

**From:** LaJeunesse, Kristen<Kristen.Lajeunesse@vermont.gov>

**Sent on:** Tuesday, October 1, 2024 4:49:23 AM

**To:** LaJeunesse, Kristen<Kristen.Lajeunesse@vermont.gov>; Watson, Hilary<Hilary.Watson@vermont.gov>; Melamed, Marisa<Marisa.Melamed@vermont.gov>; Barrett, Susan<Susan.Barrett@vermont.gov>; Foster, Owen<Owen.Foster@vermont.gov>; Holmes, Jessica A.<Jessica.A.Holmes@vermont.gov>; Lunge, Robin<Robin.Lunge@vermont.gov>; Murman, David<David.Murman@vermont.gov>; Walsh, Thom<Thom.Walsh@vermont.gov>; Berube, Alena<Alena.Berube@vermont.gov>; AHS - Health Care Reform<AHS.HealthCareReform@vermont.gov>

**Subject:** Public Comment: Community Engagement: Hospital Sustainability and Act 167 2024-10-01T04:49:20Z

A new GMCB Public Comment has been received.

**Submit Time:** 10/1/2024 4:49:20 AM

**Name:** Christopher Sullivan, MD

**Affiliation:** North Country Hospital (former member of the medical staff)

**Town/City:** Roanoke, VA

**Topic:** Community Engagement: Hospital Sustainability and Act 167

**Comment:** Dear GMCB Members: As an obstetrician-gynecologist who previously served at North Country Hospital for over 5 years after completing my residency at UVM, I'm writing to add my voice to those of my former colleagues who have articulated strong arguments against the Oliver Wyman report's recommendation to dismantle NCH. I will not speculate from afar on the data in Dr. Hamory's report. I will just share my own perspective on what Dr. William Peck referred to in his letter as the "human concerns" in this matter. The years I spent at NCH were among the most formative of my career because of what I learned from serving with such a dedicated, skillful, and compassionate group of physicians and staff. Though I've been back in the tertiary care environment for 10 years, my colleagues' grit and determination to provide high-quality healthcare for the residents of the Northeast Kingdom— no matter the resources available to them— remain a north star for my approach to clinical duties and resident/medical student education. If remote hospitals like North Country are shuttered or have their services needlessly curtailed, their patients' health will deteriorate. In obstetrics, high-quality perinatal care available close to home is critically important. If it withers, maternity care deserts develop, prompting patients, their families, and even local economies to suffer. This trend is abundantly clear when I admit transfer patients from the underserved watershed areas of my region where there is not consistent and/or reliable obstetric care. With my past NCH experience in mind, I have frequently lamented to my learners that "it doesn't have to be this way..." Please don't make the NEK another victim of hospital closure/consolidation. The equitable way forward is to figure out how to help Vermont's small hospitals thrive, not find the most cost-effective way to shutter them. And lastly, the idea that UVMMC should re-think its mission to train the next generation of physicians is ridiculous. Yes, medical education might be costly, but it is an investment in human capital that will be significantly more inclined to remain in the region and bolster the state's strapped health practitioner work force. It might seem odd that some doctor in Virginia is commenting on the Act 167 matter, but even after many years, my wife and I still maintain connections and friendships in Newport, and my wife's family are a large bunch of Vermonters who are served by other vulnerable hospitals in the state. This letter is to support those who lead by example in steadfastly caring for their rural community.

**Post Comment:** Yes