

Transcript of Community Comments

Please note the transcript of the Independent Monitor presentation component of the meeting is provided in a separate document.

This document is the transcript of the audience member's comments and questions only. Responses to questions provided by the Independent Monitor are provided in a separate, summarized document of Questions and Answers.

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BUNCOMBE COUNTY MEETING THURSDAY, OCTOBER 19, 2023, 5:30pm Eastern TRANSCRIPT OF COMMUNITY COMMENTS

Speaker 1: Hi, thank you. Point number nine [of the 15 commitments], provide 25 million over five years for innovation investment. What does it actually mean, and have they funded anything yet? What does it look like?

Speaker 1: And funding things outside of Mission or inside, where is it? And how do they determine that? What do they invest in, what they fund in innovation investment? I'm just trying to get an idea, because I don't know what that would look like. What have they done so far in that agreement?

Speaker 1: So, has anything been funded yet? This 25 million?

Speaker 2: Who manages the fund?

Speaker 3: Thank you. So, it's actually an investment in something as opposed to a donation or a gift or anything else, right? It's an investment, so they're owning a piece of that business or whatever they invest in?

Speaker 4: Who participates in the site visits when you guys come to do your assessment and how reliable is the veracity of those assessments?

I'm a nurse at Mission Hospital and often when we have site visits from multiple governing bodies, there are fabricated reports given to these entities unless the staff actually gets involved and is able to be present without our leadership there while we give our statements on what's happening.

So, I just question because I know many of these commitments are not being met, you know, who participates in those visits and how do we identify the veracity of the report?

Speaker 4: From the hospital side, who do you talk to?

Speaker 5: My name is John Nicolette. My wife is also here. We are residents of Asheville, so that's the context of our presence. Thank you and your folks and everyone else who has traveled to be here. This is an important subject for Asheville. And this is, this is a good step. So, thank you for what you're doing.

Ann and I are relative newcomers, a lot of people to Asheville are. A lot of people moved to places in retirement, like we have. And one of the big criteria in that move is access to good health care. And Asheville had a stellar reputation for years. I'm telling you something you've apparently heard before. That is no longer the case and I interpret that they see it. And it's a huge source of frustration. I live in a neighborhood that is chock full of people who moved from elsewhere to be here. And I would bet that Asheville health care was one of the boxes they checked in their household as they develop this. And I know for a fact, in addition to my wife and I, I know there are people who have been questioned whether this was the move we thought it was because of what's going on with health care in Asheville.

So, it's something that is a very serious thing in the hearts and minds of a lot of people. So, you know. But it's good that you're here. And it's good that you're explaining and clarifying your role. That's fair. It's good that you're here and clarifying the 15 commitments. I had seen the list. I've not seen any of the detail that's behind them.

But something that became clear to me only in the last couple of days and you reinforced it, is that list is just defining the scope of things that HCA will do and maintain to provide access to care. It has nothing to do with the quality of the care that we have access to. Now, there's a little contradiction in the second slide you put up there. You said part of your role related to assuring access of

high-quality care for Western North Carolina. It doesn't say access to care. Your material says access to high quality care. And that is the issue that I would say I think a lot of us are here to discuss. Now, in the 15 commitments, you called them commandments a little bit ago.

So, okay, thank you for helping me. The 15 commitments. You titled it, I think, in here about retaining services and hospitals. So, it's kind of a material check the box thing. It doesn't have anything to do with the quality of the delivery of healthcare. So, the experience my wife and I have had in the emergency room, one of the ones which was unpleasant, awful, it's a zoo, you and I can dress down tonight and go over there and sit there for about tomorrow morning and you'll see what I mean.

Oh, it's a special place at night. He or she could kill 5 people a day, and that would not make it into your 15 Commitments. The labor and delivery can drop 5 babies a day. That would not affect anything that you have in your report. So, there's a big flaw here. Now, and this is only if I'm understanding correctly. I want to be fair to you in what your role is. But I think there's big disconnect in the community, and that needs to be filled in some form or occasion.

Now, I'm going to throw out a suggestion. It might sound trivial, but there's 15 commitments. Could you help us create and put in place a 16th commitment?

And I think it's some things you already said about 10 minutes ago that would address quality of care. I know the healthcare industry is all about metrics, performance metrics, whatever the correct term would be.

I know HCA. I know HCA would have performance metrics of the law. They need them badly in Asheville and they need this community to be a participant in that process. Can you help up convey that message to HCA? That's my question.

I'm asking you, given your role in the health care community, given what I think is your relationship with HCA...But given what you normally do and what this relationship was to aside from that, how can you help us? And the added value to what you do to the city of Asheville is not the answer. How can you help us make this happen?

Speaker 5: I'll tell you this is good. This was a nice thing on your part to do. But this gives me no hope.

Speaker 6: My name is Dr. Robert Klein. I'm a retired family physician and former Mission hospitals board member. I've been asked to present the following statements signed by a large group of concerned physicians representing prior and current medical leadership in our community.

Mr. Winters. It has been a tumultuous four and a half years since the sale of Mission Health System to HCA. We anticipated that the transition would be challenging during the complexities when large organizations shift from nonprofit to publicly traded for profit status.

What we did not anticipate was how devastating this transition would be to our community, nor the marked impact it would have on the foundational issue of quality care in our region.

As physicians with long histories of living in and serving Western North Carolina, we can attest that our healthcare system has been a backbone of this community. As contentious as it was, the 1998 merger of Mission with St. Joseph's was accomplished in good faith with unified purpose and meaningful physician involvement. We were committed to honoring shared values. Collaborative relationships, despite disagreements, were maintained for the greater good.

In effecting that merger, there was no wavering in the support for the highest quality medical care possible for all the residents of Western North Carolina. It was what this community and our physician staff stood for. We were proud of our system, and despite its imperfections, we could defend it and advocate in meaningful ways for sustained continued improvement.

Our commitment was not only to quality of care, but also to equality of caring. Relationships mattered, collegiality mattered, and respect mattered. The culture built by thousands across all the hospital services mattered. It was a given that the value of personal touch during the hospital stay or procedure truly mattered.

A marker of this quality is that patients remember how you make them feel just as much as what you say or do.

Many of the for-profit driven changes that HCA has brought despite advocacy and protests from multiple sectors have gutted the heart and soul of our community health care system. The relationships and deep personal investment historically crucial to staff across the board have been stifled. Emblematic of this is the loss of over 200 physicians and countless health care staff who have left Mission and or the medical community since the sale.

It is difficult, if not impossible, for members of the community to speak with pride about the hospital that has been our health care home in the hill. It feels like a rental now, the landlord impervious to calls for needed improvements.

Profits over people is not an ethical model or aspiration that can deliver the quality of care we all expect and deserve. We can accept this, or we can work toward the collective voice to hold HCA accountable. This letter is the initial step in bringing together physicians in our region to address the changes needed to support the excellence of care as much as possible. We will also reach out to our allied professional colleagues and other committed stakeholders. We share a common cause and commitment.

We join the chorus of advocates in asking for the relationships and the resources needed for the medical staff, all the staff, to function at their highest ability. We ask that hospital leadership look at economics as if people mattered. With our many hundreds of years on the front line of patient care, we know what a fully resourced system looks like. We don't see it now.

We are compiling the list of specific concerns and opportunities for the reinvestment we believe is necessary to restore the culture and quality that previously defined our health care system. We will share that list with you when it is complete and ask that you factor it into your analysis.

We welcome meaningful engagement with national and local HCA leadership. To date, we have seen little to no interest on their part in working with physicians or community leaders across multiple sectors to address quality related problems. We implore HCA leadership to demonstrate substantive collaboration to address the crisis of relationships and resources. We will be forthright and transparent, and we respectfully request the same from HCA.

We do not have to accept the loss of the heart and soul of our health care system.

Mr. Winters, it is beyond disappointing that quality of care is not in the purview of the Independent Monitor. We along with others committed to this issue will continue to hold that banner front and center.

In closing, it is unconscionable that many physicians believe they cannot express their concerns publicly for fear of retribution from HCA. That fear, and the overall sense of intimidation, is widespread and has no place in our community. Stifling the ability to speak freely undercuts the communication necessary for shared trust, continued improvement, and a greater good. The freedom to honestly communicate is central to the integrity of the medical profession and is essential to patient lives and patient care. We the

undersigned will continue to find ways for physician voices to be heard. We the undersigned go on record here representing those voices named and anonymous. We are just the tip of the iceberg.

Signed David Baldwin, Clay Ballantine, David Bate, Alan Baumgarten, Tom Berner, Deniston Crews, Jim Cummings, Miles Elmore, Brian England, Michael Frisch, Tim Gallagher, Peter Gentling, Mark Helms, Randall Johnson, Scott Joslin, Henri Kieffer, Bruce Kelly, Robert Kline, Alan Krueger, James Ladd, Allen Lalor, Lauren Livingston, Bill McKenna, Peter Mangone, David May, Mark McNeill, Mike Messino, Martin Palmeri, James Powell II, Charlie Rowe, John Russell, Martha Salyers, Larry Schulhof, David Serfas, Jon Silver, Ellison Smith, David Troxler, Joel Rosenberg, Mike Weizman, and Win Word-Sims along with five other anonymous physicians so far.

This has just begun. Thank you very much.

Speaker 7: I am not in health care. I am an acute leukemia patient. I was diagnosed with acute lymphoblastic leukemia, Philadelphia negative, in September 2021. I spent four weeks straight in Mission Health receiving oncology care through Messino Cancer Center. Those four weeks, they consisted of around the clock, 24 -hour care by nurses and the CNAs. To hear the news that Messino Cancer Center is ceasing to treat acute leukemia patients like me at Mission Health is heartbreaking. See, Messino Cancer Center, they have the oncology staff. They have the team to be able to treat acute leukemia. They simply don't have the hospital in which to do it in. And that is unfortunate. Acute leukemia patients do require around the clock care. Believe me, I lived through it. The nurse-to-patient ratio while I was there to begin with, while I was hospitalized the first time was a 1 to 2 ratio. That ratio has grown exponentially since then. A 1 to 5 or 1 to 6 nurse to patient ratio is not adequate for acute leukemia patients. I've stayed on K9 multiple times over the past 25 months, and I can attest to the level of stress that the nurses are enduring. Many times, I was told that K9 was at capacity. Capacity meaning that many beds were not open and vacant. The nurses were at capacity of a high nurse to patient ratio, and I'd have to wait in the emergency department or in a holding room, with 0 neutrophil count and a low white blood cell count. There are many situations and circumstances that I could recount but for sake of time, I'll continue in a different direction.

The patients have rights. Patients should feel free to file grievances, to speak with and file complaints with the Joint Commission, the North Carolina Department of Health and Human Services, the attorney general's office. It's not enough that health care centers then form all these organizations, HIPPA law prohibits health care centers from sharing personal information like my name, my address, my phone number with the attorney general's office, with the health and human services offices. They can't share that information with them, and patients need to file these grievances themselves. I have.

Here lies the problem. Messino Cancer Center and health care organization. There are many health care organizations in Western North Carolina area and the Western North Carolina area. Health care organizations must be led and managed with integrity and consistent adherence to organizational values, professional and ethical standards. A major corporation like Mission Health and HCA, they don't have to abide by those professional and ethical standards. And it's about time that Mission Health and HCA are forced to abide by these standards, and we get total equanimity across all healthcare platforms. A slap on the wrist or a letter from the Attorney General simply isn't enough. Mission Health and HCA should be held accountable for their negligence and their unethical behaviors, just like all other healthcare organizations must do. I'm sure my story isn't all in one out there. There are plenty of other stories within this room tonight, I'm sure. I encourage every patient out there to voice their story and step forward, bring it into the light.

And whomever said that over here, there's a nurse that said, that when the independent monitor comes in, that it's a staged setup. I can attest to that because I was a witness of it this week.

Speaker 8: I am the owner of a cancer care center of Western North Carolina now, the Messino Cancer Center. And I've been to one of these meetings and now, I'm here to say the same thing I said in Brevard. I feel very sure that these are difficult for us to deal with except for number two. And this young lady just gave us a testimony to the quality of care.

I treated the first leukemia patient here in the fall of 1990, 1990. Some of you weren't probably born. And we have been able to do this because I have great people that I work with. We have wonderful pharmacists. We had a good laboratory, pathology. And we had an administration that supported us to do that. We were doing something that you don't do in a community hospital and that is take care of acute leukemia patients and patients with high intensity hematological limbic disease. And to have somebody cut the support, that's what we need. We need the support to do that. And we do that for all of Western North Carolina.

So, I feel that they have violated the second commitment here and that they should respond to that. I've talked to the attorney general's office. I've talked to the attorneys. I've talked to the patients. I still talk to the patients over time. I have wonderful physicians that are working where I was working, they're doing the best job they can, but if they don't have the support of the hospital and the administration, you can't do the job. For a 16-billion-dollar corporation as far as profit, that's ridiculous. That's ridiculous. You need to be ashamed that they can't give the care we used to give here in 1990.

Speaker 8: My name is Mark Klein. Not related to Dr. Klein, but I'm proud to have worked with him and many of the other final positions in this community for over two decades now.

Mr. Winters, since HCA acquired Mission Hospital in 2019, the standard of care at our once beloved community hospital has plummeted. Every day, we see the deterioration of patient safety and a manufactured staffing crisis. On behalf of the 1500 nurses at Mission Hospital, we call on you to enforce HCA's commitments under the asset purchase agreement. CEO Chad Patrick and the rest of Mission and HCA management have desecrated Western North Carolina's Health Care System, implementing a dangerous profit over patients' model of care. We see firsthand how HCA is violating its commitments to patients. Since HCA took over, every unit in the hospital that was supposed to have services protected has had services eliminated or seen staffing cuts so debilitating that care cannot be safely provided.

Below is a list of cuts that violates the service agreement:

Behavioral health, HCA closed the PEA, the area within the hospital and the emergency department staffed by specialized behavioral health nurses who care for psychiatric patients awaiting transfer to Capstone, our mental health hospital. The current violence at Capstone is abhorrent and HCA's new hospital will worsen in an already dangerous situation. HCA's new psychiatric facility plan of care proposes less staff and patients will share rooms, dramatically increasing the potential for patient violence and physical harm that the people entrusted to our care as well as the nursing staff.

Cardiac services, HCA closed the Cardiac Observation Unit for lifesaving and cost saving measures for patients where they can identify problems before a severe cardiac event. In the emergency room and trauma services, HCA admits patients from the lobby after long multi-hour waits, running IVs and life support medications in the waiting room and hallway beds. Admitted patients are held for days in hallway beds and holding pods are charged for admission. Patients have died in these hallway beds. I recognize the young lady over here, I think.

We have reported those to the North Carolina Department of Health and Human Services. There's an exemption provided for that. HES cuts staff to a degree that nurses have to clean their patients' rooms. Delaying care, delaying patients who need to be admitted to receive life-saving care. We have seen massive cuts in ancillary support staff. HCA had to deploy the Mass Schedule 2 bus after sending nurses home on the Super Bowl weekend. These prolonged stays in the emergency department waiting for beds are not due to lack of actual beds. Mission has empty beds. They do not have nursing staff. It is not uncommon for patients to wait 16 plus hours to get admitted. Often with unmonitored cardiac dysrhythmias.

General Medicine has been outsourced to Team Health, the private equity firm notorious for surprise billing patients. Over 20 doctors have left since HCA outsourced General Medicine.

Imaging diagnostic services. All imaging service lines have seen severe cuts to staff and there are now long delays for most diagnostic studies. Emergency department MRI is often closed on weekends. Real trauma services, ICU nurse to patient ratio is regular regularly one to three. The national standard is one to two. The trauma unit lacks permanent staff depriving patients of continuum of care. This has led to longer stays and more complications for patients.

Obstetric services have been cut at regional facilities increasing the patient load admission. This is particularly problematic for high-risk patients as Mission is the only hospital within two hours that admits them.

Oncology services have been dramatically reduced. Everything from the pharmacy closing at the cancer center, to all except for one oncologist leaving HCA employment, and he is leaving. HCA uses “just in time” supply chain which lowers overhead for HCA but does not maintain an adequate supply of chemotherapy drugs causing cancer patients to miss chemo treatments. Missing a chemotherapy treatment is not an option for cancer patients. Their lives depend on an adequate and punctual supply of drugs. The unreliability of adequate chemotherapy combined with the unsafe staffing practices at Mission became so untenable that physicians made the heart wrenching decision to no longer admit high risk chemotherapy therapy patients to our hospital. While HCA will blame supply chain issues, HCA is the supply chain. HCA’s wholly owned subsidiary Parallon is HCA’s own in-house supply chain company.

Pediatric services, the number of pediatric beds has been cut in the emergency department along with neurological ear, nose and throat services. Pediatric patients are transferred for procedures we no longer provide. Surgical services routinely run out of sterile surgical instruments. And numerous patients have had surgeries canceled to work or reschedule.

Over the past four years, we have fought for our patients in our community. We have repeatedly brought our concerns to local and national HCA management. HCA has shown little to no interest in listening to, much less working with the patients, nurses and other healthcare workers to provide healthcare that Mission was once known for. We stand here today as representatives for our coworkers and our patients to ask for your help and holding HCA accountable to the community it has pledged to serve. Mission can once again be the revered healthcare institution it once was. HCA is the largest healthcare company in the world. The resources are available. They simply choose not to invest them in our community.

Speaker 9: Thank you to the expertise that we just heard. I was first going to ask a question about why does it take so long when somebody comes into an emergency room, and they can sit there for hours on hours on hours on hours before they're even seen by anyone, but that I know doesn't fall within your purview point. But I do wonder how with that situation in the emergency room, how HCA can justify building another emergency facility in Candler when they can't staff the one they have now. We're really wondering about that.

But when we moved, my wife and I in 2012, we were extremely happy because we live in Candler, to find out that they had just opened a facility in Candler which was entitled Mission Life Care Plus. And it was an amazing facility with a great couple of doctors. And always busy but not too busy to see anybody that needed to see. And really disappointed when we found out right after HCA bought this, that they had closed. And we don't understand why. I'm sure somebody does, other than for money. But all of the patients out on the street with nowhere to go, told us to go to Hendersonville. Now, we can't drive to Hendersonville. But I saw that one of the tenets there referred to maintain material facilities. I think the key word here is maybe material. I don't know the definition within the contract, what material means, but maybe you have a definition of what material facilities fall under.

Speaker 10: Thank you for being here, Ron, and the work you're doing from Asheville. Four years ago, my wife and I were flying back from Atlanta to Asheville. And we had a little flight delay. And sitting in the terminal lounge, we struck up a conversation with middle-aged man who was proud to say he was from HCA... [*distorted audio*] ... and what an effect it's going to have on patients and physicians and on staff. And he said, well, that's what we do. That's what we're doing. We've got a whole lot more to do. And I'm so glad I'm flying into Asheville to do it. You see, he said there was too much fat that he'd see it.

Speaker 11: Let me just add real quick, I'm his wife, Jane. He also added that his job was to take a very sharp pencil, very proudly said this, and cut the fat. And I'm basically, that's a quote. So here we go.

Speaker 12: This might be a question that you can't answer. A lot of these are questions you can't answer. But under commitment number two, continue specified services. In the fine print, how granular is that? What does that really mean? Will Inpatient leukemia cover that or in a smaller hospital if they had surgical services at the beginning of the HCA tenure, and general surgery or big surgery. Will all those services need to be continued? Exactly how granular does that really continued specified services really be?

Speaker 13: Thank you. In reference to your 15 items, is it industry standard for someone as an organization like yourself, when you are working with hospitals, that you would not note quality care as one of the monitoring issues? Is that an industry standard? Is it something that you and Dogwood talked about when you were making up these 15 items? Could you talk to me a little bit more about that?

Speaker 13: Well, then my next question is for the Attorney General Office, excuse me representative, how many of these 15 items do we need to see the negated before there is action taken from the Attorney General's Office, if the Attorney General's office was the one who was responsible for the asset management agreement.

Speaker 14: Good evening, everyone. Julie Mayfield, State Senator for Asheville and Buncombe County. I think there's a lot of confusion about the role that the Attorney General's Office has played in this deal. I can't remember exactly your words, but what I want to say is, you know, the Attorney General's Office did not have a part in drafting this deal. The Attorney General has a very limited role. This was turning a nonprofit organization into a for-profit organization, and there is a statute in North Carolina that governs that, whether it's a multi-billion-dollar hospital or a small nonprofit worth \$250,000. That is the scope of his authority, basically, to make sure that the assets of the nonprofit are invested properly in ongoing charitable purposes, which is why we have the Dogwood Health Trust. I will say that my view is, and I've heard him say this, that the Attorney General pushed the bounds of his authority pretty far in demanding changes to the agreement. That, you know, probably if somebody had pushed back, I'm not sure he would have won that fight.

So, the role is very limited. And there are efforts afoot in the legislature and other places to try to address that. And I'm happy to talk to folks about that after this but suffice it to say that the Attorney General's office needs a lot more authority for these kinds of deals. They understand that they need that, and they are trying to get it.

So, the question is what authority does the Attorney General have now? Sorry that I didn't answer that the first time. So, my understanding is that the Attorney General does have the authority to step in and enforce the agreement, if that office determines that there is a violation, and I will look to Ron and others who know that language well to confirm whether that's true. The process of these letters that have been sent is the way lawyers gather information. They write letters, they get answers, they write more letters, they get answers. And that is the process that we're in now. So, I think they're in the process of trying to determine whether there has been a breach of this agreement, particularly in the oncology. All the letters have been about the oncology services. And that's the process that they are in now.

Speaker 15: My name is Molly; I'm going to get this going so I can get this guy out of here. I've been a nurse for about 12 years. Half of that has been at Mission. I wanted to talk about something that affects me a little more personally than the other cuts made by HCA. My husband, who is also a nurse at Mission, moved here in 2016 and was shortly after diagnosed with type 1 diabetes. He reached out to the then Chronic Conditions Clinic that Mission had. He not only received one on one education regarding his

diagnosis, but also was set up with Mission's pharmacy to assist him with insulin and the wearable continuous glucose monitors, which when I say assist him, he got those for free.

The Chronic Conditions Clinic held those with asthma, COVID, weight management, depression, high blood pressure, and other diagnoses that are left untreated leads to more severe health issues, increased hospital stays, and earlier death. Nowadays, the Chronic Conditions Clinic does next to nothing. It helps check blood pressure and blood sugar, but it doesn't go far beyond that. When you call the clinic's number, it literally says to contact your primary care provider to help make a plan for many of these diagnoses.

The Chronic Conditions Clinic exists more in name than in practice. Unfortunately, just before my oldest son's 12th birthday, he was also diagnosed with type 1 diabetes. Now, even with the best insurance available from HCA, we pay nearly \$5,000 a year just to keep my husband and my son alive. The majority of the population in Western North Carolina cannot afford that high of medical expenses.

Speaker 15: When you look at what's taken from our hospital and our community, you have to dig deeper than the surface of what the HCA claims to provide. HCA is good at appearances and good at saying the right thing, but they're also good at lying. They have marketing teams and lawyers and truck loads of cash to help them with that. But honestly, actions speak rather than words. If HCA meant what they said in their mission statement that above all else, they are committed to the care and improvement of human life, none of us will be here. And the services we speak about would have been built up rather than gutted.

Speaker 16: Hi, my name is Dana. Being a behavioral health nurse, I can personally tell you about the horror that goes down currently. We are often short staffed, both nurses and techs, at times for doing the jobs of both nurse and techs. Co-workers that I'm talking about. Leadership is aware of our staffing issues but continue to admit patients. Nurses are begging to hold beds due to the acuity on our units, but we continue to be ignored. Workplace violence is at an all-time high in units. Nurses and techs are getting assaulted by our patients daily. With that being said, the new building is increasing the amount of patients and decreasing the amount of staff to work in. Leadership has stated that the layout of the new building, even though it's beautiful, is more accommodating to visualize patients better. Again, the hospital is implementing profits over patients. And Sweeten Creek is not open as of yet.

Speaker 17: I have 3 questions; I'll make it quick. 1 of my questions regarding these commitments is, when you look at the specifics that you mentioned that are laid out for these commitments, is there any mention of or commitment to the quality of care? And

how these services are to be continued? Or is it just quote on quote, continue the services? Because you can say, they can say that these services are being continued, but with crappy quality, what is point?

Yeah, so that doesn't mean much. What is going to happen to our hospital once these services no longer have to be continued? I am terrified to think what the hell is going to happen to our hospitals once they no longer, what if all of these commitments expire? What's the plan? What are they going to do at that point? And who is going to have any control over that?

My last question is, how often do you all make visits to these facilities? And when you do, can we please as nurses participate in these visits? Those of us who take care of the patients.

Speaker 18: Hi, those of us will speak up when visitors come. I am barred from speaking to any visitors. So, we are silent. That's why we're asking to be able to participate. Even if it's just about giving your reports, as you heard from multiple nurses tonight, there are deficiencies in the continuation of those services listed in the agreements.

Speaker 19: I have a quick question on number 14 about participating in Medicare and that program for at least 10 years. If HCA loses it, Medicaid and Medicare reimbursement because of regulatory agency punishment. Are they in violation of this agreement?

Speaker 20: What happens if HCA violates the agreement?

Speaker 21: I didn't plan on speaking, but I'm here to support my friend. My wife was just in the hospital three weeks ago. It wasn't the stay that we were used to having. My son was born six years ago in Mission; in the NICU he almost died; my wife almost died. The staff and doctors were absolutely amazing in saving both their lives. You'll never, ever hear me say anything bad about the staff, physicians, and so forth. It's not them.

But six years later, three weeks ago, my wife has surgery, not that major, but I mean I guess in surgery, it's major to a point. She came back into the room. They got her settled. And then for two hours, we didn't see a soul. She needed to go to the bathroom. And so, she pushed a button. Nothing. Need to go to the bathroom. Push the button. Nothing. So, I got up after the bathroom, walked back to her bed, because she was still groggy, couldn't walk, couldn't do anything. And then I decided, well, you know what, I'm going to stay until her friend comes, because I'm not too certain that she's going to get the care she needs.

In the meantime, the charged nurse came in, hey, how's your stay? How's everything going? Well, I told her, but I was very quiet in doing so. I said, you know, I pushed the button two or three times just to go to the bathroom. And if I hadn't been here, what would have happened? Right. I know it's just going to the bathroom, right? But still, it's a basic care. And exactly. And so, the CNA who was, and this doesn't have anything, she's rushed in something like that, comes back in after that, but upset. She said I'm so, so sorry. I was on another floor, blah, blah, blah, blah, you know. And I said, hey, listen, I understand I'm not blaming you. But that's just one situation, you know. And like I said, I didn't plan on talking. But you know, if it helps to solve the problems, then we need more people talking. Right? Because for years and years and years, Mission was a thing, right? Mission saved my life. Me, you, three years ago, four years ago. Right? Save my wife, save my child, you know. But are they getting the same care today that they were three, four, five, six years ago? My take is no. And something needs to be done.

Speaker 22: I've talked with countless physicians over the past weeks. And it's the same conversation that we have with many of our friends. I don't think there's more damning comment, but many of us are not sure where we'd want to go for our medical care. Certain services left out, you know, nothing compares to Mission. But by and large, we're all wondering where we want to get our care when it's our turn.

Speaker 23: I've been a nurse for over 40 years. One of the reasons that my husband and I moved here four years ago was that Mission had such an honorable reputation, it reached the stars. I decided it's the place I wanted to finish out my career, and I thought it was the type of place that would have my health care as I was an aging senior.

I've worked in over nine hospitals in 40 plus years and I have never seen conditions like I saw when I got here and I never thought I'd be part of the nurses' union but I joined that union and I became a rep because there is such a crisis of care that I see on a daily basis and I'm lucky, I work in interventional radiology and I have a great little bubble, but when I go to those floors it makes me sick, because where we see people, HCA sees profits, and we are the most trusted profession in the United States and we are every year, but when we bring forth legitimate concerns to HCA management we are mollified, we are called liars. We have people who are being beaten up on a daily basis and nobody's there to keep people protected, patients or their staff, HCA doesn't care. I have never been anywhere where a management truly doesn't care and they're not going to do the right thing because it's the right thing.

I'm sorry, I'm a little ticked. Who's going to make them do the right thing? Who's going to stand up? We stand up, we protest, we do petitions, we bring letters, we get out on the corner, and we wave signs, we do everything with our power to make people pay attention because we care about the people in those beds because one day everybody's going to be in one of those beds. And who's going to take care of us? I want an answer, I don't want to hear any more "that's not our job description". We're doing things every

day that are not our job description. And we're exhausted, we don't have time to eat, we don't have time to clean, we don't have time to do anything. I can't do it.

Speaker 24: Two questions and a beautiful success story. I'm an LCSW. I was working in Brevard. On those site visit days, I was told to stay home. I'm an LCSW. I'm a social worker. I'm an advocate. You know, whatever word people call them in movies, you know, speak up for something. We were told to take PTO on those days. And the question there is, do you do surprise visits ever?

I was in a primary care office that's no longer open, but I certainly could share some of my patient's stories. I've got a good one for you. So, this is in the last year or so.

It's a beautiful success story at one of your beautiful expensive buildings. I was treating a gentleman with passive chronic and suicidal ideation, and he came to me one day and he said, you know what, I'm cured. I don't have it anymore. I'm not going to do it anymore. I said, why? He said, I went to a Mission, and I stayed for three days in a room with two other individuals with behavioral health issues, one smearing feces on the wall. He said, I'm cured. I'll never be in that situation again. No one helped. No one cared. He got better though, so that's beautiful. My third question is, would you get treatment at Mission Health's emergency room?

Speaker 25: My name is Tamra Moriardie, and I have a few statements and a question.

Most important statement: and I understand that the HCA rep that this gentleman met the airport was looking forward to seeing Mission and using his pencil, because 80%, when you talk about bonuses with an exec., 80% is based on cost. 20% is based on the patient outcomes. And that's a huge corporation. I'm sure he was very proud of all the pats on his head and probably the dollars and the bonus check he was going to get at the end of the year.

Okay. So, we had that. Now you mentioned earlier that in order to modify the commitments. It has to be a 5-year time span and then the commitments can be modified for the monitoring process?

...But as far as modifying your role and modifying commitments and expanding commitments to be more specific about patient care.

Now, as far as services such the services that are being cut. Are there alternative funding streams such as through Dogwood Health or someone else that could provide assistance in a more timely manner? Now I've been involved with grants. So, I know how that goes. That's really long, but.

Speaker 25: Okay, well, again, thank you for being here and thanks to all the healthcare folks and all the staff at Mission, y'all, you're carrying the weight of it, and we appreciate it so much.

Speaker 26: My name is Tom, and we live in Asheville. HCA's reputation could have proceeded it here, because there's lots of publications with regard to HCA and what they do to the quality of care where they go and purchase hospitals.

This is a contractual problem. The only way that all of this, I think, is important and necessary and need to accumulate all of it, because you need to break that contract. Can't break HCA's contract. The tiger doesn't change the stripes. They are going that way, that's the way they do things. So, the more all of us respond with these things, say how HCA is breaking their bond with this community, that gives the weight to be able to break the contract.

Speaker 27: Is there any sort of transparency around public reporting for items 9 and 10? So, we can see what the definition of innovation is for what the cost of community contributions is.

And I have a procedural question for the assistant attorney general. How can Mission engage in a ceiling activity for a free-standing ER in Candler, when the ruling on the 67 additional beds hasn't been rendered yet?

...Okay. And then number 14 seems pretty ominous. They'd be allowed to [cut] Medicare and Medicaid; but in that case they're not going to stay open. I'm a 30-year veteran of population health and value-based payment. I'm a nationally recognized consultant, been here seven years. First meeting I've come to because I've been afraid to show up with these things. Number 14, if they bail out of Medicare after 10 years in this community, they're not going to exist either. I'm really confused by that statement.

...Right, right, I know, but if they bail out after 10 years, we're always in community. And I understand that that was really the play with regard to this whole loop of this in the beginning, was that the financial standing of this prior to HCA was in jeopardy because of the 70% of Medicaid and Medicare payor mix that they had in this town. That was the argument, the whole Blue Cross debacle when they turned the Blue Cross contract. So, I'm just wondering if there's something in 14 that we can attack to that gentleman's point contractually, so that it's non-binding in some way and they have some sort of legal recourse relative to this agreement. This agreement holds this community. I'm getting, you know, honestly, if you wanted me to speak freely, we should be looking for the people who are on the board and who cut this deal.

Speaker 28: I think they could be disqualified on Medicare.

Speaker 29: You know, we should stop referring to them as healthcare. It's a sick care model. They invest nothing in buying their gear. They invest nothing in products. You know, primary care is 5% of healthcare, but 80% of healthcare channels through it, okay. So, I mean, so they close a primary care location in Candler and then they go after a free-standing ER. Sick care. Why? So, we can tap on and handle this ride to the mothership now, from Candler?

Speaker 30: So, this gentleman here really has true healthcare expertise. I'm a physician, retired physician. My name is Bill McCann. I moved here in 1987 and I retired a couple of years ago. I was always so proud to be a doctor at your Mission. You know, it was, it was great. We knew that we were at one of the greatest hospitals in the country. And now everybody knows that we're not. So, it's a shame.

But I just wanted to say one thing that has come up, which is about the hospitalists. Now primary care at the hospital is done by hospitalists. They used to be done by your family doctor. In the late 80s and early 90s, the hospitals took over primary care for medical patients at the hospital.

And we had a really good group of hospitalists at Mission Hospital. Well, I'm not sure it's 100, I think in all that, all of the hospitalist that were there when HCA took over, I believe 100% left. I'm not absolutely sure it's 100% but I know it's placed. And there's a couple still there. Okay. I'm going to update, it's close to 100%. And that tells you right there that this is the primary care group for the hospital. And they could not sustain what they were doing under HCA.

In the emergency room, I have just recently been talking to an emergency room doctor who quit. And apparently, half of the emergency room doctors have quit fairly recently. So, the emergency room situation is going from bad to worse. So, I just wanted to make sure everybody knew that. The doctors are voting with their feet here. They're leaving. And then we always had a great medical staff. And it's sad.

Speaker 31: Regarding the question about oncology at Mission Health. The physician assistant, the night shift that worked there for the past two years of my treatment, walked out two or three weeks ago. She's done. She's not there at night. Messino Cancer Center is having to staff night physicians at Mission Health. There is one oncologist on staff with Mission Health. And that's it. And they're

done. Resignation is there. How is Mission Health and HCA going to stand behind their commitment to make sure oncology is still there?

Speaker 32: What you're hearing. You don't have a relationship with HCA, so, you say anything you want. How do you feel about what you hear, as a person?

Speaker 33: Mr. Winters... I have a question about, you said several times that people could email you, and that might make a difference; if people are concerned, they can email you. You've also said that you only visit once a year. And I'm wondering if now that you've heard everything that you've heard tonight, if there's any chance that you, I mean, rather than waiting for emails to repeat everything that has been said tonight, will you consider more visits rather than a once-a-year visit? And is there any way you can come by surprise instead of having it scheduled so that can't stage their performance for you?

Speaker 33: Okay. One other question is, or just a comment, is that we live five minutes from Mission. And we used to love that fact. Now, as we get older, we have an alternative plan. Where do we go when we get sick? And we are, we will make Mission our last stop. We are going to RD, or 'admin helm', anywhere but Mission. And I would just urge anyone who can to go elsewhere, because maybe that will make a difference too. And people, if they, if they can just, we can just stop going there as much as possible. I know there are situations that are going to make that impossible. Doctors are walking, the nurses are walking and so should the patients.

Speaker 34: Unfortunately, that's what I told my doctor, don't take me to Mission. Check what the other options are. I can afford it, but a lot of people in this community don't have the means. So, I feel bad for people and the employees especially.