



Mayor Alex B. Morse  
City of Holyoke

Ryan Allen, Administrative Assistant  
City Council

August 5, 2020

Monica Bharel, MD, MPH  
Massachusetts Department of Public Health  
250 Washington Street  
Boston, MA 02108

Dear Commissioner Bharel and members of the Division of Health Care Facility Licensure and Certification,

We are Holyoke City Councilors writing to you in regards to the potential closing of the Holyoke Medical Center (HMC) Inpatient Obstetrics Services and Well Infant Nursery (“Birthing Center/Unit”). The public comment requirement appears to be a mere formality at this late stage in the process of hearing community testimony on the closure of essential hospital services. The Department of Public Health already “temporarily” closed and replaced the Birthing Center with the Veteran’s Unit following the Soldiers Home COVID-19 crisis. Therefore, instead of focusing our comments on the community needs that are served by HMC’s Inpatient Obstetrics Services and Well Infant Nursery, **we write to respectfully request that you and the Department of Public Health remedy the failure of this public hearing process by mandating increased local and descriptive representation among the Hospital’s Board of Directors, that the Department of Public Health fund a Community Needs Assessment for Holyoke that is independent from HMC, and that the Department of Public Health help fund a strategic plan for HMC services and facilities.**

On June 18, 2020, Holyoke Mayor, Alex Morse, declared racism a public health emergency for our City. Across the country, the COVID crisis and ongoing social-justice protests for Black Lives have begun to highlight the ways that racial health disparities are the direct outcomes of racism in America. To the City of Holyoke however, this is not new information. Racial disparities in infant birth weights and mortality rates in the early 1980’s led the state to convene a Task Force on Infant Mortality in order to better understand and address the community health needs in this area. One important outcome of the Task Force’s report was the creation of a bilingual nurse-midwifery practice with an office in downtown Holyoke. While Massachusetts in the past was a leader in addressing health inequalities with a racial lens, today we are at risk of losing those lifesaving interventions for our community’s most vulnerable members—women and children of color.

**We call upon the Department of Public Health to mandate that HMC and all community hospitals across the Commonwealth have more meaningful requirements for local representation, including, but not limited to racial, ethnic, and socioeconomic attributes.** Holyoke is an old mill community with a rich and diverse history. According to the 2018 American Community Survey, Holyoke has a younger population with almost three times as

many people living in poverty (29.7%) than the percent of people living in poverty across the State. Holyoke is also home to a large percentage of people of color (4.5% Black alone, 52.1% Hispanic or Latino, 2018 ACS) which distinguishes the City from its neighbors in the Pioneer Valley. Given Holyoke's unique demographics with a large plurality of minority and low-income residents, we deserve to have members on the Hospital's Board of Directors who are both descriptively and substantively representative of the community. Local, racial, and ethnic representation is presently and egregiously missing on the Board of Directors. In order for a community hospital to be accountable to the community(ies) it serves, it requires community representation.

**We request that the Department of Public Health fully fund a Community Health Needs Assessment for the City of Holyoke.** Given the racial, ethnic, and socioeconomic demographics of our city, a Community Health Needs Assessment for Holyoke would have distinct and disparate needs compared those demonstrated by an aggregate assessment of the Pioneer Valley. For example, transportation to health services are likely more difficult for Holyoke residents to access compared to neighboring communities. Translation and bi-lingual services are also likely more necessary in our City than in neighboring communities. I am unaware of any Community Health Needs Assessment that focuses exclusively on Holyoke residents in this manner. Given the lack of diversity among the individuals who make up HMC administrative and Board positions, the hospital's own census may likely include particular racial medical biases or have depressed numbers in areas that reflect hospital staffing decisions. It would also be helpful for the State to make available to the City health data for Holyoke for the past 20-30 years in comparison to other communities across the State.

**Finally, we request that the Department of Public Health help fund a strategic care and facilities plan for Holyoke Medical Center.** A lack of long term care and facilities planning on the part of HMC will undoubtedly have further negative consequences for our residents and neighboring communities. The Holyoke community should not be made to suffer a further loss or degradation of local health care services and the City itself cannot afford to be left with the burden of having to manage another large, vacant building property. The City of Holyoke bears the consequences of all poor planning and management decisions made by the Hospital. We need a strategic plan that assesses available health services in the area and forges creative collaborations to ensure that a floor of service and equity is maintained in the region.

Thank you for taking seriously the concerns that we have with the way that the public hearing process was conducted on the closure of the Holyoke Medical Center Inpatient Obstetrics Services and Well Infant Nursery. The remedies offered in this letter are a few meaningful first steps toward ensuring equitable and accessible health care in the Greater Holyoke Area.

Respectfully,

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Cc: Mayor Alex Morse  
State Representative Aaron Vega  
State Senator John Velis  
Attorney General Maura Healy