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Tennessee Department of Health Public Hearing  
COPA Public Meeting

June 12, 2023

TAKEN AT: Northeast State Community College  
The Center for the Arts Auditorium  
2425 Highway 75  
Blountville, Tennessee

TAKEN ON: Monday, June 12, 2023

REPORTED BY: Traci K. McClanahan, LCR

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Present:

Ralph Alvarado, Commissioner, Tennessee Department of Health

Jim Mathis, Director, Certificate of Public Advantage

Judi Knecht, Assistant Director, Certificate of Public Advantage

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1 DR. ALVARADO: Well, we'll go ahead and get  
2 started. Please kind of quiet it down because we're  
3 right at 5:30.

4 I'm Dr. Ralph Alvarado, the Commissioner of  
5 Health here for the State of Tennessee. It's good  
6 to be with you tonight, and I do appreciate you  
7 taking the time to attend this evening.

8 I'm already six months into serving as the  
9 Commissioner of the Department of Health, and while  
10 the Department is responsible for a number of  
11 different things across the State, we take our  
12 responsibility to Northeast Tennessee for the  
13 Certificate of Public Advantage, better known as  
14 COPA, very seriously. And so we understand how  
15 important Ballad Health's success is to this  
16 community and to the region. And as many of you  
17 know, the State of Tennessee approved a merger of  
18 Wellmont and Mountain States nearly five years ago  
19 to create Ballad Health, and as a result, Terms of  
20 Certification were created to guide the Tennessee  
21 Department of Health in coordination with and  
22 support from the Attorney General's Office in  
23 providing oversight of the COPA. Our role continues  
24 to be to provide active supervision to ensure the  
25 merger continues to provide a public advantage to

1 you, the citizens of this region. And it's  
2 important to note that it is not our role to manage  
3 the business decisions or the day-to-day operations  
4 of Ballad Health. Our goals are to see improvement  
5 in health and wellbeing of the region and to  
6 maintain access to high quality health care. These  
7 goals have served and will continue to serve as a  
8 guide to our data-centered approach to evaluate any  
9 plans, strategies, and tactics proposed by Ballad  
10 Health. It is important that we get this  
11 unprecedented process right. We're a model not only  
12 to Tennessee and Virginia, but the entire nation is  
13 watching to see how this process plays out.

14 You're either here today because you have  
15 something to say or because you want to listen.  
16 Please know we're here to listen and we value your  
17 input very much. And I know there's quite a few  
18 people that have signed up, and it may be difficult  
19 to get to you all.

20 Joining me here today are Jim Mathis and  
21 Judi Knecht, director and assistant director of the  
22 department who manage the COPA process.

23 At this time, I'd like to turn it over to  
24 Jim, who's going to walk us through how the public  
25 hearing will work. And for those who have been here

1 in the past, the format will be very familiar.

2 Again, thank you all very much for being  
3 here and letting us know what is on your mind  
4 related to the COPA.

5 MR. MATHIS: Very good.

6 Thank you for attending. We can tell by the  
7 turnout that there's lots of interest. So let's get  
8 after it.

9 This hearing will be devoted to public  
10 comments related to the COPA issued by the State of  
11 Tennessee in January 2018. The scope and purpose of  
12 this hearing is to discuss both the benefits and  
13 disadvantages of the COPA.

14 We're particularly interested in any ideas  
15 or comments you have for future revisions to the  
16 COPA. This is not a forum to bring hospital or  
17 physician complaints. However, if you've got such  
18 items, the Tennessee Department of Health does want  
19 to hear them.

20 We also note that we've had such an interest  
21 tonight that the slots for signing up have filled.  
22 It's unlikely that we're going to get to everybody.  
23 But we're still very interested in your comments.  
24 So we have multiple venues for you to submit  
25 comments. If you have written comments with you,

1 say you've wrote out what you wanted to say and  
2 there is not time, we can accept those to be put  
3 into the record.

4 And, Judi, do you want to explain how they  
5 can submit through the portal their comments?

6 UNKNOWN FEMALE: We can't hear you back  
7 here.

8 UNKNOWN FEMALE: Yeah, we can't hear you.

9 MR. MATHIS: Does it help if I move the mic  
10 up?

11 UNKNOWN FEMALE: Yes.

12 MR. MATHIS: That's my fault. I apologize.  
13 Judi?

14 MS. KNECHT: Yes.

15 On the Tennessee Department of Health's  
16 website, we have a page titled COPA or Certificate  
17 of Public Advantage, and you'll see tiles for  
18 different aspects of the COPA that are available  
19 there. One tile is on public input and complaints.  
20 So if you click on that tile, there's a form to fill  
21 out and it will go directly to our team for review.

22 MR. MATHIS: Okay.

23 So on to the actual public comments, those  
24 who wish to make public comment have signed up on  
25 the sheet at the door, as we indicated. Please know



1 that we're limited to an hour and a half, and the  
2 speakers will be called in order of the sign-up.  
3 We've got the sheets here.

4 It would be helpful if you keep the noise  
5 down, the noise level down, so we can hear their  
6 names before being called.

7 If the speaker declines to comment or is not  
8 prepared and wants to skip and just submit their  
9 comments, we can absolutely do that, do that in  
10 writing. And then we'll go -- we're not going to be  
11 able to go back for any missed speakers.

12 We want to hear from as many people as  
13 possible, so each individual will be allocated three  
14 minutes, but no more than that, and this is out of  
15 fairness to everyone.

16 Speakers will not -- or will be allowed to  
17 make comments only once at the public hearing. And  
18 should anyone have additional comments, we can do  
19 the written comments that we spoke about.

20 Speakers will be given notice by cards that  
21 Judi has when they have one minute and thirty  
22 seconds left. And three minutes will go by very  
23 quickly, so I encourage you to be prepared. When  
24 time expires, we will notify the speaker, and call  
25 the name of the next speaker. Then, the following

1 speaker, you should be coming to the microphone,  
2 preparing to speak. Out of respect for all, please  
3 don't be offended when time is up and we must move  
4 to the next speaker. We would only cut off the  
5 microphone if we absolutely must.

6 So, with that, let's start with the first  
7 speaker is Rebecca Dillow, and then Miles Burdine.

8 MS. KNECHT: And for the court reporter,  
9 would you like each speaker to repeat their name and  
10 spell their name?

11 THE COURT REPORTER: Yes, please.

12 MS. KNECHT: Okay.

13 REBECCA DILLOW: Hello. My name is Rebecca  
14 Dillow. It's R-E-B-E-C-C-A. Dillow is D-I-L-L-O-W.

15 Thank you so much for having this public  
16 hearing. We appreciate it. Again, my name is  
17 Rebecca.

18 I work at Clinch-Powell RC&D, and we are  
19 members of Fahe, and Fahe is a group of nonprofit  
20 housing builders that serves all of Appalachia. We  
21 build and repair homes, and we also create  
22 opportunities for hardworking families to become  
23 homeowners right here in Appalachia.

24 I'm here today to share our experience with  
25 working with Ballad Health.

1           So back in 2019, pre-COVID, we had several  
2     Fahe members that work in Southwest Virginia as well  
3     as here in East Tennessee. We were invited to be  
4     part of the STRONG Accountable Care Community  
5     conversations, and we realized that housing was not  
6     part of the conversation, and it was not determined  
7     as the social -- excuse me -- determinant of health  
8     or a factor of health.

9           So we approached Ballad Health and were met  
10    with open arms. Ballad Health was very receptive to  
11    us as nonprofit builders to collaborate with them.  
12    And we began a partnership that -- with Ballad  
13    that's helped us continue to be able to build  
14    housing for families, for working families here in  
15    Appalachia. We understand that we all see a  
16    shortage of safe and healthy housing, but Ballad  
17    stepped up and has been partnering with us to give  
18    us funding to help families.

19           Fahe has been working hard these last few  
20    years to advocate for more funding for workforce  
21    housing. We see parents who are struggling daily  
22    with housing, and we're just thrilled that Ballad  
23    was part of the solution. And if we want to keep  
24    realizing the benefits of this approach with the  
25    alignment between health and housing, it's important

1 that we need to invest in smart housing solutions.

2 We also want to encourage any other health  
3 care systems that may be here tonight to partner  
4 with their local nonprofit housing builders so that  
5 they too can have great solutions in this housing  
6 market.

7 And thank you for your time in allowing me  
8 to speak. Thanks.

9 MR. MATHIS: Thank you.

10 Miles Burdine, and then after that, Jennifer  
11 Carver.

12 MILES BURDINE: Thank you, sir.

13 My names is Miles Burdine. M-I-L-E-S,  
14 B-U-R-D-I-N-E.

15 Welcome to Appalachian Region, Appalachian  
16 Highlands Region.

17 I work for the Kingsport Chamber of  
18 Commerce, but I also consider myself working for the  
19 region. So all things we talk about, at least in  
20 the Chamber world, has to do with advancing this  
21 region.

22 I wanted to say thank you very much for your  
23 opening comments about hearing all voices. You're  
24 obviously going to hear differences of opinion. But  
25 I will say this about all the people in this room:

1 We all want what's best for our region, for our  
2 citizens, and for our communities, although we may  
3 differ on how to get there.

4 About five years ago, our Chamber embarked  
5 on a study of research on whether or not the merge  
6 of Wellmont and Mountain States made sense. We  
7 determined in a study that keeping them separate  
8 would produce a risk of closing hospitals, a risk of  
9 being sold, and if that happened then we would have  
10 more duplication of services and -- if we kept it  
11 the way it was -- more duplication of services, and  
12 we'd also risk losing jobs and losing the local  
13 control, which we consider most important. If the  
14 merge -- if we supported the merge, then quality of  
15 health care would improve, cost of health care would  
16 go down, and we would keep local control. So the  
17 Chamber Foundation Board took a vote and unanimously  
18 voted to support the merge of those two institutions  
19 to form Ballad Health.

20 Consolidation of services have been  
21 difficult. We understand that we cannot support nor  
22 continue to try to support all things that are  
23 duplicated, and so we've had a little bit of pain as  
24 we've lost some services in a particular community.  
25 We've also added services in other communities. But

1 it simply didn't make sense for us to continue to  
2 pay for something we couldn't ultimately afford.

3 You're going to hear a lot about emergency  
4 room problems today, and I personally have  
5 experienced those, but I don't think that's a matter  
6 of -- that's nothing that's not being faced across  
7 this country. I certainly --

8 (Interruption; timer.)

9 MS. KNECHT: Sorry. That's one minute.

10 MILES BURDINE: Okay. Thank you. I'll keep  
11 on.

12 I serve on the boards of the Tennessee Board  
13 of Regents and Tennesseans for Quality Early  
14 Education, and recognize that the problems with  
15 finding nurses is not just a local, it's a  
16 state-wide. It's also a national issue. And  
17 finding nurses and quality childcare is a problem,  
18 and it's one that Ballard has taken the lead on  
19 trying to resolve.

20 Ballard is the second largest employer in the  
21 region. They provide significant community support  
22 for nonprofits: United Way, Chamber, schools, the  
23 Miracle Field, our newfound dental clinic that's  
24 going to be formed pretty soon.

25 And we thrive in this region for many

1 reasons: quality of life, low cost of living;  
2 we're safe; we're outdoors -- thank you --  
3 affordable quality; affordable housing; no income  
4 tax. But at the top of the list, coming from a  
5 Chamber guy, is schools, quality schools, and  
6 quality health care.

7 Thank you very much.

8 MR. MATHIS: Thank you.

9 Jennifer Carver, and then Kimberly Bittle  
10 after that.

11 JENNIFER CARVER: Hi. I'm Jennifer Carver,  
12 C-A-R-V-E-R.

13 I'm going to share a little bit about my  
14 NICU experience with you all. My NICU experience is  
15 twofold. I'm a former NICU nurse who also became a  
16 NICU mom.

17 After a sudden and unexpected diagnosis of  
18 preeclampsia, I gave birth to a tiny baby boy named  
19 Campbell. He was born in March of 2021 at just  
20 28 weeks, weighing only one pound and eleven ounces.

21 After he was born, he was taken to the NICU  
22 at Niswonger Children's Hospital, and being born  
23 three months early, we knew his NICU journey would  
24 likely be a long one.

25 I'm often asked what the hardest part of our

1 NICU journey was, and while there are many  
2 incredibly hard parts, one of the first things that  
3 I say is how devastatingly hard it was to leave my  
4 tiny baby behind in the NICU at the end of the day.  
5 How could I give my newborn baby the two things that  
6 he needed most in this world: his critical  
7 medical care and his mom.

8 Campbell received exceptional care through  
9 his entire NICU stay. The nurses and staff were  
10 wonderful with him and our family, but in the first  
11 sixty-plus days of his NICU experience, we  
12 experienced what a lot of other NICU parents do.

13 If you walk into the NICU, one of the first  
14 things that you notice are open bays with multiple  
15 babies. These open bays house all these babies in  
16 the same room. You will see these babies in their  
17 incubators and radiant warmers with all their  
18 respiratory equipment, monitors, IV poles, and their  
19 medical staff. As you can imagine, this leaves very  
20 little room for moms and dads to comfortably visit  
21 and bond with their baby.

22 Campbell was finally able to move to a  
23 private room around two months after he was born.  
24 This allowed us to spend time with him, have longer  
25 skin-to-skin contact and even be able to spend the



1 night with him. These private rooms gave us a  
2 chance to bond with our baby in a way that was not  
3 possible in the open bay areas. We were able to  
4 read him stories and sing him songs without worrying  
5 about disrupting other families who were there to  
6 visit with their babies. And there, we were finally  
7 able to give him what he needed: critical medical  
8 care and his mom.

9 That's why we are so excited about the new  
10 NICU design with more private rooms to house these  
11 babies with their families.

12 Campbell spent just shy of ninety days in  
13 the NICU. Over that time, the nurses and doctors  
14 and staff became like family to us. We are so  
15 thankful for each of them and for Niswonger  
16 Children's Hospital for the exceptional care that  
17 they provided. We know we're not the first NICU  
18 parents, certainly not the last, so we want to  
19 continue to advocate for those babies yet to be  
20 born, moms and dads yet to be thrown into their  
21 world with their lives turned upside down, and for  
22 the medical staff providing care for these babies.

23 Thank you for allowing me to share a very  
24 small part in our miracle baby story.

25 MR. MATHIS: Thank you.

1           Next up, Don Davis, and Dani Cook after  
2   that.

3           The next is Kimberly Bittle and Lynn Tully.  
4   I'm out of order.

5           LYNN TULLY: Good evening. Thank you for  
6   letting us speak today. My name is Lynn Tully, and  
7   that's L-Y-N-N, T-U-L-L-Y. And I'm here in my  
8   volunteer capacity this evening as the Chairman of  
9   the Kingsport YMCA.

10           We are a -- we are a program, a program of  
11   over, I want to say, about eleven thousand members  
12   from all walks of life in this community, and we  
13   have a myriad of different offerings at our YMCA  
14   that Ballad has been a partner with us for. So they  
15   have been a continued and valued partner with us for  
16   several years now.

17           And I'm going to ask Casey Bittle to speak  
18   to those programs.

19           KIMBERLY BITTLE: Kimberly Bittle. Last  
20   name, B-I-T-T-L-E.

21           And thank you, Lynn.

22           One of the reasons I asked Lynn to join us  
23   is because she represents volunteer service in our  
24   community meeting needs, and we have numerous Ballad  
25   Health care employees, patients, who do the same

1 with our organization.

2 Our mission is to put Christian principles  
3 into practice through programs that build a healthy  
4 spirit, mind, and body for all. We strive to meet  
5 community needs, identify what they are, and work  
6 with others to do that. And one of our top  
7 partners, since my arrival in this community nearly  
8 five years ago, has been Ballad Health care.

9 The facility that houses our offices has a  
10 physical therapy clinic inside our facility. And  
11 because of that clinic, the therapist there is able  
12 to take clients on a continuum of health care. So  
13 when they're finished with their physical therapy  
14 and their rehab services, he transitions them into  
15 other services to improve quality of life and  
16 partners with us in the delivery of chronic disease  
17 programming, such as diabetes prevention,  
18 Parkinson's, and cancer survivorship.

19 Ballad has also been very instrumental in  
20 helping us fund our case for support that meet  
21 community needs, one of which is feeding  
22 800 children supper every single day. If not for  
23 the sponsorship and support of Ballad Health care,  
24 those children would leave school and not eat again  
25 until breakfast the next morning.

1           The backbone of the STRONG ACC is one of two  
2 organizations, Ballad being one of which, and  
3 they've been very instrumental in helping train our  
4 staff and provide tools and resources to unite  
5 people in the community through their Unite Us  
6 Platform.

7           And lastly, I just want to thank Ballad and  
8 their resources for allowing our YMCA to be part of  
9 the Community Health Improvement Initiative. That  
10 funds special resources and projects and supplies  
11 for our teams to be able to reduce adverse childhood  
12 experiences.

13           Thank you.

14           MR. MATHIS: Thank you.

15           Don Davis, and Dani Cook after that.

16           DONALD DAVIS: Donald Davis, D-A-V-I-S.

17           I'm here as a patient. I went in Franklin  
18 Woods. I was -- as my doctor told me later on, I  
19 wasn't sick; I was very, very sick. Went into the  
20 emergency room. They immediately took care of me.  
21 Checked me in. And I'm sitting there for my second  
22 or third day there. You know, you're getting  
23 prodded every few minutes. And while I'm sitting  
24 there, Betty walks in. Betty is from the  
25 Storytelling Guild. And she said can I tell you a

1 story.

2 So she just sat down, and we talked for a  
3 little while. My name is Donald Davis. Those that  
4 know Jonesborough, Donald Davis is the storyteller.  
5 At Storytelling, they know me as "Donald  
6 not-the-storytelling Davis."

7 But anyhow, so we hit it off. She told me a  
8 story. I'm on morphine. What she did for me was as  
9 good as the morphine was. It just made me feel good  
10 all over. And so I appreciate that Ballad does  
11 these extra little things to help out the patients  
12 and make us feel more comfortable because the  
13 hospital is not normally a place that we feel very  
14 comfortable.

15 I thank you very much.

16 MR. MATHIS: Dani Cook, and Angie Odom  
17 following that.

18 DANI COOK: My name is Dani Cook. D-A-N-I,  
19 C-O-O-K.

20 I am going to -- you mentioned that we were  
21 going to talk about data-driven information. So I  
22 want to start there.

23 The first thing that I want to talk about is  
24 the fact that we have three tertiary hospitals in  
25 this region. They are Johnson City Medical Center,

1 Bristol Regional Medical Center, and Holston Valley  
2 Medical Center.

3 Pre-COPA, Johnson City Medical Center was a  
4 three-star rating by the CMS rating system, hospital  
5 rating system. Bristol Regional was a four-star.  
6 Holston Valley was a three-star. Johnson City  
7 Medical Center is now a one-star hospital, according  
8 to CMS. Bristol Regional is a two-star. Holston  
9 Valley is also a two-star.

10 According to Leapfrog, that does patient  
11 surveys in just regard to patient safety, Johnson  
12 City Medical Center is now a D in terms of patient  
13 safety.

14 In the COPA, you all specify Exhibit I talks  
15 about Exhibit D, the priority population health  
16 measures that have to be achieved. They have a  
17 total percentage weight of a hundred percent in the  
18 ratings.

19 In the second section of that under -- it  
20 says "Other Sub-Index," there's a  
21 "Commitment/Outcome," and that refers to Exhibit K.  
22 That also has a percentage weight of a hundred  
23 percent, and that's broken down into "target quality  
24 measures achieved" and "quality monitoring measures  
25 achieved."

1           What I'd like to talk about is Exhibit D.  
2   Exhibit D has twenty-five that are total population  
3   that are priority health measures. What I will tell  
4   you is that Washington County, Tennessee, and  
5   Sullivan County, Tennessee, which are the largest  
6   counties in this region, both have approximately  
7   twelve out of twenty-five that are worse today.  
8   According to Ballad Health, their community needs  
9   assessment that is on their website, they are worse  
10   today than they were in their stats that they  
11   provided to you in 2018. Again, that is post-COPA.  
12   I have them for you if you haven't seen them.

13           Exhibit K also refers to the "target quality  
14   measures." There were seventeen in there  
15   originally. They were reduced to sixteen. Those  
16   have to be reported every quarter and they are put  
17   up on a website, although they're kind of hard to  
18   find if you don't know exactly what you're looking  
19   for.

20           But according to the COPA, it says, "For the  
21   first year of the affiliation, the new health system  
22   will be required to maintain performance on the  
23   Target Quality Measures." And basically what it  
24   says is there's a baseline. You are required to  
25   either meet that baseline or do better. And if you

1 don't meet it that year, then you have to -- you  
2 have to meet it the next year or meet the next year,  
3 whichever one is better quality.

4           What I will tell you is that, according to  
5 Ballad Health statistics, Johnson City Medical  
6 Center passed fifty-three percent. They failed  
7 forty-three -- forty-seven percent, and so forth and  
8 so on. You get what I'm talking about. I've got  
9 them if you would like copies.

10           I do want to talk about changes to service  
11 lines, briefly. Other people are going to talk  
12 about that as well.

13           As you know, Sycamore Shoals is going to be  
14 losing their ICU. That is a key component to a  
15 service line. The Department of Health is supposed  
16 to go through a ninety-day process in order to  
17 approve that. What you all did was post an approval  
18 on May the 5th referencing a letter from December  
19 that the public never saw. So it appears to be  
20 retroactive.

21           (Interruption; timer.)

22           DANI COOK: Was that thirty seconds?

23           Got it.

24           MS. KNECHT: That's time.

25           DANI COOK: Sorry. Well --



1           MR. MATHIS: Thank you. If you have some  
2 materials, if you'd give them to the court reporter,  
3 we'd love to see them.

4           DANI COOK: Yes, I will do that.

5           MR. MATHIS: Thank you.

6           UNKNOWN FEMALE: Yes.

7           MR. MATHIS: The next one is Angie Odom, and  
8 Danny Deal after that, please. Thank you.

9           ANGIE ODOM: Yes. Good evening. My name is  
10 Angie Odom.

11           I'm a Carter County Commissioner for  
12 District Three. And I'm also the founder and  
13 director of the TLC Community Center. That is also  
14 known as a crisis pregnancy center for twenty-three  
15 years in Carter County.

16           As you know, Sycamore Shoals is the only  
17 hospital serving two counties, including Johnson  
18 County. Even I, as a small director of a crisis  
19 pregnancy center, knew enough that Johnson County is  
20 too far for clients to drive all the way to  
21 Elizabethton for their needs. So we also started a  
22 crisis pregnancy center that I ran up there for  
23 three years until giving that center over to Johnson  
24 County. If you do not drive that route, you cannot  
25 go the speed limit down the interstate around the

1 lake or you would definitely need a hospital. And  
2 right now, that would be a scary place to be in.

3 Right now, I can tell you that we're very  
4 disturbed -- I am here with eight other  
5 commissioners that are here tonight from Carter  
6 County -- after Alan Levine visited our Carter  
7 County commission meeting in April and did not  
8 mention a word of any change until we watched WJHL  
9 two days later and learned about the possible  
10 changing or changes in our ICU. From that point on,  
11 God took control.

12 I ended up in the ICU with my -- or I ended  
13 up in the ER with my mother, where all of the staff  
14 was telling me then how the ER now will be divided  
15 into different components. One will be the four  
16 rooms being held for mental health, one for heart  
17 monitoring, the other -- we will end up with only  
18 six rooms for our ER now.

19 We already knew from staff after another  
20 family member was in for surgery a few days later,  
21 after I was made aware of this, that the eight beds  
22 in ICU were not being used for eight beds in ICU  
23 since December. Since December, the PCU in the  
24 Sycamore Shoals Hospital was already shut down.  
25 That's when I walked upstairs myself and seen the

1 tape on the doors.

2 So PCU has already been shut down through  
3 December. ICU was divided into three beds of the  
4 ICU and five beds for the PICU. The nurses were  
5 overwhelmed because of the fact that they had  
6 already put a freeze on the hiring last December and  
7 decided to pay traveling nurses three times the  
8 amount that they were making, not counting the fact  
9 that Alan Levine announced that our nurses weren't  
10 as staffed or qualified as the Johnson City nurses  
11 and that they got paid more, even though I, as a  
12 person that goes to that hospital, gets paid -- I  
13 have to get -- pay the same for the services even  
14 though Johnson City nurses get paid more than those  
15 nurses giving -- and doctors giving up their time.

16 Our birthing center was already taken away  
17 in 2012, and being that I was a crisis pregnancy  
18 center, you would have thought we could have heard  
19 something about that. But Rusty Crowe and Kent  
20 Williams sent in letters of recommendation prior to  
21 our town ever even knowing about it, which with  
22 Rusty Crowe's involvement with Ballad is not an okay  
23 situation.

24 UNKNOWN FEMALE: That's right.

25 ANGIE ODOM: I was told there were no --

1 (Interruption; clapping.)

2 ANGIE ODOM: I was told that there was not  
3 one complaint. But if you go back, the certificate  
4 of need, there was a complaint, and the lady sent it  
5 in, and it was in June prior to the recommendation  
6 that was sent in.

7 So we were lied to in our town. We were  
8 never given a voice.

9 And you say Ballard's helping? We have no  
10 pediatric care. We have no birthing center. And I  
11 was a candy striper back in the day at the hospital.

12 (Interruption; timer.)

13 ANGIE ODOM: We got to serve the people.  
14 Ballard Health is not serving the people.

15 MR. MATHIS: Thank you.

16 Mr. Danny Deal, and then after that, Ginger  
17 Holdren.

18 DANNY DEAL: I'm Danny Deal. D-A-N-N-Y,  
19 D-E-A-L.

20 I'm a Fourth District Commissioner for  
21 Carter County, and I too am concerned about the  
22 closing of the ICU, PCU at Sycamore Shoals Hospital.

23 We have a county of 348 square miles and  
24 56,500 residents. In talking with our director of  
25 EMS, we have anywhere from three to five trucks over

1 that whole area. The increased travel time and  
2 in-transit time is concerning because, as a  
3 commissioner, we have to fund that. I think that'll  
4 increase the funding. It will increase the need for  
5 staffing trucks, and talking to the director,  
6 Director Arnold told me that his normal wait time  
7 right now at Johnson City Medical Center is two  
8 hours. So if we take trucks off the road for two  
9 hours, and we only have three on the road for that  
10 shift -- one going to Johnson City and one to  
11 Bristol -- that leaves us one, for 56,500 residents.  
12 That's concerning.

13 Not only concerning as a commissioner in the  
14 county being -- supporting and financing the EMS,  
15 also, it's about -- the most important thing is  
16 about our residents. They are going to be  
17 in-transit longer, ten more miles. And everything I  
18 read from the American Heart Association and the  
19 American Stroke Association is seconds matter. If  
20 seconds matter, then we shouldn't be extending that  
21 travel time.

22 I hope that this has enlightened a lot of  
23 people, and thank you for giving me the opportunity  
24 to speak.

25 MR. MATHIS: Thank you.

1 Ginger Holdren, and then Lisa Childress.

2 GINGER HOLDREN: Good evening. My name is  
3 Ginger Holdren, and the last name is spelled  
4 H-O-L-D-R-E-N.

5 Thank you for the opportunity to speak this  
6 evening. I'm a Carter County Commissioner for five  
7 years and a Realtor for seventeen years.

8 When I get a bite or lead, I'm usually asked  
9 in that initial conversation if I buy 123 Blevins  
10 Branch Road, how far is it to the closest hospital.  
11 Someone in their family has a health care issue or  
12 the buyers are up in years. Every mile and every  
13 minute matters to them when they're asking this  
14 question.

15 Carter County is considered a retirement  
16 community. Approximately one-fourth of our  
17 population is aged sixty-five and older, and these  
18 facts are coming from Census.gov. The median age of  
19 our citizens is 46.8 years. That means  
20 fifty percent of Carter Countians are forty-seven  
21 and older.

22 Our Chamber of Commerce's Tourism Department  
23 advertises to attract older people and outdoor  
24 enthusiasts. Both need frequent health care.

25 On TennesseeVacation.com, there's a section

1 called "Retire Tennessee." It states that Sycamore  
2 Shoals has complete inpatient and outpatient  
3 surgical services. I'm sure that's an attractor to  
4 some of the clients I meet. But when they learn  
5 that services are diminished and that fact is no  
6 longer truthful, they're going to choose another  
7 spot to call home. This is going to affect the  
8 economy in Carter County. Decisions made by Ballad  
9 are far-reaching.

10           Decreasing services at Sycamore Shoals may  
11 affect our tax base through fewer homes being built  
12 and people moving somewhere else besides Carter  
13 County. When our tax rate has to increase because  
14 we have a smaller base, it's going to hurt our  
15 employee pay. We're going to have to decrease  
16 County services.

17           Commissioners have been told many times  
18 recently about the recognition award status of  
19 Ballad. Local citizens tell a different story. I  
20 have personal experience to draw from to illustrate  
21 that that is not true. I will put that in writing.

22           Our EMS director tells us that he has been  
23 rerouted to hospitals outside of Carter County for  
24 years. This is not a recent change.

25           In the course of my family's use of these

1 hospitals -- we're grateful for them -- we have  
2 experienced amazing staff. They've been fantastic.  
3 I believe the problems we're experiencing are at the  
4 management level.

5 Thank you.

6 MR. MATHIS: Thank you.

7 Lisa Childress, and then Donnie Cable.

8 LISA CHILDRESS: Hello. My name is Lisa  
9 Childress, C-H-I-L-D-R-E-S-S.

10 Good evening and thank you for being here.  
11 As I stated, my name is Lisa Childress, and I'm a  
12 Carter County Commissioner. I reside in the Fifth  
13 District.

14 Tonight, my topic for this meeting is the  
15 geographical size and the increasing population of  
16 Carter County. And I also will share the distance  
17 of some of our local schools that if they would have  
18 to travel for medical purposes.

19 Carter County is approximately 348 square  
20 miles, which comprises of both urban and rural  
21 areas, and contains approximately 700 miles of  
22 roadways. According to the United States Census  
23 Bureau, as of July 1, 2022, the estimated population  
24 for Carter County is 56,500.

25 For anyone who is paying attention will



1 attest that the population of Carter County is  
2 increasing rapidly as people from other areas of the  
3 country are relocating to our area for various  
4 reasons.

5 According to the Carter County Planning and  
6 Zoning Office, from July 2019 until April of 2023,  
7 307 new construction residential housing permits  
8 were issued, and 224 new permits issued for single-  
9 and double-wide mobile homes. That does not include  
10 what we have in the City of Elizabethton.

11 A common sense approach will tell you that  
12 the increase in population will result in an  
13 increase for the need of a hospital in our county  
14 that can provide the necessary medical services for  
15 both life threatening and non-life threatening  
16 emergencies. Here are just a few of some of the  
17 mileages.

18 Cloudland High School is 20.8 miles to  
19 Sycamore Shoals versus 28.1 miles to the Johnson  
20 City Medical Center. Little Milligan is 19 miles to  
21 Sycamore Shoals versus 29.8.

22 The reason that I share that is considering  
23 the recent tragic events that have occurred  
24 throughout the United States in schools, we need to  
25 remain vigilant and be prepared to provide the

1 closest and fastest medical care for our students,  
2 whatever situation may arise. It is imperative that  
3 Sycamore Shoals be more than just a band-aid station  
4 for the citizens of Carter County.

5 Please note that Carter County, as  
6 previously said, has an aging population, and older  
7 residents typically suffer from medical conditions  
8 that require frequent trips to the emergency room  
9 and have transportation issues. With Ballad Health  
10 making the decision to remove the ICU and the PCU  
11 from Sycamore Shoals, they are putting the citizens  
12 of Carter County at risk. They are limiting their  
13 access to medical care, forcing them to go to  
14 surrounding counties who are already past full  
15 capacity in their hospitals.

16 With increasing population, how can Ballad  
17 Health justify having only one hospital for Trauma I  
18 cases, the Johnson City Medical Center, whose ER  
19 department is already significantly overworked and  
20 consistently at full capacity? What about Ballad  
21 Health's promise to expand rural health? Is Ballad  
22 Health just about the corporate medicine and  
23 financial gain?

24 Ballad Health has a responsibility to  
25 provide the best care at the most convenient

1 location for the citizens of Carter County.

2 Thank you for your time.

3 MR. MATHIS: Thank you.

4 Donnie Cable, and then Ashley Barnes after  
5 that.

6 DONNY CABLE: My name is Donny Cable,  
7 C-A-B-L-E.

8 I'm a County Commissioner for Carter County  
9 in the Sixth District. I live in the upper east  
10 part of Carter County, which takes me about  
11 forty minutes to get to Sycamore Shoals Hospital.  
12 That's why I carry flight insurance. That's the  
13 quickest way for me to get to a hospital.

14 The closing of the ICU is a concerning  
15 factor for all the residents of Carter County and  
16 Johnson County. I live right on the county line of  
17 Carter and Johnson County.

18 Johnson County is 51 miles. They've got a  
19 band-aid station in Johnson County. They have --  
20 most every day, when I am out and about, I see a  
21 Johnson County Rescue Squad heading to a hospital  
22 somewhere. Mostly it's in Sycamore Shoals. That's  
23 where they stop first.

24 The highest ranking hospital in the United  
25 States is not Ballad Health. It's Mass General

1 Brigham in Massachusetts. It's not the first rated  
2 in the United States anywhere. I looked at the  
3 top-rated hospitals in the United States, and I  
4 looked through two hundred. I didn't find a Ballard  
5 Health Hospital listed.

6 Holston Valley Hospital is ranked nine in  
7 the State of Tennessee. Ballard manages twenty-one  
8 hospitals. On one report, they're ranked twentieth  
9 in critical care access.

10 They are supposed to be a nonprofit  
11 organization, 501(3)(c). They pay no federal income  
12 tax.

13 If they're nonprofit, they pay their CEO  
14 \$2.3 million a year. They pay fourteen executives a  
15 total of \$14 million a year, seventeen employees.  
16 Mayo Clinic is the number one hospital in the United  
17 States. Carter County deserves quality medical  
18 care.

19 I have experienced the emergency room in  
20 Johnson City Medical Center. I took my wife there.  
21 We stayed five hours. She had a heart condition.  
22 They couldn't see her. They told her she would have  
23 to be there until the next morning. That's not  
24 quality care. We went home. And I told her, I  
25 said, we'll go home, and if you get worse, we'll

1 have the flight come get you. Thank the Lord she  
2 didn't get any worse.

3 According to the Center for Medicare and  
4 Medicaid Services as part of the Federal Health and  
5 Human Services Department, they ranked Johnson City  
6 Medical Center with one star.

7 Thank you.

8 MR. MATHIS: Thank you.

9 Next is Todd Smith.

10 ASHLEY BARNES: Ashley Barnes, B-A-R-N-E-S.

11 I am a former registered nurse for Ballad  
12 Health. I am here today because it is important  
13 that I share with you what working for Ballad is  
14 like. It is so important to me that I am here on my  
15 thirteenth anniversary and daughter's seventh  
16 birthday.

17 I worked from 2007 to '21, minus one year,  
18 for Mountain States and Ballad Health. I spent ten  
19 of those years working at Franklin Woods. When I  
20 first started Franklin Woods, it was known as the  
21 best hospital around. I worked for the best  
22 management and ER team a nurse could ask for. I was  
23 proud to work there.

24 By 2021, I was filled with anxiety and dread  
25 going in to work every day. Once Ballad took over,

1 our hospitals went from being well staffed to  
2 understaffed. I know they will blame the pandemic  
3 for that, but the pandemic only opened our eyes to  
4 how we were really being treated.

5 Our patient ratios are higher than ever.  
6 When it is fully staffed, our ER ratios were one to  
7 five. The national average is one to four, and one  
8 to one with critical care patients. I have spent  
9 many shifts with eight or more patients.

10 We were told daily that they didn't want  
11 anyone in the waiting room. That sounds great, but  
12 not when our ER beds were full with hospital  
13 admissions. We were told to start IVs, draw labs,  
14 give meds, et cetera, in the waiting room. Then  
15 move those patients on our tracking board to a fast  
16 track area so it took our wait times down. But  
17 those patients didn't leave the waiting room.

18 If patient care was started in the waiting  
19 room and patients decided to leave before being  
20 placed in a room, they would tell us to mark it  
21 "leaving against medical advice" instead of "left  
22 without being seen," even though the patients were  
23 not educated about the risk of leaving nor signing  
24 AMA forms. It was all about the numbers looking  
25 good, even though in reality they weren't.

1           Meds like morphine were also encouraged to  
2 be given in the waiting room to keep patient  
3 satisfaction up, but they will tell you it was to  
4 reduce pain. Any educated nurse would know better  
5 than to give morphine in the waiting room when there  
6 isn't a way to safely monitor those patients.

7           We had no housekeeping scheduled after  
8 midnight. Nurses were expected to clean all the  
9 rooms. We rarely got lunch breaks because we didn't  
10 have the staff to provide them and we were  
11 encouraged to work through our breaks. We weren't  
12 encouraged to write down no break so that they  
13 wouldn't have to pay us for that time.

14           In 2021, Ballad offered recruitment bonuses  
15 to staff who recruited new hires. Ballad found ways  
16 not to pay those bonuses.

17           I, along with other employees, have been  
18 sued by Ballad for clerical errors on my medical  
19 bills. Ask any employer community member and I  
20 guarantee you they've had a billing issue. I was  
21 there with forty other community members being sued  
22 and that was a normal Monday, according to the  
23 courts.

24           If I or any other employees brought up  
25 patient safety or staffing concerns, we were asked

1 about our mental health and if we needed therapy.

2 When I left to become a travel nurse, I was  
3 told I was abandoning my community and gas-lighted  
4 multiple times about my decision to leave by my  
5 manager and upper administration. I applied to come  
6 back in March and was offered the same rate of pay  
7 as new grads applying even though I have twelve  
8 years of ER experience. I was offered less than I  
9 made when I left. They don't offer or value -- or  
10 they don't value experience in their senior nurses  
11 in their hospitals at all.

12 With the exception of one year, our  
13 Christmas bonuses were \$15 Food City gift cards that  
14 were taxed.

15 (Interruption; crowd comments.)

16 ASHLEY BARNES: After two years of  
17 traveling, I have seen better hospitals and now know  
18 they exist. I would rather drive two to three hours  
19 away for health care than go to a Ballad facility.

20 Ballad employees are fearful to speak up due  
21 to the monopoly they have created, fearing there is  
22 nowhere else to work. I know every shift I work,  
23 many nurses search daily for ways out. There is no  
24 nursing shortage. There is only a shortage of  
25 nurses willing to be treated poorly.



1 MR. MATHIS: Next is Todd Smith, and then  
2 John King after that.

3 TODD SMITH: My name is Todd Smith,  
4 S-M-I-T-H.

5 I'm a Commissioner in Carter County in the  
6 Sixth District, which is right along there with  
7 Commissioner Cable. As he was telling you, it is  
8 quite remote and takes quite a bit of time to get to  
9 medical care.

10 What I'd like to spend my time doing tonight  
11 is sharing an email that I received on May the 14th  
12 from two doctors that were from Southwest Virginia  
13 and chose to retire in Carter County in our  
14 district.

15 It has been brought to my attention that  
16 Ballad Health is slowly but surely removing services  
17 at Sycamore Shoals until it is either closed down or  
18 turned into a patch-and-send station. They've  
19 already stopped obstetrical services and now are  
20 apparently considering closing the ICU.

21 We know how that went.

22 If they close the ICU, that will result in a  
23 complete obliteration of a large number of  
24 operations because they require the availability of  
25 an ICU. Mountain City lost their hospital, and

1       therefore Sycamore Shoals is the only hospital  
2       serving both Carter County and Johnson City as well  
3       as Mountain City and Roan Mountain.

4               The worst part of this process is they tend  
5       to try to sneak it by everyone without proper  
6       notifications. This is not the transparency that  
7       we've come to expect.

8               Some background and history. In the past,  
9       hospitals were built and run for and by the  
10      community and the physicians. The primary objective  
11      was good patient care. Whereas hospitals needed to  
12      be solvent, profit was not the objective. Then  
13      entered corporate management.

14              Now, health care seems to be primarily all  
15      corporate profit; and patient care is secondary, if  
16      that. It is no wonder that health care is  
17      drastically suffering with higher costs and  
18      decreased benefit. As a result, we have a physician  
19      and nursing shortage with more and more providers  
20      leaving these professions, and it is becoming  
21      increasingly difficult to attract good, qualified  
22      people in the health care professions.

23              Next, let me deal with Ballad Health.

24              Not so many years ago, Ballad went through a  
25      laborious process to obtain their monopoly on the

1 regional health care. There was a lot of skepticism  
2 about whether or not they would abuse this position  
3 they were granted.

4 They promised to improve health care, build  
5 up rural health care, and to offer a wide array of  
6 services. Well, the results speak for themselves.

7 Johnson City Medical Center is rated 2.2 out  
8 of five. And it is not even ranked anywhere to be  
9 found on U.S. News and World Report rankings. This  
10 is why individuals with medical care will tend to go  
11 to other hospitals when possible, such as  
12 Vanderbilt, Duke, Bowman Gray, Cleveland Clinic,  
13 Johns Hopkins, et cetera.

14 The problem with corporate mentality is that  
15 it's all profit, and, again, health care comes  
16 second.

17 That is signed by Dr. Steven Vest and his  
18 wife Dr. Gayle Vest.

19 (Interruption; clapping.)

20 TODD SMITH: I want to make one more comment  
21 before my time is up.

22 We have talked a lot about the hospitals  
23 that Ballad has taken in, but I want to bring up  
24 something that we have not discussed. Not only have  
25 they taken over all of our major health care

1 outlets, they're taking up the ones that we depend  
2 on daily: The offices, the practices. They're  
3 being eaten up. If we wanted to go to someone that  
4 was outside of Ballad Health, we couldn't find  
5 anyone.

6 (Interruption; clapping.)

7 TODD SMITH: It would be impossible.

8 Thank you for your time.

9 MR. MATHIS: Thank you.

10 Next is John King, and then Blake Denton.

11 JOHN KING: The name is John King, K-I-N-G.

12 If it weren't for Ballad Health, I literally  
13 would not be here today. In addition to two  
14 anaphylactic --

15 UNKNOWN FEMALE: We can't hear you.

16 JOHN KING: If it weren't for Ballad Health,  
17 I literally would not be here today. In addition to  
18 two anaphylactic --

19 (Interruption; crowd comments.)

20 DR. ALVARADO: You might want to move the  
21 microphone closer, if you can.

22 JOHN KING: If it weren't for Ballad Health,  
23 I literally would not be here today. In addition to  
24 two anaphylactic reactions from medications that led  
25 me to Franklin Woods ER, I also suffered a stroke in

1 May 2021. Holston Valley ER determined it was  
2 caused by a hole in my heart and subsequently I had  
3 a PFO closure by Holston Valley's nationally  
4 recognized cardiovascular surgery team.

5 In each of my ER cases, I was immediately  
6 evaluated and emergency services received. What  
7 struck me most about these visits and the heart  
8 procedure was the level of compassion and care I  
9 experienced that I wish time would allow me to  
10 expand upon.

11 From a professional prospective, again, if  
12 it weren't for Ballad Health, our business would not  
13 exist.

14 In 2019, my wife and I approached the newly  
15 formed Ballad Health about the unmet need for  
16 comprehensive cancer rehabilitation and lymphedema  
17 therapy in our region. With their support, we  
18 created Ribbons Physical Therapy, which is unique in  
19 that we only treat patients with cancer diagnoses.  
20 We provide care with uniquely qualified therapists  
21 who have obtained certifications generally unknown  
22 in our area prior to our opening in May of '20.

23 Thanks to Ballad support, we created  
24 well-paying jobs with benefits and provided healing  
25 through over 8,000 patient visits. We rely on a

1 supplier network of over forty vendors whom most of  
2 all are local. Two have added staff in part because  
3 of us. Even though Ribbons is a small woman-owned  
4 business, it has given back to the community over  
5 \$40,000 in cancer-related causes in support of our  
6 patients.

7 Through my interactions with Ballad, in  
8 particular its oncology providers and their support  
9 staff, there is an obvious common theme in their  
10 heart that comes across from every person. That is  
11 the passion they have about ensuring they offer the  
12 absolute best care they can provide to the special  
13 patient population who is experiencing something  
14 that no one would wish on their worst enemy, and  
15 they've embraced us as part of their care team.

16 In response -- the response we often get  
17 from providers is relief from a burden they have  
18 been carrying that they finally have a local  
19 resource to send patients to our -- who need our  
20 unique care.

21 I want to acknowledge the tremendous  
22 accomplishments Ballad has achieved in unprecedented  
23 times in a relatively short period to merge two  
24 multi-billion dollar organizations with heightened  
25 regulatory oversight as the State's first COPA

1 entity in a global pandemic during a presidential  
2 stay-at-home order and a highly volatile social  
3 media and election year followed by the collapse of  
4 a global supply chain; unprecedented unemployment  
5 followed by historic high employment levels and the  
6 pressures added to wages as a result; historic  
7 inflation and interest rates; a war; and most  
8 importantly, in a market that due to patient  
9 demographics, Medicare is the primary source of  
10 revenue for health care, and CMS is reducing  
11 reimbursements, which forces Ballad to make  
12 difficult decisions daily in managing services for  
13 the entire region.

14 I can't imagine what the leadership of this  
15 organization has had to endure these past years, but  
16 I can tell you that they share the same passion for  
17 patient care that I've personally and professionally  
18 experienced, and it's obvious by the accomplishments  
19 they have made in a uniquely difficult period in  
20 history. Ballad's leadership is without question is  
21 committed to the mission for providing the best  
22 health care for our community.

23 Ballad Health is not an entity or company.  
24 It is a very large group of human beings who love  
25 what they do and are tirelessly trying to do their

1 best in extraordinary circumstances.

2 Thank you for providing this venue for me to  
3 show my support for the people who are Ballad Health  
4 and what it means for our community. Thank you.

5 MR. MATHIS: Thank you.

6 Blake Denton, and then Maggie Wood.

7 BLAKE DENTON: Good evening. My name is  
8 Blake Denton. That's B-L-A-K-E, D-E-N-T-O-N. And  
9 I'm here today to speak on your program called  
10 Strong Futures.

11 I am in recovery from the disease of  
12 addiction and alcoholism. And for the majority of  
13 my life, I spent neglecting my life. And I was  
14 given the opportunity to participate in a program  
15 called Strong Futures of Greeneville, Tennessee.  
16 And with that, the drug addiction and the alcoholism  
17 that I had or was going through, I lost my children.  
18 And with the program Strong Futures, I was able to  
19 reunite with my children. I was able to live in a  
20 facility that was safe and clean and loving to get  
21 to know my children all over again.

22 I spent two years without my kids. And the  
23 program allowed me to find myself. It allowed me to  
24 broaden my network of people in the community who I  
25 can reach out to for multiple tools and resources.



1 I was provided with a doctor and a therapist and a  
2 case manager and even a peer to help me, to help  
3 guide me through how to better my life and how to  
4 recover alone and then also with my kids.

5 My kids are here today with me, actually.  
6 I've had them since July 21st, 2022. I've been able  
7 to get my own apartment and really start a life for  
8 myself and my children, and I could not have done  
9 that without Strong Futures Ballad Health. So I'm  
10 here to just say how grateful I am and say thank you  
11 to all the opportunities that I was given, and  
12 that's all I've got.

13 Thank you.

14 MR. MATHIS: Thank you.

15 Next is Maggie Wood, and then Ginger Carter.

16 MAGGIE WOOD: Hi. My name is Maggie Wood.  
17 It's M-A-G-G-I-E, W-O-O-D.

18 I'm the executive director of A Step Ahead  
19 Foundation Tri-Cities. We are one of Ballad  
20 Health's community partner improvement partners.

21 We are a local nonprofit. We were founded  
22 in 2019, and our mission is to help prevent  
23 unintended pregnancy through access to free birth  
24 control and free comprehensive reproductive health  
25 education. We do this by providing free birth

1 control, free rides to and from all appointments,  
2 and education within the community so people can  
3 make their own choices about growing their families.

4 We partner with clinics and community  
5 organizations to offer these resources seamlessly.  
6 We target the folks in our community who report  
7 higher-than-average rates of unintended pregnancy.  
8 Primarily here right now that's anyone at risk of  
9 having a teen pregnancy or anyone at risk of having  
10 a neonatal abstinence syndrome birth outcome.

11 We have been one of Ballad Health's  
12 community health improvement partners since 2019.  
13 They invested in us in our very first year of  
14 operation. Ballad has been instrumental in our  
15 success, both as a grantor and as a community  
16 partner. They have helped us find and grow  
17 partnerships furthering our reach and our impact.  
18 And beginning next month, we will be partnering with  
19 Ballad to offer free birth control to anyone who is  
20 uninsured via their new women's mobile health unit.  
21 So we'll be taking that mobile health unit out into  
22 the community, providing reproductive health to  
23 anyone in our region.

24 With their support, we have provided free  
25 birth control to over 750 members of our community,

1 and we've educated over 5,000 individuals in our  
2 community on comprehensive reproductive health  
3 education, including pregnancy prevention, STI  
4 prevention, consent, healthy relationships, and  
5 boundaries.

6 The vast majority of our clients have no  
7 insurance, so we act as payer for all costs. This  
8 significant impact would not have been possible  
9 without the support of Ballard and their community  
10 health improvement partnership.

11 I just want to say thank you for the  
12 opportunity to speak and for your time. That's all  
13 I have.

14 MR. MATHIS: Thank you.

15 Ginger Carter, and then Leann Horsley after  
16 that.

17 GINGER CARTER: Good evening. My name is  
18 Ginger Carter.

19 I'm an OB-GYN physician who's practiced in  
20 Johnson City since 2008. I feel very loyal to this  
21 community, having graduated from the Quillen College  
22 of Medicine in 2000.

23 I'm here tonight because I love this  
24 community and I love my patients. I want our area  
25 to have a robust hospital system, and I want us all

1 to have access to the best health care possible.

2 Please hear the voice of this community tonight. It  
3 has concerns about our current health care monopoly.

4 I'm privileged to have been both educated  
5 and worked alongside some of the best physicians and  
6 nurses in the nation. I began my work in Johnson  
7 City very proud of the area's ability to meet the  
8 health care needs of my patients, having to rarely  
9 refer people outside of the region. Now, it is on a  
10 daily basis that I am sadly met with this comment  
11 from my patients: Please send me anywhere except a  
12 Ballad facility. There are several reasons for this  
13 request. And quickly I summarize.

14 Number one: cost. Just one example is  
15 the cost of imaging. Ballad currently has the  
16 highest cost to patients on imagings such as  
17 mammograms while having some of the oldest  
18 mammography equipment at one of their busiest  
19 locations in the Tri-State area.

20 (Interruption; clapping.)

21 GINGER CARTER: I have reached out to both  
22 radiologists as well as Ballad administration about  
23 this very subject on numerous occasions. I very  
24 much like the radiologists that work at Ballad's  
25 facilities. I've grown to trust them over the

1 years. But I cannot justify sending patients there  
2 when their costs are up to three times greater than  
3 other freestanding imaging centers.

4 UNKNOWN FEMALE: That's right.

5 GINGER CARTER: Now we find the radiologists  
6 that work at Ballad also working at these other  
7 freestanding imaging centers as well. Physicians  
8 know. Patients know.

9 Number two, three, and four: wait times,  
10 quality care, and safety. I think I have an example  
11 that will highlight all three of these for the sake  
12 of time.

13 One data point that Ballad will publish is  
14 the ER wait times. Data can be manipulated in  
15 various ways to show an improvement in ER wait times  
16 when in fact the situation has not really changed.  
17 In reality, the quality of care has digressed to  
18 conditions that just are not deemed safe.

19 One example that has occurred is initiating  
20 medical care in the ER lobby. This care initiated  
21 in the lobby is documented to reflect a decreased  
22 wait in the ER time. I've sent emails of concerns  
23 to administration about the safety issues regarding  
24 instances of IV morphine being given in our lobbies  
25 on patients who are not being monitored properly,

1 which goes against national safety standards.  
2 Instead of improving the quality of the situation, a  
3 new policy was formed that allows this unsafe  
4 practice to continue in the lobby, which is now  
5 termed an extension of the ER. It's still a lobby.  
6 Physicians know. Patients know.

7           Instead of solely relying on data submitted  
8 by Ballad Health and blindly trusting that data that  
9 may have been manipulated to share their narrative,  
10 please have a conversation with us. Physicians  
11 know. Patients know. This community knows and  
12 deserves more options in health care.

13           Thank you.

14           MR. MATHIS: Thank you.

15           Leann Horsley, and then Lisa Haddad after  
16 that.

17           LEANN HORSLEY: Hello. My name is Leann  
18 Horsley, L-E-A-N-N, H-O-R-S-L-E-Y.

19           I am the dean of the College of Nursing at  
20 ETSU. Our college has had a longstanding history of  
21 partnership with Ballad. During my tenure as dean,  
22 in fact their collaboration has been increased.

23           Our college has over 1,300 students,  
24 undergrad and graduate. The vast majority of our  
25 students have many, if not all, of their clinical

1 experiences, at Ballad. We share a common goal with  
2 Ballad to provide the highest quality evidence-based  
3 care to the population in this region.

4 Ballad has invested in nursing and in the  
5 nursing workforce development by establishing the  
6 Appalachian Highlands Center for Nursing  
7 Advancement. We work together to place students in  
8 an optimal environment that is safe for our  
9 patients. Our students are treated well, and they  
10 are given what they need to excel and to develop  
11 into professional nurses.

12 With the national nursing shortage, this  
13 impacts also nursing faculty as well. There have  
14 been numerous times that nursing leadership at  
15 Ballad has assisted the College of Nursing in  
16 identifying nurses to serve as clinical instructors,  
17 and I know that it's occurring at other schools, for  
18 other schools as well.

19 At ETSU, we really do value the academic  
20 clinical partnership that we have with Ballad and  
21 look forward to ongoing partnership.

22 Thank you.

23 MR. MATHIS: Thank you.

24 Lisa Haddad, and then Lottie Ryans after  
25 that.

1           LISA HADDAD: Good evening. I'm Lisa  
2 Haddad. L-I-S-A, H-A-D-D-A-D.

3           I'm the associate dean in the College of  
4 Nursing over the graduate programs. I am here  
5 tonight to represent the Center for Nursing  
6 Advancement. While it operates as one center, it is  
7 made up of the Appalachian Highlands Center for  
8 Nursing Advancement, which is funded through our  
9 clinical partners, Ballad Health. It's also made up  
10 of the Tennessee Center for Nursing Advancement,  
11 funded through the State of Tennessee. The  
12 executive director is Dr. John Nelson, who couldn't  
13 be with us this evening.

14           The mission of the Center for Nursing  
15 Advancement is to create an experience and  
16 associated data of wellbeing for nurses that  
17 promotes recruitment, retention, and ovation along  
18 the entire continuum of a career of nursing. To  
19 achieve this mission, we have developed four foci  
20 which are wellbeing, data, innovation, and the  
21 pipeline.

22           Wellbeing influences all four foci and is  
23 currently being assessed in the staff nurses  
24 wellbeing in the practice setting. By fall, we'll  
25 be starting a study that will look at wellbeing in



1 faculty, and future studies will include nursing  
2 student wellbeing. The studies will all use a  
3 thirty-five-item assessment to measure data points,  
4 and this data will tell us the story of the nurse.  
5 Once we understand wellbeing, we're able to use the  
6 data to recruit, retain nurses, students, faculty,  
7 and we will use it to improve outcomes and develop  
8 curriculum.

9 The Center for Nursing Advancement is  
10 providing support for these studies. It's housed in  
11 ETSU College of Nursing, and Dr. Nelson is available  
12 and willing to collaborate with our outside  
13 partners.

14 The Centers and the ETSU College of Nursing  
15 want to thank Ballad Health for their contributions  
16 to the Center and to nursing wellbeing.

17 Thank you.

18 MR. MATHIS: Thank you.

19 Lottie Ryans, and then Melissa Roberts,  
20 following.

21 LOTTIE RYANS: Thank you for allowing  
22 public --

23 I'm Lottie Ryans. L-O-T-T-I-E, R-Y-A-N-S.

24 Thank you for allowing public input on the  
25 results of the COPA, agreed to as part of the Ballad

1 merger. I am Lottie Ryans, Director of Workforce  
2 and Literacy Initiatives for the First Tennessee  
3 Development District.

4 In this role, I create partnerships across  
5 the eight counties in Northeast Tennessee that are  
6 our service area. The programs and initiatives I  
7 focus on are really from birth to retirement. My  
8 work is very collaborative, and we work with  
9 business and industry, K to twelve, post secondary,  
10 government, and the community at large.

11 While we were lucky to have partnerships  
12 with Wellmont and Mountain States pre-merger and  
13 specifically around early literacy work and career  
14 expiration for eighth through twelfth graders, the  
15 work we've been able to facilitate post-merger has  
16 increased exponentially in an impact of such  
17 countless lives across the region, we are pleased to  
18 continue to have the partnerships that have brought  
19 career expiration experience to literally tens of  
20 thousands of students from middle and high school  
21 students from every single county. With a broad  
22 base look at recruitment and retention issues, the  
23 Ballad HR team has been able to be a key player in  
24 two award-winning programs serving students. Rather  
25 than the recruitment of medical professionals be a

1 competition between two health systems, the merged  
2 organization can look at issues for the region and  
3 look for creative solutions that recognize  
4 competition for talent and services isn't within the  
5 borders of Northeast Tennessee.

6 Because of the merger, Ballad was able to  
7 create a department of population health to  
8 specifically focus on social determinants of health.  
9 While there was some focus pre-merger, standing up  
10 the department has brought its expertise in focus on  
11 critical issues that impact all of us in Northeast  
12 Tennessee and Southwest Virginia.

13 The development district was awarded a \$1.3  
14 million Federal Department of Labor grant, and we  
15 worked with Ballad's PEERhelp group to serve people  
16 ninety days previously released from jail and those  
17 in recovery to facilitate Caring Workplaces Rural  
18 Opportunities Initiative. More than 220 men and  
19 women are now employed through this grant. The FTD  
20 team has recruited nearly seventy employers from  
21 around the region who have become certified and are  
22 willing to hire this non-traditional pipeline.

23 With the focus the PEERhelp CPRSs are able  
24 to give the program participants and the partnership  
25 with the FTDD staff to ensure best practices for

1 employers and participants, this program has  
2 received state and national attention as a best  
3 practice and the result of lives impacted are  
4 tremendous. Seeing lives saved and families  
5 restored is an incredibly rewarding aspect of our  
6 work.

7 In 2021, Ballad was a key partner in the  
8 \$500,000 BCBST foundation grant to bring COVID shots  
9 to people around the eight county region. Take a  
10 Shot was a regional collaboration with Region AHEAD,  
11 and Ballad was the institute that hired the staff  
12 who took the green vans on the road to churches,  
13 festivals, schools, businesses, and parks, anywhere  
14 people were wanting the convenience of immunizations  
15 in their community.

16 Additionally, we have worked with them on a  
17 grant for ETSU for a nursing simulator, and they  
18 were part of an effort to bring LPN training into  
19 high schools.

20 And finally, another opportunity was a  
21 \$25 million Tennessee Department of Human Services  
22 Award for the TOPI project. The physical agent is  
23 the Department of -- is FTD, and Ballad STRONG ACC  
24 is the programmatic partner for this grant, only one  
25 of seven in the State of Tennessee. And we are

1 pleased to have been able to have these partnerships  
2 and I believe these are part of the merger.

3 MR. MATHIS: Thank you.

4 Melissa Roberts, and Julie Brown is next.

5 MELISSA ROBERTS: Good evening. My name is  
6 Melissa Roberts. M-E-L-I-S-S-A, R-O-B-E-R-T-S.

7 I serve as the executor director for  
8 Appalachian Promise Alliance, and I want to thank  
9 you all for your time tonight. I know that there  
10 are a lot of comments that you're hearing, but  
11 opening this floor to these diverse backgrounds and  
12 comments is important.

13 So I wanted to talk specifically, I know  
14 that we have a lot of health care issues across the  
15 country, and Ballad Health is no -- no different  
16 than other health care across the country. But I  
17 wanted to focus specifically tonight talking about  
18 population health, which is my personal experience  
19 with Ballad.

20 Since the COPA was enacted, Ballad Health  
21 was tasked with some very complex social problems.  
22 They were tasked with smoking cessation especially  
23 for mothers who smoked during pregnancy; nutritional  
24 health, including increases in breastfeeding;  
25 substance use disorder, which we know that our

1 region is particularly hard-hit by; maternal child  
2 health, which includes vaccines and increase in  
3 birth weights; and then mental health and access to  
4 mental health.

5           These are not easy to solve issues. These  
6 are really complex. And so when they started in  
7 2018, Ballad Health decided to take a collective  
8 impact model approach to this. And collective  
9 impact is a model that's used to -- I liken it to  
10 herding cats. We have all of these organizations  
11 that you're hearing from tonight who are doing great  
12 work in our region, who are doing lots of important  
13 things to move the needle on social drivers of  
14 health or social determinants of health. But Ballad  
15 Health came along, their population health  
16 department, and said how do we herd these cats. How  
17 do we align these people along the lines of a common  
18 agenda and common metrics that we can measure  
19 whether or not we're moving the needle on these.

20           And so just a few of the things that they  
21 have done -- you've heard from Maggie Wood with a  
22 collective health improvement -- or community health  
23 improvement sites, of which Appalachian Promise  
24 Alliance is one, for full disclosure.

25           Since the inception, they have invested

1 nearly \$6 million, as of 2022, on these CHIs. In  
2 year one, they served about 15,000 people in our  
3 region. By year three, there were 110,000 people  
4 served in our region through these community health  
5 improvement sites. There are lots of other places.

6           You've heard about the Peer Recovery. You  
7 heard about the community health needs assessment,  
8 the Appalachian Highlands Care Network, and then the  
9 STRONG ACC, Accountable Care Community, which is  
10 required by the COPA. And the Strong Accountable  
11 Care Community has brought together 370 partner  
12 organizations in the Ballad footprint through the  
13 Unite Us network, which allows us to connect our  
14 services, but also through data collection. What  
15 that data collection does, feeding it back to our  
16 CHI sites, it allows us to apply for different  
17 grants that haven't been used in this area before to  
18 support the work that's going on, new grants, and  
19 new funding in Northeast Tennessee and Southwest  
20 Virginia.

21           So thank you all for your time.

22           MR. MATHIS: Thank you.

23           Julie Brown, and then Katherine Redwine  
24 following.

25           JULIE BROWN: Hi. I'm Julie Brown.

1 J-U-L-I-E, B-R-O-W-N, like the color.

2 I've never done anything like this before.  
3 Never spoken publicly about anything. Except I'm a  
4 teacher, so I do know something about speaking  
5 publicly to children. And I'm -- I never expected  
6 to do this.

7 Last Thursday, five days ago, my mother went  
8 to Holston Valley Hospital and was subsequently  
9 found to have a brain bleed. The doctor immediately  
10 began contacting Johnson City. The nurses. They  
11 moved to her to ICU. They provided the best care.  
12 There is not a neurosurgeon available in Kingsport.

13 They began to move her, to try to move her  
14 to Johnson City so that she could be seen by a  
15 neurosurgeon. Tonight, she's still in Holston  
16 Valley. And ninety hours later, she has not seen a  
17 neurosurgeon. She has been accepted by a  
18 neurosurgeon, but there is nowhere for her to go.

19 Luckily, by an act of God, the bleed has  
20 stopped. But you see, my mom and I -- my dad died  
21 from a brain bleed in 2016. He had a neurosurgeon  
22 beside him forty-five minutes after his arrival to  
23 the emergency room.

24 There is no common sense in moving my  
25 critical mother forty-five minutes. That is not a



1 mere inconvenience. Ninety hours. That is not an  
2 inconvenience. That is gross negligence.

3 (Interruption; clapping.)

4 JULIE BROWN: We did not know that Holston  
5 Valley did not and does not have a neurosurgeon  
6 available. Holston Valley used to have every  
7 service, one of the top hospitals here. And anybody  
8 you would speak to would say take them to Holston  
9 Valley. Right? I'm on that side of the county.

10 Unfortunately, because she has not seen  
11 anyone, she -- the doctors there and the staff there  
12 have been amazing. I have no complaints. No  
13 complaints about the staff there. It's the system  
14 that is broken.

15 (Interruption; clapping.)

16 JULIE BROWN: The system is broken, and it's  
17 failing our communities. It's failing our doctors.  
18 It's failing our nurses. And right now, at this  
19 moment, it is failing my mother.

20 Thank you.

21 MR. MATHIS: Thank you.

22 Katherine Redwine, and then next is Michael  
23 Wayland.

24 KATHERINE REDWINE: Hello. I'm Katherine  
25 Redwine, R-E-D-W-I-N-E.

1           I have grown up in this area. Most of my  
2 life I have lived within twenty-five miles of  
3 Kingsport, and I have always been proud of being in  
4 this area, and I've always felt I was getting good  
5 medical care.

6           When I decided we -- I married into Scott  
7 County, Virginia, and we lived on a farm and we  
8 raised a family there while we were working as  
9 professionals in Kingsport.

10           Recently, I decided to move back to  
11 Kingsport in 2013. One of the reasons that I bought  
12 my condo was because of the proximity to Holston  
13 Valley Medical Center. I was getting older and I  
14 knew I needed quicker access to health care and I  
15 knew that I would get it at Kingsport's two  
16 hospitals, in addition to strong community of health  
17 professionals at established practices in Kingsport  
18 because affiliation with Holston Valley and Indian  
19 Path Hospitals was desirable.

20           But things began to change shortly after  
21 Ballad Health took control from Wellmont Health and  
22 Mountain States Health Alliance in 2018; thereby  
23 forming a monopoly on hospital care in the whole  
24 surrounding area. I don't know all the physical  
25 details about the hospitals in the consortium, but I

1 do know that all of the three Tri-Cities had strong  
2 hospitals that earned professional accolades and  
3 recognition.

4 In a recent Kingsport Times News Editorial,  
5 someone wrote that after decades of expensive  
6 one-upmanship competing against each other, Ballad  
7 had chosen to have only one Level I trauma center in  
8 the region instead of multiple venues and that the  
9 complaints against that decision bordered on  
10 ridiculous.

11 Since when in America do we see competition  
12 to provide the best services to the customers as  
13 illogical, unnecessary, or undesirable?

14 (Interruption; clapping.)

15 KATHERINE REDWINE: If it is you or your  
16 family who is the customer, you want quality medical  
17 service as quickly and as close by as possible.  
18 Kingsport's medical services need to provide care to  
19 a wide range of citizens from manufacturing to the  
20 elder care to the rural communities that depend on  
21 Bristol and Kingsport.

22 Kingsport houses two huge industries --  
23 Eastman and BAE -- both of which deal with volatile  
24 materials. A major disaster at either plant would  
25 result in a huge number of injuries. If the

1 patients could survive the trip to Johnson City, the  
2 numbers alone could overwhelm any one hospital,  
3 whereas if all three Tri-Cities have strong  
4 hospitals with Level I trauma centers, the injured  
5 could be served in a timely manner by sharing the  
6 patient load.

7 MS. KNECHT: Out of time.

8 KATHERINE REDWINE: Many accidents that  
9 happen in rural areas involve large equipment --  
10 like tractors or trains, mining equipment, trucks --  
11 and time is of the essence, especially when travel  
12 to Kingsport alone would take at least  
13 thirty minutes, and more than an hour is not  
14 unusual. Traveling in addition to -- and traveling  
15 to Johnson City would add a minimum of thirty more  
16 minutes to travel time.

17 MR. MATHIS: Ms. Redwine, we appreciate it,  
18 but you're out of time. I see you've got your  
19 comments. If you would be comfortable submitting  
20 those, we will include those comments in the record.

21 KATHERINE REDWINE: I do feel comfortable.  
22 May I give them to you or should I give them to the  
23 lady over there?

24 MR. MATHIS: You can give them to that lady.  
25 Thank you.

1 KATHERINE REDWINE: Thank you.

2 MR. MATHIS: Michael Wayland, and Jennifer  
3 Ellison following.

4 MICHAEL WAYLAND: I'm Michael Wayland,  
5 W-A-Y-L-A-N-D.

6 First of all, I want to make it plain that  
7 none of my comments are directed to the frontline  
8 medical providers. I respect them no matter what  
9 hospital, which doctor, whether it's a lab  
10 technician, so forth and so on. My comments are  
11 directed to what I've seen.

12 I'm not an expert in anything. I'm a  
13 seventy-seven-year-old man. But I've lived in  
14 Kingsport for fifty years. I know where we were and  
15 I know where we've gone, and it's sad.

16 When I saw the makeup of the merger of the  
17 management, I said Kingsport is in trouble. And I  
18 feel like that today. I think a Wellmont person was  
19 on the board and he resigned. I have no reason to  
20 know why he resigned. But I feel like that  
21 Kingsport -- I'm here kind of as an advocate of  
22 Kingsport. I don't regret or I don't -- I feel bad  
23 that Johnson City has no functions or so forth. But  
24 we have gone backwards.

25 I've had two episodes of medical care. The

1 doctor looked me straight in the eye and said let's  
2 face it, you're not going to be diagnosed here. You  
3 need to go to a medical center. And they sent me to  
4 Wake Forest Baptist. I've never seen such a  
5 culture -- from the janitor to the CEO, a wonderful  
6 culture. They know you're the patient. And I've  
7 not always experienced that.

8 I've surveyed some doctors and a couple of  
9 EMS drivers about the state of Holston Valley, and  
10 it's sad.

11 And I want to just leave you a hypothetical  
12 question to the Ballad management team, and it's  
13 hypothetical: If all your management team had a  
14 three generation family -- a wife, children, and  
15 grandchildren -- would you use -- if you lived in  
16 Kingsport, would you use Holston Valley Medical  
17 Center? I think I know the answer to that, and it's  
18 sad.

19 It's just -- the doctors give me their -- I  
20 asked them about what is the status of Holston  
21 Valley. I said if I'm putting you in a untenable  
22 position not to answer, don't answer. But they  
23 answered me: It's not good.

24 And the EMS driver, he said I've gone to  
25 Holston Valley with patients and I've got two

1 hours -- I waited two hours and nobody even came out  
2 to check them in. And I just finally took them to  
3 Johnson City.

4 MS. KNECHT: That's time. Thank you.

5 MR. MATHIS: Thank you.

6 Next is Jennifer Ellison, and then Lafe Cook  
7 is after.

8 JENNIFER ELLISON: Hello. I'm Jennifer  
9 Ellison, E-L-L-I-S-O-N.

10 Hi. I am here today as the collective  
11 impact director for a nonprofit, the Cocke County  
12 Cradle to Career Coalition. And we exist to support  
13 children in Cocke County on their academic journeys.  
14 We believe that we should do so with a holistic  
15 approach, and part of that includes health outcomes.

16 Recently, we started a youth anti-vaping  
17 program in our schools, focused mostly at the high  
18 school, and we are grateful to Ballad for their  
19 technical support, their support to different  
20 resources, regional data they are able to use as  
21 comparison.

22 We are also grateful to Safe Kids of  
23 Northeast Tennessee. They give us resources that we  
24 can share with our families through social media and  
25 through our other programs that helps bring an

1 awareness to these preventable childhood traumas and  
2 other resources that are available in our areas.

3 I'm really nervous.

4 Mostly, though, we are grateful because of  
5 the community health improvement programs. It's  
6 allowed us to intertwine what we know impacts  
7 academics in Cocke County, which is extremely  
8 distressed, and so we are grateful for Ballard's  
9 support through that.

10 Thank you.

11 MR. MATHIS: Thank you.

12 Mr. Cook, and then Lea Anne Spradlen is  
13 next.

14 LAFE COOK: Good evening. My name is Lafe  
15 Cook. That's L-A-F-E, C-O-O-K.

16 I'm the band director at Dobyms-Bennett High  
17 School in Kingsport. Certainly talking about  
18 Ballard's impact on my students' experiences isn't as  
19 heavy a topic as most of the other conversations  
20 we've had this evening, but I am pleased to share a  
21 little bit about my thoughts of the importance the  
22 corporate citizens sponsorships have on programs  
23 like mine and many other programs in our region.

24 Some time ago, at really the very beginning  
25 of Ballard, the Dobyms-Bennett band got on Ballard's



1 radar and they became very interested in the  
2 communications we have with students about  
3 excellence. And one of our missions is to teach  
4 kids in our program that anything is possible, it  
5 doesn't matter what region you're growing up in, and  
6 that benchmarking success based on a national  
7 definition of excellence leads to incredible  
8 opportunities in growth for students.

9           These Ballad leaders, many of whom have no  
10 background in marching band, also became  
11 extraordinarily interested in the health benefits of  
12 participation in band. And we've got a strong  
13 tradition in high school bands across our entire  
14 region, not just in Kingsport and Dobyys-Bennett,  
15 but lots of very strong band programs across the  
16 whole area. And the Ballad folks recognized that  
17 there were both physical and mental health benefits  
18 for participation in music for young people.

19           That recognition eventually led to financial  
20 support. And through that support, we've been able  
21 to do some pretty meaningful things related to  
22 student access. Schools in Northeast Tennessee are  
23 economically very diverse, students that come from  
24 lots of backgrounds. Band is an expensive activity.  
25 Instruments and travel, and some of the

1 opportunities we're able to provide our kids require  
2 meaningful sponsorship.

3 An example of that was our invitation to  
4 perform in the 2020 Tournament of Roses Parade,  
5 where Ballard's donation really was the only thing  
6 that allowed us to make sure every one of our  
7 students participated in the trip, an expensive  
8 trip, as you might imagine. And those trips, those  
9 experiences for kids are exactly what transforms  
10 them, especially those kids who come from  
11 economically disadvantaged or low income families  
12 where maybe they're not being taught -- this is a  
13 generalization -- but often those kids aren't  
14 getting the message about what they can achieve and  
15 what they can experience. Ballard's donations made  
16 those kids' opportunity to travel with us possible.

17 Ballard's footprint in the region's music  
18 education community extends to not just Kingsport,  
19 but also school systems around the region.  
20 Elizabethton and Johnson City, Sullivan County,  
21 Washington County, and Southwest Virginia schools  
22 have all benefited from Ballard's sponsorship.

23 Our region has very few corporate citizens  
24 who are either willing to or in the place to make  
25 meaningful contributions to arts education in our

1 region, and I have been thankful that Ballad has  
2 been willing to do that, and I am appreciative of  
3 the experiences they allowed us to give to students  
4 regardless of their background.

5 Thank you.

6 MR. MATHIS: Thank you.

7 Next is Lea Anne Spradlen, and then Travis  
8 Staton after that.

9 LEA ANNE SPRADLEN: Hello. My name is Lea  
10 Anne Spradlen, S-P-R-A-D-L-E-N.

11 I stand here today as a wife, a mother, and  
12 an employee of Ballad Health that is in long-term  
13 recovery. I've very proud to stand up here today  
14 and tell you that Ballad Health hired me without  
15 prejudice. Not only with a background but with  
16 challenges that I have had previous in my life, they  
17 helped out without prejudice and gave me a chance.

18 I work with the Ballad Health Strong Futures  
19 program in Greeneville, Tennessee. I have the  
20 privilege and honor of serving mothers and fathers  
21 with substance abuse issues and/or mental health.  
22 I've had the opportunity, because Ballad gave me the  
23 opportunity, to help hundreds of individuals that  
24 have substance use disorder find recovery. We've  
25 been able to place mothers within our program to

1 live with their children. We've been able to  
2 advocate for them in court to have diverted jail  
3 sentences; to be reunified with their children; get  
4 supervised visitation, unsupervised visitation; and  
5 more importantly, we've been able to help save their  
6 lives.

7 I'm forever grateful that Ballad Health  
8 believes in not only taking care of patients and  
9 clients, but they believe in taking care of their  
10 own, their employees.

11 I stand up here today to tell you that I am  
12 Ballad proud. I am Strong Futures proud. And most  
13 of all, I'm proud of myself.

14 Thank you.

15 MR. MATHIS: Thank you.

16 Travis Staton.

17 TRAVIS STATON: Good evening. Travis  
18 Staton, S-T-A-T-O-N, President and CEO of United Way  
19 of Southwest Virginia.

20 I also am not only just a neighbor but I  
21 have also had the pleasure of working directly with  
22 Ballad Health as one of the two backbones, including  
23 Ballad Health, for the Accountable Care Community  
24 over the last several years.

25 The work that is being done by these

1 organizations that are partnering communities with  
2 the support of Ballad Health is so impactful in our  
3 community. You're continuing to hear about  
4 organizations tonight that come forward and say  
5 improvements that we are making to not just look  
6 within the hospital walls but outside of the  
7 hospital walls in our communities and in our schools  
8 and in our other public places and areas that we can  
9 bring those partners together.

10 Over those last few years, we have convened  
11 hundreds of organizations to now being member  
12 organizations of that Accountable Care Community.  
13 And I would say the most unique thing about the  
14 organization and the work that we are doing as the  
15 STRONG ACC is, again, not just about working to  
16 invest and make philanthropic donations to  
17 charitable and nonprofit organizations, but Ballad  
18 has been investing in the capacity and resources to  
19 not only make those investments but bring the  
20 leadership and organizations from the private  
21 sector, the business sector, the nonprofit sector,  
22 the health and human service sector, the school  
23 systems, to really listen and know what needs are  
24 out there in our community among those population  
25 health measures, but how do we bring the right

1 people together to have that common agenda and move  
2 this work forward. And over the last several years,  
3 I think that stands for the accomplishments that we  
4 have been making, and, again, all the organizations  
5 that are involved.

6 So I'm sure you'll continue to hear that  
7 good news and that work that is being accomplished  
8 through the support of Ballad Health through the  
9 STRONG ACC. But lots of good things there.

10 Thank you.

11 MR. MATHIS: Thank you.

12 It's getting close to time, but we want to  
13 get in as many comments as we can.

14 Betty Ann Polaha.

15 BETTY ANN POLAHA: Good evening. And thank  
16 you for letting me tell you about my humble part in  
17 the Ballad Health system.

18 I consider myself a professional  
19 storyteller. Ballad Health invited me and  
20 volunteers from the Jonesborough Storytelling Guild  
21 to visit hospital rooms offering to tell stories to  
22 patients.

23 When a patient is in the hospital, there is  
24 that time after the doctor leaves and before your  
25 visitors arrive and you are alone. You can watch

1 daytime TV, read a book, or play with your phone.  
2 They all get old. But then your door opens and  
3 there is someone who offers to spend a little time  
4 with you and entertain you by telling you a story.  
5 It's totally optional. You can say no. But if you  
6 choose to listen and find yourself going into the  
7 story, you become distracted from thinking about  
8 your prognosis, your procedures, and your pain.

9 I have seen tense-filled faces relaxed. I  
10 have experienced patient mood changes. I have  
11 watched as patients begin to smile or wonder how the  
12 story is going to turn out. I have literally seen  
13 pain fade. My observations are not subjective. We  
14 storytellers collect data. We record patient pain  
15 levels before and after a story. A clinical study  
16 was done verifying that eighty percent of patients  
17 with pain felt a drop in their pain level after  
18 listening to a story. This research received local  
19 and international awards. Ballad Health is being  
20 innovative in using bedside storytelling as a form  
21 of therapy to help their patients.

22 Storytelling has been used in the  
23 Appalachian culture for as long as people have  
24 inhabited our mountains and way before pain  
25 medications to soothe both emotional and physical

1 pain. By bringing storytelling, now a science-based  
2 tool and something the patient is familiar with, to  
3 the bedside, Ballard has instigated a unique way of  
4 improving the patient's hospital experience.

5 Sometimes the story I tell inspires the  
6 patient to tell one of his own, and suddenly the two  
7 of us are sitting in rockers on the porch and having  
8 a good 'ole time. My time with the patient  
9 stretches from ten to twenty or even longer.

10 (Interruption; timer.)

11 BETTY ANN POLAHA: Their pain and anxiety  
12 are forgotten. Sometimes the patient is too sick to  
13 listen, and a caregiver is in the room. Family  
14 members sitting in the patient's room appreciate a  
15 visit. I have even told to patients in hospice.

16 Storytelling isn't a medical cure, but it  
17 can surely make you feel better. As one patient  
18 said to me after hearing a story, the pain is still  
19 in my head but not in my heart.

20 Thank you.

21 MR. MATHIS: Thank you.

22 So that's 7:00. As stated, we're going to  
23 stop there. Thank you all for your comments, your  
24 patience, and your consideration for each other.

25 UNKNOWN FEMALE: Can I ask one question?



1 The speakers, I think the pro-Ballad speakers were  
2 all signed in by one person --

3 (Interruption; clapping.)

4 UNKNOWN FEMALE: -- because we got here when  
5 Miles Burdine got here, and (inaudible) was waiting  
6 for him. So a lot of us did not get to speak  
7 because the pro-Ballad speakers, somebody signed  
8 them in on the list.

9 UNKNOWN FEMALE: It's called a filibuster.

10 UNKNOWN FEMALE: That's exactly correct.

11 MR. MATHIS: We hear you. We appreciate  
12 that. Actually --

13 UNKNOWN FEMALE: Do you really appreciate  
14 it? Because if you did, you'd listen to us.

15 MR. MATHIS: Yes. Yes, ma'am.

16 UNKNOWN FEMALE: Because you set it up.

17 UNKNOWN FEMALE: Yeah, you set it up and  
18 then at the last minute put it on Facebook --

19 UNKNOWN FEMALE: They should not have been  
20 allowed to sign up someone else to speak.

21 UNKNOWN FEMALE: We got here thirty minutes  
22 early.

23 UNKNOWN FEMALE: We got here when Miles  
24 Burdine got here. He spoke second. He was not here  
25 to sign himself in.

1 UNKNOWN FEMALE: Yes.

2 (Interruption; clapping.)

3 MR. MATHIS: These individuals signed up --

4 UNKNOWN FEMALE: So I smell a rat.

5 MR. MATHIS: -- but that's information that  
6 we have. But --

7 UNKNOWN FEMALE: This is your time that  
8 we're taking up.

9 (Interruption; cross-talking in  
10 audience.)

11 MR. MATHIS: Let's remember this: There are  
12 lots of people that signed up that are not going to  
13 be able to speak, and we know --

14 UNKNOWN FEMALE: I got here when Miles did.  
15 I should have been third.

16 MR. MATHIS: Please submit your comments in  
17 the written manner. Judi told you how on the  
18 website.

19 UNKNOWN FEMALE: But that's not as powerful  
20 as it is right here.

21 MR. MATHIS: But that's the next step.

22 UNKNOWN FEMALE: Yeah. You can see our  
23 faces, and that makes a difference.

24 MR. MATHIS: That does make a difference,  
25 and we appreciate it.

1           The next step is for the court reporter to  
2 transcribe the record. That will eventually be  
3 posted. It will probably take a couple of weeks.

4           (Interruption; cross-talking in  
5 audience.)

6           MR. MATHIS: We're going to take all the  
7 written comments, the ones that have been submitted  
8 tonight plus any more that you submit through the  
9 website, we're going to set the date of Friday,  
10 June 23, which is a week from this coming Friday --  
11 now, you can always comment to the Tennessee  
12 Department of Health --

13           UNKNOWN FEMALE: It doesn't include the  
14 emotional impact --

15           UNKNOWN FEMALE: I've done it.

16           UNKNOWN FEMALE: -- that it's made on our  
17 lives.

18           UNKNOWN FEMALE: I've went to the state --

19           UNKNOWN FEMALE: Is not portrayed on the  
20 paper.

21           UNKNOWN FEMALE: -- a doctor, a cardiologist  
22 that was working on my dad told me to go that  
23 route --

24           MR. MATHIS: We're going to --

25           UNKNOWN FEMALE: -- because y'all are a

1 monopoly, and there are --

2 (Interruption; cross-talking in  
3 audience.)

4 MR. MATHIS: We're going to close --

5 (Interruption; cross-talking in  
6 audience.)

7 MR. MATHIS: We're going to close the  
8 comments for this public hearing, and we recognize  
9 your interest --

10 (Interruption; cross-talking in  
11 audience.)

12 MR. MATHIS: -- conduct other public  
13 hearings.

14 (Interruption; cross-talking in  
15 audience.)

16 MR. MATHIS: Thank you much.

17 (Interruption; cross-talking in  
18 audience.)

19 DR. ALVARADO: I just wanted to thank you  
20 all for showing up and --

21 (Interruption; cross-talking in  
22 audience.)

23 DR. ALVARADO: -- and providing comments.  
24 Thank you so much.

25 (Interruption; cross-talking in

1 audience.)

2 DR. ALVARADO: -- moving forward with our  
3 oversight. Thank you so much. Have a great  
4 evening.

5 MR. MATHIS: Thank you.

6 (All written comments retained by  
7 Ms. Knecht.)

8 END OF MEETING.

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1 CERTIFICATE

2 STATE OF TENNESSEE )

3 COUNTY OF KNOX )

4 I, Traci K. McClanahan, LCR #072, Licensed  
5 Court Reporter, in and for the State of Tennessee, do  
6 hereby certify that I reported by stenographic means  
7 the foregoing pages, numbered 1 to 85, from a  
8 recording, and that the transcript is a true and  
9 accurate record to the best of my knowledge, skill,  
10 and ability.

11 I further certify that I am licensed by the  
12 Tennessee Board of Court Reporting as a Licensed Court  
13 Reporter, and have at all times, up to and including  
14 the present, remained in good standing.

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

19 Witness my hand this date, July 9, 2023.

20

21



22

Traci K. McClanahan, LCR #072  
Licensed Court Reporter and Notary  
Public.

23

Notary Commission Ex.: 03/07/2026  
LCR License Expires: 06/30/2024

24

25

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