

Tennessee Department of Health Public Hearing

COPA Local Advisory Council Annual Public Hearing  
Submitted January 22nd, 2020

Pursuant to T.C.A 1200-38-01

Chairman: Dennis Phillips, Former Mayor of Kingsport

Major General Gary L. Harrell, USA (Retired)

Dr. Linda Latimer, East Tennessee State University  
Board of Trustees

Dr. Jerry Miller, Founder of Holston Medical Group

Dan Pohlgeers, Former Provider and Current Medical  
Administrator and Consultant with Sunesis Medical

Dr. Karen Shelton, Director of Mount Rogers Health  
District, Virginia Department of Health

Dr. Brenda White Wright, Former CEO Girls Incorporated

Director Jeff Ockerman, Division of Health Planning  
Tennessee Department of Health

Judi Knecht, Population Health Program Manager  
Tennessee Department of Health

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

TAKEN ON: Tuesday, January 7, 2020

REPORTED BY: TERRY L. KOZAKEVICH, RPR, LCR.

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P R O C E E D I N G S

\* \* \* \* \*

CHAIRMAN PHILLIPS: Well, it's 5:30.

And if you're here and want to stay for the entire meeting, hold up your hand. If you want to leave now, then go ahead.

Seriously, thank you all for coming.

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

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

And in the LAC's review of the Ballad Annual Report that we, as I said, we have reviewed, and we have questions and concerns about some things in the annual report and things that we have brought up, such as I'm sure one thing that we're going to hear about is the length of

1 time from the emergency room to admitting in the  
2 hospital in the annual report I'm sure is much  
3 shorter than most people have been hearing.

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

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

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

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

23 I would remind you that our job is to  
24 receive input, and it's very important to remember  
25 that today's comments should relate to the annual

1 report, and this is the purpose of this meeting is  
2 to get feedback concerning the annual report.

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

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

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

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

23 That's what we're doing today. We're  
24 allowing public comment on the annual report.  
25 Also publish the Local Advisory Council Annual

1 Report on community feedback for review by the  
2 COPA monitor and the Department. Such reports  
3 shall be published no later than 30 days after the  
4 Annual Public Hearing, which is today.

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

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

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

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

25 And that's the only way that we can get

1 most people that want to comment to comment, and  
2 we are going to strictly adhere to that time  
3 limit. And we ask that you please be respectful  
4 of the three-minute time limit. And we're going  
5 to go until 7:00 o'clock.

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

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

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

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

25 Before we get started, is there any of



1 the LAC members or anyone else on the panel would  
2 like to say?

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

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

10 DR. BRENDA WHITE WRIGHT: So moved.

11 CHAIRMAN PHILLIPS: Is there a second?

12 DAN POHLGEERS: Second.

13 CHAIRMAN PHILLIPS: Discussion? All in  
14 favor say aye.

15 (Panel members say aye).

16 CHAIRMAN PHILLIPS: Opposed? Motion  
17 carries. Okay. Anyone else? Nothing? Anyone on  
18 the committee?

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

24 It was such a privilege to be a doctor  
25 to any patient. There was an obligation. And I

1 will make a statement.

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

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

13 CHAIRMAN PHILLIPS: Jeff?

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

20 If you have concerns about a particular  
21 facility or care you've received at a particular  
22 facility, this isn't the group that takes care of  
23 that, but the Department of Health does have a  
24 whole division that investigates those issues and  
25 concerns.

1           We have a complaint form over on the  
2 table there, if you would like to fill that out.  
3 You can do it on-line as well, but this might be  
4 easier, and we'll take those from you at the end  
5 of the meeting.

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

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

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

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

24           We are also, at the request of one of  
25 your fellow citizens, reviewing the nomination

1 processes for Local Advisory Council members. And  
2 once we get through figuring out how we're going  
3 to do that, which will need to come up in the next  
4 few weeks, we will post that on our website, and  
5 thank you again for bringing that to our  
6 attention.

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

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

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

20 DEBORAH HOLMAN: Hello. My name is  
21 Deborah Holman, D-E-B-O-R-A-H H-O-L-M-A-N, and I  
22 live here in Sullivan County. And I have a short  
23 statement, so I'll yield most of my time to  
24 someone else.

25 This summer I had a stress fracture in

1 my hip. I went to my doctor here locally, and I  
2 was told if you have to have the surgery to  
3 correct it, please go somewhere else, not to our  
4 hospitals.

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

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

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

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

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

24 Time and again, diversions are made in  
25 the NICU and the emergency rooms. Case in sight

1 is when the new telemedicine came in, and it had  
2 not been tested prior to going live.

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

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

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

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

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

25 Mr. Phillips, the one that publicly said

1 that he had no authority to do anything, so what  
2 are we doing here? I'm asking the State of  
3 Tennessee to terminate the COPA.

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

7 DERHONDA BEARDEN: Hello. I'm DeRhonda  
8 Bearden, D-E-R-H-O-N-D-A Bearden, B-E-A-R-D-E-N.

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

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

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

22 But we need to know and the public needs  
23 to know how Ballad is doing. You know, we're  
24 hearing them make claims of how they're doing, but  
25 we need actual numbers per the COPA.

1 I also was glad to hear Jeff say that  
2 the procedure for assembling the COPA monitors  
3 needed to be different, and Mr. Phillips says that  
4 everybody is volunteers. I'm not real sure that  
5 some of the people on the board can be objective.

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

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

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

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

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

24 According to the Tennessee Department of  
25 Health, it says in coordination with the Tennessee



1 Department of Health, hosting an Annual Public  
2 Hearing to allow a formal process for the public  
3 to comment on the annual reports from Ballad  
4 Health and the COPA complaints' office and the  
5 ongoing performance of Ballad Health.

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

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

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

22 He said, quote: "We feel like people  
23 think we have some control over Ballad, and we  
24 absolutely do not have any control over Ballad.  
25 Our purpose is to determine where the money is

1 spent and if Ballard violates the terms of the  
2 COPA."

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

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

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

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

22 To believe that this individual can  
23 impartially and properly facilitate the input of  
24 some 57,000 citizens he believes to be morons is  
25 absurd and unacceptable.

1           The standard is, according to Article  
2 Four of the charter, Section Three under  
3 resignation and removal. It states, whenever in  
4 the judgment of the Tennessee Department of Health  
5 Commissioner, the best interest of the  
6 organization will be served, any officer may be  
7 removed from office.

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

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

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

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

25           They have been -- they've sued 6700

1 people in their first year. They've had multiple  
2 sentinel events, with two of them resulting in  
3 immediate jeopardy because people died at two  
4 separate hospitals within six months of each  
5 other.

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

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

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

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

24 DIRECTOR OCKERMAN: Thank you, Ms. Cook.  
25 The next speaker is Crystal Regan.

1                   CRYSTAL REGAN: Hi. My name is Crystal  
2 Regan, and that's R-E-G-A-N. It's Crystal  
3 C-R-Y-S-T-A-L. Hi. My name is Crystal Regan, and  
4 I reside in Kingsport. Thank you for giving me  
5 the opportunity to speak before you this evening.

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

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

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

22                   We have asked your all's recommendation  
23 was that Ballad needed to better communicate to  
24 us. We need the Department of Health to better  
25 communicate with us as well.

1 I believe the decrease in volumes is  
2 from families such as ours traveling outside of  
3 the services area to receive care. Unfortunately,  
4 there are others that cannot do this: the babies,  
5 the elderly, the most vulnerable that God has  
6 entrusted us all to care for.

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

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

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

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

25 My second experience happened this

1 summer. I was having heart palpitations,  
2 sweating. I had gone to HMG. They are amazing.  
3 I have a wonderful doctor.

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

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

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

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

22 DIRECTOR OCKERMAN: Ms. Regan, your time  
23 is up.

24 CRYSTAL REGAN: Can I finish the story  
25 at least?

1                   DIRECTOR OCKERMAN: Very quickly.

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

8                   I chose to just go home and drive myself  
9                   home. No one inquired about if I had a driver, so  
10                  I was released with a blood pressure of 140 over  
11                  40, and I actually took a picture of the monitor.

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

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

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

21                  LOU ANN WHITE: Hi. My name is Lou Ann  
22                  White, L-O-U A-N-N W-H-I-T-E. I live in  
23                  Kingsport, Tennessee.

24                  It's been one year since we've been  
25                  here, and really I haven't seen any advantage of



1           what Ballard Health has done for health care. I  
2           was a 41-plus-year worker in the health care and  
3           education at northeast Tennessee and southwest  
4           Virginia.

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

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

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

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

25                        Another issue is the nursing staff.

1 Ratios are not the safe levels when the census is  
2 maxed out and the RNs are short staffed. So what  
3 are the advantages to patient care? There's none.

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

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

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

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

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

1 Kingsport.

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

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

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

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

22 You have allowed Ballad to continue to  
23 pass the date that they were to submit their data  
24 to for their grading. You have not been compliant  
25 in being able to give them a score for their

1 so-called advantage.

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

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

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

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

18 DIRECTOR OCKERMAN: We can hear you.  
19 Thank you.

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

24 The reason that I did retire from there  
25 is on Halloween night of October, October 31st,

1           2017, I was trick or treating with my grandson,  
2           seven year old. As we were going trick or  
3           treating, I got real short of breath. Couldn't --  
4           had to stop and rest, catch my breath.

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

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

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

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

24                    There was one nurse that was there. She  
25           was an RN. She was actually helping. She was

1           supposed to be the second person on the first part  
2           of the shift, and it so happened that the tech  
3           that was there decided she was sick and had to go  
4           home, so that left the RN by herself.

5                     And the RN, when I got there at 10:00 or  
6           10:30, was still doing the first shift vitals.  
7           And remember, we start those around 7:00 o'clock,  
8           and I got there about 10:00 or 10:30, and she was  
9           still doing them.

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

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

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

1           how that's good.

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

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

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

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

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

23                    I had multiple medical problems. I'm  
24 followed by my family physician with Holston  
25 Medical Group and as well as my doctors at

1 Vanderbilt. I have been followed since 2014 with  
2 the oncologist there at the Allandale center.

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

6 When I went for my visit in November of  
7 2018, I was told that my oncologist was no longer  
8 there and that Ballad had taken over and that I  
9 would no longer be able to get my infusions that I  
10 had gotten for the last four years, four and a  
11 half years.

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

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

23 So I see a different doctor. I'm  
24 scheduled for my infusions, and I'm told once  
25 again they're not going to offer the infusion



1 medication that I had been required to have  
2 through HMG and Vanderbilt University for four and  
3 a half years.

4 They now are using only Injectafer, so  
5 let me tell you what my bill was for that:  
6 \$14,246.

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

12 I have sought out treatment at another  
13 facility outside of our area. My bills for my  
14 infusion there are \$3,323. That is from 13,000 to  
15 14,000 back down to 3300.

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

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

23 Many people, including certain elected  
24 officials for the State of Tennessee and their  
25 personal business associates, stand to greatly

1 benefit financially from these changes that Ballad  
2 Health has made and more changes that Ballad  
3 Health plans to make in the future.

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

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

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

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

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

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

23 So when I read in the New York Times in  
24 November that Ballad Vice President Anthony Keck  
25 said, quote, "We're only pursuing patients that

1 have the means to pay but choose not to pay,"  
2 unquote, I was astonished.

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

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

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

24 He advised that the clerk keeps a record  
25 and, quote, "Considering this Ballad Health and

1 their accounting department is in a shambles, I  
2 would pay through the court clerk," unquote.

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

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

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

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

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

25 Our patients that we send over to Ballad

1 are low income, don't have insurance. About 95  
2 percent of them we ask for them to ask for the  
3 340-B pricing, which is the financial assistance.

4 They come back with no meds because  
5 that's not available, and they tell us that that's  
6 only limited doctors that can do the 340-B  
7 program. The majority of them is not at Holston  
8 Valley. It's at Johnson City Med Center.

9 The heart patients that I send out, as  
10 far as withdrawals, Holston Valley is always on  
11 diversion, so they send them to Indian Path, which  
12 is not even equipped to deal with these patients.

13 When they do go to Holston Valley, they  
14 don't even know how to deal with the addicts.  
15 They just give them what they want and send them  
16 back, which means morphine, which starts their  
17 track of rehab all over again, just because that's  
18 what they want.

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

22 My sons, if I have to see a specialist,  
23 we have to go all the way to Knoxville or  
24 Morristown to see the specialists. With my  
25 preemie we have to go to the children's hospital

1 at UT for him to be treated. He's now seven years  
2 old, and we still have to go over there because  
3 he's considered a preemie still.

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

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

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

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

25 We need some system where elected

1 officials or voters select the board members. I  
2 think the citizens deserve a chance to believe and  
3 hold the Board accountable and believe that the  
4 decisions are being made in their best interest.  
5 Thank you.

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

8 WAYNE BAXTER: Good evening. I'm Wayne  
9 Baxter, W-A-Y-N-E B-A-X-T-E-R. I'm a registered  
10 nurse and a paramedic.

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

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

22 January 20th, 2020. Ballad Health and  
23 Rally in the Valley protest, join forces for  
24 future of healthcare in Tri-Cities.

25 Ballad Health leadership and community

1 members have agreed to schedule regular meetings  
2 to discuss differences and changes for the future  
3 of healthcare. These meetings will help resolve  
4 the adversarial relationship that has caused a  
5 250-plus-day protest. The committee hopes to  
6 create a model healthcare system by open and  
7 honest dialogue.

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

10 (Audience members say no.)

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

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

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

25 If that's not done, I fully support



1 formation of a strong non-partisan hospital  
2 authority that is able to provide more than just  
3 lip service to this crisis.

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

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

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

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

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

1 with -- to the protestors?

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

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

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

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

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

23 While I'm sure this activity isn't  
24 condoned by Ballad, this makes them appear to be  
25 the biggest middle school bully in the room by

1 proxy. The path forward entails bravery, ego  
2 suppression, change, and uncomfortable  
3 conversations. This will not happen without the  
4 influence by the state of Tennessee and Virginia.

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

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

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

16 Form an interdisciplinary council that  
17 includes members of the community and the protest,  
18 nurses, physicians -- which there's no nurses on  
19 the Ballard board. Physicians, emergency services,  
20 Allied Health providers, Ballard Health  
21 administration, representatives from the State and  
22 local politicians and give them the power to  
23 mandate and ensure that changes are made for the  
24 best practices of the healthcare system and the  
25 community.

1           They should have the fiercest critics  
2           and the staunchest defenders on that committee.

3           The state department can name a neutral  
4           mediator that is able to assist with binding  
5           decision by this Board. The State of Tennessee  
6           should also name two health care providers that  
7           have no ties with employment or contracting with  
8           Ballad Health.

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

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

15          WAYNE BAXTER: What?

16          DIRECTOR OCKERMAN: How many more  
17          recommendations?

18          WAYNE BAXTER: That's it.

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

22          TERESA DANIELL: Hi. My name is Teresa  
23          Daniell, T-E-R-E-S-A D-A-N-I-E-L-L, and I'm here  
24          tonight to speak on behalf of my daughter,  
25          Jennifer Tice (phonetic) and Jeremiah Fields'

1 family.

2 Late on the Saturday evening of November  
3 the 9th, 2019, I received a call from my daughter,  
4 and she told me that Jeremiah had been involved in  
5 a car accident and she was on her way to Holston  
6 Valley Hospital. At that time, she did not know  
7 if he was dead or alive.

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

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

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

25 He had multiple bruising, cuts, and

1 abrasions to his head, and he was not on a  
2 ventilator, nor did he have the chest tube.  
3 Shortly after I arrived at the ER, the nurse said  
4 they were going to transfer him to the ICU. The  
5 ICU, as they said, was slow tonight, and he could  
6 receive one-on-one care.

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

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

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

23 He put the blood pressure cuff on one  
24 arm. When he didn't get a blood pressure, he put  
25 it on the other arm. When he didn't get that, he

1 put it on both legs. He said that it was an  
2 error.

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

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

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

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

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

22 At one point my daughter literally ran  
23 into the hallway begging for help, and a nice  
24 young pretty nurse came in, took one look at the  
25 monitor, took one look at Jeremiah and said, "I'm

1 going for help. I'll be right back."

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

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

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

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

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



1 consider this. Thank you.

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

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

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

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

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

25 The second thing that came to my -- as I

1 looked at things, Article 1 Section 22 of the  
2 Tennessee State Constitution, that perpetuities  
3 and monopolies are contrary to the genius of a  
4 free state and shall not be allowed.

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

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

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

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

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

1           ANNA MAHAN: Hi. My name is Anna Mahan,  
2           A-N-N-A M-A-H-A-N. I wasn't planning on speaking  
3           tonight when I left the house in Hawkins County.

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

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

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

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

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

25          We rushed him in the EMS to Holston

1 Valley. The first thing said to my 200 pound  
2 17-year-old son was we have to transfer you to  
3 Niswonger because you're a minor. I called bull,  
4 and I would not let them transfer him.

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

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

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

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

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

24 When he got there the next morning, they  
25 were impressed with some of the tests and things

1 that had been run at Holston Valley. They didn't  
2 know right off what was wrong with him, but they  
3 found out. And he has a rare auto-immune  
4 disorder, and we'll deal with it the rest of his  
5 life.

6 So we got treatments there, and we've  
7 been back down there a lot since then. But we  
8 like to do things local when we can, so we've  
9 tried to do things local. So I'm going to tell  
10 you about what an infusion, five specialist  
11 doctors, and some other tests at Vanderbilt is  
12 \$18,000.

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

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

23 I begged them to pull his chart. I  
24 begged them to look at his record, and nobody  
25 would.

1           Five hours later, after he was treated,  
2 they took him and had a test and brought him back  
3 to the waiting room, took him and had a test and  
4 brought him back to the waiting room. They did  
5 that for five hours.

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

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

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

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

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

25           And we were talking, and there was a

1 lady, an elderly lady that was stumbling down the  
2 sidewalk.

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

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

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

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

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

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

24 Is that the way a hospital is supposed  
25 to be? Is that how we treat people these days?

1 They're nothing. They can wander out.

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

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

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

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

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

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

24 I can't help but sit here and look at  
25 ya'll and ask. See, I'm a CNA. I'm from Greene



1 County. I'm originally from North Carolina also.

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

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

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

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

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

24 Now my question is, if you go in the  
25 emergency for anything, Mr. Phillips, you could

1 have a heart attack. You could be in a wreck.

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

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

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

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

22 You're one step from that. One step.  
23 And that ain't from homelessness. That ain't from  
24 drug addicts or anything. That's from anybody in  
25 this whole region.

1 I just had to take out another loan on  
2 my husband's vehicle to pay collections of a  
3 thousand dollars. I got another thousand dollars  
4 to probably pay for Ballad's bills.

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

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

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

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

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

25 I would also commend Ballad Health with

1 their initiative of the most frustrating subject  
2 of addiction and the attempt to eliminate the  
3 stigmas associated with them. It's a difficult,  
4 difficult subject.

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

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

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

18 This morning's paper, my friend Mr.  
19 Levine, extremely talented and long suffering at  
20 this point, indicated that they have implemented a  
21 77 percent discount, and what he's talking about  
22 is a discount to those charge master numbers.

23 My best effort in evaluating this  
24 situation is that a 77 percent discount to the  
25 charge master rates is about what Medicare pays.

1 The numbers are fictional.

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

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

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

15 VOICE: We have one more.

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

19 (The audience member signs in).

20 DIRECTOR OCKERMAN: The speaker is Karen  
21 Washington. Welcome, Ms. Washington. Thank you.

22 KAREN WASHINGTON: Hello. My name is  
23 Karen Washington. It's K-A-R-E-N  
24 W-A-S-H-I-N-G-T-O-N. I live in Gray, so getting  
25 to Johnson City Medical Center is not a problem

1 for me.

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

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

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

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

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

1           they have to travel.

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

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

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

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

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

22                   Because all that competition benefited  
23           every citizen, every patient, every patient, and  
24           this monopoly is just devastating our region.  
25           It's devastating our population.

1           And finally I'd like to say specifically  
2 to the Board members, thank you. All of us morons  
3 would very much think that we should have Mr.  
4 Dennis Phillips removed.

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

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

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

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

23           There was a comment made by --

24           DIRECTOR OCKERMAN: Let's keep some  
25 calm.



1                   CHAIRMAN PHILLIPS: I would expect the  
2 same respect I give you. The meeting is now  
3 adjourned, and thank you all for all your  
4 comments.

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

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

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

12                   THEREUPON, the meeting was concluded at  
13 6:50 p.m.

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## 1 REPORTER'S CERTIFICATION

2  
3 STATE OF TENNESSEE )  
4 COUNTY OF SULLIVAN )5 I, Terry L. Kozakevich, LCR #394, Licensed Court  
6 Reporter, Registered Professional Reporter, (**and**  
7 **notary public**), in and for the State of Tennessee, do  
8 hereby certify that the above meeting was reported by  
me and that the foregoing **66** pages of the transcript  
is a true and accurate record to the best of my  
knowledge, skills, and ability.9  
10 I further certify that I am not related to  
11 nor an employee of counsel or any of the parties to  
the action, nor am I in any way financially interested  
in the outcome of this case.12  
13 I further certify that I am duly licensed by  
14 the Tennessee Board of Court Reporting as a Licensed  
Court Reporter as evidenced by the LCR number and  
expiration date following my name below.15  
16 **IN WITNESS WHEREOF, I have hereunto set my**  
17 **hand and affixed my notarial seal this 20th day of**  
18 **January, 2020.**19  
20  
21  
22  
23  
24 \_\_\_\_\_  
25 Terry L. Kozakevich, LCR #394  
Registered Professional Reporter  
Expiration Date 9/30/2020  
**Notary Public Commission Expires 8/29/22**