

—Slug:.....COMM-0836.opin.view.davis
—Contributor.....Richard Davis
—Contributor email.....rbdav@comcast.net
—For section.....Voices/Viewpoint
—Format.....Opinions
—Dateline.....Brattleboro
—Article Number:.....42433

Notes from editor (not for publication):

Hi, Richard — Thanks for the additional info. I did nudge the last part around line 78 to what I thought was a more logical flow (keeping the actions you call for together). Thanks so much. —Jeff

HEADLINE ELEMENTS:

####BEGIN HED####

Fiscal shock: The public deserves answers about BMH

####END HED####

####BEGIN SUBHED####

State regulators say Brattleboro Memorial Hospital may be 'at risk of a sudden solvency crisis.' The CEO is suddenly on leave. The board is silent. We need transparency and accountability.

####END SUBHED####

TEXT BODY:

####BEGIN TEXT####

BRATTLEBORO MEMORIAL HOSPITAL (BMH), our small community nonprofit hospital, is facing what looks like its most challenging financial situation in its 121-year history. It is frightening for the 807 employees (as of 2023, according to an

11 August 2025 [IRS 990 filing](#)) who depend on the institution for
12 their livelihood.

13 The prospect of having to lose access to a local hospital
14 would also change the lives of 45,000 people who live in
15 Windham County.

16 Sadly, it is not clear what is going on at the hospital
17 because the board of directors has not said much other than
18 putting the chief executive officer on leave. Hospitals are
19 notorious for hiding their dirty laundry, and BMH is no
20 exception. I worked there on and off for about 14 years, and I
21 was always at odds with many of the higher-level management
22 team.

23 There was one occasion that sums up this mentality. An
24 employee was caught doing something blatantly illegal and,
25 rather than call the police and be subject to public scrutiny, BMH
26 decided to quietly fire him. Business as usual. I suspect that if
27 they could have kept the current fiscal crisis out of the public eye
28 the BMH board would have tried to keep it quiet much longer.

29 But the organization that oversees hospitals, the [Green](#)
30 [Mountain Care Board](#), noticed irregularities in how BMH
31 reported its financial status and made the following statement.

32 “We are deeply troubled by the quality of BMH’s budget
33 submission and its reporting because the hospital may be at risk
34 of a sudden solvency crisis, which would potentially harm its
35 community and the state-wide system of care,” [regulators wrote](#).

36 “We have a duty to establish hospital budgets that,
37 among other items, ensure the economic operations of the
38 hospital, preserve access and quality, and contain costs at BMH
39 and the statewide health system,” regulators continued. “We
40 cannot fulfill this duty when a hospital misrepresents its financial
41 data and then refuses to address its errors.”

42 * * *

43 THERE HAS BEEN no public explanation by the BMH board
44 of what is going on with the hospital’s finances. The board is
45 ultimately responsible for whatever happens at the hospital, and

46 its collective silence raises a lot of questions that should be
47 answered.

48 BMH is a nonprofit institution, and that means it is not
49 paying taxes on its primary enterprise, the hospital. One would
50 think that the board would feel an obligation to be
51 straightforward with the public, but the opposite is the
52 operational philosophy.

53 Why did they put the CEO on leave? Why is there no
54 mention of the role the chief financial officer may have played in
55 this crisis? Was the CEO feeding the board false information? Did
56 the board members have accurate information and think that they
57 could solve the problem on their own?

58 A number of years ago there was an effort to create a law
59 that would require hospital board meetings to be open to the
60 public in Vermont. The bill never got traction, partly because of
61 the influence that hospital board members have in the
62 community and partly because many legislators serve on hospital
63 boards.

64 I remember one board member who said at the time, "If
65 board meetings are open to the public I will resign." The smoke-
66 filled-back-room decision-making process seems to be alive and
67 strong in Vermont even if no one is smoking.

68 The crisis has been made even worse by the appointment
69 of two board-member doctors to share the job of interim CEO.
70 They are highly regarded and extremely competent medical
71 providers, but having loyal insiders steer the ship that they, as
72 board members, might have caused to veer off course is not the
73 right move for this community.

74 * * *

75 THE PUBLIC should be outraged at the way this situation is
76 being handled by the board. We need answers now.

77 We need fresh eyes. We need someone without loyalty
78 to anyone to work on cleaning up this mess.

79 I hope the board is looking for someone to replace the
80 interim-CEO doctors as soon as possible, if even temporarily. If

81 not, then all of us are being subjected to the outdated mentality
82 of the doctor knows best.

83 The Green Mountain Care Board has threatened placing
84 an independent observer to take over the hospital. That would be
85 the first step down a slippery slope. The hospital could lose its
86 autonomy as a locally focused institution and become more of a
87 state-focused entity under the complete control of the Green
88 Mountain Care Board.

89 If the BMH board places their own independent person
90 to run the hospital, this community could retain some degree of
91 control over the hospital's future.

92 We need to be vocal and demand transparency and
93 accountability before it is too late.

####END TEXT####

BIO/COATTAIL:

####BEGIN BIO/COATTAIL####

94 **RICHARD DAVIS**, a retired registered nurse and tireless
95 advocate for access to health care, is a former Brattleboro
96 Reformer columnist. He continues to post his writing on his
97 Facebook profile (bit.ly/575_davis) and on iBrattleboro.

####END BIO/COATTAIL####

LAST ISSUE IN WHICH THIS FILE CAN BE RUN:

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VIDEO:

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LOGLINE (SOCIAL MEDIA):

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