

STATE OF ALASKA  
DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
PUBLIC HEARING

Regarding:  
Certificate of Need Application for  
Providence Wesley Long-Term Care Center

November 16, 2006  
Seward, Alaska

Hearing Conducted By:  
George Ives  
David Pierce

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PROCEEDINGS

TAPE 1

SIDE A

OPENING REMARKS BY GEORGE IVES

MR. IVES: Good evening. It is 5:00, and I believe I'm starting (indiscernible) on time. We are here this evening at the public hearing for the City of Seward long-term care facility. I've been brought in by David Pierce -- my colleague, who runs the Certificate of Need program -- as an impartial person because I do not run this program.

It is November 16th, and this is the designated time for the presentation for the facility for this community and for public comment on it.

And I gather all of you are here to do that. I would urge you, if you have not signed in on the roster, please do with your name and, I believe, e-mail address. Okay. And I hope we have enough chairs. When I saw this this afternoon, I thought, "Oh, my goodness. Not very many chairs."

MR. PIERCE: I'll go get more if need be.

MR. IVES: Okay. No problem.

We had a chance -- David and I had a

1 chance to tour the old facility, and I can  
2 definitely see that you are in desperate need of a  
3 new long-term care facility. And we have Kathy  
4 Kloster, who is the administrator for the Providence  
5 Seward Medical Center, here this evening to do a  
6 presentation for you.

7 And I'd better introduce myself. I'm  
8 George Ives. I work in the Office of the  
9 Commissioner with David. And, again, I'm the  
10 impartial person that will be, basically, conducting  
11 this meeting. We will conduct this meeting from now  
12 until 6:30, is it, and at that time, we'll close the  
13 meeting for all public comment.

14 The meeting is being recorded on two  
15 recorders so we can take minutes on this and it can  
16 be recorded. And your testimony is valuable and  
17 needed on this project.

18 So without any further ado, let me  
19 introduce Kathy Kloster as the presenter for the  
20 facility.

21 MS. KLOSTER: Thank you all for coming here.  
22 I really appreciate (indiscernible) for coming out  
23 to this really important project.

24 I have a couple of co-presenters that I  
25 want to ask to speak first, and this is Kris

1 Erchinger and Tom Shepard, and they've been working  
2 with us on this project since the beginning. And so  
3 we are all going to talk.

4

5 PRESENTATION BY KRISTIN ERCHINGER

6

7 MS. ERCHINGER: I'm talking in favor of the  
8 project on behalf of the City of Seward and just  
9 giving you a little bit of background of why it is  
10 that the City of Seward is in the long-term care  
11 business.

12

13 The City of Seward entered into a  
14 lease-operating agreement with Providence to operate  
15 the hospital in Seward, I believe, in 1996. And at  
16 that time, Providence was actually going to just be  
17 leasing the soon-to-be-built new hospital from the  
18 city.

19

20 The city had been operating Seward  
21 General Hospital, and at that time -- actually, it  
22 was run by the community hospital board, but the  
23 hospital was losing upwards of half a million  
24 dollars a year. And that was a burden that would  
25 fall to the taxpayers if the facility could not make  
26 money. So the city decided to tear down the old  
27 hospital, build a new hospital, and contract with

1 Providence to come in and run the hospital.

2 So the voters of Seward approved a  
3 one-cent sales tax in 1996 to construct the new  
4 facility. And then in 1998, the new facility was  
5 opened, and Providence began managing it on behalf  
6 of the city.

7 A few short years later, in the year  
8 2002, there began to be some financial problems at  
9 what has been Wesley Rehabilitation and Care Center,  
10 which was owned and operated by the Women's Division  
11 of Global Ministries of the United Methodist Church.  
12 And that facility started having, for the first  
13 time -- that I'm aware of, anyway -- in its history,  
14 significant financial challenges as well.

15 So the -- at the same time, the federal  
16 surveyors came in to do a survey of the facility,  
17 and it was decided that some very serious action was  
18 going to have to take place to either close the  
19 facility or figure another way to keep the doors to  
20 the facility open. And that's the first point in  
21 time when the city got involved in long-term care.

22 The State of Alaska intervened, with the  
23 feds, and said, "This facility is very important to  
24 the state of Alaska. It serves a niche population  
25 of patients, and we'd like to see if we can figure

1 out a way to keep the facility open."

2 So the state hired an independent  
3 contractor to come up from, I believe, Oregon. And  
4 at the end of that gentleman's stay in Alaska --  
5 which I think was about six months -- his ultimate  
6 recommendation to the state was that the only way  
7 that he could see that the long-term care facility  
8 could financially remain open and operationally  
9 remain open was if there was some sort of  
10 co-location of the hospital and long-term care  
11 facility.

12 And one of the major issues, aside from  
13 financial issues, was the inability to keep the  
14 adequate number of nurses on staff in Seward.

15 So the state -- the gentleman that was  
16 contracted by the state to try to come up with a  
17 plan to keep the facility open, came to the city and  
18 said, "would the city be willing to get involved as  
19 kind of the partner with both the Wesley facility  
20 and Providence to figure out how to co-locate these  
21 two entities?"

22 The beauty of co-location wasn't only  
23 that we could keep the long-term care facility  
24 going, but also that through cost efficiencies;  
25 eliminating duplicate administration; duplicate,



1 maybe, monitoring and dietary -- some of the  
2 operational things, that you could save substantial  
3 costs and make both facilities actually viable  
4 financially.

5 So we -- the city, at that point, had  
6 significant public input on whether or not to  
7 co-locate. And it was, for most of you in the room  
8 that remember, a pretty painful time for the  
9 community, because it was a time of significant  
10 change.

11 Ultimately, we all decided to keep our  
12 fingers crossed and pray that co-location would work  
13 for Seward. And, in fact, we co-located in 2003,  
14 and Providence began operating, on the city's  
15 behalf, both facilities in the co-located status.

16 Since that time, the facility actually  
17 has been able to, on the whole, operate in the black  
18 for the first time in years. And that is something  
19 that really benefits the residents of Seward,  
20 because we're able to have 24-hour emergency room  
21 coverage, which we might not otherwise have if the  
22 hospital were to lose money.

23 Either that or we would have to raise  
24 taxes to try to come up with the difference, because  
25 the taxes that we are currently paying are going

1 towards debt service on the construction of the  
2 building.

3 So that's how we got into the long-term  
4 care business. And, essentially, if we didn't have  
5 a long-term care facility in Seward that could be  
6 co-located with our hospital, it is doubtful that  
7 Seward would be able to maintain its level of  
8 healthcare services that we have today, even at the  
9 hospital.

10 So it is important to not only maintain  
11 the financial viability of the long-term care  
12 facility, but also the hospital that we have the  
13 long-term care facility co-located with in Seward.  
14 And that, in turn, has a significant impact on the  
15 quality of healthcare services that we can offer in  
16 Seward.

17 So I'm really here just to speak a little  
18 bit about the history and why we're here and why it  
19 is that the community has gotten behind this project  
20 so significantly to forward a project like what is  
21 being proposed.

22 Kathy is going to talk for a few minutes  
23 about the project itself and how it differs,  
24 obviously, from the operations at the hospital  
25 today. So thank you.

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PRESENTATION BY KATHY KLOSTER

MS. KLOSTER: Thank you, Chris. I appreciate that little background.

It is mostly (indiscernible), as George said and as Chris said, that the Wesley building is tired. It has served its time. It is frail. And sometimes I just think that the only thing that really holds that building together is the loving care the staff up there takes of the residents -- of the people who live there.

For the past decade, you know, major systems have been -- we've been holding major systems together, like the electrical system. It's a dedicated maintenance staff that has worked very hard to keep that building going as we work through this project.

In 2002, architectural assessments had pronounced the Wesley facility and system to be antiquated, ineffective, and held together primarily by a dedicated maintenance staff.

The thing that -- you know, that certainly is a concern. The next thing that is of concern is the model of care this building dictates.

1 It's an institutional model of care that is very  
2 outdated. The hallways are long and narrow. The  
3 bathrooms are not accessible. Three people -- two  
4 to three people live -- potentially live to a  
5 bedroom, and four people potentially use the same  
6 bathroom. That is not a dignified way for people to  
7 live.

8 And so we all know that it is being  
9 (indiscernible), but I have to go over this to kind  
10 of talk about this. The bedrooms are small,  
11 crowded. They're designed for two or three people,  
12 like I said.

13 So as we started thinking about this  
14 project, we thought, what is it that we wanted?  
15 what is it -- we no longer -- we're in a different  
16 era of long-term care. And it's not about  
17 institutional care anymore. It's not about  
18 (indiscernible).

19 Now it's about living life well in a  
20 habilitated kind of setting, with relationships  
21 being very important. Certainly the care occurs,  
22 but the care isn't the very foremost of what we're  
23 trying to do. What we're trying to do is create an  
24 environment where people live well, and they live  
25 life well. And even though they're (indiscernible)

1 like that, that's what we're -- what we want to  
2 create.

3 As we all started thinking about this, it  
4 seems that there is a model of care called the Green  
5 House Care that has -- that we went to some classes,  
6 bought their manual.

7 Debra Jones and I (indiscernible) went to  
8 some classes and a conference. And we said, "Gee,  
9 this is what we're looking for," because what this  
10 is -- why this is so different, is that we're not --  
11 we don't have 40 people in one big building,  
12 institutional kind of building. We are creating  
13 four bedrooms -- not bedrooms -- four homes.

14 And the four homes will have 10 people  
15 apiece; but each person will have their own bedroom,  
16 they'll have their own bathroom, they'll have their  
17 own shower. And the bedrooms are around a common  
18 area, better than bedrooms where the kitchen will be  
19 down at the long end of the hallway. So the people  
20 can live in this bedroom, can see the activity of  
21 the (indiscernible) or the kitchen area, and the  
22 distances are shorter. So they can come and  
23 participate in the activities of the home.

24 So we aren't creating artificial kinds of  
25 activities for people; what we're doing is, we're

1 making the activities of daily living be  
2 (indiscernible) what people want to -- the  
3 activities that they do normally every day so that  
4 it is a normal (indiscernible).

5 So we've worked through this project over  
6 the last year. We've been working with the  
7 architects. We've been talking about this. We've  
8 actually gone to Tupelo, Mississippi, where the  
9 Green Houses are built and are in operation. There  
10 are 12 homes down there.

11 We believe that this is the way to bring  
12 long-term care to Seward, Alaska. It is a  
13 respectful, humane thing to do.

14 So anyway (indiscernible). This is the  
15 floor plan of the homes themselves. This is a -- we  
16 call it a (indiscernible). Here is -- if you get  
17 the chance, come up and look at this -- this is the  
18 interior of what a typical Green House looks like.

19 We also have planned a common building.  
20 We're building four homes, and then the common  
21 building, which will house the administration area,  
22 but it will also house the new physical therapy  
23 area. And so physical therapy will be  
24 (indiscernible) hospital out to the long-term care  
25 (indiscernible). And that will be (indiscernible).

1                   This is a rendering of the  
2                   (indiscernible), because the Green House  
3                   (indiscernible) aren't as important as the indoor  
4                   spaces. And in the meantime, people who live in a  
5                   long-term care building are not able to be outside,  
6                   because it's just too difficult. And there aren't  
7                   planned spaces for people to be out in. And in  
8                   Green Houses, what we've planned are lots of open  
9                   windows to outdoor spaces (indiscernible) access for  
10                  residents to go outdoors.

11                  There are also plans -- of course, this  
12                  is Seward. We've planned heated areas out there so  
13                  the snow and ice can be removed easily. And we've  
14                  planned so that, you know, (indiscernible) lose  
15                  people who might be lost -- get lost easily. So  
16                  we've planned a nice (indiscernible) that area.

17                  Thank you again for coming out tonight.  
18                  (Indiscernible) and I appreciate your time.

19                  MR. IVES: All of you who have come in a  
20                  little bit late, would you please sign in. We're  
21                  keeping a running roster here (indiscernible).

22                  Okay. Kathy, are we ready for --

23                  MS. KLOSTER: Oh. I'm sorry. We are ready  
24                  for --

25                  MR. IVES: -- open mic?

1 MS. KLOSTER: I was thinking that Tom was  
2 going to speak, but I realized that I  
3 (indiscernible). We had already planned that he  
4 wasn't going to -- are you going to (indiscernible),  
5 Tom?

6 MR. SHEPARD: No, I (indiscernible). My name  
7 is Tom Shepard --

8 MR. IVES: I didn't want to leave you out.  
9 (Indiscernible - simultaneous speech)

10

11 PRESENTATION BY TOM SHEPARD

12

13 MR. SHEPARD: I'm Tom Shepard. I'm the  
14 project manager for this facility, the long-term  
15 care. And, basically, I'm here -- if anything  
16 technical comes up regarding the project, I'm here  
17 to address any questions or answer the best I can.  
18 So I'll leave it at that.

19 Kathy's over there. She spoke to -- this  
20 is more of an operational-type meeting, and she's  
21 addressed a lot of those issues, so, you know,  
22 (indiscernible).

23 MR. IVES: Okay. Well, thank you.

24 Okay. I'd like to open it up for public  
25 comment now. So it's your time to -- David?



1 MR. PIERCE: Yeah. If you want to take those  
2 sign-in sheets and kind of read off those and --

3 MR. IVES: Oh, sure.

4 MR. PIERCE: -- just take them one at a time.

5 MR. IVES: All right. Well, we have more  
6 people coming in.

7 We have a Dana Paperman?

8 MS. PAPERMAN: Paperman.

9 MR. IVES: Oh, Paperman. Carolyn Pinnick.

10 MS. PINNICK: Yes.

11 MR. IVES: We have Tom Shepard.

12 MR. SHEPARD: (Indiscernible).

13 MR. IVES: Okay. Keith Campbell.

14 MR. PIERCE: There should be -- they should  
15 have checked whether they want to speak or not.

16 MR. IVES: Oh, okay.

17 MR. PIERCE: So just call one --

18 MR. IVES: Most of these are saying yes.

19 MR. PIERCE: Yeah.

20 MR. IVES: Okay. I'll just read those.

21 MR. PIERCE: Just start (indiscernible).

22 MS. KLOSTER: Just read the first one.

23 MR. IVES: Okay. All right.

24 Go ahead.

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TESTIMONY OF DANA PAPERMAN

MS. PAPERMAN: Thank you for the opportunity to share my personal testimony on long-term care, not so much in Seward, but all across the nation.

One of the hardest things I've had to do in my lifetime is visit my mother for the first time in a care center. I might get emotional. Excuse me. I was unable to help in this process, because I was due with my son. When he turned 6 weeks, I was able to visit her at the care center that my siblings chose for my mother for protecting her dignity and her integrity.

When we drove up to that care center, it was so beautiful. It was in a residential neighborhood, surrounding gardens, appropriate parking. It was just beautiful. It was close to my sister and brother's house, to all my mother's grandchildren, which was so important to have access to mom; and for mom to have access to us.

I was astounded when I walked in the door and the staff and volunteers were so warm and welcoming. And it was a few steps to my mom's room

1 from that front door. I appreciated that, that  
2 proximate setting, that intimate setting for my mom,  
3 which she had created for all of her children in the  
4 home that she brought us up in.

5 I knew my mom was in the right center  
6 when I had that good feeling about the staff, and  
7 also that intimate setting. I knew that she was  
8 happy there, and she was -- when I finally reached  
9 her room and embraced her, I could sense the comfort  
10 that she had being in the home, and also what a  
11 humbling experience it was for her, as well as I, of  
12 finding resolution and having to be in long-term  
13 care.

14 Her room was laid out with her own  
15 bathroom and shower. She was able to take her Lazy  
16 Boy of 10 years and her bookcase and her phone  
17 table, which had all of her letter-writing materials  
18 on it, which she never used when she was placed in a  
19 long-term care center. But that was her intimate  
20 space, and we were able to move that into the care  
21 center. It was very important.

22 Dining services and bingo were close to  
23 her room where she was able to walk, and so she  
24 didn't need assistance in her daily activitying  
25 [sic] -- daily activity -- I don't know if I'm

1 saying this right -- her daily living activities.  
2 I'm kind of fumbling around, but you know what I  
3 mean.

4 And that was really important for my mom,  
5 because she never wanted to bother anyone. She  
6 wanted to be independent. She wanted to take care  
7 of herself. But we know, due to certain  
8 circumstances, that they aren't able to do that.  
9 Families aren't able to do that, where, you know, we  
10 do have to place our loved ones and family in  
11 long-term care.

12 My nephews volunteer at the care center  
13 twice a week calling bingo because they were close  
14 to the care center, and there was such a friendly,  
15 fresh feeling in there that they weren't intimidated  
16 or scared by being in that care center. They  
17 weren't worried about getting lost down the  
18 hallways, or taking the wrong turn and ending up in  
19 so-and-so's room and not in mom's.

20 So they really -- they were a good  
21 example for me to witness that this was a really  
22 fine place for mom to live, because of, you know  
23 their age -- they were 12 and 14 -- and how they  
24 always looked forward to, after school, walking to  
25 the care center and calling bingo. That was very

1 important for the family.

2 Intimate, beautiful, and welcoming is  
3 what I witnessed when I watched the video "The Green  
4 House Project," and that's what I want to see here  
5 in Seward.

6 As you probably all know, I work in  
7 senior services here in Seward. I personally have  
8 witnessed seniors leaving the community to find  
9 appropriate long-term care. I have personally  
10 witnessed seniors saying, "I will die at Providence  
11 Hospital before they put me in Wesley Care Center."  
12 I mean, what (indiscernible) is that?

13 I moved here to live my life out here in  
14 Seward, and I want to see that in place by the time  
15 I get there and not see me in a hospital bed. I  
16 know Medicare's only going to pay 62 days of  
17 hospital beds, so I'll be forced into another  
18 situation.

19 It's really important that we protect  
20 everyone's dignity: the senior, the disabled, the  
21 family member that has to be placed in long-term  
22 care. And the Green House Project supports  
23 protecting the dignity of all citizens across the  
24 nation.

25 Thanks for your time.

1 MR. IVES: Thank you. Carolyn? Carolyn  
2 Pinnick is next.

3

4

TESTIMONY OF CAROLYN PINNICK

5

6 MS. PINNICK: When Kathy asked me if I would  
7 come forward tonight, I was kind of hesitant,  
8 because I'm not a speaker. But I sat down last  
9 night, and I picked up my pen, and this is what came  
10 out.

11

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Let us pretend for a moment. Tomorrow  
you're going to be put in a nursing home, so you  
begin to pack. First, your (indiscernible) kit,  
your favorite book of recipes, a bag of treats for  
Topper and his favorite toys, the TV guide, and a  
large bag of M&Ms you just opened. Then you hear,  
"No, you can't take these things, and Topper is  
going to live with grandchildren in Seattle." So  
your set of luggage becomes a cardboard box filled  
with personalized clothing.

21

22

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25

As you arrive, a lady escorts you down a  
long, bleak hallway lined with small, box-like rooms  
used as offices; but there are no people inside. At  
the end of the hall, the lady enters a code, opens a  
door, and another long hallway. The only

1 difference? It's longer.

2 First, to your room: a bed by the window  
3 and a small dresser. Your own room, just like home.  
4 Home. Where are the pictures of the children? The  
5 funny caricatures of the grandchildren? The wedding  
6 pictures? But you're home.

7 A walk down the hall takes you to a room  
8 lined with chairs, where people stare into space,  
9 lost in their own thoughts. No TV show going. No  
10 music playing. No card games. And no laughter.

11 How time flies. "We've got to get back  
12 to work." So a quick kiss on the cheek, "I love  
13 you. See you soon," and you are alone; but you are  
14 home. I'd like a cookie or a cup of tea, but  
15 instead you're brought a tray that has sufficient  
16 nutrition for your special diet, just like home.

17 My name is Carolyn Pinnick, and I am  
18 president of the Seward Healthcare Auxiliary. The  
19 purpose of our organization is to, one, provide  
20 volunteer services for the healthcare facility and  
21 patients; and, two, to promote community interest  
22 in, and an understanding of, the healthcare  
23 facilities through our good public relations.

24 I'm here tonight to express my personal  
25 opinion for the planned Green House facility.

1 Although I am not convinced the present chosen site  
2 is ideal; I am convinced a new facility is past due.

3 The scenario I read you may seem cold or  
4 funny, but for 60 years, it has been the first  
5 impression of many of our people.

6 The institutional atmosphere is a thing  
7 of the past. It's time Seward, Alaska, makes  
8 changes in a way that our elders are cared for. The  
9 present facility is not family-friendly, nor is it  
10 community-friendly.

11 Some day many of us will be residents in  
12 a facility. We want our treasures, our pictures,  
13 our hobbies, and our pets, as well as our families,  
14 to be a part of home. The present facility is a  
15 deterrent for people who want to visit. Locked  
16 doors protect the residents, but it keeps volunteers  
17 away.

18 At one point in my volunteering, I  
19 created a goodie bag: board games, cards, a new  
20 movie now and then, and microwave popcorn. The  
21 biggest hit you can imagine. On Friday nights, I'd  
22 take my bag, rain or shine, to the room that was  
23 filled with people waiting for me. We laughed and  
24 played and had a good time. Even an aide or a  
25 janitor might join us. But the security system was



1 installed, and it was no more popcorn because of  
2 diet restrictions. I quit going. But who suffered  
3 for it?

4 So I'm here to ask you to approve the CON  
5 and get the new facility built as soon as possible  
6 and allow our residents to feel like they are home.

7 Thank you.

8 MR. IVES: Thank you, Carolyn.

9 Our next person who would like to testify  
10 and give comment is Tom Shepard. Are you still  
11 here?

12 MR. SHEPARD: (Indiscernible).

13 MR. IVES: Oh, you're it. Okay. All right.  
14 Keith Campbell is next, then.

15

16 TESTIMONY OF KEITH CAMPBELL

17

18 MR. CAMPBELL: Hi. I'm Keith Campbell, and I  
19 have a little -- tremendous self-interest in this  
20 particular project. I was the hospital  
21 administrator here for 20 years, from 1971 to '91.  
22 And a couple of times during those years, it was  
23 very obvious, from my earliest year here, that  
24 co-location would be an obvious economic factor in  
25 this community to keep both institutions viable.

1                   However, the local politics being what  
2 they were -- and still are, probably, in this  
3 town -- I've been retired for 15 years -- but the  
4 fact is that it's self-evident on its face that you  
5 don't need an institution in a town this size -- you  
6 don't need two administrators, you don't need two  
7 kitchens, you don't need two laundries, you don't  
8 these kinds of things -- two purchasing agents, et  
9 cetera, et cetera. That's number one.

10                   Number two, when the hospital was doing  
11 well, the nursing home was doing bad, and the  
12 politics didn't mesh. Nobody wanted to pick up the  
13 bad -- bad portion, and vice versa.

14                   However, a couple times during those 20  
15 years, I was pressed into service as the  
16 administrator on an interim basis at Wesley. And I,  
17 from a budgetary standpoint, could look and see  
18 exactly what the cost of operating that old  
19 building -- it escalated over the years, in that  
20 20-year period of time, and it only could have  
21 gotten worse in the last 15 years.

22                   And I will say that I can't speak too  
23 highly for the care given there. In fact, the  
24 stability of the -- in both places, the hospital and  
25 the nursing home -- there are still employees there

1 that were there when I was there. So that speaks  
2 volumes for this community and the patient care that  
3 is rendered. And it can only get better as this  
4 project comes on line.

5 Economically, to have these institutions  
6 go away would be very, very (indiscernible) for this  
7 community because our public institutions are  
8 dependant on the private businesses doing well, and  
9 vice versa. The private businesses cannot entice  
10 new people, new jobs, anything, if you don't have  
11 the public institutions. I'm talking about the  
12 hospital, the city government, the school. They are  
13 totally interdependent, and you can't let one suffer  
14 against the other. So as an economic engine, these  
15 institutions are very, very important to this  
16 community.

17 Seward has always had health powers.  
18 It's exercised it as a whole new city. And it has  
19 exercised it over the years by having nonprofits and  
20 other people like the Wesley -- or the Women's  
21 Division of the Methodist Church operate these kinds  
22 of things for them.

23 But the health powers are here, they have  
24 exercised them in various ways, and this is just  
25 another -- this co-location is another iteration of

1 that -- those particular powers.

2 So I want to just reiterate that I'm  
3 1,000 percent behind this project, and the sooner  
4 the better, ladies and gentlemen.

5 MR. IVES: Thank you, Keith.

6 The next person is Lee Poleske, is it?  
7 Lee?

8 MR. PIERCE: Come on down.

9

10 TESTIMONY OF LEE POLESKE

11

12 MR. POLESKE: I'm Lee Poleske. Sort of  
13 different here: we've been talking about the long  
14 care. I would like to say a few word about the  
15 short-term care.

16 And I may be somewhat unique also that  
17 I've actually -- for a couple years, I was there. I  
18 was at Wesley for three or four weeks as a patient,  
19 resident, whatever you want to call it. I had an  
20 operation, and I -- I had an operation on my foot up  
21 in Anchorage.

22 After, I was well enough not to be in the  
23 hospital, but I wasn't well enough to get out on my  
24 own. And the doctors there at Providence in  
25 Anchorage said, "well, you know, we have an

1 assisted-care facility attached here in Anchorage,  
2 but we would prefer that you would go down to the  
3 care center there in Seward just because you would  
4 be home, close to your friends. It would be better  
5 for you."

6 And so they did work to see if there was  
7 a vacancy there and if I could get in there for a  
8 few weeks, which did work out. The care was  
9 excellent. The food was very good, which people  
10 don't always mention that benefit. It was  
11 excellent. And the staff was excellent. The  
12 building wasn't.

13 And unfortunately, we do need a new  
14 building. There is no doubt of that. They do  
15 tremendous care with what they've got. But I was  
16 just thinking, given the people that work there,  
17 with a great, new building like that, it would be  
18 even -- it would just be wonderful. Not that I'd  
19 necessarily want to go back or anything.

20 But I think it is important that we  
21 have -- I understand the long-term care, and I'm all  
22 for that, and I like this idea and everything. But  
23 I think -- one thing we sometimes forget, a lot of  
24 times, is, Wesley is a short-term care facility.

25 And, again, it is this whole idea that

1 you can be in Seward. It's easy for people to visit  
2 you, and depending on how mobile you are, you can  
3 get out and get around. So in that sense, for all  
4 those reasons, I think this is a good idea. And I'm  
5 all for it, and it's needed.

6 MR. IVES: Thank you, Lee.

7 MR. POLESKE: Yeah.

8 MR. IVES: The next person that I have here on  
9 the list who would like to speak to this long-term  
10 care facility is Debra Jones. Debra.

11 MS. JONES: Well, I knew if I didn't  
12 (indiscernible).

13 MR. IVES: Who, by the way, gave us a very  
14 nice tour of the (indiscernible) facility and the  
15 future site of (indiscernible) this afternoon.

16

17 TESTIMONY OF DEBRA JONES

18

19 MS. JONES: Hello. My name is Debra Jones.  
20 I'm the director of (indiscernible) Providence  
21 Wesley Care Center. I was also born and raised in  
22 Seward, as was my mother and her brothers.

23 In addition to that, I was -- my mother  
24 died here after six months in Seward General  
25 Hospital, because she didn't want to go to a

1 long-term care facility. My uncle died in Anchorage  
2 after living in Seward his entire life. And that's  
3 not what I want for any of my other family members  
4 or members of the community.

5 The staff considers the residents family.  
6 The residents think the same way. And as family, I  
7 want the best for them. I want people to be able to  
8 stay in the community where we know your history,  
9 your family can come and visit, you can continue to  
10 be an active member of the community, and where you  
11 can get top-notch care that we give.

12 And I support this project. Thanks.

13 MR. IVES: Thank you, Debra.

14 The next person on the list who would  
15 like to give support to this or offer comments is  
16 Tom Shirk. Tom.

17

18 TESTIMONY OF TOM SHIRK

19

20 MR. SHIRK: I'd just like to give this to --  
21 this is a -- well, I'll read it. This is from my  
22 sister-in-law, my brother's wife.

23 I'm speaking because my father, Palmer,  
24 was a -- stayed at Wesley for about nine months. He  
25 had Parkinson's disease. And I can't tell you how

1 important it was to him. And it probably even  
2 extended his lifetime by the rest of the family  
3 being able to go there and visit him.

4 I can't speak real highly of the  
5 condition of the building that he was in, but I can  
6 speak very highly of the care that he was given  
7 while he was there. And we appreciated that very  
8 much as a family.

9 My mother is still here, and she lives on  
10 her own in town. We're able to go visit her. She's  
11 not at a care facility as of yet, and hopefully she  
12 won't have to. But a lot of us don't have the  
13 opportunity, depending on what our health conditions  
14 are and stuff, to make those kinds of choices.

15 Hopefully, none of us end up in a  
16 long-term care facility; but, you know,  
17 unfortunately some of us do. And if it's locally,  
18 somewhere local that you can get out and visit your  
19 family members, it just aids tremendously in their  
20 quality of life. And you can't put a price on that.

21 So I'll just read -- this is -- my  
22 sister-in-law wrote this. My brother is out of  
23 town, so he didn't have an opportunity.

24 "Having had a family member, Palmer  
25 Shirk, needing long-term care for his Parkinson's



1 disease, I cannot express enough how needed and  
2 important it was for our family. If he had been in  
3 Anchorage or Soldotna, we would not have been able  
4 to see him daily. This would have been especially  
5 difficult for his wife, Betty, and Palmer as a  
6 patient as well.

7 "Palmer received excellent care, and was  
8 treated with dignity and compassion from the Wesley  
9 staff members.

10 "What a hardship it would be for any  
11 family if they did not have a local facility to  
12 visit and support a family member in need. Since  
13 Seward does not have much, if any, hospice care  
14 program, I cannot imagine hardships that this would  
15 cause. I do not know what our family would have  
16 done without the care provided by Wesley."

17 And this is signed by my sister-in-law  
18 Jamie (ph).

19 And I'm here to attest that any facility  
20 that we can provide for -- as a long-term care  
21 facility is much needed in this community. Thank  
22 you.

23 MR. IVES: Thank you, Tom.

24 The next person that I have that would  
25 like to speak to this project is Blair Rorabaugh.

1 Correct me if my pronunciation is not correct.

2 MR. RORABAUGH: You did very well.

3 MR. IVES: Okay. Thank you. I'm having  
4 trouble with some of the handwriting, but that's all  
5 right.

6 MR. RORABAUGH: Well, I am, too, and I'm the  
7 one who wrote on this page.

8

9 TESTIMONY OF BLAIR RORABAUGH

10

11 MR. RORABAUGH: I'm a pastor, Church of the  
12 Nazarene, and I'm also on the senior board -- senior  
13 citizen board.

14 Last May I was out to Naknek. I flew out  
15 there to see a fellow who was working in the fish  
16 industry. His dad is part of my church. We flew  
17 out there, and he showed me around town. And he  
18 showed me this beautiful long-term care facility.  
19 He said, "These folks built this," and I think it  
20 was the Native corporation, "because they didn't  
21 want their elders to have to move to Anchorage when  
22 they get old and didn't have a place to go."

23 So he told -- and I thought, "That is a  
24 beautiful thing, and what a great thing to do." As  
25 a pastor, I've had people in my congregation who

1 have moved simply because they needed a long-term  
2 care facility for Alzheimer's. And for one reason  
3 or another, they didn't want to stay at Wesley.

4 And I think we had a modern junior high  
5 school compared to what Wesley is, and we replaced  
6 that. How much more sense it makes to have a  
7 beautiful long-term care facility.

8 And like Lee said, there's times that  
9 people need it for short term, and it ought to be  
10 such a good experience that they'll want to come  
11 back when they need it. And it shouldn't be a fight  
12 to get mom and dad to go. Thank you.

13 MR. IVES: Thank you, Blair.

14 Next on the list is Amy Haddow. Amy.

15

16 TESTIMONY OF AMY HADDOW

17

18 MS. HADDOW: Hi. I'm a member of the Health  
19 Advisory Council, that's one reason I'm here. And  
20 I'm a cheechako compared to most of the people in  
21 the room, because I've just been here for seven and  
22 a half years working at the SeaLife Center.

23 But one thing in general -- obviously,  
24 there's a need for the facility. And I think that,  
25 really, our society is judged partly by how we take

1 care of our seniors. And I don't know that Wesley  
2 is the way that we would choose to take care of our  
3 seniors and respect them.

4 But also, from someone who is part of a  
5 population that -- many of us are relatively new to  
6 Seward and to Alaska. I came up here when the  
7 SeaLife Center had been open for one year, and the  
8 woman I replaced as education director had left the  
9 state and moved back to Chicago because her elderly  
10 father was ailing.

11 And I think that it is maybe a factor,  
12 certainly demographically now that there are more  
13 women in the workplace. Sometimes people are having  
14 to leave jobs to go and take care of parents. And  
15 if there's really something that is a model for  
16 progressive senior care here, it will not only keep  
17 people in Seward, but I think it has the potential  
18 of attracting other seniors from Alaska who, when  
19 they see that model, will want to have their parents  
20 here and family members here.

21 So I think it is really a positive all  
22 around to have something that is updated and such a  
23 wonderful model that is so much further along than  
24 what you see in most places in the U.S. now. Thank  
25 you.

1 MR. IVES: Thank you, Amy.

2 Next on the list is Clark Corbridge.

3 Clark.

4

5 TESTIMONY OF CLARK CORBRIDGE

6

7 MR. CORBRIDGE: Thank you. I'm Clark  
8 Corbridge. As most of you may know, I was city  
9 manager here until 10 days ago. Now I get to  
10 express my own opinions rather than those of the  
11 council, which is going to be pretty liberating.

12 As city manager, I chaired leadership  
13 meetings weekly on the long-term care facility, for  
14 about the last year. Among other things, we worked  
15 with architects and engineers. We worked with land  
16 acquisition, looked at financial aspects of things,  
17 considered operations, worked with the various legal  
18 aspects of everything that was happening.

19 And in addition to that, I live close to  
20 the proposed site for the new long-term care  
21 facility. And my wife and I are looking forward to  
22 having that facility there as a neighbor. We think  
23 it will enhance the neighborhood, and we look  
24 forward to interacting with it.

25 For a number of reasons, I think this

1 long-term care facility is the most important  
2 project in the city right now. It is going to  
3 affect more lives and in a more positive way than  
4 any other project I'm aware of.

5 The leadership group has made numerous  
6 day-to-day decisions; but, of course, we make  
7 recommendations to the council, and the council then  
8 has to act on those recommendations. So far, I  
9 think those decisions have been good ones, and we  
10 are heading exactly where we need to.

11 I do anticipate there are going to be  
12 future problems just because of the magnitude of the  
13 project. We'll be looking at all kinds of  
14 solutions, from engineering solutions which can be  
15 on the basic end of the spectrum, or could be very  
16 elegant. I will be examining alternatives and  
17 recommending the most cost-effective of those  
18 alternatives. I think all that needs to proceed the  
19 same way it has proceeded.

20 But basically, what I have to say is that  
21 there is no downside to Seward for building this  
22 long-term care facility. We need it. It will do  
23 well here. And I think, as some others have said,  
24 we will actually attract people from other parts of  
25 Alaska once it's here. Thank you.

1 MR. IVES: Thank you, Clark.

2 The next person is Emmanuel Williamson.

3

4 TESTIMONY OF EMMANUEL WILLIAMSON

5

6 MR. WILLIAMSON: I actually wrote mine out in  
7 a letter form so David could take it back with him.  
8 So I'm just going to read it as it is written.

9 "I write this letter to you with two  
10 different roles I fulfill in the city of Seward.  
11 First, I am rector of St. Peter's Episcopal Church.  
12 And secondly, I am chaplain for the Providence  
13 Seward Medical and Care Center.

14 "As pastor of an aging congregation, I am  
15 well aware of the need for local health care and how  
16 important it is to our elders to be able to live in  
17 the area where most of them have spent their lives.

18 "If we lose the ability to care for our  
19 elders here, then I may lose, in my congregation,  
20 many of my congregation simply because they have no  
21 one to care for them. This affects not only the  
22 elder, but also the rest of the community. It is  
23 through the eyes of our elders that we see our  
24 history. If they are removed from the community, we  
25 have no story.

1 "If anyone in my congregation had to  
2 move, they would not only be removed from their  
3 homes, but also the town in which they have lived  
4 forever. This would be a traumatic experience for  
5 them, giving them double the amount of grief to deal  
6 with.

7 "The community that these women and men  
8 have established is vital to their spiritual and  
9 mental health, which, in turn, affects their  
10 physical health. If they are removed from the local  
11 community, then they lose their connections. They  
12 wither.

13 "As you know, here in Seward, we have for  
14 many years served many of our Native elders. The  
15 Native population that we have among us has brought  
16 us much joy, and we have learned much from them; but  
17 we feel for them. They have had to be removed from  
18 their villages because there were no facilities to  
19 care for their needs. We do not want to see this  
20 happen to our local elders.

21 As (indiscernible) for the current  
22 long-term care center, I see a staff that is working  
23 tremendously hard to provide healthcare for elders  
24 that is above and beyond the standard required.  
25 Again and again I have seen our staff excel in their



1 services in a building that is literally falling  
2 down around them.

3 "It is amazing to me how we are able to  
4 provide this level of care in a building that has  
5 long outlived its life expectancy, that has required  
6 constant diligence just to keep its doors open. The  
7 new replacement facility is vitally important to the  
8 mission of these dedicated workers.

9 "I do not think we can emphasize enough  
10 how important this new facility is to our residents,  
11 but it is just as important to the city of Seward.  
12 As you are aware, the long-term care center is  
13 co-located with the hospital. It is only through  
14 this joint venture that we are able to keep  
15 healthcare available in Seward.

16 "Another major concern to me is the  
17 number of people that would become unemployed if we  
18 were forced to close the facility. Approximately 70  
19 people currently work at the long-term care center,  
20 many of them for years and years. Where would these  
21 people turn for work?

22 "Another factor in all this is the  
23 rapidly aging baby-boomer population. I am aware  
24 that currently in the United States, there is a  
25 change in the way we care for our elders and that we

1 will need more beds to accommodate the aging  
2 population. This is no less true in Seward.

3 "I thank you for taking the time for  
4 allowing me to speak. And I am strongly in favor of  
5 the new facility and am requesting that the  
6 certificate of need be approved so that we can begin  
7 building the new state-of-the-art facility."

8 MR. IVES: Thank you, Emmanuel.

9 Next on the list that I have is Duane  
10 Chase. Duane?

11

12 TESTIMONY OF DUANE CHASE

13

14 MR. CHASE: I'm Duane Chase. I've been a  
15 resident of Seward now for 14 years-plus. I'm a  
16 former Methodist pastor, now retired; former  
17 chaplain at Wesley; still a board member for the  
18 facility before it co-located. I'm finishing up  
19 with some tasks there.

20

21 And I was involved with Wesley because,  
22 as a United Methodist pastor, I was required to be  
23 on that board just because of the connection with  
24 the global church. And it turned into a love affair  
very quickly over time.

25

I've been through all the battles. I've

1 heard all of the arguments, both sides. I know the  
2 history, and you've heard it. You don't need for me  
3 to repeat it.

4 But all I can say is, it became very  
5 clear to me, as an outsider coming in, that some  
6 kind of cooperative co-location arrangement was  
7 really the key to long-term success of healthcare in  
8 Seward. And anything I could do to help facilitate  
9 that process was something I was committed to.

10 Also, the building, obviously, needed  
11 some alternative arrangement, and we're there. I  
12 would just like to finish up with two brief personal  
13 testimonies.

14 One centers on my father, who died back  
15 in 1998. And it was hard for me to come to Alaska  
16 because I knew I would be leaving him, and I'd have  
17 to go back and see him as often as I could. But  
18 being old and frail, I often worried about him. I  
19 could have brought him along, and I thought about  
20 that. But I knew he'd probably wind up in long-term  
21 care, and I just didn't think it would really work  
22 out here under the present circumstances. This was  
23 back in the late '90s.

24 So I was able to be with him when he  
25 died, but I often thought it would have been so nice

1 to have had him a little bit closer. But, you know,  
2 surroundings do have a message, and I'm very  
3 sensitive to my surroundings. And they are a  
4 statement, and somehow I just didn't quite make that  
5 leap.

6 With my mother-in-law, it was a different  
7 story. Now, she's not here in Seward, but back home  
8 in Indiana, she was homebound as a widow, was  
9 overwhelmed with a house that she could no longer  
10 keep up. She didn't know where else to go. She had  
11 options, including an option like this not that far  
12 away, but she just couldn't tear herself out of that  
13 house.

14 So family finally got together and we  
15 kind of pried her loose and got her there. And, by  
16 golly, after she was there a very short period of  
17 time, she was asking herself, "why didn't I do this  
18 years ago?" Here was a home. The burdens were free  
19 and gone. The family was free of all the concerns  
20 of trying to keep things going in her home when it  
21 became their problem too.

22 And I thought, "Boy, if I had that  
23 option, it would have added something to my life and  
24 to, I think, my father's life." So that is what it  
25 is ultimately all about.

1                   And none of us like to think that we're  
2 going to be that old, but boy, we're getting there  
3 one day at a time. And if I think about whether I  
4 would like to spend my last days in an institution  
5 like Wesley -- even with the quality of care that is  
6 there -- or a place like this, that would be kind of  
7 a statement that I mattered because (indiscernible).

8                   So let's go ahead with it. And I want to  
9 be there when the ground breaks, I want to be there  
10 when it is dedicated, and maybe someday I'll walk  
11 those halls.

12                  MR. IVES: Thank you, Duane.

13                   Is there anyone else that would like to  
14 give testimony for this project at this time? If  
15 you'd like, please come forward. Has everyone  
16 signed in that is in attendance?

17                   Is there anyone else that  
18 (indiscernible)?

19                  MR. FAUST: I would like to speak.

20                  MR. IVES: All right. Come forward.

21                  MR. FAUST: I don't really want to, but . . .

22

23                                   TESTIMONY OF BEN FAUST

24

25                  MR. FAUST: My name is Ben Faust (ph). I'm

1 the maintenance supervisor (indiscernible). And  
2 everyone knows about the building, but I know it a  
3 little more intimately than most. And it definitely  
4 needs to be replaced. It keeps me awake at night.

5 I would also like to add that when my  
6 parents were old, we kept them at home. My mom  
7 stated that she'd rather be shot. So that's about  
8 all I have to say.

9 MR. IVES: well, thank you.

10 Please come forward. State your name for  
11 the record.

12

13 TESTIMONY OF PENNY DUNCAN

14

15 MS. DUNCAN: I'm Penny Duncan. And at this  
16 time right now my mother is in Wesley. I feel she's  
17 getting the best care possible. It's been a real  
18 relief to know that she's there and being taken care  
19 of.

20

21 And the only thing that does bother me is  
22 the building. I would have liked to have seen her  
23 in something like this. I'm not sure that she will  
24 ever make it that long, because she is 81 years old  
25 right now. But she could. You never know.

25

But I just -- it would be really nice to

1 have -- it's hard to put your parents in a facility,  
2 but sometimes it does happen that you have to make  
3 that decision. And I have felt -- she's been there  
4 for two years now, and I have felt very comfortable  
5 with the care that she has gotten during that time.

6 And I would like to see that, because  
7 eventually I might be there. Thank you.

8 MR. IVES: Okay. Thank you.

9 Yes?

10 MS. KEIL: Okay. I'm losing everything.

11

12 TESTIMONY OF MARIANNA KEIL

13

14 MS. KEIL: My name is Marianna Keil, and I  
15 live here in Seward. And I've watched that Green  
16 House movie way too many times. But I've been  
17 following this process very closely, and I just want  
18 to say that the staff and the consultants have done  
19 a really wonderful job of getting community support  
20 and also community input on the building of this  
21 facility.

22

23 And so I just want to add my wholehearted  
24 support for the long-term care facility and the  
25 Green Houses and the certificate of need. Thank  
you.

1 MR. IVES: Thank you, Marianna.

2 State your name.

3

4 TESTIMONY OF SUSAN WHITEHORSE

5

6 MS. WHITEHORSE: I'm Susan Whitehorse. And I  
7 believe in being as traditional as possible. And in  
8 doing so, and in introducing myself, I'll stick with  
9 that. My mother was full-blood Chiricahua Apache  
10 from the Snake clan, and my father is  
11 French-Canadian.

12 I also work at Providence Wesley. And  
13 I'm employed there as a social worker. I hear a lot  
14 in the news and the media about our children and the  
15 future generation being a precious commodity, and I  
16 believe that wholeheartedly. But I also believe  
17 that many times our elders are left out of that.

18 I believe that elders are a precious  
19 commodity. I believe that there is just so much  
20 untapped resources with our elders, and I see that  
21 every day at Wesley. Sitting down and talking with  
22 the elders, it just amazes me, the stories that they  
23 have. And not just stories; I mean factual, real  
24 things that have taken place in their lives.

25 Going back to what Father Emmanuel was



1 saying, if we're going to view our elders as a  
2 precious commodity, then we also need to treat them  
3 with respect and the reverence that they so deserve.  
4 In doing so, providing them with a facility like a  
5 Green House -- like I've heard so many of you say --  
6 what a statement that is. What a statement that is  
7 to be able to provide a place like that for elders  
8 to live. And I support the project also. Thank  
9 you.

10 MR. IVES: Thank you, Susan.

11 Anyone else? State your name for the  
12 record.

13 MS. BAILIFF: Sarah Bailiff (ph).

14 MR. IVES: Okay. Thank you.

15  
16 TESTIMONY OF SARAH BAILIFF

17  
18 MS. BAILIFF: I've been a resident of Seward  
19 for over 14 years. And I had a lot of things jotted  
20 down about the state of the current building. And I  
21 just envision them having cases of duct tape to  
22 replace outdated parts, sitting in closets.

23 My first exposure to Wesley, I think, was  
24 when I was part of that -- or I am currently part of  
25 the Health Advisory Board, or Committee. And we sat

1 in on an interview with Kathy, (indiscernible)  
2 administrator. And my first thought was, "Boy.  
3 This place smells nasty." And I don't know if it  
4 still does. I can only imagine it does. And I  
5 can't imagine that that is the type of facility that  
6 we're offering to our elders here in the community.

7 I do want to say that on the Health  
8 Advisory Committee, that Corta Stubblefield (ph) was  
9 part of the committee. She saw the plans for the  
10 long-term care facility, and she -- I think she  
11 picked out her room, circled one, and was ready to  
12 sign on the dotted line. She would have moved in if  
13 she could have. She has since moved away, and I  
14 have lost touch. I don't even know if Corta is  
15 still alive. But she was fully supportive of this  
16 project.

17 And I'd hate to see other long-term --  
18 long-time residents of Seward move away because we  
19 don't have a facility to meet their needs. So I  
20 support this project.

21 MR. IVES: Thank you, Sarah.

22 Anyone else?

23 MS. SARKA: I suppose I will.

24 MR. IVES: All right. State your name.

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TESTIMONY OF JOYCE SARKA

MS. SARKA: My name is Joyce Sarka. And I'm in charge of the activities at Wesley right now. And I just wanted to say that this is an incredible opportunity for our community to provide this kind of environment for our elders. It's a lot more to what they would want if they had to go somewhere. It's a home.

It's a home that -- for example, I have a grandmother also who needs to be in a home, and she refuses because there is not a place like this where she is.

I have another grandmother who is in a home, but it's not quite what this is. And my mother worries every day about the care there; every single day. It would mean so much to me to know that this was nearby for my relatives.

Thank you.

MR. IVES: Thank you, Joyce.

Anyone else who would like to provide comments this evening?

State your name.

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TESTIMONY OF DAVID DIECKGRAEFF

MR. DIECKGRAEFF: Dave Dieckgraeff. I've been here since 1965. And I took care of an old man named Alike (ph) up at Wesley, and I had to put him up there. And it would have been pretty hard to send him off a long ways away, because all his friends was here. He was here in the '30s.

And there's a lot of people, they grow up in Seward, they live in Seward, and they don't want to go a big, giant place. And being the type of system that is set up here, it's good for more of a family (indiscernible) form.

I think it's very important to be in a small town instead of big, giant towns. If we do lose Wesley, most of these people will have to go to Anchorage or Palmer or other places. And I think a lot of those old-timers will have a hard time doing that. And so I think it's very important to keep this in small towns.

MR. IVES: Thank you, Dave.

Anyone else? Anyone out in the hallway that (indiscernible - simultaneous speech).

All right. I want to thank all of you for coming this evening and providing comments on

1 the certificate of need application for the City of  
2 Seward long-term care facility.

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END OF RECORDING

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C E R T I F I C A T E

SUPERIOR COURT                                     )  
   )  
STATE OF ALASKA                                    )     ss.

I, LYNDA BATCHELOR BARKER, Registered  
Diplomate Reporter and certified for transcript  
services by the United States Courts and the Alaska  
State Courts, hereby certify:

That the foregoing pages contain a full,  
true and correct transcript of proceedings in the  
above-referenced matter, transcribed by me to the  
best of my knowledge and ability, or at my  
direction, from the electronic sound recording.

DATED at Juneau, Alaska, this 29th day of  
December, 2006.

SIGNED AND CERTIFIED TO BY:

\_\_\_\_\_  
LYNDA BATCHELOR BARKER, RDR,  
Notary Public for the  
State of Alaska. My  
commission expires: 5/6/08