wanted to speak or not, but my name is D-A-N-A L-E-D-F-O-R-D.

I can't help but sit here and look at ya'll and ask. See, I'm a CNA. I'm from Greene
County. I'm originally from North Carolina also.

Have any of ya'll been in a time where you've had to struggle to pay a bill at all? Have you ever questioned weekly, because your husband is the only paycheck coming in right now because you refuse to work for Ballad?

Yeah, there's other jobs out there, and I've currently applied. But if your paycheck is only coming from your husband, you have to question and figure out every Friday, what groceries can you get?

So when on December the 2nd, 2018, I had a raging UTI that was diagnosed from a physician that was understaffed that could not get a female to do a physical physician on me, nor could he get an available ultrasound tech.

Because me and my husband is trying to get pregnant, so, and also I've been previously diagnosed with a condition where I don't shed everything out every month.

So that worried me, because I had a DNC done in 2012, emergency one at Holston Valley Medical Center.

Now my question is, if you go in the emergency for anything, Mr. Phillips, you could
have a heart attack. You could be in a wreck.

My question is, are you going to care if a bumbling idiot or a moron from your city works on you or not? No. You want the quality health care that you deserve.

Now I had a bill from that visit and followed that visit in March with a urologist. Before I even seen him, I was already in collections and getting phone calls from collections.

And I've been watching Dani's lives and all that, and she talks about people are under incomed or homeless or drug addicts, just thrown out. Not treated.

You all are one step from Mission St. Joseph's Hospital in Asheville, North Carolina, where I'm from, where I found out this holiday season my brother said that if you go to the hospital and your wife has an outstanding bill of say $500, they will not see you. They tell you to go home.

You're one step from that. One step. And that ain't from homelessness. That ain't from drug addicts or anything. That's from anybody in this whole region.
I just had to take out another loan on my husband's vehicle to pay collections of a thousand dollars. I got another thousand dollars to probably pay for Ballad's bills.

Would you go into your work, wherever you work at, and work with just two people in the building? No. So that's why I refuse to work for Ballad. It's understaffed as well.

DIRECTOR OCKERMAN: Thank you, Ms. Ledford. Our last speaker is Erick Herrin. Is Mr. Herrin here? Thank you.

ERICK HERRIN: Chairman Phillips, members of the committee, my name is Erick Herrin. I'm a resident of Johnson City. Let me start with thanking you for your service on this committee.

And I think we should all recognize that transitions are hard and that by all accounts, our health care system throughout the community, not just here, is in a difficult circumstance.

I'd like to at least start with a compliment before I address the topic that I have a concern on, and that is that I think Franklin Woods Hospital is probably your crown jewel within the Ballad Health system.

I would also commend Ballad Health with
their initiative of the most frustrating subject of addiction and the attempt to eliminate the stigmas associated with them. It's a difficult, difficult subject.

My topic of concern has to do with the subject of the use of a charge master, by not only Ballad Health but all hospitals throughout the country. The charge master is an amount that gets discounted. It was published by Ballad Health last January by requirement.

Ms. Hicks, a spokesman for Ballad Health at that time, said this is not a tool to be used to determine what you're going to pay.

My friend Marvin Eichorn, talented as he is with finance for the hospital, had indicated a short time after that in January of 2019 that nobody pays the charge master amounts.

This morning's paper, my friend Mr. Levine, extremely talented and long suffering at this point, indicated that they have implemented a 77 percent discount, and what he's talking about is a discount to those charge master numbers.

My best effort in evaluating this situation is that a 77 percent discount to the charge master rates is about what Medicare pays.
The numbers are fictional.

What I would like this committee to take a look at is the use of the charge master, because there are real-world implications to that, especially within those of us who are in the dispute resolution system and the judicial system trying to find a fair compensation for those who have been injured.

With a dose of reality, it is very difficult when you have the charge master fictional numbers floating around on non-discounted rates. Thank you.

DIRECTOR OCKERMAN: Thank you very much. Mr. Chairman, that was our last speaker.

VOICE: We have one more.

DIRECTOR OCKERMAN: We'll take one more. Would you -- Judi, would you get her to sign in, please?

(The audience member signs in).


for me.

But I'm here to speak on behalf of everyone else who it's a problem for and everyone else who is so concerned about the downgrades in care under Ballad Health.

I had the privilege of working at Holston Valley for 22 years in cardiac surgery. Holston Valley -- I didn't live in Kingsport. I always lived in Washington County, but Holston Valley was the premier hospital.

The first one to bring heart surgery in this area. They were the first one to have a Level One trauma center. They literally set the bar for care in this area.

Now the downgrade on Level One trauma center has been absolutely devastating to so many people in this community and so many people in southwest Virginia. Does the Advisory Council and Ballad Health not care about citizens of southwest Virginia?

I mean, they're the poorest, and they have the farthest to go, and they have to watch the snow in inclimate weather, and yet it's like there's just a blind eye to them. There's no compassion for them whatsoever or their distance
they have to travel.

And one thing the cardiologist always preached, and you'll hear every cardiologist preach this. Time is muscle, and we're talking about heart muscle. Time is muscle.

The quicker you get a patient in with a heart attack to the cath lab, to angioplasty, or whatever they need, a stent, or to the heart surgery room is how you save lives.

Time is muscle. Every minute that goes by that that heart is not addressed is a life. It's brain function. It's kidneys and everything else shutting down from heart failure.

And the just total apathy of Ballad Health has been just soul destroying for me personally, because I'll tell you something.

I had the privilege of working at Johnson City Medical Center also for eight years in cardiac surgery there. And I'm so proud that Johnson City Medical Center got heart surgery as well and that Bristol got heart surgery as well.

Because all that competition benefited every citizen, every patient, every patient, and this monopoly is just devastating our region. It's devastating our population.
And finally I'd like to say specifically to the Board members, thank you. All of us morons would very much think that we should have Mr. Dennis Phillips removed.

And I also challenge you personally, Mr. Dennis Phillips. If you have any sense of decency whatsoever and you represent the public, you should resign right now. Walk away and appoint Dani Cook to take your position.

Because if the Advisory Council is not your role, advisory, take advisory out of it. Just call yourself a bunch of bumbling idiots. That works for me. Thank you for your time.

DIRECTOR OCKERMAN: Thank you. And, Mr. Chairman, that's our last speaker.

CHAIRMAN PHILLIPS: Okay. I am going to clarify one thing. The comments made concerning my comments at the Kingsport Board of Mayor and Alderman meeting were made in reference to a real estate sale between my wife and the City of Kingsport that had nothing to do with Ballad Health, had nothing to do with any of you.

There was a comment made by --

DIRECTOR OCKERMAN: Let's keep some calm.
CHAIRMAN PHILLIPS: I would expect the same respect I give you. The meeting is now adjourned, and thank you all for all your comments.

DIRECTOR OCKERMAN: Mr. Chairman, would you close the public hearing, please?

CHAIRMAN PHILLIPS: I am closing the public meeting, and thank you all for being here.

DIRECTOR OCKERMAN: Thank you all for coming. We will be posting the transcript from the court reporter.

THEREUPON, the meeting was concluded at 6:50 p.m.
REPORTER'S CERTIFICATION

STATE OF TENNESSEE    )
COUNTY OF SULLIVAN     )

I, Terry L. Kozakevich, LCR #394, Licensed Court Reporter, Registered Professional Reporter, (and notary public), in and for the State of Tennessee, do hereby certify that the above meeting was reported by me and that the foregoing 66 pages of the transcript is a true and accurate record to the best of my knowledge, skills, and ability.

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

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

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my notarial seal this 20th day of January, 2020.

Terry L. Kozakevich, LCR #394
Registered Professional Reporter
Expiration Date 9/30/2020
Notary Public Commission Expires 8/29/22