

# **In The Matter Of:**

*Interview*

*Edward Quinlan - CONFIDENTIAL*

*January 7, 2021*



1 STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

2  
3  
4 IN RE:

5 INTERVIEW UNDER OATH OF EDWARD QUINLAN

6  
7 DATE: JANUARY 7, 2021  
8 TIME: 8:30 A.M.  
9 PLACE: ZOOM CONFERENCE

10  
11 APPEARANCES:

12 STATE OF RHODE ISLAND, OFFICE OF THE ATTORNEY  
13 GENERAL

BY: MARIA LENZ, ASSISTANT ATTORNEY GENERAL

14 RHODE ISLAND DEPARTMENT OF HEALTH

15 BY: JACQUELINE KELLEY, ESQ.

16 NIXON PEABODY, LLP

BY: STEPHEN ZUBIAGO, ESQ.

17 ON BEHALF OF THE INTERVIEWEE  
18  
19  
20  
21  
22  
23  
24  
25

1           ALSO PRESENT:

2           STATE OF RHODE ISLAND OFFICE OF THE ATTORNEY  
3           GENERAL

4           Jessica Rider, Special Assistant Attorney  
5           General

6           Jennifer Gallop, Esq., Krokidas & Bluestein, LLP

7           James Carris, CPA

8           RHODE ISLAND DEPARTMENT OF HEALTH

9           Fernanda Lopes, MPH, Chief, Office of Health  
10          Systems Development

11          Michael Dexter, Chief, Center for Health Systems  
12          Policy and Regulations

13          Matt Stuart, PYA, P.C.

## I N D E X

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## E X H I B I T S

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Exhibit A	First amended notice to attend	7
Exhibit B	State of Rhode Island Department of Attorney General Decision dated May 16, 2014	69
Exhibit C	Amended & Restated Limited Liability Company Agreement of Prospect CharterCARE, LLC, dated June 20, 2014	75
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(Exhibits furnished with transcript.)

## STIPULATIONS

It is hereby stipulated and agreed by all counsel present under the RI Executive Order No. 2020-09, Article No. 11, regarding (COVID-19) that this web-based remote proceeding is being conducted by parties in separate locations.

The oath shall be administered upon the witness providing a valid form of identification.

This proceeding will not be recorded by video or audio means without prior consent of all parties.

Exhibits may be presented and marked by counsel and provided to all parties prior to or at the time of questioning regarding the exhibit.

All parties shall bear their own costs for this proceeding unless otherwise agreed upon.

1 (INTERVIEW COMMENCED AT 8:46 A.M.)

2 THE REPORTER: Is there agreement  
3 from counsel regarding the stipulations?

4 MR. ZUBIAGO: I agree.

5 MS. LENZ: I agree.

6 MS. KELLEY: Agree.

7 EDWARD QUINLAN, first having been  
8 satisfactorily identified and duly sworn by the  
9 Commissioner, was examined and testified as  
10 follows:

11 EXAMINATION BY MS. LENZ:

12 Q. Good morning, Mr. Quinlan.

13 A. Good morning.

14 Q. My name is Maria Lenz. I'm an assistant  
15 attorney general here at the attorney general's  
16 office and will be conducting this interview  
17 under oath on behalf of the attorney general's  
18 office.

19 With me today is Jessica Rider,  
20 special assistant attorney general and our  
21 healthcare advocate; as well as Jennifer Gallop,  
22 Esquire, our expert from Krokidas & Bluestein;  
23 and James Carris, CPA, who is our financial  
24 expert.

25 We also have members of the

1 Department of Health. We have Jacqui Kelley,  
2 Esquire, legal counsel for the Department of  
3 Health, who will be asking you questions later  
4 on. We also have Fernanda Lopes, the chief of  
5 the Office of Health Systems Development;  
6 Michael Dexter, the chief of Center for Health  
7 Systems Policy and Regulations; and Matt  
8 Stewart, principal and client services  
9 executive, from PYA, P.C., who serves as DOH's  
10 financial expert in this matter.

11 And I would ask you and your counsel  
12 to introduce themselves.

13 MR. ZUBIAGO: So this is Steve  
14 Zubiago from Nixon Peabody here on behalf of  
15 Ed Quinlan.

16 MS. LENZ: Thank you.

17 Q. Mr. Quinlan, this interview under oath is being  
18 transcribed by a stenographer and is conducted  
19 pursuant to the Hospital Conversions Act, Rhode  
20 Island General Laws Section 23-17.14-14(a).

21 I am going to share my screen for a  
22 moment.

23 Mr. Quinlan, can you see what is on  
24 your screen?

25 A. Yes.

1 Q. All right. Do you recognize this document?

2 A. Yes.

3 Q. What is this document?

4 A. This is the notification I received  
5 regarding today's meeting.

6 Q. Okay. Great.

7 MS. LENZ: If there are no  
8 objections, I'd like to mark and enter this as  
9 Exhibit A.

10 Okay. So entered.

11 Exhibit A, First amended notice to  
12 attend, was received in evidence for  
13 identification.

14 BY MS. LENZ:

15 Q. Mr. Quinlan, this interview under oath concerns  
16 a certain pending hospital conversions  
17 application in the matter of Chamber/Ivy, Inc.,  
18 with respect to Prospect Medical Holdings. I,  
19 as I stated, will be taking this interview under  
20 oath on behalf of the attorney general, and  
21 Jacqui Kelley will be taking the interview under  
22 oath on behalf of DOH. During this interview,  
23 only the attorneys from the AG's office and DOH  
24 are allowed to ask questions, and I will proceed  
25 first.



1 MS. LENZ: All right.

2 Attorney Zubiago, as part of this proceeding, we  
3 would like an agreement that there will be no  
4 audio recording of this interview under oath by  
5 you or your client, and that if such  
6 unauthorized audio recording occurs, such  
7 unauthorized audio will not be used for any  
8 public purpose.

9 Do you agree?

10 MR. ZUBIAGO: We agree with both of  
11 those comments.

12 MS. LENZ: Great.

13 And can you please further agree that  
14 you and your client will not record the Zoom  
15 video session, and that if such unauthorized  
16 video is recorded, such video will not be used  
17 for any public purpose?

18 MR. ZUBIAGO: We so agree.

19 MS. LENZ: Thank you.

20 MR. ZUBIAGO: I'll also certify that  
21 I wouldn't know how to do that.

22 MS. LENZ: Me, neither. Thank you.

23 So, you know, these Zoom proceedings  
24 present some new obstacles that normal in-person  
25 depositions or interviews under oath do not

1 present.

2 Each side will have the opportunity  
3 to use the breakout rooms at certain points  
4 throughout this interview. If there is a  
5 technical glitch and one side or person ends up  
6 in a breakout room where the other side is  
7 sharing privileged attorney-client information  
8 or work product, I ask that we all agree to  
9 immediately notify the stenographer to adjourn  
10 the breakout room until the technology is worked  
11 out.

12 Do you agree?

13 MR. ZUBIAGO: Yes. We agree to that,  
14 of course.

15 MS. LENZ: Okay. Great. Thank you.

16 BY MS. LENZ:

17 Q. Now, Mr. Quinlan, the focus of this interview  
18 will be about the pending hospital conversion  
19 application in the Chamber/Ivy/Prospect  
20 CharterCARE matter, your time serving on the  
21 Prospect CharterCARE board, the relationship  
22 between Prospect CharterCARE and Leonard Green,  
23 Sam Lee, David Topper. We will also be  
24 discussing the Rhode Island hospitals, as well  
25 as the 2014 joint venture, and certainly any

1 other issues that may arise during questioning.

2 Do you understand?

3 A. I understand.

4 Q. Have you ever been deposed or been interviewed  
5 under oath before?

6 A. Yes, I have.

7 Q. So you are familiar with the process, but I do  
8 just want to review some ground rules.

9 Please remember you are answering all  
10 questions under oath, which means all questions  
11 must be answered honestly under penalty of  
12 perjury.

13 Do you understand?

14 A. Yes, I do.

15 Q. If you do not understand a question, please ask  
16 me to rephrase. If you don't ask me to  
17 rephrase, I will assume that you understand the  
18 question.

19 When you answer, please use your  
20 words. Do not nod or shake your head, because  
21 the stenographer cannot transcribe such an  
22 action.

23 If you do not remember or you don't  
24 know an answer to the question, please say so.  
25 If you do not know an answer to a question but

1 believe another individual, whether within  
2 Prospect or on the board or at the hospitals or  
3 anywhere else, would know the answer, please  
4 state so.

5 If Attorney Zubiago makes an  
6 objection on your behalf, you must answer the  
7 question anyway. The objections made by  
8 Attorney Zubiago are to preserve the record for  
9 potential judicial review, if necessary, in the  
10 future.

11 Do you understand?

12 A. I do.

13 Q. Do you have any questions before we proceed?

14 A. I do not.

15 Q. Okay. Thank you.

16 Now, you mentioned that you have been  
17 deposed or interviewed under oath before.

18 When have you been deposed?

19 A. Approximately 15 years ago.

20 Q. Okay. And in what matter?

21 A. It was a case heard before the superior  
22 court in Rhode Island in which a hospital leader  
23 had been -- was being tried.

24 Q. Okay. And what hospital did it involve?

25 A. Roger Williams Medical Center.

1 Q. Do you recall the name of the case?

2 A. Yes, I do. It was the State of Rhode  
3 Island versus Robert Urciuoli.

4 Q. Do you recall the outcome of that case?

5 A. Mr. Urciuoli was acquitted in that case.  
6 He was later retried, and at the second trial,  
7 he was found guilty.

8 Q. Okay. What was your role in that case?

9 A. Mr. Urciuoli had been chairman of the board  
10 of trustees at the Hospital Association of Rhode  
11 Island, an organization in which I served as  
12 president, and I was subpoenaed for the trial  
13 relating to issues that led to an indictment  
14 against Mr. Urciuoli, and I was also asked to  
15 appear by the defendant as a character witness.

16 Q. Did you appear on behalf of the defendant as a  
17 character witness?

18 A. I did.

19 Q. I -- Mr. Quinlan, I do just want to say I am  
20 getting some feedback from you. I'm still going  
21 to just proceed with the interview, but if that  
22 can be fixed, that would be great.

23 Are you comfortable with us  
24 proceeding?

25 A. Yes.

1 Q. Okay. Great.

2 MR. ZUBIAGO: Maria, it's Steve. If  
3 that's a problem, let me know, and I'll switch  
4 how I've got the video set up.

5 Is everybody hearing okay? If not, I  
6 could try to switch it right now.

7 MS. LENZ: I'm fine. If everyone  
8 else is fine, that's okay.

9 MR. ZUBIAGO: Okay.

10 THE WITNESS: Maria, this is Ed. If  
11 I could ask Steve a quick question. I'm having  
12 a problem with my screen, and I can't see you.

13 MS. LENZ: Let's go off the record  
14 for a moment.

15 (Off the record.)

16 BY MS. LENZ:

17 Q. Mr. Quinlan, within the last 24 hours, did you  
18 take anything that may inhibit your ability to  
19 answer your questions honestly and accurately  
20 today?

21 A. I did not.

22 Q. Okay. You did not drink any alcohol?

23 A. I had a glass of wine at dinner last  
24 evening.

25 Q. Okay. Approximately what time?

1 A. Probably 6:30 p.m.

■ ■ [REDACTED]

■ [REDACTED]

■ ■ [REDACTED]

■ ■ [REDACTED]

■ ■ [REDACTED]

7 Q. Have you taken any drugs within the last  
8 24 hours that are not prescribed drugs?

9 A. I have not.

10 Q. Now, in preparation for this interview, did you  
11 review any material?

12 A. I have -- I have reviewed materials that I  
13 had historically seen before.

14 Q. What materials were those?

15 A. Relative to Roger Williams Medical Center  
16 going back to about 2013 regarding the  
17 acquisition by CharterCARE -- of CharterCARE by  
18 Prospect.

19 Q. Okay. Did you review any other materials?

20 A. I did not.

21 Q. Did you discuss this interview with anyone?

22 A. Only with Mr. Zubiago.

23 Q. Did you discuss this interview with any other  
24 board members --

25 A. I did not.

1 Q. -- former or current?

2 A. I did not.

3 Q. Thank you.

4 Mr. Quinlan, I'd like to begin by  
5 asking you about your education.

6 Where did you go to college?

7 A. The University of Rhode Island.

8 Q. And did you obtain a degree?

9 A. I did.

10 Q. What degree was that?

11 A. It was a bachelor's in communications.

12 Q. Do you have any other degrees?

13 A. I did graduate work at the University of  
14 Miami.

15 Q. What was your graduate work in?

16 A. Communications.

17 Q. Do you have a master's in communications?

18 A. I do not.

19 Q. Do you have a certification, a higher  
20 certification --

21 A. I do not.

22 Q. -- in communications? Okay.

23 Now, let's talk about your job  
24 history.

25 Are you currently employed?



1 A. I am retired.

2 Q. And from where did you retire?

3 A. I was -- I was with the Hospital  
4 Association of Rhode Island. I retired in 2014.  
5 I consulted for the next five years at the  
6 University of Rhode Island.

7 Q. And what did you consult on at the University of  
8 Rhode Island?

9 A. Matters relating to health education  
10 programs.

11 Q. And to whom did you provide those consulting  
12 services?

13 A. For the president, the colleges of  
14 pharmacy, health studies, and nursing.

15 Q. What were your duties at the hospital  
16 association?

17 A. As president, our responsibility/mission  
18 was to represent all of the hospitals in the  
19 state of Rhode Island regarding government  
20 relations, finance, quality, workforce  
21 development, and we maintained the state's  
22 cancer registry, and we had a contract with the  
23 Rhode Island Department of Health for emergency  
24 preparedness.

25 Q. Would you advise the Rhode Island Department of

1 Health on certain issues in your role as  
2 president?

3 A. I would advocate for hospitals to the  
4 Department of Health and would assist them as  
5 requested.

6 Q. Okay. Who was your contact at the Department of  
7 Health on those issues?

8 A. It would typically be the director of  
9 health. Over a 20-year period, obviously there  
10 were several directors.

11 Q. So were you at the hospital association for  
12 20 years?

13 A. Yes, I was.

14 Q. And during that time, were you employed anywhere  
15 else?

16 A. I was not.

17 Q. Okay. And going back 20 years, where did you  
18 work prior to the hospital association?

19 A. Okay. I'm older than most of you, so this  
20 could take a while.

21 Q. Just your -- the job you had right before being  
22 at the hospital association.

23 A. I worked in the National Hockey League for  
24 the Washington Capitals.

25 Q. And what did you do there?

1 A. I was vice president for communications.

2 Q. How long were you there?

3 A. Five years.

4 Q. Now, at your time at the hospital association  
5 over 20 years, can you describe your different  
6 roles and titles that you had over the span of  
7 those years?

8 A. I was recruited at president -- as  
9 president, and I held that position for  
10 20 years.

11 Q. Okay. Great.

12 So I know I said to just describe the  
13 job you had right before the hospital  
14 association. We're just going to go back one  
15 step further.

16 Prior to being employed at the  
17 National Hockey League, where were you employed?

18 A. I worked in the United States Senate for  
19 Senator John Chafee.

20 Q. What was your role there?

21 A. I was press secretary.

22 Q. How long did you have that role?

23 A. Five years.

24 Q. Thank you.

25 Mr. Quinlan, I just want to go back.

1                               When did you receive your bachelor's  
2                               degree?

3                               A.     1971.

4       Q.     Okay.   And when did you complete your graduate  
5                               work?

6                               A.     I did not complete.   I was there for one  
7                               year, and that would have been 1973.

8       Q.     Thank you.

9                               Mr. Quinlan -- I have to ask, because  
10                              I'm a lifelong Rhode Islander -- are you a  
11                              lifelong Rhode Islander?

12                             A.     Born and raised.

13       Q.     Born and raised.   Okay.   Thank you very much.

14                              Are you currently a member of any  
15                              boards or committees?

16                             A.     I serve on three advisory committees for  
17                              individual colleges at URI.   I serve on the  
18                              board of directors for Clinica Esperanza in  
19                              Providence.

20       Q.     Okay.   Which three advisory committees do you  
21                              serve on at URI?

22                             A.     For the college of continuing education,  
23                              the college of pharmacy, and the college of  
24                              health studies.

25       Q.     How long have you served on those advisory

1 committees?

2 A. They vary. They vary from five to  
3 seven years.

4 Q. What are your roles on each committee?

5 A. Advisory.

6 Q. And what does that entail?

7 A. Typically attending three or four meetings  
8 a year to review issues that the deans would  
9 like feedback from alumni and people who have  
10 spent time in the related fields.

11 Q. Okay. Do those advisory committees report to  
12 any higher board or committee?

13 A. At URI?

14 Q. Yes.

15 A. I would report directly to the deans.

16 Q. Do you get paid for your services --

17 A. I do not.

18 Q. -- on those advisory committees?

19 A. I do not.

20 Q. Okay. You said you also serve on the board of  
21 Clinica Esperanza; correct?

22 A. I do.

23 Q. Okay. Please describe that organization.

24 A. Clinica Esperanza is -- was established  
25 over 10 years ago to essentially provide health

1 services to the underinsured in Providence.

2 Q. What's your role on that board?

3 A. The board is assistant to governance of the  
4 organization and also serves as an advisory to  
5 bring to the leadership of Clinica Esperanza on  
6 matters that are relevant to the community they  
7 serve.

8 Q. And how long have you served on that board?

9 A. I would say -- I would say eight years.

10 Q. Are you compensated for your service?

11 A. I am not.

12 Maria, if I could interrupt for one  
13 second.

14 Q. Sure.

15 A. You had asked me about active boards. I  
16 neglected to mention CharterCARE in Providence.  
17 I served on that board until it was disbanded in  
18 August of 2020 after being appointed to that  
19 board when it was created in 2014 after I  
20 retired from the hospital association.

21 Q. And we're going to get into the Prospect  
22 CharterCARE board certainly.

23 A. Yep.

24 Q. Thank you for bringing that up.

25 What was your role on the CharterCARE

1 board?

2 A. The CharterCARE -- CharterCARE board  
3 construct is they have four members with  
4 corporate Prospect based in California and four  
5 Rhode Islanders.

6 Q. What was your particular role on the board?

7 A. As Rhode Islanders, our role and  
8 responsibility was to work directly with the  
9 administration of the CharterCARE hospitals, and  
10 we were -- we were apprised of relevant matters  
11 for the board to consider and share with  
12 leadership those issues in the community that  
13 was relevant to their mission.

14 Q. Were you compensated for your service on the  
15 board?

16 A. We were.

17 Q. And how much were you compensated?

18 A. \$12,000 a year.

19 Q. Mr. Quinlan, we are going to dive deeper into  
20 the Prospect CharterCARE board, but before we do  
21 that, I just want to get a bit more of your  
22 board background, if there is any.

23 So you mentioned that presently you  
24 are part of the three advisory committees at  
25 URI, you are a member of the Clinica Esperanza

1 board, and up until August 2020, you were a  
2 member of the Prospect CharterCARE board; is  
3 that correct?

4 A. Correct.

5 Q. Are there any other boards within the past 10  
6 years that you served on that you are not  
7 presently serving on?

8 A. Prior to the last 10 years?

9 Q. Within the last 10 years that you've served  
10 on --

11 A. No.

12 Q. -- that you're not -- no?

13 A. No.

14 Q. Okay. Have you served on any other boards that  
15 you didn't mention within the last 15 years?

16 A. Yes.

17 Q. Which boards were those?

18 A. Greater Providence Chamber of Commerce,  
19 Meeting Street School. I know there are others,  
20 but I'll have to give that -- I'll have to give  
21 that more thought.

22 Q. Okay. Thank you.

23 For the Greater Providence Chamber,  
24 what was your role?

25 A. I was a member of the board.



1 Q. Okay. And were you compensated for your role as  
2 a member --

3 A. I was not.

4 Q. -- of the board?

5 A. I was not.

6 Q. What about Meeting Street? What was your role?

7 A. Member of the board.

8 Q. Were you compensated?

9 A. I was not.

10 Q. Thank you, Mr. Quinlan.

11 Now we are going to turn to the  
12 Prospect CharterCARE board.

13 Can you describe the mission of the  
14 board? And for purposes of clarification, when  
15 I say "the board," I am referencing the Prospect  
16 CharterCARE board. If I want to talk about any  
17 other board or any other entity, I will specify  
18 that.

19 A. Certainly.

20 Our board -- our board responsibility  
21 was to represent the community, share with the  
22 leadership of the board and with Prospect on  
23 issues/matters relevant to the CharterCARE  
24 hospitals and to Prospect. Our range of issues  
25 which we would discuss were essentially a review

1 on a quarterly basis on the consistency of the  
2 leadership with the mission, the financial  
3 stability, the operation stability, the quality  
4 of care, all issues relevant to the operation of  
5 the hospital.

6 Q. Now, how did you come to be appointed as a  
7 member of the board?

8 A. I was appointed -- or requested would be  
9 the better word. I was requested to serve on  
10 the board by the president of the hospital at  
11 that time and the chairman of the board of the  
12 hospitals at that time.

13 Q. Who was the president of the hospitals at that  
14 time?

15 A. Kenneth Belcher.

16 Q. Who was the chairman of the board at that time?

17 A. Edwin Santos.

18 Q. Okay. What qualified you to be appointed a  
19 member of the board?

20 A. I had only two weeks prior retired after  
21 20 years with the Hospital Association of Rhode  
22 Island. Earlier in my career, I worked in  
23 administration at Kent County Hospital and North  
24 Miami General Hospital in Florida.

25 Q. All right. Let's talk about that for a minute.

1                               When did you work at Kent?

2           A.     I was at Kent from 1976 to 1983.

3   Q.    What did you do at Kent?

4           A.     I was an assistant administrator with  
5           principal responsibilities for communications  
6           and development.

7   Q.    And when did you work at Miami General?

8           A.     From 1972 to '76.

9   Q.    And what were your roles there?

10          A.     I was vice president of communications.

11   Q.    Okay. All right. Thank you, Mr. Quinlan.

12                       Why did both President Belcher and  
13           Chairman Quinlan ask you to be a member? Were  
14           there any other reasons besides your  
15           qualifications?

16          A.     I knew Mr. Belcher and Mr. Santos in my  
17           role as president of the hospital association,  
18           and Roger Williams and Fatima Hospital, the two  
19           CharterCARE hospitals, were memberships of the  
20           hospital association.

21   Q.    Okay.

22          A.     And I -- previous to being with the  
23           hospital association and working for  
24           Senator Chafee -- Senator Chafee was a senior  
25           member of the senate finance committee, a

1 committee in which health care matters, such as  
2 Medicare and Medicaid, came before that  
3 committee. We would therefore see hospital  
4 leaders in Rhode Island come to Washington to  
5 meet with the senator. I would participate in  
6 those meetings. So I knew the hospital leaders  
7 in Rhode Island.

■ ■ [REDACTED]

■ [REDACTED]

■ ■ [REDACTED]

■ [REDACTED]

■ ■ [REDACTED]

■ [REDACTED]

■ ■ [REDACTED]

■ ■ [REDACTED]

■ [REDACTED]

■ ■ [REDACTED]

■ ■ [REDACTED]

■ [REDACTED]

■ ■ [REDACTED]

■ ■ [REDACTED]

■ ■ [REDACTED]

■ [REDACTED]

■ [REDACTED]

■ [REDACTED]

[illegible]



[illegible]

[illegible]

24

So your original term of appointment

25

was for how -- how many years at a time?



1 A. Two.

2 Q. Two.

3 A. As I recall, two.

█ █ [REDACTED]

█ [REDACTED]

█ █ [REDACTED]

█ [REDACTED]

█ [REDACTED]

█ █ [REDACTED]

█ █ [REDACTED]

11 Q. So were your two-year terms continuously  
12 renewed?

13 A. Yes, until the board was disbanded in  
14 August of 2020.

█ █ [REDACTED]

█ █ [REDACTED]

█ █ [REDACTED]

█ █ [REDACTED]

█ [REDACTED]

█ █ [REDACTED]

█ █ [REDACTED]

█ █ [REDACTED]

█ [REDACTED]

█ █ [REDACTED]

█ [REDACTED]

[illegible]



[illegible]

[illegible]



[illegible]

[illegible]



[illegible]

[illegible]

[illegible]

[REDACTED]

[REDACTED]

[REDACTED]

4 A. If you were to look at the financial  
5 profile of hospitals in the state of Rhode  
6 Island, the data has been consistently clear.  
7 I've been retired now for six and a half years,  
8 so my data isn't that current; however, if you  
9 were to take a look nationally at over -- the  
10 over five hospitals -- acute care hospitals in  
11 our nation, the typical positive margin is going  
12 to be 4 to 5 percent. In Rhode Island, it would  
13 be typically under 1 percent. So Rhode Island  
14 hospitals, by virtue of reimbursement received  
15 from government and commercial payers, have  
16 struggled for many, many years; therefore, their  
17 ability to have on-hand capital for major  
18 capital projects was slim. And bond ratings, as  
19 you might expect, given the overall financial  
20 plight of hospitals in our state, were not  
21 strong. And that -- if you were to look at the  
22 financial profile of hospitals in Rhode Island I  
23 would say in recent years, including my final  
24 years at the hospital association, the majority  
25 of our hospitals every year would operate at a

1           loss. In some cases -- I'm thinking now of  
2           Memorial Hospital in Pawtucket -- it had to  
3           close.

4       Q.    You mentioned that a reason for being below  
5           1 percent has to do with the reimbursement rates  
6           here in Rhode Island.

7                       Can you expound upon that?

8       A.    Sure.

9                       On the government side, Medicare  
10           reimbursement for hospitals in Rhode Island --  
11           as recently probably as 25 to 30 years ago, we  
12           had one of the best Medicare reimbursements in  
13           the country. That changed after Medicare came  
14           in with what they refer to as a Medicare  
15           advantage product, which essentially was a  
16           managed care product. That was offered in Rhode  
17           Island by BlueCHIP, a subsidiary of Blue Cross.  
18           Medicare managed care reimbursement was  
19           significantly lower than traditional Medicare  
20           fee-for-service. There are those hospitals in  
21           Rhode Island who receive a significant portion  
22           of their revenue from Medicare. The other  
23           public payer is Medicaid.

24                      In Rhode Island, Medicare rates for  
25           many years have declined. Not seeing the most

1 recent data, I would say now reimbursement for  
2 Medicare and Medicaid services in Rhode Island  
3 is below 80 cents on the dollar, probably high  
4 70s. So you can see, for those hospitals who  
5 have significant Medicare and Medicaid  
6 patient -- in-patients in their hospitals, they  
7 are going to operate or care for those patients  
8 at a financial loss.

9 We have several hospitals in Greater  
10 Providence who have a significant percentage of  
11 their patients on the state Medicaid program.  
12 That would be common in Rhode Island in  
13 accordance with what the social economic status  
14 of that region might be.

15 Q. In addition to the Medicare and Medicaid  
16 reimbursements, you also mentioned the  
17 commercial private payers' rate of  
18 reimbursement --

19 A. Right.

20 Q. -- is that correct?

21 A. Correct.

22 Q. Can you explain --

23 A. And those commercial -- those commercial  
24 insurance contracts are negotiated by the  
25 hospitals with the commercial insurers. In

1 Rhode Island, those are principally Blue Cross,  
2 UnitedHealthcare and NHB, Neighborhood Health  
3 Plan, and those contracts are going to vary  
4 hospital by hospital or system by system.

5 Q. Why are those contracts going to vary?

6 A. 'Cause they're individually negotiated. We  
7 don't have fixed rates in Rhode Island for  
8 commercial insurers. We have a health insurance  
9 commissioner in Rhode Island. The  
10 responsibilities of that office is to establish  
11 an annual rate of increase for the commercial  
12 insurers. It's not rate setting, but it does  
13 provide more predictability for the commercial  
14 insurers. And Rhode Island has had that  
15 position, health insurance commissioner, the  
16 first state in the country to have such a  
17 position -- it was created about 12 years ago.

18 Q. So OHIC does not get involved with the prices  
19 set in the individually negotiated contracts  
20 between the payers and the hospitals; correct?

21 A. That's correct.

1 Q. Did the board, the Prospect CharterCARE board,  
2 have final approval of the annual operating  
3 budget?

4 A. We would have the opportunity at meetings,  
5 at the appropriate time of year, to be briefed  
6 on the capital operating budget. That budget  
7 would ultimately be approved by Prospect, the

■ [REDACTED]

■ [REDACTED]

■ [REDACTED]

■ [REDACTED]

■ [REDACTED]

■ [REDACTED]

■ [REDACTED]

■ [REDACTED]

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■ [REDACTED]

■ [REDACTED]

■ [REDACTED]

■ [REDACTED]

■ [REDACTED]

■ [REDACTED]



[illegible]

1 A. Remember, when you have a corporate parent,  
2 that is a bit different than a system that does  
3 not have such a model, does not have such an  
4 ownership. We have one other corporate model in  
5 Rhode Island, and that's -- Tenet owns a  
6 hospital in Rhode Island in Woonsocket.  
7 Landmark. I meant to say Landmark Medical  
8 Center.

9 Q. Okay. So can you describe what's different  
10 about a hospital that has a corporate parent  
11 than one that doesn't?

12 A. I would have to say, knowing the  
13 operational side of the nonprofit hospitals and  
14 corporate, having served on the Prospect  
15 CharterCARE board now, I don't see any  
16 difference in the vision, I don't see any  
17 difference in the operational style. I think  
18 they both face the same pressures, starting with  
19 reimbursement.

■ ■ [REDACTED]

■ [REDACTED]

■ ■ [REDACTED]

■ ■ [REDACTED]

■ ■ [REDACTED]

■ [REDACTED]

[illegible]

19 MS. LENZ: All right. Hold on one  
20 second. Can we just go off the record for a  
21 bit?

22 THE WITNESS: Sure.

23 MS. LENZ: One moment.

24 (Off the record.)

25 MS. LENZ: So I think that if

everyone agrees -- it's almost 10:00. We've been at this for about an hour and a half. Let's take a 10-minute break, and then we'll resume. Is that okay with everybody?

THE WITNESS: Yes.

MR. ZUBIAGO: Yep. Okay here.

MS. LENZ: Okay. So we'll go into our breakout rooms.

(Recess called at 9:58 a.m. The proceeding reconvened at 10:16 a.m.)

BY MS. LENZ:

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25

his son fairly regularly.

[illegible]





[illegible]

[illegible]

[illegible]

[illegible]

█ [REDACTED]

█ [REDACTED]

█ [REDACTED]

█ [REDACTED]

█ [REDACTED]

█ [REDACTED]

█ [REDACTED]

█ [REDACTED]

9 Q. So, in your opinion, did Prospect adequately

10 fund operating and capital budgets on an annual

11 basis?

12 A. I would say on an annual basis their

13 strategic planning process would prompt an

14 assessment of the operational stability. You

15 would look at the prior two years on the

16 operational side to see where you were and not

17 where you hope to be but where you're likely to

18 be in order to make corresponding capital

19 investment judgments. A capital investment is

20 typically going to be significant, so you have

21 to do your planning.

22 Q. Mr. Quinlan, did the board have approval power

23 over -- let me strike that.

24 Did the board -- what did the board

25 have approval power over?

1       A.     We would -- given the -- the purpose of our  
2       board, we would typically have approval on  
3       issues relating to perhaps the addition of a new  
4       major service, if we were going to start a new  
5       gerontology program, if we were to start a -- we  
6       had intention to go forward with a broader  
7       outpatient surgery program. These are active  
8       informed discussions that administration would  
9       probably look to us for our views, hoping that  
10      there would be a consensus by the board on going  
11      forward after we had been significantly informed  
12      as to the need and the purpose and the cost. A  
13      formal approval process, typically no.

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[REDACTED]

[REDACTED]

[REDACTED]

20 Q. What is the health services council?

21 A. Health service council is a regulatory  
22 organization established in statute that  
23 operates under the Department of Health. It  
24 reviews all Hospital Conversion Act  
25 applications, all certificate of need



1 applications.

2 Q. Who are the members of that council?

3 A. There are 11 members presently. I am one  
4 of them. I've been a member now for about  
5 14 months.

6 Q. Do you have a specific role on the council?

7 A. I'm a voting member.

8 Q. So, Mr. Quinlan, how does that work having been  
9 a member of Prospect CharterCARE board while  
10 simultaneously serving on the health services  
11 council?

12 A. Until the health services council -- excuse  
13 me. Until the CharterCARE board was disbanded  
14 in August of 2020, any matters involving  
15 CharterCARE, I recused myself. When CharterCARE  
16 board was disbanded, I inquired of the ethics  
17 commission on what my voting authority should  
18 be, thinking I would have to formally inform  
19 them. They advised me that because the board  
20 had been disbanded, I would now be able to vote.

21 Q. Was your inquiry oral or written to the ethics  
22 commission?

23 A. It was oral. I asked them about the  
24 process. I felt I would have to formally either  
25 prepare a document for them or appear before

1           them. I was told that the phone call was  
2           sufficient.

3       Q.   Who told you that? Who did you speak with at  
4           the ethics commission?

5           A.   I -- I'm not recalling exactly. It was a  
6           brief conversation. I --

7       Q.   When was that? Oh, go ahead.

8           A.   It was immediately after the board was  
9           disbanded. If I saw the list of the staff for  
10          the ethics commission, I would recognize the  
11          name. It was a woman. I would recognize the  
12          name.

13       Q.   Okay. So you don't have anything in writing  
14          from the ethics commission. This was all oral;  
15          correct?

16          A.   None was requested, and I shared the  
17          communication that I had with the ethics  
18          commission with the chairman of the board of the  
19          health services council.

20       Q.   Who is the chairman of the board of the health  
21          services council?

22          A.   Vicki Almeida.

23       Q.   How did you communicate to Attorney Almeida that  
24          the ethics -- that you had this communication  
25          with the ethics commission?

1 A. In person.

2 Q. So nothing in writing?

3 A. No.

4 Q. Mr. Quinlan, a few minutes ago you mentioned the  
5 board approving new service lines; is that  
6 correct?

7 A. In my history on the board, I would say we  
8 typically are informed about that information,  
9 not a formal approval required --

10 Q. Okay.

11 A. -- or requested.

12 Q. Does the same rationale go for a discontinuance  
13 of any service? Are you also informed, but  
14 don't have to approve a discontinuance of a  
15 service?

16 A. Informed.

17 Q. Thank you.

18 Mr. Quinlan, earlier you mentioned  
19 that you were paid about 12,000 a year for your  
20 service on the board; is that correct?

21 A. Correct.

22 Q. Okay. Did you receive any other compensation  
23 from Prospect while you were on the board?

24 A. I did not.

25 Q. No?

1 Did you have any consulting  
2 agreements with Prospect or Prospect Medical  
3 Holdings during your time on the board?

4 A. No.

5 Q. Okay. Are you aware of any local board members  
6 who had an agreement with Prospect for  
7 consulting work?

8 A. I am not.

9 Q. Are you an option holder of Ivy Holdings?

10 A. I am not.

11 Q. Do you receive any stock or any other benefits  
12 with respect to Prospect or Prospect Medical  
13 Holdings or their affiliates?

14 A. No.

15 Q. Are you related to anyone at Prospect?

16 A. No.

17 Q. Are you related to anyone at Roger Williams?

18 A. No.

19 Q. Are you related to anyone at Fatima?

20 A. No.

21 Q. Are you related to any other Prospect-owned  
22 Rhode Island entity?

23 A. No.

24 Q. Okay. I'd like to turn now to a discussion  
25 about the 2014 joint venture.

1 Are you familiar with that joint  
2 venture?

3 A. Tell me more.

4 Q. Are you familiar with the combining of  
5 CharterCARE and Prospect?

6 A. Correct. Yes, I am.

7 Q. Okay. How are you familiar?

8 A. We are typically apprised of information  
9 regarding the two organizations, including  
10 ownership, leadership.

11 Q. Okay. Are you familiar at all with the Hospital  
12 Conversions Act application that was filed back  
13 in 2014 with the attorney general's office and  
14 the Department of Health to create this joint  
15 venture?

16 A. Yes.

17 Q. How are you familiar with that application?

18 A. I knew it when it was filed because I was  
19 still at the hospital association. I learned of  
20 it -- of its stages after I was asked to serve  
21 on the CharterCARE board.

22 Q. Okay. Did you ever review the application?

23 A. I read it -- I reviewed it more thoroughly  
24 after I went on the board.

25 Q. Okay. I am going to share my screen, so if you

1 just give me one second.

2 Okay. Mr. Quinlan, can you see my  
3 screen?

4 A. Yes.

5 MS. LENZ: I'd like to mark this as  
6 Exhibit B.

7 Q. Mr. Quinlan, you can see this document. What is  
8 this document?

9 A. This was a decision made by the attorney  
10 general's department consistent with their  
11 obligation under the Hospital Conversion Act.

12 Q. Okay. Have you read this document?

13 A. I have.

14 Q. Okay.

15 MS. LENZ: I'd like to enter it in  
16 full as Exhibit B, if there are no objections.

17 MR. ZUBIAGO: No objection. Sorry.  
18 I'm slow on the mute.

19 MS. LENZ: Thank you.

20 Exhibit B, State of Rhode Island  
21 Department of Attorney General Decision dated  
22 May 16, 2014, was received in evidence for  
23 identification.

24 BY MS. LENZ:

25 Q. Mr. Quinlan, when did you read this decision?

1           A.     Probably in early 2014, and probably again  
2           a year ago.

3     Q.     Why did you review it again a year ago?

4           A.     I think we are probably looking at activity  
5           within the state of Rhode Island concerning  
6           activities by other hospitals, and I thought I  
7           would refresh my memory on the process as it was  
8           applied to Prospect and CharterCARE.

9     Q.     Can you explain that?  What types of activities  
10           with other hospitals prompted your review of  
11           this particular decision?

12           A.     I know there are pending applications at  
13           the Department of Health now by several  
14           hospitals, and I think we all know that there  
15           is a letter of intent that's been filed by Care  
16           New England, Lifespan and Brown University that  
17           will probably be filed later this year.  It's a  
18           small state, and all hospitals are aware that  
19           activities and programs proposed by other  
20           hospitals might have an effect on that -- on  
21           their hospital.

22     Q.     Did you review this decision when you were still  
23           a member of the board?

24           A.     Yes.

25     Q.     I apologize.

1 | A. Our board was active a year ago.

2 | Q. Yes, earlier this year.

3 Did anyone from Prospect ask you to  
4 review the decision?

5           A.     They did not.

6 Q. So you just reviewed it on your own, given the  
7 landscape --

8	A. I did.
---	-----------

9 | Q. -- of -- okay.

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3	A	90
4	B	80
5	A	90
6	B	70
7	A	95
8	B	100
9	A	88
10	A	95
11	B	95
12	A	100
13	B	55
14	A	85
15	B	30
16	A	20
17	A	100
18	B	25
19	A	65
20	A	65
21	B	55
22	A	82
23	B	95
24	A	78
25	A	98



4 Do you recall when that change -- do  
5 you recall when you started getting payments?

6 A. Precisely, no. I know I was a member of  
7 the board before -- probably through -- a couple  
8 of months before I was made aware of the  
9 compensation. So when I accepted the position  
10 on the board, I was unaware of compensation.

11 Q. Okay. And do you -- I apologize. Do you recall  
12 when compensation began?

13 A. I believe it was within 2014.

14 Q. You believe it was in 2014; is that correct?

15 A. Yes, I believe. That's not an absolute  
16 recall.

17 Q. Okay. Thank you.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

11 Q. I'm going to share my screen one more time.

12 MS. LENZ: And I'd like this marked  
13 as Exhibit C.

14 Exhibit C, Amended & Restated Limited  
15 Liability Company Agreement of Prospect  
16 CharterCARE, LLC, dated June 20, 2014, was  
17 received in evidence for identification.

18 Q. Mr. Quinlan, can you see your screen?

19 A. I can.

20 Q. Okay. What is on your screen?

21 A. It's headed "Amended & Restated Limited  
22 Liability Company Agreement."

23 Q. Okay. And is this of Prospect CharterCARE, LLC?

24 A. Yes, it is.

25 Q. Okay. Are you familiar with this document?

1 A. Has it changed? If it's amended, if you  
2 could direct me to the amending language.

3 Q. Well, this is what was -- hold on. Let me get  
4 you a date. This was promulgated on June 20,  
5 2014.

6 A. I think -- I think the document -- I have a  
7 document -- I have a document with me. I just  
8 want to look at the date on it.

9 Q. Certainly.

10 A. The date on the document I have is May 16,  
11 2014.

12 Q. And what is the document you have in front of  
13 you? Can you just read the title of it to me?

14 A. It's titled as "Decision."

15 Q. Okay. So this is the LLC agreement -- what's in  
16 front of you on my screen is the LLC agreement  
17 that governs Prospect CharterCARE, LLC.

18 Have you ever seen this document?

19 A. I don't -- I -- my document does not say  
20 amended. My document --

21 Q. Do you have a doc- -- have you ever seen a  
22 document that's stated "Limited Liability  
23 Company Agreement"?

24 A. I don't believe I have.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

22 things. One of the things it does is sets out  
23 the duties of the board, among many other  
24 things. It governs the whole LLC.

25 Are you familiar with this document?

1 A. No, but I would -- I -- the May 16th  
2 document I have also addresses those topics.

■ ■ [REDACTED]  
■ [REDACTED]  
■ [REDACTED]  
■ ■ [REDACTED]  
■ [REDACTED]  
■ [REDACTED]  
■ [REDACTED]  
■ [REDACTED]  
■ [REDACTED]  
■ [REDACTED]

12 Q. I think what we'll do is move on from the LLC  
13 agreement for now, and then if we need to circle  
14 back, we will, because --

15 A. Okay.

16 Q. -- I'd like to get to the current pending  
17 transaction with respect to Prospect  
18 CharterCARE, Prospect Chamber/Ivy, Inc.

19 Are you aware of the current  
20 transaction that we're discussing?

21 A. I am aware of it as a member of the health  
22 services council.

23 Q. So how did you become aware of this transaction?

24 A. When the application was filed for review  
25 by Department of Health staff. It has not come

1 before the full council to date.

2 Q. Did anyone from Prospect discuss the proposed  
3 transaction with you as a member of the board,  
4 the Prospect CharterCARE board?

5 A. Well, remember, the board was disbanded in  
6 August of 2020.

7 Q. Are you aware of when the application for the  
8 Chamber/Ivy transaction was filed?

9 A. Precisely, I am not.

10 Q. Okay.

11 A. I was -- I was told probably by staff that  
12 it was anticipated. When it was actually filed,  
13 I do not know.

14 Q. Okay. Between January 2020 and, as you state,  
15 the disbandment of the board in August of 2020,  
16 were there any discussions about the Chamber/Ivy  
17 transaction with the Prospect CharterCARE board?

18 A. Yes.

19

20

[REDACTED]

21

22

[REDACTED]

23

[REDACTED]

24

[REDACTED]

23 Q. Okay. Do you -- do you know what this  
24 transaction is?

25 A. I know that the -- the ownership



1 composition would be changed with an interest by  
2 the Prospect leadership of having a more active  
3 role in the ownership.

4 Q. Okay. Do you know -- what do you mean by "more  
5 active role in the ownership"?

6 A. A greater share of the ownership. I have  
7 not seen the document.

8 Q. You've not seen the documents?

9 Has --

10 A. I have not.

11 Q. -- the application been presented to the health  
12 services council?

13 A. Not to my knowledge. The application for  
14 review would've gone to the Department of Health  
15 staff.

16 Q. Okay. Did the Prospect CharterCARE board have  
17 any role in deciding whether or not the parent  
18 could enter into this transaction?

19 A. No.

20 Q. And why is that?

21 A. That would be a corporate responsibility  
22 and a corporate decision.

23 Q. Okay. So, Mr. Quinlan, this is all out, you  
24 know, publicly. So basically the transaction is  
25 a buyout of the private equity investor, Leonard

1 Green, by Sam Lee and David Topper.

2 Have you ever met anyone from Leonard  
3 Green during your tenure as a board member?

4 A. I have not. I certainly know -- I  
5 certainly am aware of their share of the  
6 ownership.

7 Q. And how are you aware of their share of the  
8 ownership?

9 A. Just simple -- just mentioned in board  
10 meetings. It would be acknowledged. It would  
11 be referenced.

12 Q. Okay. Now, you've mentioned that Sam Lee has  
13 come down, you know, several times to Rhode  
14 Island.

15 Have you met with him personally?

16 A. Yes.

17 Q. Okay. On what occasions?

18 A. At his attendance at our meetings, as I  
19 have Mr. Topper.

20 Q. Okay. On average per year, how often did  
21 Mr. Lee come to attend meetings?

22 A. I would say several times a year. As I  
23 said, with a son starting at Brown, he would be  
24 here, and I'm sure he would often coincide his  
25 visits to see his son to be at a time period

1           that our board would be meeting.

2       Q.    Okay.  What about Mr. Topper?  About how often  
3           did he come down to the meetings every year?

4       A.    I would -- we would meet four times.  I  
5           would say at least twice.

6       Q.    Okay.  Do you have a personal relationship with  
7           Mr. Lee?

8       A.    I consider him a -- we have a personal and  
9           professional relationship.

10      Q.    Okay.  Can you describe your personal  
11           relationship?

12      A.    It would be at the meetings that he  
13           attended, not beyond that.

14      Q.    Okay.  Did you ever have dinner with him or get  
15           your families together?

16      A.    No.

17      Q.    What about Mr. Topper?  Do you have a personal  
18           relationship with Mr. Topper?

19      A.    It would be the same as my relationship  
20           with Mr. Lee.

21      Q.    Okay.  Now, Mr. Quinlan, according to the  
22           transaction documents, Sam Lee and David Topper  
23           would together own 100 percent of the company,  
24           and Leonard Green would be completely bought  
25           out.

1                   In your opinion, do you think that  
2                   that's a good thing for the hospitals, for the  
3                   local hospitals?

4           A.    I have had the opportunity to meet both of  
5                   those gentlemen over the years.   I know how  
6                   successful their company has been with ownership  
7                   of over 20 hospitals around the country.   And I  
8                   do not know -- I do not know Green officials.  
9                   But knowing Mr. Lee and Mr. Topper and their  
10                  personal interest and activity with CharterCARE  
11                  in Rhode Island, in combination with the  
12                  successful stewardship/ownership of other  
13                  hospitals throughout the country, I absolutely  
14                  have confidence in their ability to assume a  
15                  complete ownership of CharterCARE hospitals in  
16                  Rhode Island.

17   Q.    Okay.   Have you ever heard of any -- anything  
18                  negative about Prospect and its ownerships of  
19                  the local hospitals?

20           A.    With the prominence of social media today,  
21                   it's more difficult to avoid information than to  
22                   seek it.   And there have been mailings on  
23                   material that was in trade media -- trade media  
24                   which I have never heard of -- that has included  
25                   criticism of Prospect that I glanced at, and as

1 I read, I saw information that I knew to be  
2 untrue and didn't proceed with reading. I  
3 didn't know the publication. I didn't know them  
4 to be credible or not, but I knew the  
5 information that was contained in the  
6 publication was not accurate.

7 Q. All right. I'm just going to share my screen  
8 for a moment.

9 A. And I know -- it might speak to the  
10 credibility of the publication in that the story  
11 that you're now showing was never picked up by  
12 local media.

13 MS. LENZ: So I would like what's on  
14 my screen marked as Exhibit C [sic].

15 Q. Mr. Quinlan, is this the publication you're  
16 referencing? This is an article --

17 A. Is it ProPublica?

18 Q. Can you see --

19 A. I believe -- I believe it is.

20 Q. Is this the ProPublica article that you began  
21 reading but didn't finish?

22 A. I believe so, because I believe this is  
23 fairly recent, is it not?

24 Q. It is. It is.

25 A. I've received -- I believe I've received it

1 more than once.

2 Q. And who sent it to you?

3 A. That, I do not know. And with today's  
4 social media, trying to identify the originator  
5 of the item, I can't tell you who sent it to me.

6 Q. Do you have social media, Mr. Quinlan?

7 A. My sophistication is such that I could not  
8 give you a definition of social media. My sons  
9 probably could, but they're much younger than I  
10 am.

11 Q. Understood.

12 So because you haven't read this  
13 whole article, we're not going to go through it,  
14 but I do want to question you as to what the --  
15 what were the things that you read that jumped  
16 out at you as being inaccurate in your mind?

17 A. I'd have to go back and look at it again.  
18 It was obviously very critical, and it  
19 obviously -- the criticisms were very personal,  
20 and I thought it was not an article that would  
21 be prepared by individuals who were  
22 knowledgeable or did not have a firm view of  
23 Prospect for reasons unclear to me.

24 Q. Okay. Are you aware of any issues with the  
25 hospitals getting the supplies they need, the

1 medical supplies they need?

2 A. Have any -- have any difficulty?

3 Q. Yes.

4 A. I am not.

5 Q. Are you aware of whether pre-COVID there had  
6 been a shortage of medical supplies?

7 A. I am not aware of that. Post-COVID,  
8 obviously the vaccine supply and the equipment  
9 supply issue has been a factor for all health  
10 care providers throughout the nation.

11 Q. Do you know whether the hospitals -- and by  
12 "hospitals," I mean Fatima and Roger Williams --  
13 had adequate PPE to handle the COVID crisis?

14 A. I believe it was stressed. I do not  
15 believe it affected their ability to provide  
16 quality care to patients or affect the ability  
17 of their staff to provide quality care. I would  
18 say the equipment issue, the PPE issue for  
19 hospitals was a significant -- I'm not going to  
20 use the word problem -- but reality for health  
21 care providers, and that includes hospitals,  
22 nursing homes, all providers. Supplies were  
23 stressed mostly because COVID came up fast, and  
24 there wasn't a history to predict the  
25 seriousness of COVID and, therefore, the supply

1 need.

2 Q. Mr. Quinlan, I'm showing you my screen again,  
3 and it's that same ProPublica article, and I'm  
4 just going to read the title. "Investors  
5 Extracted \$400 Million From a Hospital Chain  
6 That Sometimes Couldn't Pay for Medical Supplies  
7 or Gas for Ambulances."

8 Did I read that correctly as written?

9 A. You have read it correctly.

10 Q. Okay.

11 MS. LENZ: I would like to just enter  
12 this in full as Exhibit C, if there's not an  
13 objection.

14 MR. ZUBIAGO: No objection.

15 Just check. I thought we might be on  
16 D and not C. But no objection.

17 MS. LENZ: Oh, I apologize.

18 Casey, I think whatever I said at the  
19 beginning was right, whether that was C or D.

20 THE REPORTER: I think we're on D.

21 MS. LENZ: Okay. My apologies.

22 MR. ZUBIAGO: No problem.

23 MS. LENZ: Thank you.

24 Exhibit D, ProPublica article, was  
25 received in evidence for identification.



1 BY MS. LENZ:

2 Q. So are you familiar with what this headline  
3 means, investors extracted \$400 million from  
4 Prospect?

5 A. I am not aware of it.

6 Q. Okay.

7 A. It would -- it would surprise me -- as soon  
8 as I saw the headline, that flagged me what this  
9 article was likely going to be.

10 Q. Are you aware that this 400 million -- and it's  
11 more like half a billion -- is called a  
12 dividend? Are you aware of any discussions of a  
13 dividend?

14 A. I am not.

■ ■ [REDACTED]

■ [REDACTED]

■ ■ [REDACTED]

■ ■ [REDACTED]

■ ■ [REDACTED]

■ ■ [REDACTED]

■ ■ [REDACTED]

■ ■ [REDACTED]

■ ■ [REDACTED]

■ ■ [REDACTED]

■ ■ [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

9 Q. So that was never discussed with the board?

10 A. It was not.

11 Q. Do you, as a board member -- or former board  
12 member, have any concerns that Prospect will  
13 close the Rhode Island hospitals?

14 A. I do not.

15 Q. And why don't you have that concern?

16 A. There has been no evidence presented,  
17 discussed to suggest that that activity is being  
18 contemplated --

19 Q. Are you --

20 A. -- recognizing that in Rhode Island, state  
21 law requires a hospital to disclose its  
22 intention to the Rhode Island Department of  
23 Health. Again, it's a small state. Rumors,  
24 accurate or inaccurate, tend to move quickly. I  
25 have not heard any discussion regarding that

1 issue.

2 Q. So apart from being a board member, being a  
3 lifelong Rhode Islander living in this very  
4 small state, are you concerned at all that  
5 Prospect will close its hospitals?

6 A. I am not.

7 Q. As a former board member, do you -- did you have  
8 any concern that Prospect would go bankrupt or  
9 go into mastership?

10 A. I do not.

11 Q. And as a citizen and a lifelong Rhode Islander,  
12 do you have any concern that Prospect will go  
13 bankrupt or enter into mastership?

14 A. I have had concerns about the financial  
15 viability, stability of hospitals for the last  
16 25 years, because I know the reimbursement as  
17 well as anyone given my 20 years with the  
18 hospital association. Interacting with hospital  
19 CEOs on a daily basis, I knew what pressures --  
20 financial pressures they are under. I admire  
21 their ability to continue to provide high  
22 quality care, remain stable, serve their  
23 patients. I am aware that the closure of  
24 Memorial Hospital in our state several years ago  
25 was due to the financial pressures and hope that

1       those difficulties are not being experienced by  
2       other hospitals that would put them in a  
3       survival situation.

4   Q.   When you say you are concerned about the  
5       financial stability and viability of Rhode  
6       Island hospitals, do you mean all Rhode Island  
7       hospitals or just Roger Williams and Fatima?

8   A.   All.

9   Q.   Is there a special concern for Roger Williams  
10       and Fatima?

11   A.   No, not in the particular. No. In the  
12       broad general, the 11 acute care hospitals Rhode  
13       Island are all experiencing financial pressures.  
14       As recently as perhaps three or four years ago,  
15       there were only four hospitals with a positive  
16       margin.

17   Q.   Do you recall which hospitals those were?

18   A.   I can tell you two hospitals in Rhode  
19       Island that typically are positive. One is a  
20       small community hospital, South County, located  
21       in the southern part of the state. The other is  
22       Miriam Hospital, a teaching hospital and part of  
23       the Lifespan system, in Providence.

24   Q.   What is the financial reimbursement like at  
25       Roger Williams and Fatima specifically?

1 A. It is inadequate, as it is for every  
2 hospital in Rhode Island.

3 Q. Would you say it's more inadequate, less  
4 inadequate, or pretty much the same as most of  
5 the other hospitals?

6 A. I think there are significant variations.  
7 Some of that -- those variations can be  
8 attributed to the level and type of services  
9 that they have, the volume of those services  
10 that they have, their debt service. There are  
11 variables even within hospitals within the same  
12 system.





[illegible]



[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

12                   Okay. Just a few more questions, and  
13 then I think we'll take a quick five-minute  
14 break, and then we'll hand it over to the  
15 Department of Health.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

1	A	[REDACTED]	
		[REDACTED]	
		[REDACTED]	
		[REDACTED]	[REDACTED]
		[REDACTED]	
		[REDACTED]	
		[REDACTED]	
		[REDACTED]	
		[REDACTED]	
2	B	[REDACTED]	
		[REDACTED]	
		[REDACTED]	[REDACTED]
		[REDACTED]	
		[REDACTED]	
3	C	[REDACTED]	
		[REDACTED]	
		[REDACTED]	
		[REDACTED]	
4	D	[REDACTED]	
		[REDACTED]	
		[REDACTED]	
5	E	[REDACTED]	
		[REDACTED]	
		[REDACTED]	
6	F	[REDACTED]	
		[REDACTED]	
		[REDACTED]	
7	G	[REDACTED]	
		[REDACTED]	
		[REDACTED]	
8	H	[REDACTED]	
		[REDACTED]	
		[REDACTED]	
9	I	[REDACTED]	
		[REDACTED]	
		[REDACTED]	
10	J	[REDACTED]	
		[REDACTED]	
		[REDACTED]	

[illegible]

[illegible]

[illegible]

[illegible]

Q. Are you aware at all of what the staffing ratios were pre-COVID versus --

A. I am not.

Q. -- post-COVID?

A. I am not.

Q. Okay. Do you know how --

A. My understanding -- my understanding in talking to other hospital leaders, COVID patients typically require a high level of care, more people. Hospital leaders have told me that a COVID patient requires more care than an ICU patient. So COVID care comes with a significant cost.

Q. Okay. And are you aware whether the hospitals have adequate PPE at present?

A. I think they are doing their best. I know Fatima Hospital, with a nursing home not far from its doors, tended to see a significant number of COVID patients that obviously -- and the difficulty with supplies is trying to predict the patients -- the volume of patients that you are going to see. There's no history to look back on with COVID. We haven't -- our nation hasn't had a pandemic in 100 years. That

1 information is meaningless today. So you are  
2 doing your best of trying to get ahead of what  
3 you might need, but you don't know in absolute  
4 terms what you do need.

5 They're regrettably -- across the  
6 country, there were organizations who were  
7 trying to buy as much as they could without  
8 knowing of what their need would be. That  
9 depleted the national inventory of supplies and  
10 stressed many, many hospitals and other health  
11 care providers.

■ ■ [REDACTED]

■ [REDACTED]

■ [REDACTED]

■ [REDACTED]

■ ■ [REDACTED]

■ [REDACTED]

■ [REDACTED]

■ [REDACTED]

■ [REDACTED]

■ [REDACTED]

■ [REDACTED]

■ [REDACTED]

■ [REDACTED]

■ [REDACTED]



■ ■ [REDACTED]

■ ■ [REDACTED]

■ ■ [REDACTED]

■ ■ [REDACTED]

5 Q. Do you know whether any service lines were  
6 discounted as a result of COVID -- discontinued,  
7 rather, as a result of COVID?

8 A. I am not.

9 Q. Okay.

10 A. That would be --

11 Q. Are you --

12 A. That would probably be a matter that the  
13 Department of Health would look at very closely,  
14 but I am not aware of any such discontinuation.

15 If a hospital were to look at every  
16 service that had a better reimbursement than  
17 another service, they wouldn't survive. You  
18 can't make decisions in which cost is your main  
19 driver. Are there some services with a higher  
20 level of reimbursement than others? Yes. And  
21 those variations typically are going to be  
22 largely driven by the intensity of services that  
23 you will need. Your medical patients are not  
24 going to be staffed at the level of your  
25 intensive care, surgery, orthopedics. It would

1 be a range largely determined by the insurers --  
2 completely determined by the insurers.

3 Q. Why do you say "completely determined by the  
4 insurers"?

5 A. Reimbursement. Staffing levels will be  
6 determined by the hospitals, and hopefully the  
7 reimbursement will recognize that staffing  
8 levels are going to vary by service line.

9 Q. In these privately negotiated hospital  
10 contracts, who has the better leverage, the  
11 hospitals or the insurance companies?

12 A. I recognize your objectivity. I'm not --  
13 I'm not sure that that is ever in doubt.

14 Q. So which one is it?

15 A. I think if you look at the annual balance  
16 sheets of insurers and hospitals, that would  
17 be -- that would answer your question very  
18 quickly.

19 Q. So I'm assuming, from your answer, it would be  
20 the insurance companies; am I correct?

21 A. Correct.

22 Q. Thank you.

23 Do you know whether the Rhode Island  
24 hospitals received COVID-19 relief funds?

25 A. I believe they all did.

1 Q. Okay. Do you know whether those funds have been  
2 sufficient for Roger Williams and Fatima?

3 A. In absolute terms, I do not.

4 Q. You do not know, or it was not sufficient?

5 A. I cannot respond to that question.

6 Q. Okay. And can you not respond because you don't  
7 have the information --

8 A. Correct.

9 Q. -- or the knowledge?

10 A. Correct.

11 Q. Okay. All right. Mr. Quinlan, just two more  
12 quick questions, and then we'll take a  
13 five-minute break, if that's okay.

14 A. Sure.

■ ■ [REDACTED]  
■ [REDACTED]  
■ [REDACTED]  
■ [REDACTED]  
■ ■ [REDACTED]  
■ [REDACTED]  
■ [REDACTED]  
■ [REDACTED]  
■ [REDACTED]  
■ [REDACTED]  
■ [REDACTED]

[illegible]

[illegible]

[illegible]



■ [REDACTED]  
■ [REDACTED]  
■ [REDACTED]  
4 Q. Thank you.

5 At the very beginning of this  
6 interview I asked you if you had reviewed any  
7 materials in preparation for this interview, and  
8 you said you had.

9 You are no longer a member of the  
10 board. Where did you get the materials that you  
11 reviewed?

12 A. The materials I referenced were materials  
13 that I had developed over the years. Much of my  
14 broader knowledge beyond CharterCARE was due to  
15 my 20 years with the hospital association.

16 Q. Thank you.

17 MS. LENZ: Let's take a five-minute  
18 break, and we'll come back.

19 THE WITNESS: Thank you.

20 (Recess called at 11:53 a.m. The  
21 proceeding reconvened at 12:11 p.m.)

22 MS. KELLEY: Ed, I'm going to skip  
23 the introductions, as we know each other, and go  
24 right into the questions. Thank you.

25 ///



1 EXAMINATION BY MS. KELLEY:

2 Q. So we are aware that you're represented by  
3 Attorney Zubiago.

4 Can you answer who is paying for your  
5 attorney for this matter?

6 A. CharterCARE.

7 Q. And speaking of CharterCARE, the other board  
8 members used Pat Rocha. Any reason why you  
9 chose not to? No offense to Mr. Zubiago. A  
10 fine attorney as well.

11 MR. ZUBIAGO: None taken, for the  
12 record.

13 A. I have a high regard for Pat and Steve.  
14 The selection was made by CharterCARE.

15 Q. Do you know the reasoning for that?

16 A. I do not.

17 Q. Did you have any input into that selection?

18 A. No, but I knew with either one of them I  
19 would be well served.

20 Q. So your membership on the board -- you were a  
21 Member A; correct?

22 A. Yes.

23 Q. And can you describe Member A status versus  
24 Member B status?

25 A. Voting authority, board attendance

1 requirement. Those are the principal issues.

2 Q. Are you familiar with the articles of  
3 incorporation?

4 A. Yes.

█ █ [REDACTED]

█ [REDACTED]

█ [REDACTED]

█ [REDACTED]

█ █ [REDACTED]

█ [REDACTED]

█ [REDACTED]

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[illegible]

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Category	Value
1	0.5
2	0.8
3	0.9
4	0.9
5	0.8
6	0.9
7	0.2
8	0.3
9	0.9
10	0.4
11	0.8
12	0.5
13	0.3
14	0.9
15	0.1
16	0.8
17	0.4
18	0.2
19	0.9
20	0.1

[illegible]

[illegible]



4 Q. So that's another question.

5 In your experience in the hospital  
6 arenas and the variety, do you believe that the  
7 parent should be bolstering the hospitals  
8 financially?

9	A. Yes.
---	---------

10 Q. And with other resources?

11 A. It's a stabilizing influence.

12 Q. Did the board help to make sure there were  
13 adequate resources for the organizations to  
14 achieve their missions?

15 | A. Did you say the board or Prospect?

16 Q. No. The board. So you already said that  
17 Prospect -- you know, that -- so did -- well,  
18 I'll ask it again.

19 Did you feel Prospect bolstered the  
20 hospitals financially with resources?

21	A. Yes.
----	---------

22 Q. And did the board have a role in making sure  
23 there were adequate resources for the hospitals?

24	A.	No.
----	----	-----

25 Q. They did not?

1 A. We were inform- -- were we informed?

2 Absolutely. We were informed even about major  
3 capital investments that were being considered.

4 Q. And what was the board's role in going to  
5 Prospect? Was there some due diligence involved  
6 in that?

7 A. There was no board before -- there was --  
8 the board composition was changed when Prospect  
9 came in. Prior to Prospect -- when CharterCARE  
10 was formed, there were individual hospital  
11 boards for Roger Williams and for Fatima.

12 Q. Yep.

13 A. When Prospect acquired CharterCARE, a new  
14 board for CharterCARE was formed, and as  
15 required by the attorney general and his  
16 approval, there would be four Rhode Islanders  
17 and four corporate.

18 Q. That --

19 A. There were no longer individual hospital  
20 boards.

21 Q. And that Charter- -- the CharterCARE care one  
22 going to Prospect, was there some involvement in  
23 the board on that?

24 A. I'm sure the individual hospital boards  
25 that Fatima and Roger Williams had -- I'm sure

they were actively involved. Did they have the ability to act on or approve the sale?

Q. Now --

A. I would bet they did.

Q. Did the board review the finances of the parent company?

A. I'm sure they did, and -- and that obligation was also required of the Department of Health and the attorney general.

Q. But when I say "the board" -- you were on the board. So when you say you're sure they did, do you remember what --

A. No. I went on the board -- I went on the board after Prospect acquired, probably a month later.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

Q. Can you explain -- you mentioned credentialing and privileges. Can you explain the difference

1 between credentialing and privileges?

2 A. If you are going to be on the staff of a  
3 hospital, one follows the other. So it's a --  
4 in essence, it's a simultaneous process. If  
5 you're credentialed, you're going to have  
6 privileges.

■ ■ [REDACTED]

■ [REDACTED]

■ ■ [REDACTED]

■ [REDACTED]

■ [REDACTED]

■ [REDACTED]

■ [REDACTED]

■ [REDACTED]

■ [REDACTED]

■ [REDACTED]

■ [REDACTED]

■ [REDACTED]

■ [REDACTED]

■ [REDACTED]

■ [REDACTED]

■ ■ [REDACTED]

■ [REDACTED]

■ [REDACTED]

■ [REDACTED]

■ ■ [REDACTED]

■ ■ [REDACTED]

[illegible]

[illegible]

20 Q. All right. Are you familiar with the  
21 reimbursement rates for Fatima and Roger  
22 Williams?

23           A.     Am I familiar with them?

24	Q. Yes.
----	---------

25                   A.     In general terms.



[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

10 related to your discussion with the hospitals,  
11 were you aware of the MPT transaction?

12 A. Tell me more.

13 Q. Well, do you know about it at all or...

14 A. MPC?

15 Q. T.

16 A. MPT. Apparently not by name.

17 Q. What about Prospect's finances? Are you  
18 familiar with them? I know you talked about  
19 that you didn't join until afterwards, but are  
20 you aware of Prospect's finances?

21 A. Broadly. Corporatewise, no, I am not. I  
22 know their hospitals across the country, they  
23 continue to grow. They've been in Connecticut  
24 now probably for about three years. They  
25 brought the Crozer system in Philadelphia. They



1       have two hospitals in New Jersey. So they're  
2       used to getting rates that the Northeast is  
3       known for not being strong.

4       Q.    Were you aware that they were downgraded in  
5       financial ratings?

6       A.    I was.

7       Q.    And how did you become aware of that?

8       A.    We were -- we were advised.

9       Q.    Who advised you?

10      A.    Leadership of CharterCARE --

11      Q.    Do you know --

12      A.    -- and our board chair.

13      Q.    Do you know what the basis was, or would you  
14      explain what the basis for the downgrading was?

15      A.    I would assume similar to what all  
16      hospitals experience: Operating performance,  
17      debt service, the typical. I know we have -- I  
18      know specifically at least three hospitals in  
19      Rhode Island who have had their bond ratings  
20      significantly reduced in recent years. As I  
21      said earlier, Jacqui, the last data I saw had  
22      Rhode Island with the fourth oldest inventory of  
23      hospitals in the country. So the obvious reason  
24      for that is capital investment has been delayed  
25      in large part because of their finances which

1 contribute to the bond rating. You're going to  
2 spend money to go to the bond market in Rhode  
3 Island.

4 Q. So back to the board and the board being  
5 disbanded, do you know how they're handling  
6 matters that they would in the normal course of  
7 businesses since the board has disbanded?

8 A. Assuming that they are more -- more  
9 involvement probably of the parent company.

10 Q. So jumping over to the health services council,  
11 when did you become a member?

12 A. November of 2019.

13 Q. And I know that you had mentioned that initially  
14 you were recused. There was a July 21, 2020,  
15 meeting at which you were recused for this  
16 matter; correct?

17 A. Correct.

18 Q. And then you mentioned a phone call that you --  
19 that you made to ethics.

20 Do you recall when that phone call  
21 was?

22 A. August.

23 Q. In August?

24 And then the October 13th health  
25 services council, that was the meeting at which

1           you verbally withdrew your recusal?

2           A.    I did.  It was an issue that had previously  
3           been before the council, and I did recuse.

4    Q.    But on -- but -- so you recused in July, and  
5           then you spoke to ethics in August.  So then at  
6           the October hearing, is that when you verbally  
7           withdrew your recusal?  Or maybe I should re- --  
8           maybe I should restate it and say, what is your  
9           current status if there is to be another hearing  
10          on this matter before health services council?

11          A.    My intention would be to act as a voting  
12          member.

13   Q.    So you withdrew your recusal?

14          A.    Yes.

15   Q.    And did you withdraw your recusal knowing that  
16          you were going to be under a statement of  
17          oath -- under oath?

18          A.    Regarding this issue?

19   Q.    So when you spoke to the ethics council  
20          verbally, did you tell them that you were going  
21          to be subject to a statement under oath, and  
22          that -- or that the awareness of the board was  
23          going to be subject to statements under oath?

24          A.    I did not, because I was not aware that I  
25          was going to be requested to be questioned or

1       deposed.

2       Q.     So did you -- have you spoken to ethics since  
3             becoming aware that the board members, including  
4             yourself, were going to be having statements  
5             under oath?

6       A.     No, but you're raising a great question,  
7             Jacqui. I should. I should.

8       Q.     So that's -- I believe it's Max Wistow who  
9             raised a question or a similar question in a  
10            letter he sent in November.

11                   Are you familiar with the letter he  
12            sent with various allegations?

13       A.     We all know Max. Max has a lengthy mailing  
14             list for such correspondence.

15       Q.     So there was one particular letter he sent.  
16             Would it help you if I shared my screen?

17       A.     Sure.

18       Q.     All right. I would just ask, can you see  
19             "November 25, 2020," a letter -- well, I'll  
20             scroll up a little so you can see it's from Max  
21             Wistow's office at the top, and then it's by  
22             e-mail to Fernanda Lopes.

23                   Can you see that?

24       A.     I sure do.

25       Q.     I never know how the things pop up when I do the

1 sharing.

2 So if you look at this, he talked  
3 about your recusal, the initial one that we  
4 mentioned in July, and then he talked about the  
5 October 13th one where, you know, you had spoken  
6 to ethics, and you said you no longer did it.

7 And then what are your responses?  
8 because I believe the health services council  
9 quoted you the letter -- or this letter shortly  
10 after receiving it. Do you have any responses  
11 to his allegations about the fact that you  
12 discussed it first -- his first issue is you  
13 discussed it with Victoria Almeida who is also  
14 recused in this matter.

15 A. I received a copy of the letter. Fernanda  
16 was kind enough to send it to me. And I know  
17 that Mr. Wistow is probably going to continue to  
18 raise this issue for as long as I am on the  
19 council.

20 Q. So do you have any response about the fact that  
21 you discussed it -- his concern that you  
22 discussed it with Victoria Almeida, who is also  
23 recused?

24 A. I do not.

25 Q. Then his second piece over here that he brings

1       that I'm rolling up now, is he said that you're  
2       also a named defendant in a superior court  
3       lawsuit captioned "CharterCARE Community Board,  
4       et al. vs. Samuel Lee, et al," PC-2019-3654.  
5       And he said that in the suit, plaintiffs are  
6       seeking money damages from you for breaching  
7       your fiduciary duties.

8       A.    He did, and he'll likely have more going  
9       forward. I think the ac- -- the action he's  
10      referring to might be regarding pending  
11      litigation that Fatima Hospital has, and that's  
12      not a matter that has history that predates my  
13      service on the CharterCARE board.

14    Q.    Did they add you as a defendant to it as a board  
15    member?

16    A.    I have not been -- I have not been formally  
17    advised by -- this was the first I learned of  
18    it, from this letter, which was never sent  
19    directly to me.

20    Q.    Yeah. So, to your knowledge, then, you were not  
21    specifically named -- or perhaps the board was  
22    named -- for things that happened prior to you  
23    joining the board?

24    A.    He's also -- he's also saying in his letter  
25    that -- he says, quote -- that I said -- that I

1 had reviewed the recusal issues with the state  
2 ethics commission. I'm not really sure. The  
3 state ethics commission reference was a  
4 telephone conversation I had with him that I  
5 initiated.

6 Q. Oh, sorry. That's down the bottom. I see it.  
7 Yep.

8 A. And he said there's no record of my making  
9 such a request. It was a telephone  
10 conversation. I offered to send a letter. The  
11 ethics commission staff told me I did not need  
12 to.

13 Q. So -- and so that's your response to that,  
14 because I know that there are official and  
15 unofficial opinions from the ethics council.

16 A. If I had been subsequently, you know,  
17 directed by the director of health or Department  
18 of Health staff to the council to get a formal,  
19 official document from the ethics commission, I  
20 would request it.

21 Q. Understood.

22 MS. KELLEY: I believe at this point  
23 I'm at the end of my questioning. I would say  
24 that we reserve the rights to bring back  
25 Mr. Quinlan for either the Department of Health

1 or the attorney general's office for any more  
2 questions that we may, and that we may have  
3 supplemental questions that we could address in  
4 writing to be answered.

5 I didn't know if, Attorney Lenz,  
6 you'd like to say anything additional, or if  
7 Attorney Zubiago has any questions.

8 MS. LENZ: No, I don't have anything  
9 additional at this point.

10 Steve, do you have anything?

11 MR. ZUBIAGO: No. Nothing else to  
12 add. Understood that the deposition remains  
13 open. We'd be glad to answer any other  
14 questions.

15 MS. LENZ: And that suspension is for  
16 both the Rhode Island Department of Health and  
17 the AG, as Jacqui said.

18 MR. ZUBIAGO: Correct.

19 THE REPORTER: Just a little bit of  
20 housekeeping on my end.

21 Maria and Jacqui, e-mail copies for  
22 you?

23 MS. KELLEY: Yes, please.

24 MS. LENZ: Yes. And please also  
25 e-mail to Steve and also Pat Rocha, because she



1 is going to get a copy of this transcript, and  
2 Prospect is paying for it.

3 THE REPORTER: That was my next  
4 question. Okay. And do you want this  
5 expedited?

6 MS. LENZ: Yes, please. One week  
7 from today, if possible.

8 THE REPORTER: Steve, would you like  
9 it expedited as well for you?

10 MS. KELLEY: Steve, do you want it  
11 expedited?

12 THE REPORTER: For one week.

13 MR. ZUBIAGO: Yes.

14 MS. LENZ: And, Casey, we will send  
15 you the exhibits, as we normally do,  
16 postinterview.

17 THE REPORTER: Perfect.

18 Exhibit E, Letter from Max Wistow to  
19 Fernanda Lopes dated November 25, 2020, was  
20 received in evidence for identification.

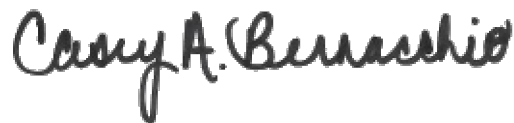
21 (Time noted at 12:46 p.m.)  
22  
23  
24  
25

## C E R T I F I C A T E

I, CASEY A. BERNACCHIO, Shorthand Reporter and Commissioner, hereby certify that the foregoing is a true, accurate, and complete transcription of my stenographic notes taken at the time of the aforementioned interview.

This proceeding was done remotely via web conference and may result in some inaccuracies and/or dropped words created by audio conflicts that may arise during any web-based event.

IN WITNESS WHEREOF, I have hereunto set my hand this 14th day of January, 2021.



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CASEY A. BERNACCHIO  
SHORTHAND REPORTER

MY COMMISSION EXPIRES:  
DECEMBER 31, 2023