

STATE OF ALASKA  
DEPARTMENT OF HEALTH & SOCIAL SERVICES  
PUBLIC MEETINGS

REGARDING:  
Certificate of Need Application  
Wrangell Medical Center  
Proposed Replacement Hospital

MEETING CONDUCTED BY:  
Karen Lawfer  
Certificate of Need Coordinator

HELD:  
February 18, 2010  
7:00 - 8:30 p.m.

Wrangell City Library Conference Room  
122 Second Street  
Wrangell, Alaska

CON Public Hearing - Wrangell Medical Center  
February 18, 2010

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THURSDAY, FEBRUARY 18, 2010

WRANGELL, ALASKA

7:15 P.M.

MS. LAWFER: We are now on the record. This is the public meeting for the Certificate of Need application for a \$25.4 million replacement facility for the Wrangell Medical Center. And it is Thursday, February 18th, and we are going on the record at 7:15.

And if you could, make sure you state your name and then spell it, as well, for the record.

PUBLIC TESTIMONY BY BRIAN SMITH

MR. SMITH: My name is Brian Smith. That's B-R-I-A-N S-M-I-T-H. I'm the maintenance director at Wrangell Medical Center. And our building is old, and I see a lot of the part of the building that no one else sees. I have pictures of the building that nobody wants to see. I have, you know, a lot of rotten pipes in the building. I have a lot of black pipe that they don't even use in buildings anymore. Like the paper said, it's 1960s

1 technology, a lot of that stuff.

2 I have a building that has no  
3 environmental controls for the computers that we  
4 have. And they keep growing computers like rabbits,  
5 and I just can't control the environment in the  
6 warmer weather. Wintertime's not bad, but then --  
7 but then again, they've kept -- added on, added on,  
8 added on, and it's just -- and cut returns, and cut  
9 returns. And, you know, if you're an engineer,  
10 it'll just drive you nuts.

11 But -- and also, another thing  
12 that's going to come up and cost about \$200 -- well,  
13 maybe about \$150,000 is our fuel tank. It's not  
14 supposed to be on the same as -- anyway, there's  
15 some -- we had all new lines done last -- oh, I  
16 think two years ago. And they said, "well, this  
17 will stretch it out for another two years," but it  
18 may cost us \$200,000 to replace that.

19 It's just an underground metal  
20 tank. And we'll probably have to dig it up, put in  
21 a new tank, the cement containment, the big bladder,  
22 and then get the generator or some other thing. But  
23 that's one thing that I can think of right off,  
24 besides the environmental controls that drive me  
25 nuts every day. It's about a half a day's

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1 maintenance just to keep the doors open every day.

2 And -- oh, I don't know.

3 Mr. Gilbert, our past administrator -- I think about  
4 four years ago, he said it would cost \$1.2 million  
5 just to turn it into a parking lot because of the  
6 abatement and the asbestos and the -- you know,  
7 it -- we would like to just turn it over to the  
8 city, maybe.

9 And it is a good building for the  
10 city because they don't have the regulations. We  
11 have stringent, stringent regulations that we have  
12 to abide by.

13 We've got inspectors, four or five  
14 each year, and they come in. And it seems like  
15 every time they come in the door, it costs me \$5-,  
16 \$6,000. And my department spends money; it doesn't  
17 make any money. So they always look at me like, you  
18 know, I'm the whipping boy. So . . .

19 Anyway, that's all I have to say.  
20 But -- I'd like to say more, but I can't. But I  
21 have pictures. Thank you.

22 MS. LAWFER: Thank you.

23 And who -- I don't have my sign-in  
24 sheet, so --

25 MS. GROSS: I'll go ahead and go

1 next.

2 MS. LAWFER: Okay.

3

4 PUBLIC TESTIMONY BY CATHY GROSS

5

6 MS. GROSS: My name is Cathy Gross.

7 C-A-T-H-Y G-R-O-S-S. I am -- I've worked at the  
8 hospital now for 22 -- almost 22 years. I've seen a  
9 lot of change take place over the years, but I think  
10 the thing that I really want to address is the  
11 long-term care issue, the issue with private rooms  
12 for the long-term care residents. I think that they  
13 need that dignity there at the end of their lives.  
14 And I just think it's really important to let them  
15 exit with as much dignity as we possibly can. The  
16 semi-private rooms don't do that.

17 You know, they're our elders in our  
18 community, and I really feel strongly that we need  
19 to do as much as we can to take care of them as best  
20 we can. And I think a new facility will help  
21 address those issues. I know that we worked on the  
22 rooms. We've kind of, you know, put Band-Aids over  
23 them to make them look a little nicer, and that does  
24 help.

25 And I think Brian is really good --

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1 Brian and Bob have been really good at making the  
2 facility look good, and I think that's one of --  
3 it's almost like a downfall it looks good, so people  
4 don't really think it needs replaced. But I'll  
5 guarantee I found, you know, one of the leaky pipes.  
6 I had to call him up and say, "You've got another  
7 pipe leaking down there. There's a big spot on the  
8 ceiling." And that happens all the time. It's just  
9 really old. It's time to replace it, I think.

10 There's a lot of issues with --  
11 back to when I was in a different area of the  
12 hospital, there was issues with heat in the facility  
13 in the summer. There were times my office got up to  
14 like 90 degrees. It's not a good work environment  
15 for employees. It's not a good place, or not a good  
16 environment to have that.

17 We had computers in there. We had  
18 problems with the computers because of the heat,  
19 just numerous things that would crop up like that.  
20 There were times we had to leave because we just  
21 couldn't be there anymore because of that heat.

22 The offside is there's other parts  
23 of the facility that get really, really cold, which  
24 is one of the areas I'm at right now. It went from  
25 hot to cold. In the winter, when it's cold outside,

1 it's extremely cold where we are right now. There's  
2 one side of the floor I'm on where there's windows  
3 that are right at ground level, and that side gets  
4 even colder. So people -- even though I know we're  
5 not supposed to, people are running heaters to try  
6 and stay warm. That's just not a good work  
7 environment either. So . . .

8                   Anyway, my primary thing is the  
9 long-term care. I think it's really important those  
10 people get private rooms. And then expand beds,  
11 because we are full right now. And I do some of the  
12 paperwork when we bring people in or when people  
13 come into long-term care. And we've been extremely  
14 busy with long-term care for a long time, plus our  
15 swing beds. It's -- it's full right now. It's been  
16 full a month. It was really -- the last month.  
17 So -- and it just goes on and on like that.  
18 So . . .

19                   But anyway, I think that's pretty  
20 much it. Thanks.

21                   MS. LAWFER: Thank you.

22                   You're next.

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PUBLIC TESTIMONY BY MARLEEN CARROLL

MS. CARROLL: I'm Marleen Carroll,  
M-A-R-L-E-E-N C-A-R-R-O-L-L. I run the purchasing  
and receiving department at the hospital. I've been  
employed for 17 years here.

And we keep expanding our services  
to the public, which means there's more supplies  
that have to be ordered and kept in stock. We've  
increased our employees. All this takes space.  
I've been out of space for a long time, extremely  
out of space. It's a good thing I'm calm and mellow  
the majority of the time. We need a bigger building  
really bad.

And it's like my house, my personal  
home. We have a beautiful view, a wonderful roof,  
and everything else needs to be replaced. And  
that's pretty much how the hospital is. We need  
bigger and newer. Thank you.

MS. LAWFER: Thank you.

PUBLIC TESTIMONY BY JIM NELSON

MR. NELSON: Jim Nelson, J-I-M  
N-E-L-S-O-N. I'm a board member, and I've used the

1 hospital many times.

2 And, number one, like Cathy was  
3 saying, that the long-term needs to have private  
4 rooms. I was talking to a gentleman the other day,  
5 and he said that he thought his brother was going to  
6 be in a private room, and he's really upset with the  
7 hospital because there's no private rooms.

8 And the next one is that, you know,  
9 you have the morgue downstairs, and you have to  
10 bring a poor body through, underneath, right  
11 underneath the long-term center, you know, care  
12 center there. And that's just -- I don't feel it's  
13 good for that -- for those poor people seeing that.  
14 And there's really no way to hide it.

15 And I have noticed that you're  
16 walking down the hallway, and you stumble over a  
17 hump that wasn't there last week, so you get used to  
18 walking over it for the next couple weeks. The next  
19 thing you know, it's not there anymore. So the  
20 building moves around.

21 And like they're all saying that  
22 pipes are leaking and lights are falling down and --  
23 so I think we need a new hospital. Thanks.

24 MS. LAWFER: Thank you.

25 You may need those.

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PUBLIC TESTIMONY BY LYNNE CAMPBELL

MS. CAMPBELL: I'm Lynne Campbell,  
L-Y-N-N-E C-A-M-P-B-E-L-L. I'd like to also talk  
about the long-term care.

I know that the rooms that are not  
private are difficult for a lot of the patients that  
we have up there. You know, they've come from their  
homes, probably been widowed and used to living on  
their own, and then they're put up there with  
someone that perhaps they're not compatible with,  
which is an issue.

The big activity room that we have  
for them -- Noel has made as pleasant as he can  
since he came in, and they've just added another  
little sitting area down the hall. They took some  
extra space. You may have seen that when you were  
up there. And it's just beautiful. I was  
complimenting them last night on how they've gone  
ahead and done that.

And they could have just ignored  
it, you know, with the hopes that we're going to get  
a new building, but they haven't. They've put the  
priorities of the people that live there first, and  
we continue to try to make it as pleasant a home for

1       them as we possibly can.

2                       The wrangell community is an aging  
3       population. The economy is really bad here, and our  
4       young people have moved away. And we actually have  
5       retirees moving in here from other places. And I  
6       see a real need for additional beds. In fact,  
7       we've -- on the board, have been approached by  
8       people, and said, "You need more than six beds."  
9       You know, "You could put another 30 beds," because,  
10      with the population aging and the reputation that we  
11      have for giving such quality care and friendly care,  
12      that people bring their relatives from out of town  
13      when we have an opening.

14                     And like I say, as we get older,  
15      they'll be even more local people that will be  
16      needing to move in there and wanting to move in  
17      there. So the additional beds are really important.

18                     MS. LAWFER: Can I ask you,  
19      Ms. Campbell -- you're affiliated with the medical  
20      center. What position do you have?

21                     MS. CAMPBELL: I'm president of the  
22      board.

23                     MS. LAWFER: President. I'm sorry.  
24      I apologize.

25                     MS. CAMPBELL: That's all right.

1 MS. LAWFER: I like to know what  
2 capacity. Thank you.

3 MS. CAMPBELL: Thank you.

4 Do I have anybody else who would  
5 like to -- oh, that would be fine. If you could  
6 just sign in for me right there. And if you would  
7 like to -- as you speak, you don't have to speak  
8 right into the microphone, but please state your  
9 name and then spell your name, as well, for the  
10 transcriptionist.

11 MS. BUNESS: Oh, okay. Oh, I guess  
12 I could finish spelling that out. What am I doing  
13 here?

14 MS. LAWFER: Okay. Thank you.

15

16 PUBLIC TESTIMONY BY JANET BUNESS

17

18 MS. BUNESS: My name is Janet  
19 Buness, B-U-N-E-S-S. I've been -- I've worked at  
20 the hospital for about 40 years, and I've been in  
21 Wrangell for a little more than 40 years.

22 And I worked in Bishop Rowe  
23 Hospital, and moving to the new hospital was an  
24 experience, most like finally coming out of the dark  
25 ages. And it was a wonderful place when it was

1 first opened, and it still is a wonderful place. It  
2 fit the needs of the community in 1968, but now it's  
3 too small. We've really outgrown the facility.  
4 We've outgrown the remodeling that we've done.

5 The patient services -- I think the  
6 services that people expect are difficult for us,  
7 because the expectation is, in particular, is  
8 private rooms. And that is, as far as I'm  
9 concerned, probably the biggest drawback that the  
10 facility has. And building a new facility would  
11 allow us to put in private rooms for acute-care  
12 patients and for long-term care residents.

13 I see that, today, when I left  
14 work, there were 14 long-term care residents, 3  
15 swing-bed patients, and 4 acute-care patients. And  
16 our problem is patient mix, because we have two-bed  
17 rooms. And so we did outpatient procedures today,  
18 and we had to do one in the procedure room and I  
19 think one in the emergency room, where we would  
20 normally have used our short-stay room, but it had  
21 an acute-care patient in it because patient mix.

22 We had to admit a cardiac patient,  
23 and that obviously ties up one whole two-bed room.  
24 That was the only room that was available. And we  
25 had to move a female patient out of that room into a

1 long-term care room in order to put that cardiac  
2 patient in there.

3 So as far as I'm concerned, I think  
4 that's a huge issue. It's an issue for the  
5 community, because people's expectations are that  
6 when they're in a hospital, or even a long-term  
7 unit, that they'll have a private room.

8 I think we've certainly outgrown in  
9 the services that we want to offer. We're just not  
10 big enough to do the things that a small hospital  
11 should do. And the services that we can offer --  
12 outpatient, in particular -- we're really not set up  
13 to do that.

14 The only concern that I might have  
15 with a new facility is that -- because I was the  
16 director of nursing for so long, I know what  
17 staffing's like. And when you increase bed size and  
18 you -- certainly we're going to have to increase  
19 staff, because it will require more professional  
20 nurses in the long-term care area.

21 And I see there was just something  
22 on TV the other day about -- that there is a  
23 critical shortage practically of healthcare  
24 professionals -- and in particular, nurses -- in the  
25 state of Alaska. And so if there's anything that

1 would be a concern, it would be staffing.

2 But at the same time that I say  
3 that, I know a girl that graduated from high school  
4 here who's graduating from nursing school in  
5 Anchorage in May, and she says they'll be 100  
6 students graduating, and they're concerned that  
7 they're not going to find jobs. And I find that  
8 pretty hard to believe, because everybody -- but  
9 that seems to be a concern of theirs.

10 And maybe the concern is, in the  
11 city, it's brand-new nurses without experience are  
12 just -- will have a hard time finding a job. We  
13 know that they'll find jobs, and they'll get some  
14 experience, and then they'll branch out into other  
15 areas. And sometimes the areas that they want to  
16 work in are just not available.

17 So the only concern I would have  
18 would be, when you have more patients and more  
19 residents, would be professional nurse staffing.

20 And I think that the town used to  
21 have close to 3,000 people in it; now I think it  
22 only has 1,500. I think a lot of our patients come  
23 from Juneau in the swing beds. And it's really good  
24 for the hospital. It's great for the staff. I  
25 think it's good for the community, because it brings



1 people in from outside the community. We get nice  
2 reviews from people who have been here.

3 We have one resident right now in a  
4 swing bed who is from Juneau, needed to go back into  
5 a swing bed after an orthopedic injury, and she  
6 said, "I want to go back to Wrangell." So that says  
7 a lot for us.

8 So basically, that would be my only  
9 concern, would be staffing. And I'm getting ready  
10 to retire, so it's -- my problem would be to make  
11 sure that there's enough nurses there when I need  
12 them. But other than that, I think a new hospital  
13 is probably way overdue, and expansion of services  
14 will be wonderful for the community.

15 MS. LAWFER: Thank you.

16 MS. BUNESS: Okay.

17

18 PUBLIC TESTIMONY OF JACQUIE DOZIER

19

20 MS. DOZIER: Jacquie Dozier,  
21 J-A-C-Q-U-I-E D-O-Z-I-E-R. I'm a board member of  
22 the hospital.

23 I think one of the things I would  
24 speak to is, as I've been close by the hospital and  
25 as I walk my dog all around the area, I keep

1 noticing new containers and new storage units. And  
2 I know that we've wanted to get different equipment  
3 in and have had difficulty with our building, both  
4 having room to get it into the building and also to  
5 make the proper foundations and other things of this  
6 kind that allow for the equipment that we'd really  
7 like to have to give our patients much better care.

8 And also, that would allow us to  
9 treat patients here, we hope, much more  
10 successfully, and not have to send them out so  
11 often. Thank you.

12 MS. LAWFER: Thank you very much.  
13 Anybody else?

14 UNIDENTIFIED SPEAKER: Can we move  
15 this mic?

16 MS. LAWFER: I can. I think I can  
17 move the microphone for you, if you don't mind.

18

19 PUBLIC TESTIMONY FOR LINDA BJORGE

20

21 MS. BJORGE: My name is Linda  
22 Bjorge, and it's L-I-N-D-A B-J-O-R-G-E.

23

24 I have about three different  
25 approaches. One, my mother is a patient in  
long-term care, and I can't think of another place

1 on earth that I'd rather her be, as far as care.  
2 Her main complaint, and the one that I can agree  
3 with -- she wants a private room. Anyway, her care  
4 is just marvelous.

5 The other thing, I am a board  
6 member of the hospital board -- vice-president of  
7 the hospital board. And we're just really looking  
8 forward and hoping to get this new facility, because  
9 we need it bad. We've just outgrown.

10 The other is, I'm associated  
11 with -- or started an assisted living home here in  
12 Wrangell in '96, I believe it was. And it's still  
13 going. My daughter is the administrator. And the  
14 hospital and our assisted living home have meshed  
15 and worked very well together. We happen to have --  
16 most of ours are younger people that have -- well,  
17 like traumatic brain injury and some other things.  
18 And anyway, we just -- the hospital works well with  
19 us, and we try to work well with the hospital.

20 Then, my husband and I have both  
21 been patients, you know, in the last few years; him  
22 fairly often. He's got a heart condition and stuff,  
23 so . . .

24 Our nurses, our staff is just  
25 remarkable, but some of them going to be retiring.

1 We worry about that.

2 But I hope we can get a new  
3 hospital.

4 MS. LAWFER: All right. Thank you.

5 MS. CURTIS: I'll be next.

6 MS. LAWFER: Okay.

7

8 PUBLIC TESTIMONY BY ANNA CURTIS

9

10 MS. CURTIS: My name's Anna Curtis.  
11 A-N-N-A, Curtis, C-U-R-T-I-S. I'm the current  
12 director of nursing at Wrangell Medical Center.

13 I know many people have already  
14 spoken to the fact that we're outgrowing our  
15 building -- servicewise, long-term-carewise,  
16 acute-carewise. All true. I've been in Wrangell  
17 for seven months, and over these last seven months,  
18 several times I have had to say to referring  
19 facilities that we just don't have a bed available,  
20 be it because of the mix that Janet spoke of, or  
21 just not having the physical space. So, yes, we do  
22 need space.

23 I know that Janet spoke to the  
24 concern she had about providing adequate staffing  
25 for a bigger facility and a higher census. I am

1 planning on nursing staff retiring over the next  
2 couple of years. And we do have recruiting efforts  
3 in progress, and I'm pretty confident that we'd be  
4 able to find the staff. I know that not everyone  
5 wants to come and work in a critical-access hospital  
6 in Small Town, Alaska, but there are a certain  
7 percentage of nurses that do. And we've been  
8 invited to come up to Anchorage in March for their  
9 graduating class, and it sounds like they have some  
10 interest already. So I'm pretty confident. Okay.  
11 Thank you.

12 MS. LAWFER: Thank you.

13  
14 PUBLIC TESTIMONY BY OLINDA WHITE

15  
16 MS. WHITE: Olinda white. I'm the  
17 CFO at the hospital. O-L-I-N-D-A W-H-I-T-E.

18 Basically, I just want to reiterate  
19 what everybody else has said, that the long-term  
20 care has been full for the last couple of years,  
21 most of the time. We've had to turn people away.  
22 We've even had the acute-care hospital so full that,  
23 a couple times in the last year, we've had to send  
24 people out that needed to be hospitalized, that we  
25 couldn't put them in the hospital.

1 I really feel it's very, very  
2 important for these people to have private rooms.  
3 We have a number of senior citizens in the community  
4 that are trying to get care in their home because  
5 they do not want to have to share a room with  
6 someone else. And that if we had some place for  
7 them that was more private, and so they could live  
8 the way they're used to living, they would be in our  
9 facility.

10 I don't really think we'll have  
11 trouble filling 20 beds. I think we'll have more  
12 people than we need, because we do have an aging  
13 population. And it's due to -- you know, if you  
14 look at all the census reports and everything, it's  
15 going up.

16 I can remember when I started in  
17 '91, when I would do -- I do Medicare logs, and  
18 they'd be 20 lines long for a month or 28 lines; and  
19 now they're 100 lines or 140 lines long. You know,  
20 the population is getting older, and that population  
21 really increases. And they are the ones that will  
22 be using the long-term care facility.

23 MS. LAWFER: Thank you.

24 Do I have anybody else who would  
25 like to --

1 MR. REA: I will.

2 MS. LAWFER: Okay.

3 MR. REA: I figured I'd wait till  
4 the end, since -- you know.

5 MS. LAWFER: Okay.

6

7 PUBLIC TESTIMONY BY NOEL REA

8

9 MR. REA: Noel Rea, Administrator  
10 for Wrangell Medical Center. N-O-E-L R-E-A. I  
11 mixed bullet points I was noting, obviously echoing  
12 what everybody had, previous to me.

13 I think, you know, when we talk  
14 about patient mix, you know, with 14 long-term care  
15 beds, if we don't get a male with a male or female  
16 to female -- but also behavioral health issues that  
17 I think don't get enough attention as an issue, that  
18 we have to keep people safe. Even if we have enough  
19 females that match up, if we have one that doesn't  
20 match up, and we leave a room empty, that's about 8  
21 percent of our revenue for our long-term care  
22 component of the hospital, which is a huge financial  
23 impact. With private rooms, we can alleviate that  
24 concern.

25 Obviously, we all know the

1 quality-of-life issues with having your own privacy,  
2 but just keeping the business going is important  
3 enough that, with the current facility, that runs  
4 into a problem, especially with the rate system that  
5 the state has currently.

6 We do coordinate well with the  
7 assisted living programs here in Wrangell. There's  
8 the Bjorge House. There's only one other open,  
9 which is actually trying to close. So the hospital  
10 becomes even more important in that role.

11 The -- we all know about the Silver  
12 Tsunami that happens in 2011 as the baby boomers all  
13 go into Medicare. And the senior population, I  
14 think, is expected to triple in 15 years, I think,  
15 is the figure. So, you know, a growth of maybe, you  
16 know, six beds is a pretty modest growth for what  
17 we're going to need. But when we design the  
18 hospital, it obviously will be designed such that,  
19 as the demand grows, we'll be able to add those  
20 beds, if the community and the market, you know,  
21 requires us to do that in the future.

22 The population currently is growing  
23 the last couple years. I think the last data I saw,  
24 we're a little over 2,200, and it's grown by 30 or  
25 so in the last couple years. So I think, you know,



1 the town is on a slow -- but certainly on an uptick  
2 going forward.

3 And I think, you know -- I guess  
4 one other item: As in a -- you talked about -- a  
5 number of people have highlighted this, the  
6 challenges of the building, and doing what we want  
7 to do. You know, we have probably, if not the best,  
8 probably the -- I don't know. I can't think of a  
9 better skilled nursing group in the state.

10 And the things that we can do in  
11 this hospital, when you bring people in from other  
12 towns or other states, you get nurses from other  
13 locations, the services that we do in our hospital  
14 are amazing, as far as the scope. And we do  
15 surgeries, we do echos, we do lots of different  
16 things, but we're limited by our building size.  
17 That really impacts us.

18 And you saw with the census, the  
19 way it was today, you know, we're fortunate that it  
20 wasn't when we do one of our surgery weeks, where we  
21 then would be doing surgeries and have to have a  
22 recovery room and have to have a prep room.

23 with the additional beds and the  
24 right size treatment room, right size procedure  
25 room, surgery suite, we'd be able to do more. And

1 the whole goal of the medical center is to do more  
2 at home, so we're not wasting healthcare dollars on  
3 plane rides and hotel stays when we can do stuff  
4 here.

5 Case in point: With bringing on CT  
6 services, we did our own data analysis, and we found  
7 that approximately a dozen medevacs that year were  
8 just to have a CT to rule out, and then they came  
9 home. So they got tens of thousands of dollars in  
10 medevacs to go to Ketchikan just to get the CT, and  
11 told, "Okay. You go ahead and get on the ferry,"  
12 the next day or in two or three days to go home. A  
13 tremendous waste of resources. But if we can do it  
14 here, then we can -- you know, the staff can do the  
15 technology we have.

16 So I think that's it. Scattered  
17 points, but just points that I thought needed to be  
18 made.

19 MS. LAWFER: Thank you.

20 Do I have anybody else who would  
21 like to speak? If not, I am going to -- I'm just  
22 going to go off the record right now. If anybody  
23 else comes, I will turn the recorder back on, and we  
24 will take it.

25 As I stated earlier, this is not a

1 meeting. I will not take it as an affront. It was  
2 very nice to meet all of you people. But I will not  
3 be upset or take it as any sort of disregard if you  
4 were to leave me now. That would be quite all  
5 right. So . . .

6 MS. CAMPBELL: We could watch the  
7 Olympics, watch the men's skating.

8 MS. LAWFER: I would suggest that  
9 you do that. I really do.

10 MS. CAMPBELL: I actually -- I'm  
11 going to Seattle next week, and two of my daughters  
12 and two of my granddaughters -- is that turned off  
13 now?

14 UNIDENTIFIED SPEAKER: No.

15 MS. CAMPBELL: Oh, thanks. I'll  
16 just give her my travel --

17 UNIDENTIFIED SPEAKER: The  
18 transcriptionist will have a good time.

19 MS. LAWFER: Yeah.

20 MS. CAMPBELL: -- are going up to  
21 Vancouver. And today I checked on the cost of  
22 figure skating tickets, because they happen to be  
23 having the women's free skate. The least expensive  
24 ticket I could find was \$545. So we'll be watching  
25 that on television also.

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1 MS. LAWFER: Uh-huh. Yeah.

2 MS. CAMPBELL: Thank you for coming  
3 down to meet us.

4 MS. LAWFER: Well, thank you. It's  
5 very nice to meet you -- Lynne, right?

6 MS. CAMPBELL: Lynne. Uh-huh.

7 MS. LAWFER: Yes.

8 MS. CAMPBELL: Did you see your  
9 friend?

10 MS. LAWFER: I did. One second.  
11 I'm going to shut off --

12 MS. CAMPBELL: I thought you had.

13 MS. LAWFER: I will. We will go  
14 back on the tape if there are any other people that  
15 show up.

16 (Off record.)

17 MS. LAWFER: Okay. We're going  
18 back on the record. This is regarding the  
19 Certificate of Need application for Wrangell Medical  
20 Center. It is February 18th, and it is  
21 approximately 8:10.

22 Sir, you may proceed.

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PUBLIC TESTIMONY BY DON MCCONACHIE

MR. MCCONACHIE: My name is Don  
McConachie, D-O-N M-C-C-O-N-A-C-H-I-E.

I'm just representing myself here,  
because I do happen to have a family member that is  
in -- well, I'm not going to call him a resident of  
long-term care just yet, but he is in the long-term  
care facility and recovering from an operation.  
It's not determined yet as to whether he is going to  
become a permanent resident there, or whether he  
will go home for a period of time and then go back.

But at any rate, the gentleman is  
81 years old. He has lived on his own his entire  
life. He's never been married. He's never shared  
facilities with anyone. And that's one thing that  
concerns me. Right now he is in a room, a shared  
room, with another gentleman, an elderly gentleman.

And just by way of explaining why I  
think a long-term care facility should be something  
that is subject to a little bit more privacy, namely  
because a lot of these people are sickly. They have  
developed different habits over the years, and those  
habits that they have developed are life-long habits  
and are things that he probably will not change.

1 And that being said, I don't think necessarily  
2 having two people in the same room, their same form  
3 of habits will be compatible with each other, and it  
4 makes for a hard time for both of them, for both  
5 residents.

6 The other thing is, a lot of these  
7 people have elderly relatives that go to visit. And  
8 I'm going to tell you a story that may or may not be  
9 suitable for your thing. But my relative happens to  
10 have a brother who is 78 years old, poor of hearing  
11 and all that sort of stuff. Went in to visit his  
12 brother, assuming that he was in a single room.  
13 Came to the first bed and started to talk to the  
14 gentleman that was in that bed, assuming that it was  
15 his brother. He asked him how his trip was back to  
16 the hospital. He says, "I wasn't on any trip." And  
17 he started arguing with him. "Yes, you were," you  
18 know. And he says, "I've been here for three  
19 years." And he says, "No, no. You just got here  
20 today."

21 well, he had absolutely no idea  
22 that he was talking to the wrong person until this  
23 guy happened to roll over in bed and look at him,  
24 and, "Oh, my goodness." He just assumed that it was  
25 one person in the bed, you know.

1                   Now, it's kind of a funny story,  
2                   and we all laughed about it as a family. But if you  
3                   take a look at it in a different vein, it's -- it  
4                   was quite embarrassing for him, you know. And he  
5                   apologized to the gentleman and moved on and found  
6                   out where his brother was.

7                   So I -- that's -- that's just  
8                   another good reason of having, you know, single  
9                   rooms. And then especially if -- oh, this is really  
10                  hard to say -- you are in an end-of-life situation.  
11                  You are in an atmosphere where a person is -- or may  
12                  have the end of their life in that facility. And I  
13                  think that the privacy gives way to a little bit  
14                  more respect for that eventuality to happen. And I  
15                  think that's all I got to say.

16                  MS. LAWFER: well, I thank you very  
17                  much.

18                  And I will -- I can actually move  
19                  the microphone, so -- I've got enough cord. Okay.  
20                  You don't have to speak right into it, but just  
21                  close.

22

23                               PUBLIC TESTIMONY BY WILMA STOKES

24

25                               MS. STOKES: Okay. Wilma Stokes.

1 I'm a lifelong person in Wrangell, Alaska. My  
2 husband was born and raised here.

3 And I'm going to speak towards my  
4 husband's care at the medical center. He claims  
5 that it's his second home, since he's been in and  
6 out, in and out, in and out. So, consequently, in  
7 this last stay -- this is going to sound strange --  
8 we've changed rooms three times. He's been moved  
9 three times. Number one, he was in a room, and then  
10 this gentleman -- we need -- we need more space. We  
11 need more rooms, let's put it that way. That they  
12 would have rooms that -- for single people to go  
13 ahead instead of double.

14 Because we were getting two more  
15 women that were coming in, so they had to move him,  
16 my husband, there. And the room was small. So the  
17 gentleman that comes in to room with him is a  
18 300-plus man. All right. Here's this room, and  
19 here's my husband over here. Here's this gentleman  
20 right here, and I know he's aching, and I know that  
21 he is deaf by the way he speaks.

22 So he gets out, and he has this leg  
23 that's -- he can't walk on. It's been -- you know,  
24 it needs -- he needs care here. So he turns around,  
25 and he gets up on this chair, this wheelchair, and



1 because he's 375 pounds, he -- because he told me  
2 that himself -- he gets into this wheelchair, and he  
3 only can get out on the side that he has a good leg.  
4 So he gets into the wheelchair, and the wheelchair  
5 is there right by the sink. Here's the sink. Here  
6 we go.

7 I get there to help my husband, and  
8 he's sitting there, and I can't -- I can't get  
9 around in that room even to get my husband's false  
10 teeth over here at this end of the sink, because  
11 this gentleman has all of the space. And they move  
12 out furniture to try to make more space.

13 well, we ended up having to, like I  
14 say, play musical chairs, but it's musical rooms.  
15 Because the call is we're going to get two women, so  
16 now we have to change rooms. Okay. And that's  
17 true. And then we're going to get these two men,  
18 and so we're now moving around, you know. And three  
19 different times, we've had different -- different  
20 rooms.

21 Now this is -- this is not the  
22 first time this has occurred, but this is the first  
23 time that I've had to do strange things to get my  
24 husband's -- what he needed. And then let alone  
25 being, you know, with people -- two people that are

1 deaf. And it's so loud. It becomes loud, because  
2 this fellow doesn't wear a hearing aid. My husband  
3 wears a hearing aid, and he can hear me. And my  
4 husband's 85 years old, okay? And I'm think, "Oh,  
5 my word. What else can happen?"

6 We need a new center where we can  
7 have single rooms if needed. And he -- you know,  
8 we're looking -- he's not in long-term care; not  
9 yet. And I don't intend to have him put in  
10 long-term care, as long as we can keep him at home.  
11 And it's not because of the care that they're  
12 getting; it's just that we're so tight. It's such a  
13 tight place to be. And that's my own experience  
14 with him.

15 I've been in the hospital myself,  
16 but I've never -- there are some -- several rooms  
17 set aside for other patients that need critical  
18 care, and that's -- that's understood. So I've been  
19 in all of -- I think from room one all the way down  
20 the line, except at the end.

21 MS. LAWFER: All right. Well,  
22 thank you -- Mrs. Stokes, right?

23 MS. STOKES: That's right.

24 MS. LAWFER: And did you sign in?

25 MS. STOKES: Yes, I did.

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1 MS. LAWFER: Okay.

2 MS. STOKES: Yes, I did.

3 MS. LAWFER: And we have another  
4 gentleman --

5 MR. MAXAND: Oh, I was going to  
6 speak. I wrote down Wrangell Borough Assembly, but  
7 my -- is it okay to have a borough member from the  
8 city?

9 MS. LAWFER: Sure. Sure.

10 MR. MAXAND: All right.

11 MS. LAWFER: Okay.

12 MR. MAXAND: I realized that I  
13 didn't know if I had to follow some protocol  
14 or . . .

15 UNIDENTIFIED SPEAKER: Well, you  
16 probably are, but go ahead. Just no profanity.

17 MS. LAWFER: I'm just going to put  
18 this -- I'm going to put that in close proximity to  
19 you. If you could just state your name and then  
20 spell your name.

21

22 PUBLIC TESTIMONY OF JEREMY MAXAND

23

24 MR. MAXAND: Jeremy Maxand,

25 J-E-R-E-M-Y M-A-X-A-N-D.

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1 MS. LAWFER: All right. And you  
2 may proceed, sir.

3 MR. MAXAND: Excellent. All right.  
4 Well, I am going to speak on behalf -- in favor of  
5 the project for the Borough of Wrangell.

6 And, let's see. I was born and  
7 raised here, born in Wrangell Medical Center. I  
8 actually spent my first couple of days in the -- now  
9 what's called the library. And my mom has worked  
10 there for like 36, 38 years now as a nurse. I grew  
11 up a block away from the Wrangell Medical Center,  
12 played outside the Medical Wrangell Medical Center  
13 growing up. I spent many evenings over there,  
14 running around, as a kid. Let's see.

15 We -- you know, we need a new  
16 hospital and a new nursing home desperately. It's  
17 40-plus years old. They've done a really good job  
18 of keeping it maintained, extending the life of it  
19 as much as possible, but it's no longer meeting the  
20 needs for all the modern technology that's  
21 available. It's not meeting the needs for the  
22 number of folks in our community that need long-term  
23 care. So we definitely need more beds.

24 And it definitely -- you know, if  
25 we're really going to look for the long term,

1 reducing the cost of healthcare, increasing the  
2 quality of patient care, we need to be able to take  
3 advantage of all of the wonderful developments that  
4 have happened in medicine. And that not only means  
5 the latest antibiotics and the this and the that,  
6 but it also means actual design of a medical  
7 facility and the thought that goes into the layout  
8 and the engineering and the environmental elements  
9 of a medical facility.

10 And you can't get that in  
11 remodeling or renovating a 40-year-old building; you  
12 have to build from the ground up. And this is the  
13 perfect opportunity to do it, it's the perfect time  
14 to do it, and we have a real need to do it. And so  
15 I think we just need to do it. And, you know,  
16 hopefully the state supports the Certificate of Need  
17 and approves that, and we can get on our merry way  
18 and get a new facility built.

19 So that's it. Thank you.

20 MS. LAWFER: Thank you.

21 I am going back off the record now.

22

23

END OF RECORDING

24

25

