



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

St. Elizabeth's
Opening Statement

Public Hearing Testimony Registration Form

SUPPORT

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Maryann Reese

Address St. Elizabeth's

City Belleverille State IL Zip _____

Signature _____

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

St. Elizabeth's

III. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

SUPPORT

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) TOM OSBORN MD

Address 801 LAKE PARK DR

City GERMANTOWN State IL Zip 62248

Signature

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

CLINTON COUNTY RURAL CLINIC

III. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

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Public Hearing Testimony Registration Form

OPPOSITION

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Alexa Edwards

Address 10 Washley Estates Drive

City Belleville State IL Zip 62226

Signature Alexa Edwards

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

OPPOSE the MOU

ST. CLAIR COUNTY ZONING BOARD OPPOSES

III. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

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Public Hearing Testimony Registration Form

SUPPORT

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Donald R Basma

Address 7 Exmore Dr

City Ladue State MO Zip 63124

Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

St. Elizabeth's Hospital

III. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

OPPOSITION

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) GLENN KOHRTZ

Address 1535 DORTCHER DRIVE

City WATERLOO State IL Zip 62298

Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. Testimony (please circle)

Oral

Written

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STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

SUPPORT

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) BOB FARMER MD

Address 3611 Willoughby Circle

City Bellefonte State IL Zip 62221

Signature Bl Farmer

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

OPPOSITION

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) EUGENE VERDU
STAKLA ELLER

Address 2005 Hansenwood Dr

City Collinsville State IL Zip 62234

Signature Eugene Verdu

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

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Public Hearing Testimony Registration Form

SUPPORT

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Michael R Riley

Address 5 WINDFIELD Place

City Belleville State ILL Zip 62223

Signature Michael R Riley

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

OPPOSITION

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Sandy Guymon

Address 19 Shady Lane

City Belleville State IL Zip 62221

Signature Sandy Guymon

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. Testimony (please circle)

Oral

Written

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STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

SUPPORT

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION
 Name (Please Print) Michael Schuette
 Address 16000 Jamestown Road
 City Breese State IL Zip 62230
 Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
 Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Schuette's Markets
Breese, Carlyle, Highland, Troy + St. Rose, IL

III. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

OPPOSITION

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Blair Glauber

Address 589 Manor Lane

City Ballstadt State IL Zip 62260

Signature Blair S. Glauber

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

SUPPORT

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) VIVIAN HASSENSTAB

Address 741 Fieldview Drive

City Smithton State IL Zip 62285

Signature Vivian Hassenstab

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

OPPOSITION

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Megan Moulton

Address 2322 Butler St. Apt B

City St. Louis State MO Zip 63104

Signature Megan Moulton

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

SUPPORT

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) KIT TIMMERMAN

Address 16423 JAMESTOWN RD

City BREESE State IL Zip 62230

Signature *Kit Timmerman*

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

OPPOSITION

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Margen Edwards

Address 103 Natalie Drive

City Swansea State IL Zip 62226

Signature Margen Edwards

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

St E's Board of Opposition

III. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

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Public Hearing Testimony Registration Form

SUPPORT

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Crystal Carmichael, MD

Address 25 Parkridge

City Bellville State IL Zip 62226

Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Gateway Healthcare Ltd.

III. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

OPPOSITION

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Kimberly L Renth

Address 11775 Fuessner Road

City Mascoutah State IL Zip 62258

Signature Kimberly L Renth

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Concerned Citizen

III. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

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Public Hearing Testimony Registration Form

SUPPORT

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Janice Wiegmann

Address 1515 Damiansville Rd

City New Baden State IL Zip 62265

Signature Janice Wiegmann

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. Testimony (please circle)

Oral

Written



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STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

OPPOSITION

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) BONNIE KOLB

Address 3108 HIGH POINTE DR

City BELLEVILLE State IL Zip 62221

Signature Bonnie Kolb

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Memorial Hospital

III. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

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Public Hearing Testimony Registration Form

SUPPORT

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION
 Name (Please Print) B. CARSON HEMPEN
 Address 851 N 11
 City BREESE State IL Zip 62230
 Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
 Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

OPPOSITION

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Judith Loudon

Address 717 Union Ave

City Belleuille State IL Zip 62220

Signature Judith Loudon

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Memorial Hospital

III. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

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Public Hearing Testimony Registration Form

SUPPORT

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I.

IDENTIFICATION

Name (Please Print)

Sharon Blackwell

Address

309 W. Main

City

Sparta

State

IL

Zip

62286

Signature

Sharon Blackwell

II.

REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III.

Testimony (please circle)

Oral

Written



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STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

OPPOSITION

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) JUDY LYNCH

Address 7000 HOLCOMB SCHOOL ROAD

City FREEBURG State IL Zip 62243

Signature Judy L. Lynch

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

MEMORIAL HOSP, BELLEVILLE

III. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

SUPPORT

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Deanne Rieckenberg

Address 1103 N. Sunset Dr

City Steeleville State IL Zip 62288

Signature Deanne Rieckenberg

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

OPPOSITION

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Nancy Weston

Address 2278 Haverford

City Belleverille State IL Zip 62221

Signature Nancy Weston

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Memorial Hospital

III. Testimony (please circle)

Oral

Written

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STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

SUPPORT

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I.

IDENTIFICATION

Name (Please Print)

Debra Owens

Address

2714 Katrine Lake Dr

City

Belleville

State

IL

Zip

62221

Signature

Debra Owens

II.

REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

myself

III.

Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

OPPOSITION

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) John Ziegler

Address 1246 Ruppel Lane

City O'Fallon State IL Zip 62269

Signature John C. Ziegler

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Memorial Hospital

III. Testimony (please circle)

Oral Written

10/14



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

SUPPORT

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Nice Dodson

Address 1229 W. Main

City Collinsville State Illinois Zip 62234

Signature

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Private Citizen

III. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

OPPOSITION

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) DONNA DOUGHERTY

Address 23 SIGNAL HILL BLVD

City BELLEVILLE State IL Zip 62223

Signature Donna Dougherty

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

COMMUNITY

III. Testimony (please circle)

Oral

Written



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STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

SUPPORT

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) MARK HOLLOWAY

Address 1429 ARKANSAS Rd

City Highland State IL Zip 62249

Signature Mark Holloway

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

PATIENT ST. E.

III. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

OPPOSITION

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Julie Harvey

Address 26 Powder Valley Dr

City Bellefonte State IL Zip 62223

Signature Julie Harvey

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Ø

III. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

SUPPORT

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) MARK MAYERS

Address 520 TALBERT PL

City O'FALLON State IL Zip 62451

Signature Mark Mayers

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

SELF / ST ELIZABETH'S HOSPITAL

III. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

OPPOSITION

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Roger Wigginton

Address W Main

City Bellville State IL Zip 62223

Signature R Wigginton

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Concerned citizen

III. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

SUPPORT

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Lester Martin

Address 8422 Triple Lakes Rd

City Dupo State IL Zip 62239

Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

St. Elizabeth's

III. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

OPPOSITION

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Adrian Baraus

Address 15 Shallow brook Dr

City O Fallon State IL Zip 62269

Signature

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Memorial Hospital

III. Testimony (please circle)

Oral

Written



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STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

SUPPORT

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) David J. Kuhl

Address 1101 Hanover Street

City Germantown State IL Zip 62245

Signature David J. Kuhl

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

OPPOSITION

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Beth Heppermann

Address 8324 Peabody Rd

City Freeburg State IL Zip 62243

Signature Beth Heppermann

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

SUPPORT

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Linda S. Mehochko

Address 985 Country Lakes Dr

City New Baden State IL Zip 62265

Signature Linda S. Mehochko

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

OPPOSITION

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Dean Hardt

Address 100 W. 81st St.

City Belleville State IL Zip 62223

Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

City of Belleville

III. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

SUPPORT

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) SISTER TADY O'CONNOR

Address 2717 ARROWHEAD DR.

City SPRINGFIELD State ILLINOIS Zip 62702

Signature Sister Tady O'Connor

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

St. Elizabeth's Hospital

III. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

OPPOSITION

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Thomas Pour

Address 2853 SACK NICKLAW

City Belleuve State IL Zip 62220

Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Belleuve Fire Dept. Fire Chief

III. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

SUPPORT

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Paulette Evans

Address 9515 Holy Cross Lane

City Breese State IL Zip 62230

Signature Paulette Evans

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

HS HS St Elizabeth

III. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

OPPOSITION

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Janica Dorris

Address 1713 Golf Course Dr

City Belleville State IL Zip 62220

Signature Janica Dorris

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

community

III. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

SUPPORT

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) DARNE H METTS

Address 1412 N. 53RD

City WASHINGTON PARK State IL Zip 62204

Signature Darne Metts

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

SELF

III. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

OPPOSITION

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Richard Orr

Address 22 Willowbrook Dr.

City Swansea State IL Zip 62226

Signature Richard Orr

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. Testimony (please circle)

Oral

Written

45



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

SUPPORT

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Donna Meyers

Address 520 Talbert Pl

City O'Fallon State IL Zip 62269

Signature *Donna Meyers*

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care) St ED

III. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

OPPOSITION

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Richard A. Ortiz

Address 506 S. Charles

City Belleville State IL Zip 62220

Signature 

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

SUPPORT

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION
 Name (Please Print) MARTIN NAUSUNBI, M.D.
 Address 3413 AMBER MEADOWS CT
 City SWANSEA State IL Zip 62226
 Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
 Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

OPPOSITION

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Gwendolyn Riley

Address 818 Elm Way Ct

City Belleville State IL Zip 62223

Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

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Public Hearing Testimony Registration Form

SUPPORT

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Earl T. Collins

Address 1702 Boisfeuere Ave

City Esthler State FL Zip 62207

Signature Earl Collins

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

(Self) on behalf of
St. Elizabeth

III. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

OPPOSITION

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I.

IDENTIFICATION
Name (Please Print)

Dovie Vowell-Steele

Address

10 Gramma Drive

City

Bellerose

State

IL

Zip

62223

Signature

Dovie Vowell-Steele

II.

REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Gramma NA / Racine

Harmony, Community Development

West Blue Promote Association

Harmony Coalition

III.

Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

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Public Hearing Testimony Registration Form

SUPPORT

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Natalie Jablonski

Address 1964 Reserve Walk Way

City Belleville State IL Zip 62220

Signature Natalie Jablonski

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

OPPOSITION

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Anne Crook

Address 520 Millstone Drive

City Belleville State IL Zip 62221

Signature Anne B Crook

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

SUPPORT

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Carol A. Lawrence

Address 3621 Foley Park RD

City Belleville State IL Zip 62220

Signature Carol Lawrence

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Concerned citizen

III. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

OPPOSITION

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Donna Mauro

Address 1407 W "A" St.

City Belleveille State IL Zip 62220

Signature Donna Mauro

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Bleasant Hill Neighborhood Watch

Elderly

III. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

SUPPORT

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Corinne Hansen

Address 805 Meadowlark Dr

City O'Fallon State IL Zip 62269

Signature Corinne Hansen

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Concerned Citizens

III. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

OPPOSITION

left

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Jamie Maitret

Address 1629 Colfax Ct.

City Belleville State IL Zip 62221

Signature Jamie Maitret

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

City of Belleville, Concerned Citizen

III. Testimony (please circle)

Oral

Written



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STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

SUPPORT

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Jon Calabria

Address 135 North 30th

City Belleuille State IL Zip 62226

Signature Jon Calabria

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

St. E's volunteer, patient

concerned citizen

III. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

OPPOSITION

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Emily Fultz

Address 805 Emma St,

City Belleville State IL Zip 62200

Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care) neighbor hood resident

III. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

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Public Hearing Testimony Registration Form

SUPPORT

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Heide M Lind

Address 409 Lake Christine Drive

City Belleville State IL Zip 62221

Signature Heide Lind, MD

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

OPPOSITION

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Eric Schauster

Address 500 W. Cleveland Ave

City Belleville State IL Zip 62220

Signature

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Concerned citizen, city of Belleville.

III. Testimony (please circle)

Oral

Written



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STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

SUPPORT

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION
 Name (Please Print) Bill Sullivan
 Address 20 Willow Creek Drive
 City Highland State IL Zip 62249
 Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
 Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)
Highland Machine Co, President / CEO

III. Testimony (please circle)
 Oral Written

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STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

OPPOSITION

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Maher Mahmood

Address 5239 W. Wisc Oak Dr

City Summit State IL Zip 62285

Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

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Public Hearing Testimony Registration Form

SUPPORT

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Charles Silvey

Address 545B Suppiger Way

City Highland State IL Zip 62249

Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. Testimony (please circle)

Oral

Written



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STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

OPPOSITION

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Amphely L Campbell

Address 100 N W 27th STREET

City ST LOUIS State ILL Zip 62205

Signature Amphely Campbell

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Keep over Home's And
kid's SAFE

III. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

SUPPORT

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) JEFF WILD

Address 1770 SADDLEWOOD

City O FALLON State IL Zip 62205

Signature J Wild

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

O FALLON E.M.S.

III. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

OPPOSITION

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Amy Thomas

Address 4271 Willow Oak Lane

City Smithton State IL Zip 62285

Signature Amy Thomas

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

SUPPORT

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Angela Libell

Address 511 N. HICKORY ST

City SMITHTON State IL Zip 62285

Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

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Public Hearing Testimony Registration Form

OPPOSITION

Facility Name: St. Elizabeth's Hospital, O'Fallon

Mr Andrew

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) JAMES O'NEAL

Address 916 N 84th Street

City E. ST. LOUIS State IL Zip 62203

Signature James O'Neal

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

City of E. St. Louis

III. Testimony (please circle)

Oral

Written

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STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

SUPPORT

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Kimberly Wallace

Address 1831 Orr Lane

City O'Fallon State IL Zip 62459

Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Community member
The Caring Group Pediatric Therapy

III. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

OPPOSITION

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

Withdraw

I. IDENTIFICATION

Name (Please Print) Dallas B. Cook

Address 101 South Illinois St.

City Belleville State IL Zip 62220

Signature _____

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

City Clerk, City of Belleville

III. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

SUPPORT

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Georgeth Alley

Address 41 Rickhaven DR

City Collinsville State IL Zip 62234

Signature Georgeth Alley

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Community members

III. Testimony (please circle)

Oral

Written

B



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

OPPOSITION

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Brian Flynn

Address 18 Cross Drive

City Belleville State IL Zip 62220

Signature Brian Flynn

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

City of Belleville

III. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

SUPPORT

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Margaret Luna

Address 6695 Stuart Dr

City Collinsville State IL Zip 62234

Signature Margaret Luna

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Community Member

III. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

OPPOSITION

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION
 Name (Please Print) LARRY MOORE
 Address 214 N. VIRGINIA AVE.
 City BELLEVILLE State ILL. Zip 62220
 Signature Larry Moore

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
 Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

SUPPORT

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Tina Daniels

Address 768 Newport Ln

City O'Fallon State IL Zip 622269

Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Community Member

III. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

SUPPORT

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Mike Josias

Address 800 Meadowlark Dr.

City O'Fallon State IL Zip 62269

Signature Michael H. Josias

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

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Public Hearing Testimony Registration Form

SUPPORT

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I.

IDENTIFICATION

Name (Please Print)

Pat ELLING

Address

318 EAST Mill St. Apt B

City

Freeburg

State

IL

Zip

62243

Signature

Pat Elling

II.

REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III.

Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

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Public Hearing Testimony Registration Form

SUPPORT

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) DARCY BENWAY

Address 1668 LAPLASTER DR

City O'Fallon State IL Zip 62269

Signature Darcy Benway

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

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Public Hearing Testimony Registration Form

SUPPORT

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) CATHERINE R. HARRIS

Address 109 TALL MAPLE CT

City FREEBURG State IL Zip 62243

Signature Catherine R. Harris

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. Testimony (please circle)

Oral

Written



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STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

SUPPORT

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Kirk Dulin

Address 221 S. Pennsylvania

City Belleville State IL Zip 62220

Signature 

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. Testimony (please circle)

~~Oral~~

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

SUPPORT

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) SISTER Maureen O'CONNOR

Address 2101 Shabbona Dr

City Springfield State IL Zip 62702

Signature Sister Maureen O'Connor

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

St. Elizabeth's Hospital

HS HS

III. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

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Public Hearing Testimony Registration Form

SUPPORT

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Randy J. Jung

Address 65 Acorn Lake Drive

City Belleville State IL Zip 62221

Signature Randy J. Jung

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. Testimony (please circle)

Oral

Written

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STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

SUPPORT

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) LENORA Jung

Address 65 ACORN LAKE DRIVE

City Belleuille State IL Zip 62221

Signature Lenora Jung

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. Testimony (please circle)

Oral

Written

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STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

SUPPORT

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Marjorie Imming

Address 2624 Ratz Rd

City Trenton State IL Zip 62293

Signature Marjorie Imming

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. Testimony (please circle)

Oral

Written



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STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

SUPPORT

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Manuel Peña

Address 804 Monterey Dr.

City O'fallon State IL Zip 62269

Signature Manuel Peña

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

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Public Hearing Testimony Registration Form

SUPPORT

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Lisa Jennings

Address 918 Dore Bure Dr

City Mascoutah State IL Zip 62258

Signature Lisa Jennings

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

St. Elizabeths Hospital

III. Testimony (please circle)

Oral

Written

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STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

SUPPORT

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Stephanie LaPierre

Address 213 Bowdoin Ave

City Swansea State IL Zip 62226

Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Service members in St Clair County.

III. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

SUPPORT

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Julie LaFrance

Address 18 Frey Boys Lane

City Highland State IL Zip 62249

Signature Julie LaFrance

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Hospital Sisters Health System

III. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

SUPPORT

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Carmen Jones

Address 1428 Fairwood Dr.

City Belleveille State IL Zip 62220

Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Hospital Sisters Health System

III. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

SUPPORT

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) FR ELMAR MAUER

Address 200 N 60th STREET

City BELLEVILLE State IL Zip 62223

Signature FR Elmar Mauer, OMI

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

SUPPORT

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) JOAN MATTINGLY

Address 717 Willow Spring Hill Dr

City Fairview Heights State IL Zip 62208

Signature _____

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

St. Elizabeth's Hospital

III. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

114

Public Hearing Testimony Registration Form

SUPPORT

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Debbie Sexton

Address 3299 Cedar Creek Ct.

City Belleisle State IL Zip 62221

Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

St. Elizabeth

III. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

SUPPORT

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Mary Mitchell

Address 635 E O'Fallon Dr

City Caseyville State IL Zip 62232

Signature Mary Mitchell

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Community Member

III. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

SUPPORT

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) GEORGE B. MITCHELL

Address 635 E O'FALLON DR

City CASEYVILLE State IL Zip 62232

Signature George B Mitchell

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

COMMUNITY MEMBER

III. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

SUPPORT

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) TAKLEESHA SAYLES

Address 56 Stacy Dr.

City FAIRVIEW HGTS State IL Zip 62208

Signature Taklesha Sayles

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

119

Public Hearing Testimony Registration Form

SUPPORT

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION
 Name (Please Print) ATUL SHAH
 Address 340 W LINCOLN ST
 City BELLEVEILLE State IL Zip 62220
 Signature _____

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
 Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)
Prairie # Cardiovascular

III. Testimony (please circle)
 Oral Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

121

Public Hearing Testimony Registration Form

SUPPORT

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) BONITA SCHNIEDER

Address 868 N 10th

City Breese State IL Zip 62230

Signature Bonita Schneider

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

St. Elizabeth's

III. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

SUPPORT

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) MICHAEL W. COTTRELL

Address 2409 AARON CT

City SPRINGFIELD State IL Zip 62704

Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

HSHS ST ELIZABETH'S
HOSPITAL

III. Testimony (please circle)

Oral

Written

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STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

SUPPORT

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Carlos Turner

Address 4320 Bielefeld Dr.

City St. Louis State Mo Zip 63033

Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. Testimony (please circle)

Oral

Written



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STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

SUPPORT

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Jeanette Wuest

Address 2617 ProTour Drive

City Belleville State IL Zip 62220

Signature Jeanette M. Wuest 12/2/2014

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

self / + volunteer at St. E's

III. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

129

Public Hearing Testimony Registration Form

SUPPORT

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I.

IDENTIFICATION

Name (Please Print)

^{DR} Michael A. Corlin

Address

3207 Roanhill Drive

City

Bellefonte

State

IL

Zip

62221

Signature

II.

REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III.

Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

SUPPORT

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) BILLIE KING

Address 10 JUANITA PLACE

City BELLEVILLE State IL Zip 62223

Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)
SELF

III. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

SUPPORT

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Afton Spriggs

Address 120 Carlyle Ave

City Belleveille State IL Zip 62220

Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

135

Public Hearing Testimony Registration Form

SUPPORT

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) CHRIS FOURNIE

Address 8805 BLUFF HILL RD.

City BELLEVILLE State IL Zip 62223

Signature Chris Fournie

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

ST. ELIZABETH'S HOSPITAL

III. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

137

Public Hearing Testimony Registration Form

SUPPORT

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Mary Jo Tate

Address 1118 Heathstone Dr

City O'Fallon State IL Zip 62269

Signature Mary Jo Tate

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Director of Finance - St Elizabeth

III. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

139

Public Hearing Testimony Registration Form

SUPPORT

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) SHARON ZAJAC

Address Edding Lane

City F. Heights State IL Zip 62208

Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Represent Myself

III. Testimony (please circle)

Oral

Disturbed by why someone
will buy a new computer
but not use it 10/14

Why to have the same tech for the ill



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

SUPPORT

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION
 Name (Please Print) Ricardo Luna
 Address 6695 Stuart Dr
 City Collinsville State IL Zip 62234
 Signature Ricardo Luna

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
 Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

SUPPORT

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Spencer Reese

Address 708 THOREAU DR.

City O'FALLON State IL Zip 62269

Signature Spencer Reese

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

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Public Hearing Testimony Registration Form

SUPPORT

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) OLITH L. STRAUGHN

Address 1112 GULFSTREAM WAY

City MASCOUTAH State IL Zip 62258

Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

SUPPORT

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Maggie Wong

Address 745 FOREST GREEN DRIVE

City O'Fallon State IL Zip 62269

Signature Maggie Wong

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. Testimony (please circle)

Oral

Written

Good evening. My name is Debbie Sexton and I am a resident of Belleville.

I'm here to voice my support for the proposed plans presented by St. Elizabeth's to build a replacement hospital just off Interstate 64 in St. Clair County.

I was recently a patient at St. Elizabeth's Hospital and received outstanding care from the staff though they are obviously working in an outdated, inefficient hospital building. The small room size was not conducive to a streamlined workflow. I noticed staff maneuvering around each other and equipment, often having to back out of the room to allow another team member in. An updated, modern facility will allow for the quality of the building to equal the quality of the caring staff.

I trust the Hospital Sisters and their 140-year commitment to providing mission-driven care for residents of the Metro East region. I believe this project is what is best for the future of health care for the region, not just one city.

I am eager to follow St. Elizabeth's to its new location. Please approve this project.

Hello. My name is Joan Mattingly. I am a resident of Fairview Heights, IL. I support St. Elizabeth's in their efforts to bring a much needed regional medical center to the entire area.

My husband had a potential heart event a few years ago. Valuable time was spent travelling side roads to get to St. Elizabeth's because it is not on a major highway. This time everything worked out fine due to the excellent care he received at St. Elizabeth's, but without regional access, not everyone in our community has this luxury.

My husband is retired Air Force and St. Elizabeth's is both the Base's preferred hospital as well as our personal preference. We have many friends who are retired military with the same hospital preferences. They live all over this region and access to the current location of St. Elizabeth's is very challenging.

This community needs a regional medical center to serve everyone with updated facilities and the latest advances in medical care. I support St. Elizabeth's Hospital and hope that the Board grants approval for this much needed regional facility. Thank you.

A handwritten signature in black ink that reads "Joan Mattingly". The signature is written in a cursive style with a large, looping initial "J" and a long, sweeping tail on the "y".

Good evening. My name is Carmen Joiner. I'm the Southern Illinois Division Director of Responsibility for Hospital Sisters Health System, a resident of the city of Belleville, and a former patient of St. Elizabeth's Hospital.

I'm here to voice my support for the proposed plans presented by St. Elizabeth's to build a replacement hospital just off Interstate 64 in St. Clair County.

I have lived in Belleville for 6 years and committed to my community. As resident of Belleville, I've witnessed the hospital's commitment to the health and wellness of the city through campaigns to raise awareness during Breast Cancer Awareness month to participation in the city's downtown Diva night. I know this support will continue and is displayed through the hospital's plans to continue many outpatient services and jobs in Belleville and in their actions in reaching out to the community for ideas to re-envision the existing main hospital site.

As a former patient of the hospital, I'm excited for all the opportunities having a modern facility will bring from making great outcomes even better to attracting additional specialty care providers to our community.

I am eager to follow St. Elizabeth's to its new location, and I urge the committee to approve this project.

Peggy Sebastian remarks
HFSRB Public Hearing – December 2

My name is Julie LaFrance I'm speaking

on behalf of
~~My name is~~ Peggy Sebastian and I am the President and CEO of St. Joseph's Hospital in Highland Illinois.

St. Joseph's is a 25 bed critical access hospital that serves the health care needs of residents in and around Highland.

About a year ago, we opened a replacement hospital and Medical Office building.

While we now have a state-of-the-art facility in Highland that serves our community, we depend on St. Elizabeth's to care for residents who have more complex medical conditions.

Having St. Elizabeth's located along I-64 means it will be 12 minutes closer to our community. That shorter drive time can make a huge difference when someone is suffering a heart attack or a stroke.

We also have a number of critical care patients who may be stabilized at our hospital and then transferred to St. Elizabeth's.

We believe those patients and their family members deserve the very best healing environment.

Finally, as a sister hospital to St. Elizabeth's, we recognize that their replacement hospital will make for a more seamless transition of care for our patients who are transferred there.

The current St. Elizabeth's is outdated and as result there are barriers around adoption of technology and IT infrastructure that are needed for the most advance care possible.

I respectfully ask that the Review Board approve this project and I thank you for the opportunity to speak this evening.

Thank you.

*Sister Maureen O'Connor, OSF remarks
HFSRB Public Hearing – December 2*

My name is Sister Maureen O'Connor and I'm representing the Hospital Sisters of St. Francis - the sponsoring religious community of St. Elizabeth's Hospital.

I will clarify two points that have been raised by those in opposition to this project.

First, we are not abandoning the poor but rather have spent years carefully planning how St. Elizabeth's can continue to provide health care for this region and its citizens.

During our discernment process, we gave special attention to ensuring that those who live in poverty would have easier access to our hospital and made sure that it would be located where it is most convenient for the residents of St. Clair County.

Our location along I-64 means that two out of every three residents who live in federally-defined low income neighborhoods in this county will have a shorter commute to our replacement hospital than to our current location.

Second, the decision to build a replacement hospital was made in May of this year.

A speaker at the last public hearing suggested that the plans were made last year and that we were not forthcoming when Maryann Reese addressed the Review Board on another project. That is simply not true. This project was given final approval by the Corporate Member of Hospital Sisters Health System on May 8, 2014.

We've spent several years looking at many different options related to the future of St. Elizabeth's and believe that the replacement hospital along I-64 gives us the best opportunity to continue our healing ministry in Southwestern Illinois for the next 140 years.

I respectfully ask that the Review Board approve this project and I thank Mr. Bradley and the Review Board staff for the opportunity to speak this evening.

Thank you.

Hi. My name is Tina Daniels. I currently live in O'Fallon. I'm here this evening to support St. Elizabeth's Hospital and its plans to build a modern replacement hospital.

I, along with my spouse, who is retired military, am representative of the 75% of St. Elizabeth's patients that come from outside the city of Belleville. A state-of-the-art, full-service St. Elizabeth's will help meet the changing health care needs of Scott Air Force Base and all Metro East residents.

The future of the base depends on a modern St. Elizabeth's that cares for its personnel close to home. Those opposed to St. Elizabeth's new hospital are not thinking about the greater good of the Metro East region.

St. Elizabeth's is remaining in St. Clair County and the new hospital will still serve residents in Belleville. St. Elizabeth's choice of a site that is easily accessible next to Interstate 64 makes sense and I look forward to having a modern hospital closer to where I live.

Thank you for your time. I respectfully ask you to approve this project and vote "yes" for a modern, full-service St. Elizabeth's Hospital to meet the health care needs of the entire region.

Hi, my name is Mike Josias and I live in St. Clair County. I'm here to support St. Elizabeth's plan to build a replacement hospital off of Interstate 64.

May 26th, 2011, I had a clear stress test; May 31, 2011 I had a heart attack, the next day quintuple bypass surgery. Fortunately, I was only a few blocks from my house when I had the attack, and the ambulance arrived quickly. However, the ride in the ambulance through side streets over a fair distance seemed to take forever.

Twice when the doctors tried to take me off of the respirator my heart stopped. I was revived by AED both times by the excellent staff at St. E's.

While the staff is first rate, the facilities are not. The air conditioner in the ICU was not functioning properly while I was there. One of the nurses brought a fan from home for me to use to try to stay cool in my room. The waiting room was basic at best, making it very difficult on my wife and family as they attempted to stay 'round the clock.

St. Elizabeth's is a fine hospital, but this move to O'Fallon will make it much more accessible to more people, and allow a state of the art facility to be constructed to match the state of the art staff.

Thank you for the opportunity to share my support for St. Elizabeth's hospital project. My name is Mary Mitchell. I live in Caseyville Illinois.

I have a connection to St. Elizabeth's in many ways. I have been a patient, my children have been patients, friends and fellow parishioners have been patients and I've visited most of them during their visits. In addition, 5 of my 9 children have worked for St. Elizabeth's throughout their career.

For me it is important to have a faith-based catholic hospital available to metro-east residents. St. Elizabeth's is one of the last catholic hospitals in our area. When I choose my care I do so with the values of that organization in mind. I would much rather get health care in Illinois, but right now it's easier for me to go to St. Louis for care. With St. Elizabeth's replacement hospital, it would be very easy for me to get to, allowing me to stay in Illinois for all my health care needs.

I respectfully ask you to approve this project for the Metro East residents who deserve a modern, regional hospital that is easy to access.

Good evening. My name is George Mitchell and I have been a Caseyville resident for over 40 years. I'm here tonight to support St. Elizabeth's Hospital's plan to build a replacement hospital off Interstate 64.

Over the years I have been a patient at many different hospitals.

I know from personal experience that the easier it is to get to a hospital the better your outcome will be if you are having a heart attack. As they say, "time is muscle" during a heart attack. It is imperative that St. Elizabeth's move to a more accessible location with a modern hospital to improve health outcomes.

I have been a patient at St. Elizabeth's and if you've been there you know the building is not modern and does not have the amenities you'll find at other hospitals. Yet the quality of care is outstanding. St. Elizabeth's was named one of the nation's **50 Top Cardiovascular Hospitals in three years in a row**. It will only get better in a modern hospital.

I am asking you to approve this project. Thank you.

Good afternoon. My Name is Billie King and I stand in support of St. Elizabeth's.

Over the past fourteen years that my family and I have lived here, the care we've received from St. Elizabeth's Hospital has been outstanding. During this period, the hospital has successfully performed two major surgeries we required, and delivered our son.

Although the hospital's facilities are older, the staff and the services provided continue to be the absolute best! Moreover, having served six years between the Illinois National Guard and U.S. Reserve, (and being honorably discharged), I especially appreciate the medical support provided to our military families.

A new hospital facility will not only bring St. Elizabeth's tangible assets up to par with the ability of current staff employed there, and into the 21st century, but will attract even more highly trained medical professionals to the area. I believe this new hospital will allow St. Elizabeth's the opportunity to continue evolving into a healthcare facility with excellence that ranks among the very best in the world!

This is a great situation for the employees and support systems of the hospital. This is a great situation as related to its accessibility from a major interstate highway (I-64). This is a great situation for both civilian and military families alike. This is a great situation for attracting the very best medical talent to the area. This is a great situation for positively affecting economic growth to the region. All these things make this move a GREAT SITUATION for the entire area!!!

I ask that you approve this project, and do something really GREAT for the region in general. Thank you.

Good evening. My name is Alison Kennedy and I am the Stroke Program Coordinator at St. Elizabeth's Hospital. Expeditious access to emergency departments, especially stroke certified centers like St. Elizabeth's, is crucial for improved patient outcomes for the nearly 800,000 people who suffer from stroke annually. In stroke care "Time is Brain" every minute counts. The current location of St. Elizabeth's is difficult to get to for emergency personnel and patients as well. Improved access to the medical center will result in improved outcomes for patients. In addition, it is next to impossible to offer patients the state-of-the-art technologies to deliver the health care they so deserve in our current facility. I respectfully ask you to approve this project. Thank you for your time.

Hello. My name is Lisa Jennings. I live in Mascoutah, which is south east of Belleville.

I'm here to support St. Elizabeth's Hospital's plans to build a replacement hospital just off Interstate 64 in St. Clair County.

I have been a St Elizabeth's colleague for 11 years. I have worked 9 of those years as an ICU nurse and the last 2 as the Infection Preventionist. I have had the privilege of caring for very ill patients, their family members and friends from the surrounding communities that have thankfully found their way to our doors. I currently work with every department in the hospital to ensure we are providing the safest environment and care for our patients. Our environment is challenging at times and over the years we have spent hundreds and thousands of dollars in repairs and maintenance. Money that in the future can be spent on patients; after all, our patients deserve the best. We already provide excellent award winning, quality care with what we have. Just imagine how a new facility will benefit the entire region by improving access to advanced technology that we are unable to support in our current facility.

I will proudly follow St. Elizabeth's to its new location, and I ask the Board to approve this project.

Respectfully
Lisa Jennings

Hello,

My name is Catherine Harris. My husband and I live in Freeburg which is South of Belleville.

We're here tonight to support St. Elizabeth's Hospitals' plan to build a replacement hospital just off I 64 in St. Clair County.

My husband and I were born at St. E's as well as our 3 sons. St. E's has been our hospital for most of our surgeries.

My grandfather, father and an uncle all worked to build St. Elizabeth's Hospital. Of course our hearts will be heavy to lose those memories, but excited about the health care that can be given by the new technology available to us today in a new hospital.

Some say the hospital will be further to get to. How many times haven't we heard people say they go across the river because the hospitals are better there? We will have a better hospital here.

Thank you for your time.

Good evening, my name is Afton Spriggs. I am a lifelong Belleville resident and I strongly support St. Elizabeth's Replacement Hospital project.

My family and I have utilized St. Elizabeth's services on many occasions. In fact, my husband and was hospitalized in the ICU at for a period of time due to complications with type 1 diabetes. While the staff was and is always amazing, it is no secret that the hospital facilities are outdated and in great need of modernization.

I was excited to learn of St. Elizabeth's proposed location along I-64, as this new location will be much more centralized for the St. Clair County area and will have easier access for Metro East residents. Additionally, building a replacement hospital will allow for more spacious, private patient rooms, greater technology and will attract new physicians and specialists to the area which is paramount for health care in the Metro East today, and for generations to come.

Please approve this project.

Good Evening,

My name is Kirk Dulin. I live here in Belleville. First of all, I want to thank you so much for this opportunity to speak about my support of St. Elizabeth's Hospital. The best way I can do that is to share with you my most recent experience. On Jan 14 of this year, my wife and I welcomed our beautiful baby boy, Asher, to the world. During my wife's labor, she unexpectedly spiked a fever, and we had to move to an emergency C-Section. Within about 5 minutes, the OR was packed with 30 nurses, medical techs, and our doctor. And thankfully everything turned out ok. I believe my wife and son are here today due to the amazing training and skill level of those people. I owe them everything. I also believe that if there had been newer, state-of-the-art equipment, the physicians would have been able to detect and predict any possible complications. We have an outstanding group of specialists in this area who we need to complement with the right resources to perform their jobs effectively. The new St. Elizabeth's building proposal will do just that. Please approve this project. It's definitely necessary. Thank you.

A handwritten signature in black ink, appearing to read "Kirk Dulin". The signature is stylized and cursive, with a horizontal line underneath the name.

Hello. I'm Mary Lou Tate, Director of Finance for St. Elizabeth's Hospital. I am here to show my support for our plans to build a replacement hospital.

We've reached a point at St. Elizabeth's where fixing the current building is not cost-efficient. Each year St. Elizabeth's spends multi-million dollars maintaining (not making improvements to) this aging facility.

St. Elizabeth's has spent more than \$25 million in capital facility and plant upgrades in the past decade. In addition, St. Elizabeth's has spent over \$45 million in capital funds, during this same time period, upgrading clinical equipment, IT infrastructure and other capital purchases.

It no longer makes fiscal sense to invest in this structure when we can build a modern hospital that will allow us to provide better health care.

We hope that you'll see that it makes no sense to keep investing in this building that has outlived its life span. I ask the Review Board to approve St. Elizabeth's plans for a replacement hospital.

Thank you.

Dr. Randy Jung
St. Elizabeth's Replacement Hospital (Project #14-043)
December 2, 2014, Public Hearing Remarks

Hello, my name is Dr. Randy Jung. I am the medical director for St. Elizabeth's Hospital Department of Psychiatry. I am a board certified psychiatrist who has been practicing for more than 20 years.

I am pleased to be here this evening to show my support for St. Elizabeth's planned replacement hospital off Interstate 64 in St. Clair County.

I respectfully ask the Review Board to approve these plans.

Thank you for your time this evening.

Illinois State Board Hearing December 2, 2014

Good evening. My name is Lenora Jung. My relationship to St. Elizabeth's is like many.....born there, worked there, a patient there. Currently, I am working for a doctor on staff there. I speak in support of St. Elizabeth's relocation to O'Fallon, Illinois.

Tonight, I would like to point out to the State Board that most of the people of Belleville and its immediate communities have actually already spoken **in favor** of this relocation a long time ago. The research shows it is a small percentage of Belleville residents utilizing St. Elizabeth's for inpatient care over Memorial Hospital or perhaps St. Louis Hospitals. Contrary to the opposition's statements, Belleville **WILL NOT** be without adequate medical services. There will still be a full service hospital in Belleville and that is Memorial Hospital. There is **NO SIGNIFICANT DIFFERENCE** if Memorial Hospital's Main campus is in Belleville and it's satellite in O'Fallon or if St. Elizabeth's main campus is in O'Fallon and it's satellite is in Belleville. To me this sounds like a good symbiotic relationship. One where **EXCELLENT** medical care is balanced and provided in both locations.

Therefore, I respectfully request the State Board to allow the Sisters of St. Elizabeth's Hospital to move forward and give them a chance to prove to the entire metropolitan community that a State of the Art Medical Center in O'Fallon AND a Top Notch ancillary service center along with medical offices in Belleville **CAN WORK** for the good of all. Again, **GIVE THEM A CHANCE!** Thank you.

Good evening. My name is Maggie Wong and I am a resident of O'Fallon, Illinois.

I am here to voice my support for the St. Elizabeth's replacement hospital project just off Interstate 64 in St. Clair County.

As an employee of St. Elizabeth's, I see the struggle and costs it takes to upkeep the current facility to our high quality standards. Our colleagues continue to provide excellent care despite the outdated floor plans and smaller patient rooms. A new modern facility with updated medical technology will help us to better serve our patients, provide care to more patients, and put our health care dollars to more effective use.

The location of the new O'Fallon replacement hospital will also allow for easier access to many residents of St. Clair County and areas beyond. Our patients and colleagues deserve a new facility with updated environments and the newest available technologies.

I am excited to be a part of the future of St. Elizabeth's Hospital. I hope you will vote to approve this project.

Thank you.

Good evening, my name is Julyon Brown and I support St. Elizabeth's.

I work as a fire fighter in East St. Louis. In my job, I'm often a first responder to someone who calls 911.

Because East St. Louis no longer has a hospital, we send patients who need to go to the ER to Touchette, Belleville Memorial, St. Elizabeth's or one of the hospitals in St. Louis.

I personally would like the ability to have patients go to a brand new hospital that has all the latest technology right here in St. Clair county.

The hospital St. E's wants to build in O'Fallon would be great for this county.

It's location right off of 64 is ideal. Nothing against the City of Belleville, but having an ER right off the highway is much better than dealing with multiple stop lights and city traffic.

Every second counts when someone has a heart attack or has suffered smoke inhalation. EMS drivers want to get their patients to an ER as quickly as possible.

I believe St. E's gave a lot of thought to where to build a new hospital and I applaud their decision.

For those of us who work in East St. Louis responding to 911 calls, the new hospital is going to be better for our residents because its closer to our community.

Please vote in favor of the St. Elizabeth's project. Thank you.

Hi, my name is Chris Fournie and I've been a resident of Belleville for more than 25 years. I've been employed by St. Elizabeth's for over 35 years and currently have the pleasure of serving as the Exec. Director of Ancillary Services.

My family and I have been patients at St. Elizabeth's many times over the years and have always been very pleased with the care we received.

Some people have suggested that SEB should just remodel the current building instead of creating a new hospital in O'Fallon. As a long term employee, I'm very familiar with the interior of the current hospital building. I don't believe that it is possible for the current building to be remodeled to the degree necessary to bring the campus up to current standards while we occupy part of the building. It's not feasible because of the amount of jackhammering that will be required. In the past when we've remodeled various areas of the hospital, the noise associated with the jackhammers has reverberated throughout the building. It's very unpleasant and does not promote a healing environment, which our patients need.

Our patients come to us from a large geographic area and they deserve to receive excellent care in a modern efficient setting. I urge you to approve this project.

Good evening Ladies and Gentlemen:

My name is Darcy Benway and I am a resident of O'Fallon and the superintendent of O'Fallon School District 203.

I strongly support the building of St. Elizabeth's hospital along Interstate 64 in O'Fallon. It is time that we stop thinking about this as a choice between Belleville and O'Fallon, and change our thought process to consider what is best for the entire REGION. We must begin to think more globally, asking ourselves: Where is the need? Where is the growth? What is the better long range plan for health care in this area?

We all know: minutes save lives, and interstate access saves minutes. The proposed location in proximity to the interstate is undeniably in the best interest of all. In addition, there is no argument that the Metro-East needs a state-of-art hospital on this side of the river. Five years ago I experienced a life threatening accident that could not be treated in the Metro-East. I was air-lifted to a hospital in St. Louis. A state-of-the-art hospital will draw medical professionals to this area, thus allowing Metro East residents to be treated locally, rather than being transported to facilities across the river. This project will positively impact medical care in this region – not just in one city – but in the REGION.

I respectfully encourage you to approve this project.

~~One copy~~

Good evening. My name is Margaret Luna and I am a resident of Collinsville Illinois.

I support St. Elizabeth's Hospital and its plans to build a replacement hospital along Interstate 64 in St. Clair County.

I have been a patient at St. Elizabeth's multiple times as have my family members and friends. We represent a portion of the 75% of St. Elizabeth's patients coming from outside of the city of Belleville for care.

Additionally I have worked for St. Elizabeth's for nearly 20 years allowing me to see first-hand how the mission and values of the organization drive their ministry.

I'm excited that a modern full service hospital will be available to the patients of St. Clair County and surrounding Metro-East communities. The current St. Elizabeth's is difficult to get to from where I live. Having a hospital along I-64 makes sense and it is clear St. Elizabeth's is committed to supporting Belleville as many outpatient services and jobs will remain in Belleville

Thank you for your time. I respectfully ask you to approve this project.

Thank you for the opportunity to speak to you tonight about my support of St. Elizabeth's Hospital. My name is Georgette Alley and I live in Collinsville Illinois.

My husband and I have three children and the last two were both delivered at St. Elizabeth's Hospital. I drove from Collinsville to Belleville because it was important to me to deliver at a hospital that is aligned with my values and offers high quality care. The nurses and team caring for me during my stay were all wonderful and I'd recommend them to anyone but I have to admit the location was less than ideal for me.

On the way to St. Elizabeth's to deliver my third child we were stopped on route 159 in Belleville by a train and I was in labor. I thankfully made it in time but that experience comes to mind when I think about ~~other patients trying to reach~~ ^{using} St. Elizabeth's for more emergency ^{ay} medical needs. ~~Do they ever~~ ^{Will I} get stopped by a train? Tracks are not only south of the hospital but also north.

I'm disappointed some people are against St. Elizabeth's plans to build a modern hospital. This hospital will still be close to Belleville and a lot closer than hospitals in St. Louis. Patients can take comfort in knowing that the new St. Elizabeth's will be easily accessible along Interstate 64.

I can't wait to see the new St. Elizabeth's. Please approve this project for the future of health care in our region.

HELLO, MY NAME IS ANGELA LIBELL. I'M A CASE MANAGER IN THE EMERGENCY DEPARTMENT AT ST. ELIZABETH'S. ONE FACET OF MY JOB IS TO MEET THE PATIENTS AND THEIR FAMILIES WHO COME THROUGH ER.

I LIKE TO FIND OUT A LITTLE ABOUT THEM INCLUDING WHY THEY CHOSE ST. E'S. NEVER ONCE HAVE I HEARD ANYONE SAY THEY COME BECAUSE OF THE CONVENIENT LOCATION OR BECAUSE THEY LIKE OLD BUILDINGS. WHAT I USUALLY HEAR IS THEY PATRONIZE US BECAUSE THEY LIKE OUR STAFF AND THE WAY IN WHICH WE PROVIDE OUR SERVICES.

I ALSO LIKE TO FIND OUT WHERE THEY ARE FROM. MANY PEOPLE COME FROM BELLEVILLE; BUT JUST AS MANY COME FROM O'FALLON, SHILOH, TROY, MARYVILLE, GRANITE CITY, COLLINSVILLE, CAHOKIA, E. ST. LOUIS, AND SCOTT AIR FORCE BASE.

SOME PEOPLE ARE CONCERNED THAT THE UNDERSERVED WILL NOT HAVE ACCESS TO THE NEW HOSPITAL. HOWEVER MANY OF THE UNDERSERVED COME TO THE ER VIA AMBULANCE EVEN THOUGH THEY LIVE JUST A FEW BLOCKS AWAY AND THE SITUATION IS NONEMERGENT. ALSO MANY OF THE UNDERSERVED HAVE ACCESS TO MEDCAR SERVICES.

WE ALL KNOW CHANGE IS HARD; BUT I RESPECTFULLY REQUEST THE BOARD GRANT ST. ELIZABETH'S OUR CON SO WE MAY ADVANCE INTO THE 21ST CENTURY AND SERVE ALL OF THE PEOPLE OF OUR REGION.

ANGELA LIBELL RN

A handwritten signature in black ink that reads "Angela Libell RN". The signature is written in a cursive, flowing style.



The Caring Group

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Swansea, IL 62226

Office Phones: 618-604-9993 • 618-779-8255

Office Fax: 618-628-3249

kwallace_st@yahoo.com • emuellerslp@gmail.com

American Speech and Hearing Association Certified • Illinois Licensed • Early Intervention Credentialed

12/2/14

Hello my name is Kimberly Wallace and I'm speaking in support of the plans proposed by St. Elizabeth's Hospital to build a replacement hospital off Interstate 64 in St. Clair County. I am both a business owner and a resident of the Swansea/O'Fallon Area.

As a business owner I feel it makes perfect business sense to provide a service that is centrally located and very accessible to the public. I too am a health care provider in this area and the convenience that this location affords my patients is one of the reasons my business continues to thrive.

As a resident I would be very grateful to have emergency care services available within 15-20 minutes vs. 30-45 minutes. Also, having closer EMS services could mean the difference between life and death and with interstate 64 so close to the hospital the ambulances have more accessible routes for quicker care for patients.

A new modern hospital in this area just makes good business sense. It will also provide quality medical services to more than just Belleville resident but to the St. Clair County population as a whole.

Thank You for your time and Please approve this project so that both my patients and my neighbors can start going to the new St. Elizabeth's Hospital.

Sincerely,

Kimberly D. Wallace, MS, CCC/SLP

one copy

Public Hearing: December 2, 2014

Opposition to St. Elizabeth's Hospital Project #14-043

My name is Amy Thomas and I am here to voice my opposition to St. Elizabeth's plans to leave Belleville. Belleville has been a two-hospital community for decades. Residents living south and east of downtown Belleville will certainly be put at greater risk.

Plans by St. Elizabeth's to leave Belleville, after being a cornerstone of the Belleville community for over a century, will result in irreparable harm to downtown Belleville. Thank you.

Good evening. My name is Jeff Wild and I am a resident of O'Fallon, a retired Police Officer on the force for 26 years, and currently the Business Coordinator for O'Fallon EMS.

I am here to share my support for the proposed replacement hospital project presented by St. Elizabeth's Hospital.

Accommodations in the current ambulance bay at St. Elizabeth's are tight for our emergency vehicles. There is just one way in and one way out. Often, if multiple rigs are on site, a driver may have to wait for one to leave before backing into the spot to unload a patient. The layout of the current physical space inside is also difficult for EMS teams to maneuver patients to rooms, registration or other areas.

Additionally, from a public safety lens, the location on an interstate versus several stop-lighted two-lane streets in a downtown area should reduce the chance of accidents through intersections and improve response time for EMS. The I-64 location is an advantage to patients from all surrounding communities, large and small.

The Metro East deserves a state-of-the-art hospital to care for all residents of the region.

Thank you.

Hi. My name is Charles Silvey. I live in Highland. I'm here this evening to support St. Elizabeth's Hospital and its plans to build a modern replacement hospital.

One year ago I started having seizures, at the time we didn't have any answers as to what they were and what they were caused by which is a scary situation. I was seen in the emergency room and as an inpatient at St. Elizabeth's where I received excellent care. The hospital's current location made finding the location more taxing on my family by being far off the interstate.

Additionally the hospital's age was shown by the experience. While the care given was excellent, the facilities were aged. The room I stayed in had issues including the bathroom door which would not stay shut.

By having a new facility, St. Elizabeth's Hospital will have easier access by more people and will have the facilities to provide the excellent care that they are capable of giving.

St. Elizabeth's choice of a site that is easily accessible next to Interstate 64 makes sense and I look forward to having a modern hospital closer to where I live.

Thank you for your time. I ask that you vote "yes" for a modern, full-service St. Elizabeth's Hospital to meet the health care needs of the entire region.



one copy

700 Fifth Street
Highland, IL 62249

Telephone (618) 654-2103
Facsimile (618) 654-8016
www.highlandmachine.com

Good evening.

I'm Bill Sullivan – a resident of Highland Illinois and the president and CEO of Highland Machine Co, a manufacturing firm employing 85 people.

I'm here in support of St. Elizabeth's plans to build a new facility along I-64.

As a business owner, I understand the need to modernize, to control costs and to deliver what my customers need.

St. Elizabeth's needs this new facility.

As a business owner, I understand the need to provide my employees with access to the best immediate healthcare delivered in a cost effective manner.

My employees need this new facility.

As a business owner, I know that difficult decisions must sometimes be made for the greater good. The right decision is not always the popular decision.

St. Elizabeth's decision to build a new facility is the right decision if they are to continue to deliver high quality health care services to the residents of southwest Illinois – not just tomorrow, but for years to come.

I ask you to support growth.

I ask you to support this project.

Thank you.

A large, stylized handwritten signature in black ink, appearing to read 'Bill Sullivan', with a long horizontal flourish extending to the right.

Bill Sullivan
President & CEO



Heide Lind <heidemlind@gmail.com>

Confirming Speakers

Heide Lind <heidemlind@gmail.com>

Mon, Dec 1, 2014 at 4:16 PM

To: "Barbeau, Kelly M" <Kelly.Barbeau@hshs.org>

I am a physician living in Belleville and working fulltime at St. Elizabeth's Hospital. The Metro-East needs a regional state-of-the-art hospital that is independent of St Louis if we want to attract and keep the best doctors here in Illinois. The planned replacement hospital in O'Fallon near I-64 is the best solution for providing top quality care, sub-specialty expertise, and easy access for patients throughout southern Illinois.

[Quoted text hidden]

Jon Calabria
135 North 30th Street
Belleville, IL 62226
618/235-8126

Hello my name is Jon Calabria and I am speaking to you as not only a Belleville resident but as a patient and volunteer at St. Elizabeth's Hospital.

Since I both volunteer and have been a patient on the Rehabilitation Floor I know from personal experience how inadequate the rooms and doorways are for anyone who has to use a walker or a wheelchair. The tiny entrances and restrooms are very perplexing for anyone let alone someone already dealing with physical challenges to overcome.

As a volunteer I also see varied areas around the hospital that the general public may not have access to and know first-hand how old and in need of repair the infrastructure is. As an example individuals who are unable to use the stairs have to wait for what seems like forever to even get on the elevator and that is even if they are all working since frequently one or more will be broken and temporarily out of service.

Allow the new hospital to be built and I will have ABSOLUTELY no problem driving from my home in Belleville to a new hospital a few miles away to not only volunteer but to get great healthcare in an environment that will be easily accessible and accommodating to everyone regardless of their special circumstances.

I am supporting the building of a new hospital that can better serve a greater population and encourage you to support it too!

Good Evening. My name is Corinne Hansen. I live in O'Fallon.

In 2003, I was diagnosed with severe Bipolar disorder. I went on a slew of different medications, looking for healing. As a military spouse I moved twice and every new psychiatrist just gave me more medication, until I was taking 9 different ones a day. I also received 36 electroshock treatments that permanently damaged my memory. By the time I moved to Scott AFB, I was an emotionless zombie. In 2010 I was admitted to St. Elizabeth's for my 15th psychiatric hospitalization. Appalled at my condition, the psychiatrists at St. E's took me off all my medications and started over. Within two months I was back to a normal functioning adult. I was finally free from seven years of hell and able to be a wife and mother again. You don't have to be in a coffin to be dead. I feel the medical care I received at St. E's literally brought me back from the dead. Today I live a wonderful life, a life I owe completely to them. I support St. Elizabeth's Hospital plans to build a replacement hospital on I-64 and respectfully ask you to approve this project. Thank you.

PLEASANT HILL NEIGHBORHOOD WATCH

Memorandum

TO: The Health Facilities and Services Review Board

FROM: Donna Mauno, President of the Pleasant Hill
Neighborhood Watch

RE: Objection to Project 14-403

DATE: December 2, 2014

Thank you for providing me the opportunity to appear here today to speak against Project 14-403, St. Elizabeth's Hospital. My name is Donna Mauno. I am the president of the Pleasant Hill Neighborhood Watch and I am very active in the Franklin Neighborhood Association. Basically, we form one community located less than ½ mile from St. E's in the Northwest quadrant from the square. Since I am a baby boomer born and raised in this community, I am very familiar with the residents.

Based on my discussions and survey, mainly with my fellow baby boomers and the older generation, they tell me that they are very concerned about the proposed move of St. Elizabeth's Hospital. Some of these residents fall in the poverty category and don't have the support or resources to travel the longer distance to the new location in O'Fallon. For these individuals it means certain death because of the horrific traffic conditions going to O'Fallon. Based upon this sample survey 81% (42 individuals) who currently go to St. E's will go to Memorial.

I strongly believe that this plan has the potential to strip medical care right out from under those who already have a limited pool of resources and ask that you reject St. Elizabeth's proposal.

open copy

December 2, 2014

To: Illinois Health Facilities and Services Review Board
Regarding: Public Hearing for Project #14-043

I oppose St. Elizabeth's Hospital move from Belleville

My husband and I have lived in Belleville for over 30 years. St. Elizabeth's Hospital has served both my family members and friends. Most recently my husband became ill at work and needed emergent treatment. From where he works in the coal mining industry in Southern Illinois, St. Elizabeth Hospital is the closest facility. He and many other employees that work in the Southern Illinois coal mines have utilized St. Elizabeth Hospital for emergency services related to injury and illness while at work. If St. Elizabeth's moves to the O'Fallon site, this will negatively impact the emergent services that the southern Illinois coal miners have access to. Those who work in the coal mining industry work in potentially dangerous conditions every day to provide energy resources for our community. They deserve the best most convenient health care services.

I strongly urge you to deny the CON permit.



Anne B Crook
520 Millstone Drive
Belleville, Illinois 62221

Natalie Jablonski
1964 Reserve Walk Way
Belleville, Illinois 62220

one copy
pg. 1002

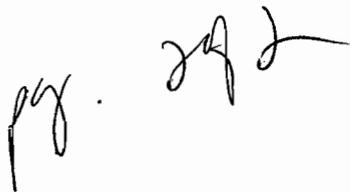
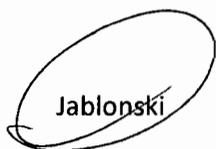
**I was born, raised, and currently live in Belleville, Illinois.
And 19 years ago, St. Elizabeth's Hospital saved my life.**

I was a scared 18 year old when I received my pacemaker by the skilled St. Elizabeth's cardiac team. I didn't know any other friends or family under the age of 70 who had experienced the implant of a pacemaker. But I did know one thing – and that one thing is still true to this day. I would not be standing here today without St. Elizabeth's Hospital.

St. Elizabeth's gave me the greatest gift you could ever ask for – the gift of life. [A chance to live, not just day-to-day but to celebrate the joy of every day. To have the ability to receive an education, create a family, and give back to my community. **The chance at a future.** So it should come to no surprise that when I selected a place to develop my career, I chose St. Elizabeth's Hospital. And I've proudly worked at St. Elizabeth's for the past 8 ½ years.]

St. Elizabeth's continues to be recognized as one of the top 50 cardiac hospitals in the country. Not just in the metropolitan area – in the COUNTRY. So if you ask me if I would be willing to drive 7 miles so that I can continue to receive top cardiac care – Yes, I will be happy to make that drive. [Let's be honest, I drive further than that to visit local shopping centers and sporting events. Not only that, with the proposed location of this new Hospital facility,] I feel proud knowing that other cardiac patients and future cardiac patients throughout the region will now have easier access to superior cardiac care. I would never be so selfish as to deny others the opportunity to have increased access to the quality healthcare St. Elizabeth's Hospital provides to me and my family.

I support St. Elizabeth's Hospital and the plans for this proposed region-leading facility. As a Belleville resident, Hospital colleague and grateful patient, I urge this planning board to approve the application to establish a new replacement hospital.



Jablonski

Hello. My name is Earl Collins and I have been working at St. Elizabeth's Hospital for the past six years.

I would like to see St. Elizabeth's build a new hospital near the highway because it's hard to get to the current hospital. Folks that are coming to the new hospital will be able to use the expressway, which will make it a lot easier for them to get health care.

St. Elizabeth's new hospital will help more people. More people will come to the new hospital because of all the services that will be provided to them in a more modern, efficient setting.

I live in East St. Louis and we need to have a trauma center that is close to us. The new hospital will be more accessible to those who need emergency care.

We need to do whatever possible to help people and that is why I support St. Elizabeth's plans to build a new hospital.

Thank you.

one copy #48

My name is Gwen Riley and as a resident of the greater Belleville area, I am opposed to and greatly concerned about the impact on the area if St. Elizabeth's Hospital were to relocate the proposed 7+ miles to O'fallon.

There are currently two Emergency Departments in Belleville. On any given day, either of these are backlogged with patients waiting to be treated.

Closing an ED in Belleville will potentially leave hundreds of patients every day waiting even longer to be seen in an already extremely busy ED at Memorial Hospital. That hospital is not equipped nor staffed to handle this surge. What will happen to those patients if they need to be admitted? When Memorial East opens, the current Memorial Hospital's inpatient bed capacity will decrease by nearly 100 beds as approved in their C.O.N. The O'fallon region will be gaining a full service ^{hospital} ED in just over 1 year with the expansion of Memorial Hospital to Shiloh ^{and I-64 corridor} ~~less than 3 miles~~ ^{just a few miles} from the proposed St. Elizabeth's site.

~~The proposed move places an undue hardship on Memorial Hospital, left caring for the abandoned people of the greater Belleville area.~~ I urge you to oppose this move.

The purpose of the C.O.N process is to prevent duplication of services; ensure access to healthcare for the medically underserved. This ^{fundamentally} move contradicts both of these.

[Handwritten signature]

Good evening. I am Dr. Martin Musumbi. I serve as an Intensivist at St. Elizabeths' Hospital.

I'm here tonight to firmly support St. Elizabeth's plans to build a replacement hospital near Interstate 64.

As part of the Intensivist Team, I have the privilege of caring for our most critically ill patients. While I have only been practicing at St. Elizabeth's approximately one year, I see everyday why a replacement hospital is necessary. St. Elizabeth's Hospital is the only hospital in the region with Intensivist level critical care and it is imperative to be able to deliver this service with 21st century technology, best practices and accessibility, in order to provide the best patient outcomes possible. Additionally, our current patient rooms are not designed to comfortably accommodate advanced bedside procedures performed by physicians and critical life support equipment that we may need. Secondly, we also cannot comfortably accommodate visiting family members who would like to spend time with their loved one during critical illness. Family presence can have an overwhelming positive impact on patient recovery.

Our patients deserve an accessible, modern hospital in order receive the BEST care possible. I applaud the HSHS System for their investment and commitment to delivering region leading, high quality critical care.

Please approve this project.

JOHN GREGORY READING TESTIMONY FOR
JAMIE MAITRET, FINANCE DIRECTOR, CITY OF BELLEVILLE

#56 HAD TO LEAVE

My name is Jamie Maitret and I am a certified public accountant (CPA), and I have been the Finance Director for the City of Belleville for the last 5 years. Unfortunately these five years have been some of the hardest five years the City has faced financially due to the economy in a long time. It is only very recently that this City has started to see an upturn in the financial situation that was caused by the economic recession that started in 2008. Just when we started to see the light at the end of the tunnel in these financial times, St. Elizabeth's Hospital wants to wreak havoc on the City's financial future...havoc that will be so serious to the financial health of the City that it's negative effects will be felt FAR into the future, even much farther than my lifetime.

As I tried to sit down and come up with calculations of such a loss, I realized it is almost impossible to quantify such a financial tragedy. First of all there is the fact that St. Elizabeth's Hospital is the 2nd largest employer within the corporate City limits of Belleville. The next closest employer is about 400 employees less. Let's take into consideration that these employees are in Belleville on a daily basis. While some may not live in Belleville, they drive to work here, get gas here, eat here, they shop in town on breaks or before or after work. What about friends, family, and loved ones of the patients served by the hospital? They eat here, buy gas here, and do other shopping here. Once again, how do we put an exact number on what these people spend in Belleville? How do I even begin to quantify this? The economic ripple effects that this hospital being in Belleville creates for this City is far too great to put an exact number on, but I can tell you it will be in the **millions and millions of dollars**. All of my calculations come back to one answer:

St. Elizabeth's ABANDONING Belleville = Financial DEVASTATION to the City of Belleville

People say this will be good for the region as a whole because it is keeping a hospital in the region by moving it to O'Fallon. This can't be further from the truth. O'Fallon isn't losing anything if the Application for CON is denied and St. Elizabeth's Hospital is not allowed to move. You can't lose something you never had...especially something you haven't had and **relied upon** for the last 140 years the way the City of Belleville has. If approved though, O'Fallon's gains would be immense, but only because their gains would equal Belleville's DEVASTATING LOSS!

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copy

I'VE HEARD IT SAID SO MANY
TIMES TONIGHT THAT S+E MOVING
~~NEAR~~ NEAR I-64 WILL IMPROVE ACCESS.

Why hasn't ANYONE RECOGNIZED THAT
MEMORIAL-EAST IS ALREADY BEING
BUILT OFF I-64?

Rick Ortiz
Owner of RO Communication
Independent candidate for Belleville, Illinois Ward 6 Alderman
Life-long Belleville Resident

pg. 183

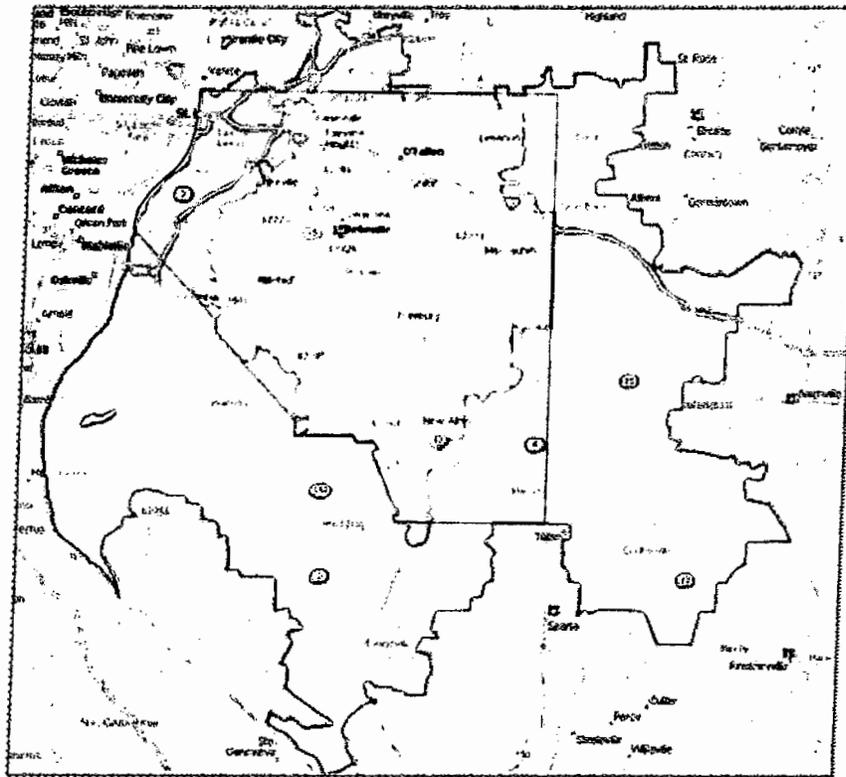
I wanted to speak up about how this move is going to negatively impact access to health care for the less fortunate. St. Elizabeth's mission is to help the poor, the aged and chronically ill. In preparing for this hearing I found it interesting in reviewing their own 2012 Community Health Needs Assessment Report. In the executive summary they restate their "commitment to providing access to health care services to the uninsured and underserved is evidenced by the value of our community benefit". They provide a map of their primary and secondary service areas and also include a chart showing the communities with the greatest needs to those of the least needs in their primary and secondary markets. What bothered me most was the discovery that they already do not count the top 6 zip codes with the greatest needs in their primary service area. This is East St. Louis, Cahokia and Washington Park. These locations are clearly closer in mileage and drive time than a large portion of their primary service area. While I'm not in the know about what are the practical differences of being excluded from their own stated primary service area, I do know that these are the same areas they are proposing to move even further away from and without any current means of public transportation to the proposed site.

Attachment

46

Addendum A: Service Area & St. Clair County Demographics

Primary & Secondary Service Area:



*Leik
Ortiz
Pg. 293*

St. Clair County Demographics:

Population – 270,056

Footprint

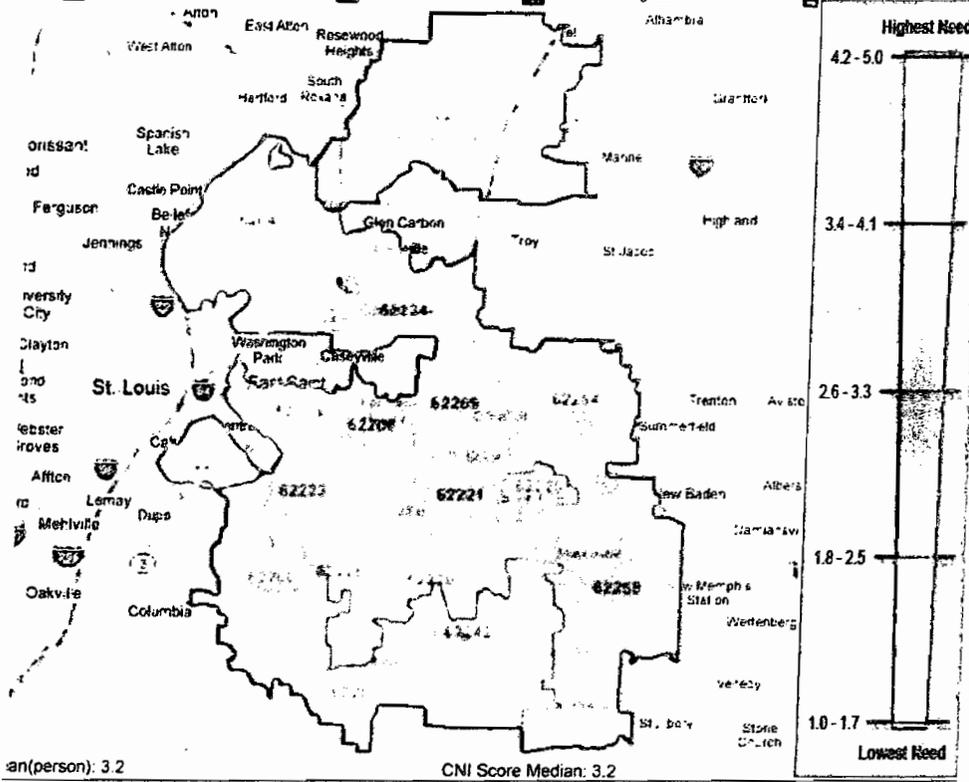
St. Clair County covers 663.9 square miles. This is a strategic location amid America’s heartland and affords its citizens the opportunity to take advantage of being just minutes away from one of the larger population centers in the U.S. (St. Louis). On average, 385.7 people live within each square mile of the county. In 2000, there were 256,082 people living in the county within 96,810 households (averaging 2.59 people in each household) but by 2010 the population had increased to 270,056, an estimated 5.5% change. Recent census reflects that 11% of SCC population lives in a rural community.

U.S. Census Bureau (2010)

Category	Population
Male	129,976
Female	140,080
Under 18	68,588
18 & over	201,468
20-24	17,426 (5)

Category	Population
25-34	35,178 (3)
35-49	55,981 (1)
50-64	51,656 (2)
65 & over	33,810 (4)
Median Age	36.9

Rankings of Zip Codes from our Primary Service Area who participated in the Leede Survey:



an(person): 3.2

CNI Score Median: 3.2

St. Clair County CNI

Zip Code	CNI Score	Population	City
62206	5	16656	Cahokia
62205	5	9302	East St. Louis
62201	5	8525	East St. Louis
62207	5	9293	East St. Louis
62204	5	9934	Washington Park
62203	4.6	9083	East St. Louis
62220	4	19275	Belleville
62226	3.6	27501	Belleville
62223	3.2	16351	Belleville
62232	3.2	6949	Caseyville
62208	3.2	15908	Fairview Heights
62254	3.2	6337	Lebanon
62221	3.2	25539	Belleville
62239	3	5123	Dupo
62240	3	1711	East Carondelet
62258	3	8568	Mascoutah
62257	2.8	3627	Marissa
62269	2.6	31169	O'Fallon
62255	2.4	1219	Lenzburg
62264	2.4	3350	New Athens
62225	2.4	5209	Scott AFB
62243	2.2	6026	Freeburg
62260	1.8	6491	Millstadt
62285	1.8	4129	Smithton
Primary Service Area			
Secondary Service Area			

one copy

45

My name is Donna Meyers. I am the Director of Mission Integration, at St. Elizabeth's, and I strongly support our plans for a replacement hospital.

We are not abandoning our mission to care for the poor! WE have served this community for ~~139~~ ¹⁴⁰ years and will continue to serve for the next ~~139~~ ¹⁴⁰ years.

The sisters came to Belleville because that is where the people were. The main mode of transportation was by train; that is how the sisters got here! It has been over 100 years. WE don't travel by train anymore and neither do our patients. Our patients don't just live in Belleville; they live throughout the Metro East Region.

the entire metro east area

We have a responsibility to provide care to ~~them~~ ^{them} and we need to make it easier for them to get to us. Access to the interstate is ~~the~~ ^{the} best way for patients, ~~with the~~ ^{with the} potential for growth is what is best for them!

Caring for the poor and vulnerable is the essence of who we are and with a replacement hospital we can expand our mission to serve more!

As a retired Military Officer I will not work at any institution that is not rooted in a clear commitment of service and excellence. St Elizabeth's is committed to the poor and they have proven to be an outstanding health care organization!

4 UNDERSERVED

Thank you for your time.

One
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Hello, my name is Darnell Metts and I have lived in in Washington Park or in East St Louis my whole life.

I think St Elizabeth's should be able to build a new hospital in O'Fallon. It will be easier to get to hospital that is on the highway than it is to get to the current Hospital in Belleville. I understand that the current drive time to get to St Elizabeth's is 19 minutes and the people in my community could get to the new hospital 7 minutes faster.

As a matter of fact, all of us in the East St. Louis, Washington Park, and Brooklyn communities can get to St E's in O'Fallon much faster! By moving to O'Fallon the hospital can better serve the three poorest communities in the county.

In 2014 St. E's served 3,000 people from my community and they will be able to do a better job once they move and see even more people!

My brother was a patient at this hospital and they took excellent care of him; they don't care where you live!

Please approve this project!

one
copy 42

Opposition to St. Elizabeth's Application

By Janice Dorris

Hello, my name is Janice Dorris. I am a retired Belleville school principal and after retirement I worked for the Illinois State Board of Education for many years. As such I know first-hand the negative or positive impact a lost or gained business, organization, or entity can have on a community. I am now observing the issue of St. Elizabeth's leaving Belleville and I'm asking the board to focus on a scary fact that is extremely troubling to me. Currently Belleville has a total of 619 patient beds from Memorial and St. Elizabeth's. When Memorial East opens in 2016 and if St. Elizabeth's is permitted to relocate, the city of Belleville will then be left with only 216 patient beds. Hmmm, 619 - 216. That is over 66% less beds than in Belleville right now. AND an added negative is, there will only be one emergency department.

I beg the Board to take a very hard look at the impact upon Belleville if St. Elizabeth's is allowed to leave. Please deny this application and keep St. E's where they are needed the most -that is Belleville. Thank you

Paulette Evans remarks
HFSRB Public Hearing – November 18

Good evening, I am Paulette Evans, President and CEO of HSHS St. Joseph's Hospital in Breese, Illinois – which is a sister hospital of St. Elizabeth's.

I am here to voice my strong support for St. Elizabeth's replacement hospital project.

St. Joseph's Breese is very proud of the high standard of care we provide to residents in Clinton County.

We are consistently ranked among the top hospitals in the United States for patient satisfaction, clinical outcomes and efficient use of health care resources.

St. Elizabeth's too has recently been recognized for high quality care and patient satisfaction.

As the HSHS Southern Illinois Divisions regional referral hospital, we count on St. Elizabeth's to take care of the high acuity patients that we transfer to them.

Going forward, we need a strong St. Elizabeth's that can care for patients in a modern, state-of-the art hospital that will attract primary care physicians and physician specialists.

The stronger St. Elizabeth's is, the stronger our hospital will be and the stronger the health care delivery system in Southwestern Illinois will be.

Our patients should not have to drive through St. Clair County to receive care in St. Louis.

Let's keep our patients closer to home by approving this project.

Thank you for your time and consideration.

A handwritten signature in black ink that reads "Paulette Evans". The signature is written in a cursive style with a large initial "P" and "E".

one
copy

Hello, my name is Tom Pour and I am the Chief of the Belleville Fire Department and I am opposed to the move. The Belleville Fire Department is one of only 3 full time fire departments in St Clair County ,(the other being East St Louis and Sauget) and the biggest career Fire Dept. south of Springfield. Belleville has made a huge commitment to public safety by having both 85 Police Officers and 63 Firefighters that staff these departments 24 hours a day. There are many well trained and well equipped fire departments in St Clair County that can provide equal service once they have a similar number of firefighters on scene. Belleville has 4 staffed engine houses operating daily 3 of which are in a 1.6 mile radius of St. Elizabeth's with the closest being 10 blocks away. We have responded to St. Elizabeth's 96 times in the last 4 years. The last serious call was a dryer fire in the building at 180 S. 3rd. which was quickly handled by units on scene in just over a minute of dispatch , limiting smoke travel throughout the building. Our City being committed to public safety ensures police and fire response are as short as driving time from the station.

Another concern to me is not only the greatly reduced number of hospital beds in our town if this happens but the shortage of ambulances in Belleville if ambulances are busy transporting emergency patients to another town or if the ambulances or busy transporting non emergency patients to O'Fallon due to a lack of public transportation.

The very best of that scenario is delayed response times if they are available at all.

Whether it be Fire or EMS response I would like to quote HSHS President and CEO Mary Starmann-Harrison from the last public hearing in that " In an Emergency, every minute is critical"

I CANNOT AGREE MORE!!

I am Sister Agnes McDougall, and a member of the Hospital Sisters of Saint Francis. I support the dream of the replacement of St. Elizabeth's Hospital. I teach student nurses at the East St. Louis Community college Center, and mentor them in the clinical areas of St. Elizabeth's Hospital. I have been associated with the East St. Louis Campus since 1992 in the Nursing Department. The graduates are very successful in finding nursing positions throughout the Metro East. The generous and eager spirit of St. Elizabeth's Hospital staff has been a strong motivation to continue their nursing career. However, the students need to be and want to be taught using the latest technology in a modern, efficient and organized hospital. These are your future nurses, and they deserve an up-to-date, spacious and easily accessible clinical teaching site.

Thank you

one copy

Good evening. My name is Linda Mehochko. I live in New Baden, Illinois.

I support St. Elizabeth's Hospital and its plans to build a replacement hospital along Interstate 64 in St. Clair County.

I have been affiliated with St. Elizabeth's for more than 45 years and in multiple capacities: as a volunteer, a colleague, a family member and a patient. I routinely experience the drive of over 30 minutes from Clinton County to St. Elizabeth's. There is no direct path to get from anywhere in Clinton County to St. Elizabeth's. Regardless of the route I choose, there are a multiple stop lights, stop signs, and 2 railroad tracks, plus 2-lane roads – the same roads used by farm implements and school buses. As a patient or family member who needs to get to the hospital quickly, these barriers in travel add to the anxiety one feels as well as delaying treatment to the patient.

St. Elizabeth's has received multiple awards for its excellent care. It is time that St. Elizabeth's moves forward to be able to give the entire region that same care and this would be achieved by building a regional healthcare facility which is accessible for all and to all. This site needs to be where the masses can reach it without further delays of unending stop signs and stop lights, rail road tracks and two-lane roads. O'Fallon, on Interstate 64, is the best choice for our replacement hospital.

My community of New Baden, in Clinton County, deserves a state-of-the-art hospital that will provide care for all residents of the region.

Thank you for your time. I respectfully ask you to approve this project.

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Dr. Beth Heppermann comments

Illinois Health Facility and Services Review Board

Public Hearing – December 2, 2014

Application # 14-043

Good afternoon, my name is Dr. Beth Heppermann and I am an Emergency Medicine physician with CEP America and practice in St. Clair County. I am here today to express my opposition to the St. Elizabeth's application to discontinue its hospital in Belleville and establish a replacement hospital in O'Fallon.

As an ER physician I am concerned about the impact of St. Elizabeth's application on the availability of inpatient resources in the Belleville community. Over 70% of all patients that are hospitalized in the two Belleville hospitals come to us via the emergency department. If Memorial Hospital and its ED were to become the only access point in the Belleville community you would no doubt see an increase in wait times for a bed and an increase in boarders in the ED. Memorial is already reducing its bed count by one third with the opening of Memorial East in Shiloh and the additional loss of beds in Belleville if St. Elizabeth relocates will create a severe bottleneck, especially for ICU beds. In addition, St. Elizabeth is actually proposing to reduce the number of ICU beds at their replacement hospital which may actually exacerbate the situation and seems contrary to their stated goal of serving as a regional hospital.

Thank you for the opportunity to express my opposition.

Good evening. My name is Dave Kuhl and I live in Germantown.

I strongly support St. Elizabeth's Hospital and its plans to build a replacement hospital along I-64.

I have experienced St. Elizabeth's Hospital in many capacities. I have been treated as a patient, I have experienced St. Elizabeth's as a visitor for family members and friends, and my sister is privileged to work there. Most recently, a good friend of mine underwent multiple bypass surgery at St. Elizabeth's, and as always, I was very impressed at the high-quality, compassionate care that was provided.

I'm relieved that St. Elizabeth's is planning to build a full-service, modern hospital that will be more accessible. I truly believe that St. Elizabeth's needs to be more accessible to the ENTIRE Metro East region that it currently serves. The current St. Elizabeth's is difficult to get to in its buried downtown location. Having a hospital along I-64 makes sense for the Metro East region and it's reassuring to know that members from my community will be able to get to the new St. Elizabeth's Hospital in an emergency much more quickly.

Please approve this project.

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copy

Dr. Adrian Barcus Comments

Illinois Health Facilities and Services Review Board

Public Hearing – December 2, 2014

Application # 14-043

Good evening. My name is Dr. Adrian Barcus and I am a Hospitalist with CEP America and practice in St. Clair County. I oppose St. Elizabeth's plans and would like to respond to comments that have been made about the regional delivery of healthcare services.

St. Elizabeth's describes itself, and the plans for the relocated hospital, in "regional" terms with the implication being that other health care providers refer patients to St. Elizabeth's for services that cannot be provided locally. To support this argument, St. Elizabeth's states that most of their patients come from outside of Belleville. The reality is that the majority of patients at St. Elizabeth, Memorial and most other hospitals (except for rural hospitals) come from a larger service area than just the community in which the hospital is located. There is nothing unique to St. Elizabeth about its regional service area.

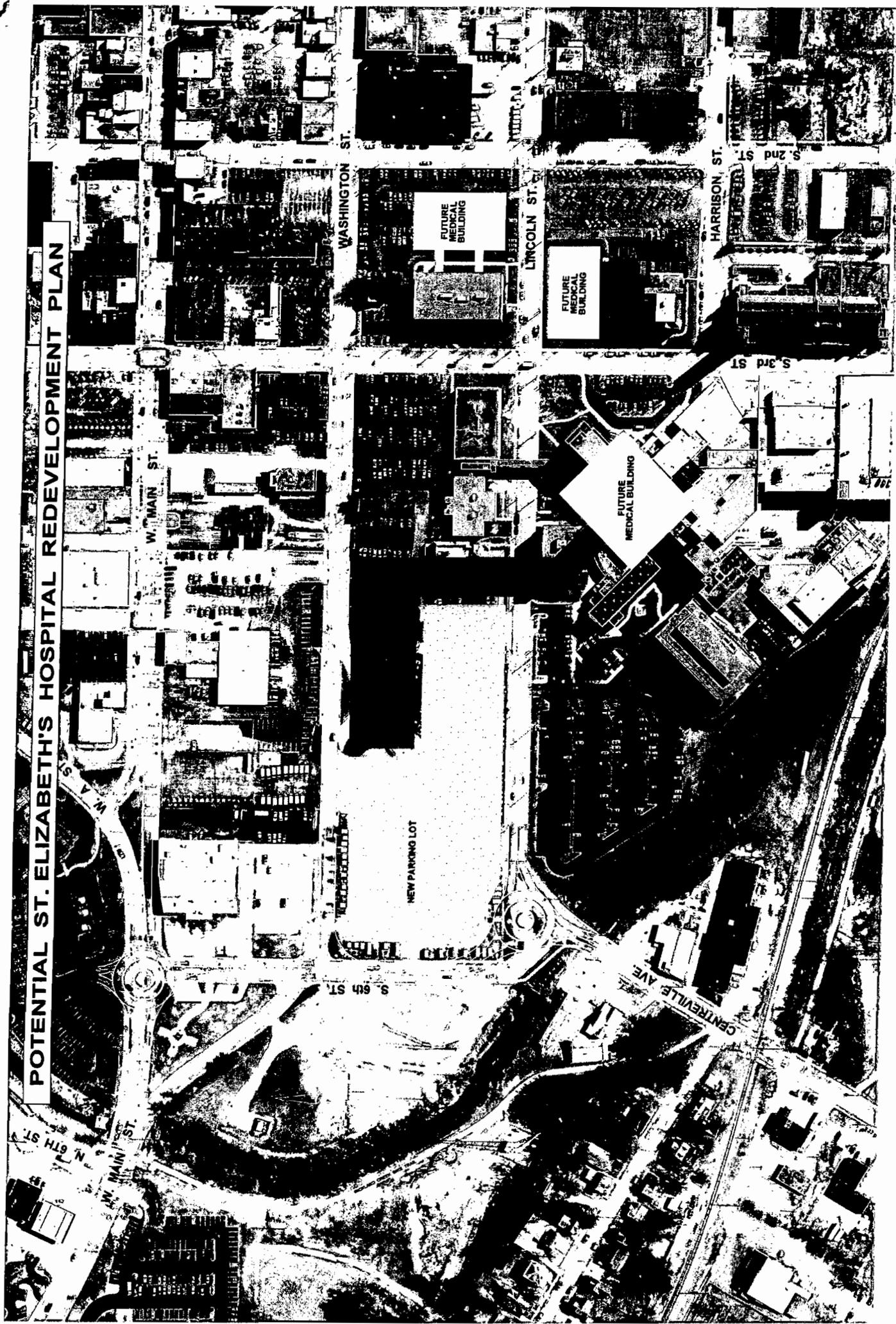
As a physician that works in St. Clair County, at times we refer patients to tertiary care hospitals in St. Louis. Those are the hospitals that healthcare providers refer patients to for services that cannot be provided locally. It takes much more to be a regional referral hospital than proximity to an exit ramp, it takes a broad array of clinical services that are not in the St. Elizabeth proposal. Thank you for the opportunity to provide comments.

I looked at St. E's application for their explanation of why certain alternatives were not viable, like staying in Belleville. The reasons I found to be somewhat trivial given their request to uproot a 140 year old establishment. They rejected rebuilding on the existing site because they claim they cannot fit or they have geographic access issues. If you look at the land they currently occupy and also the adjacent land owned by the City of Belleville, there is more than enough room to build "new" in downtown. Their claim that one way streets are a burden is just silly. Almost all hospital centers have some element of restricted street access and the current St. E's Campus has no restrictions other than a few one way streets which the Mayor has offered to either close or alter.

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They also claim that this "would require multi-year phasing with disruption to hospital operations and patient care for several years." Since they are not renovating but instead building a new building, I don't understand how the disruption would be any different for a new facility in Belleville vs. O'Fallon. The third and final rationale used to reject the Downtown Belleville alternative was relative to cost. According to page 106 in the CON, "cost is no benefit over the chosen alternative cost", in plainer English, they are picking the cheaper option. In the media they keep claiming that building in Belleville is twice the cost (or 100%). Their proposed cost for a hospital in O'Fallon is \$288M and the projected cost for replacing in Belleville is \$365M, which is only a 27% increase over the proposed project which is a far cry from the 100% being reported. I'm also suspicious of the projected costs listed for the alternatives as there are no sources stated for how they "came up with" those numbers. They haven't been honest about the costs publically so why should we believe that amounts used to reject an alternative haven't been altered too.

POTENTIAL ST. ELIZABETH'S HOSPITAL REDEVELOPMENT PLAN



WASHINGTON ST.

LINCOLN ST.

HARRISON ST.

S 2nd ST

S 3rd ST

W MAIN ST.

NEW PARKING LOT

S 4th ST

CENTREVILLE AVE

N 6th ST

W MAIN ST.

Martin, Leslee K

one copy

From: Martin, Leslee K
Sent: Thursday, November 06, 2014 3:28 PM
To: Reardon, Brian P
Subject: Remarks for the Public Hearing

Brian,

Here is my proposed statement for the public hearing:

Good evening. My name is Leslee Martin. I live in Dupou.

I'm here to voice my support for the proposed plans presented by St. Elizabeth's to build a replacement hospital just off Interstate 64 in St. Clair County.

I was a patient at the hospital over the summer. It was 4am on a Sunday morning when I thought I was passing a kidney stone and my husband drove me to St. E's. The 15/158 exit was under construction at the time, making it awkward to get to the hospital and I was in a lot of pain. When I got to the hospital, I was received in the ER and got prompt attention and care. I was admitted and received excellent care from the staff. It was cold in the building, so it was nice that the staff was always offering warm blankets to me. Everyone that I came in contact with, from the nurse, to the aide, to the transporter, to the priest made me feel comforted while I healed from a terrible kidney infection. I am very impressed with the staff and the quality of care St. E's provides despite working in an outdated building. Additionally, the location is difficult to get through side streets and one-way roads, so I would love to see a new building that would be easily accessible off a major highway.

I am eager to follow St. Elizabeth's to its new location. Please approve this project.

Thank You,

**Leslee Martin MT(ASCP), MBA
IT Services Manager
St. Elizabeth's Hospital
211 South Third Street
Belleville, IL 62220
Office: 618-234-2120 x2843**

one copy

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T Anna

~~Good afternoon~~ Ladies and Gentlemen, I am Mark Meyers. I live in ~~O'Fallon, and a~~
retired Air Force officer, and currently work at Scott AFB. I emphatically support
St. Elizabeth's ~~Hospital's~~ plans to build a replacement hospital, ~~along Green Mount~~
~~Road and Regency Parkway in St. Clair County.~~ *IN O'FALLON*

I have been a patient at St Elizabeth's for both in and out-patient procedures and surgeries. My experience at St E's, ~~for all my medical needs~~, has been nothing less than outstanding. I found staffing, attendants, and physician interaction exceptional. The current location, physical plant, facilities, and surrounding infrastructure, however, have well outlived the usefulness of maintaining a viable hospital in Belleville.

As a military veteran and current AF employee, I can attest ~~to the board~~ that the 13,000 ~~plus~~ active duty, national guard, reserve, government civilians, dependents, and retired military people, who live and work at Scott, need an accessible modern replacement hospital. As a result of a number of DOD and AF cost saving measures, the ~~closed~~ hospital at Scott was closed a number of years ago. This has created a very real void and consequently ~~we~~ need for a state-of-the-art, full-service regional hospital like the one St. Elizabeth's ~~would like to~~ *will* build. The immediate access and proximity to quality health care will meet the ever changing health care needs of returning veterans and indeed the entire Metro East area.

- I respectfully ask you to approve this project
~~Finally, Scott Air Force Base has been identified as a finalist for location of a new National Geospatial Agency currently located in St Louis, with a potential population push of nearly 3000 federal workers. The timing is right to approve St Elizabeth's~~

- Thanks in advance for your support.

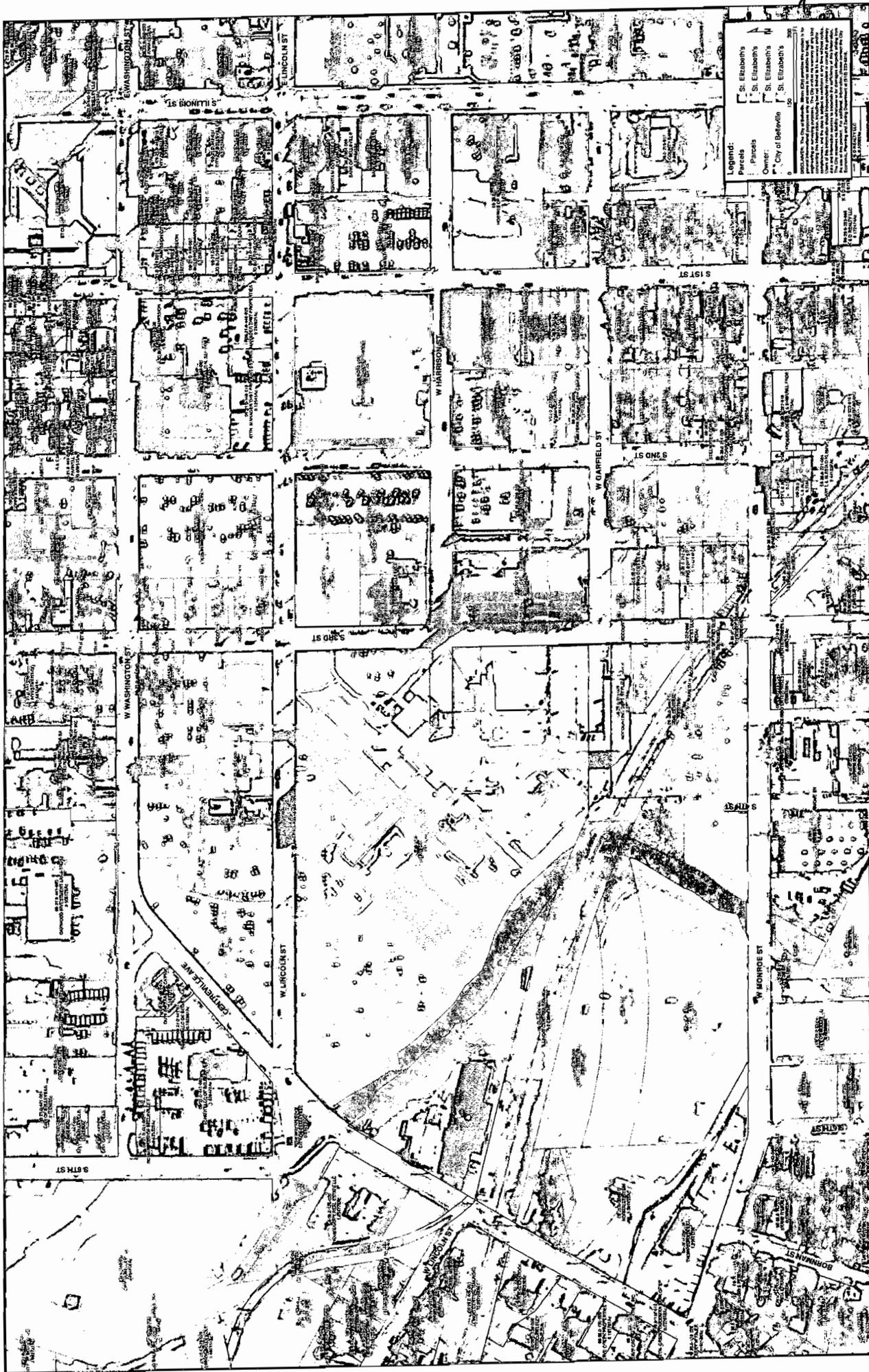
Julie Harvey

one copy

I'm Julie Harvey a long-time West End Belleville resident and community volunteer for many years.

St. Elizabeth's owns almost everything in downtown Belleville between Washington and Monroe from 2nd Street beyond 4th Street. The promise of an urgent care center does little to fill almost 12 city blocks. In addition, the City of Belleville owns another 6 – 8 city blocks directly adjacent to the land St. E's owns. There is no validity in St. Elizabeth's claim that they COULDN'T rebuild in downtown Belleville – they just don't want to. It does not take a whole lot of imagination to understand the economic devastation that losing 2,000 jobs and abandoning a dozen city blocks will have on Belleville.

Julie Hawey



Hello my name is Mark Holloway and I am a patient at St. Elizabeth's Hospital and I support the replacement of St. Elizabeth's Hospital to the I-64 corridor. I have St. Elizabeth's doctors and have received outstanding care at both the Emergency Room on several occasions and in the Heart and Vascular Center.

I would really appreciate not having to navigate the one way streets, all the lights and detours of the town of Belleville. The city closes the streets of downtown Belleville and causes major detours and access issues every time I have to go there. Many of my friends won't even go there anymore because of the delays and access. I don't know how many parades and celebrations one town can have, but every time I need to go there, another detour or road block is up.

The patients that use St. Elizabeth's Hospital deserve a new state of the art hospital that is easy to access.

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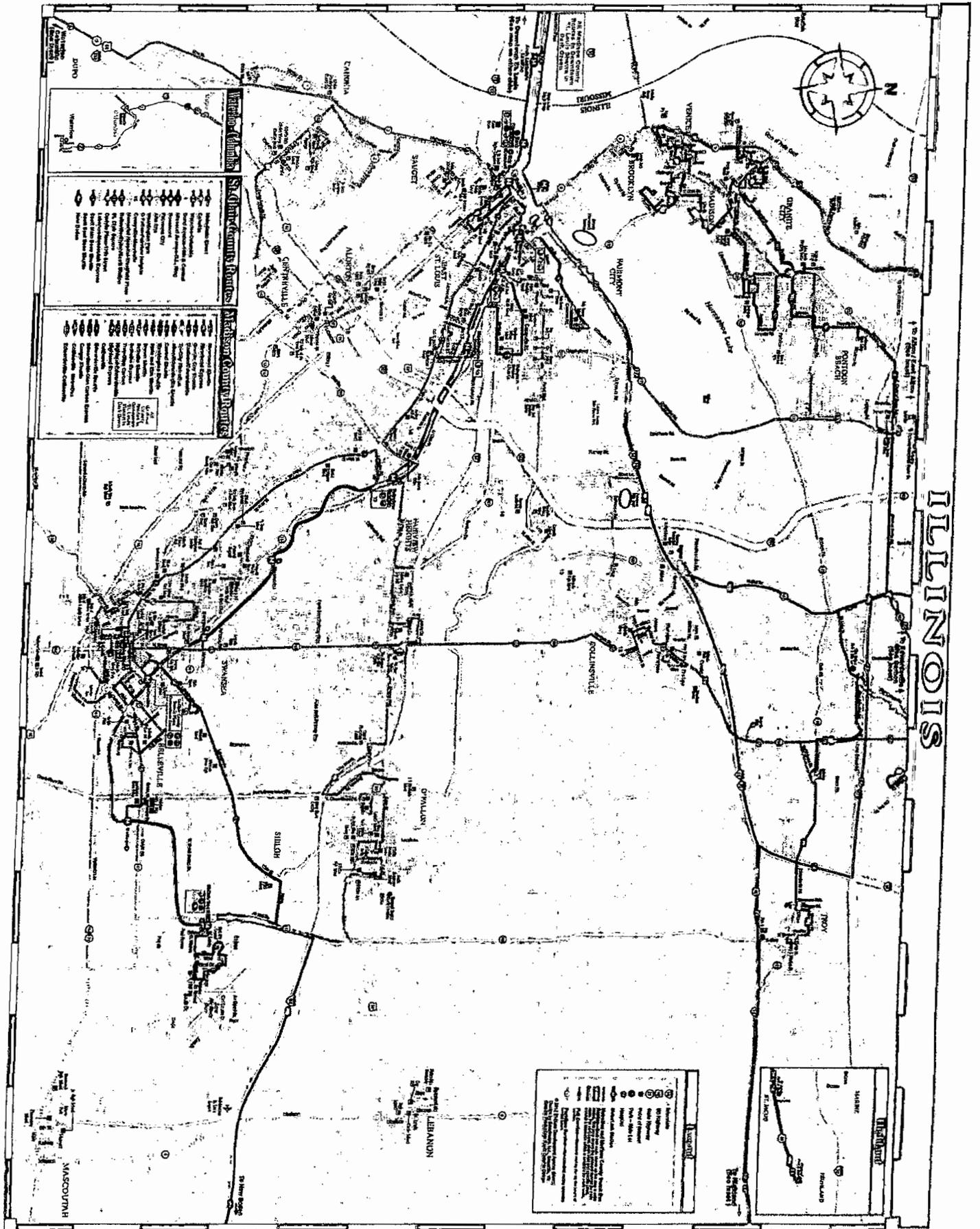
23 Donna Dougherty
8 Signal Hill Blvd.
Belleville, IL 62223

The best thing St. Elizabeth's has going for it is that it is an urban Catholic hospital providing healthcare to all people because it is accessible to all people. We are so blessed in Belleville to have a robust public transportation infrastructure. It's amazing how many people take the bus and metrolink to get to St. Elizabeth's. If you look at the Metro Transit - St. Louis map which I have attached, you can plainly see that Belleville is the public transportation hub in the metro-east. The bus route from the poorer communities to our west goes right past by Memorial Hospital and St. Elizabeth's Hospital making both Belleville hospitals partners in caring for the poor.

Public transportation makes healthcare truly accessible to all.

Attachments

Donna Dougherty



Good evening,

I stand here tonight in support of the new St. Elizabeth Hospital in O'Fallon.

St. E has provided many of my family members with very good health care over the years and I credit them with saving my fathers life years ago with their fantastic heart specialists.

It is important for everyone to remember that we are a region, and that no one community can be the center of the Universe. I grew up in St. Clair County and currently own a home in Collinsville, my father still resides in Marissa.

As the regions population continues to shift northward, and with the astounding success of Scott Air Force base, the location selected by St. E would be hard to surpass.

As medical science has changed and as our population ages, it makes zero sense for the hospital to remain land locked and hard to reach by most people of the Metro east area. This cannot be about the parochial needs of one community, that is patently unfair. The Metro east is a region, and this new hospital will be a huge plus and a win, win proposition for the entire metro east area.

Thank you for allowing me to speak in support of the new hospital.

one copy

John Ziegler Comments
Illinois Health Facilities and Services Review Board
Public Hearing – December 2, 2014
Application # 14-043

Hi, my name is John Ziegler, Vice President of Human Resources for Memorial Hospital. I oppose St. Elizabeth's plans and would like to comment on the human resources impact of this project.

One of the benefits mentioned regarding this project is the construction jobs it will produce. However, any ~~temporary~~ construction jobs created through this project, would still be created even if St. Elizabeth's were to build a replacement hospital in Belleville. Construction jobs are not necessarily tied to a specific location.

Furthermore, it does not appear that this project will even create job growth within St. Elizabeth's, since there may actually be fewer jobs due to this project not having any new programs or services, along with the actual bed count and square footage for this project being less than their current location.

The negative job impact to downtown Belleville will be real, due to fewer patients, visitors, employees who will no longer travel downtown and stop at local businesses.

Finally, the impact to Memorial Hospital East ^{in Shiloh} will be significant. If this project is approved, we estimate there will be 200 less jobs - at Memorial East, with an annual impact of \$12.5 million, in lost salaries and benefits.

Thank you for the opportunity to provide comments.

12/2/14

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REPLACE ST. ELIZABETHS HOSPITAL

As a recent patient at St. Elizabeth's, it quickly became obvious how old the structure is. The doorways are so small, patient beds cannot fit through them until all the side rails are down. At one point it was easier to just walk from the bed to an awaiting stretcher in the hall. Not much privacy that way. I was also told the technology built into the beds cannot be fully utilized because the technology is not wired into the hospital. The bathrooms are so small there is barely room to turn around. There is only a sink, no shower that I could have easily accessed. The orientation of the hospital for visitor access is extremely poor. There is minimal parking in front of the hospital. Visitors park in the garage which is located at the far side of the hospital and must walk the long hallway to the main elevators. It becomes extremely difficult for people with respiratory problems and those with hip or knee disabilities. The hospital tries to keep wheelchairs there, but so many times they are used and there are none to replace them. Patients and visitors deserve better. As for the care I received, it was extraordinary. I can see why it was named one of the top 50 hospitals by Truven for cardiovascular care.

Respectfully Submitted,

Debra Owens

Debra Owens

2714 Katrine Lake Dr.

Belleveille, Ill. 62221

one copy

Nancy Weston Comments

Illinois Health Facilities and Review Board

Public Hearing – December 2, 2014

Application # 14-043

Good evening, my name is Nancy Weston and I am the Chief Nursing Officer for Memorial Hospital. I am here this evening to express my opposition to St. Elizabeth's request to build a new hospital. There are many points that can be made in support of my opposition but I will focus on several key factors.

St. Elizabeth's has attempted to justify the fact that they are proposing a hospital in O'Fallon which is duplicative of Memorial East in Shiloh. They have done this by their continuous suggestions that Memorial East will be providing a limited scope of services and that the St. Elizabeth proposed new site will be more expansive than Memorial East.

This simply is not accurate:

1. Memorial East will be a full service hospital with 72 medical surgical beds, an obstetrics department and nursery, an intensive care unit, emergency department, surgical suites with a GI lab, a cardiac cath lab, imaging services with CT and MRI, and a full complement of ancillary services.
2. Memorial East will have 24/7 in-house physician staffing and physician coverage which will meet the service needs of the community.
3. In designing Memorial East, non-patient care functions such as finance and other administrative functions were not included at this site since these functions can be managed for both hospitals at the Belleville campus.
4. St. Elizabeth's has not proposed a single new program or service that is not currently being provided at their Belleville Campus. In fact, the new hospital proposal has a reduction of inpatient capacity across all services than they currently have in their downtown Belleville location.

Memorial East was planned and designed and granted approval to meet the service needs of the O'Fallon/Shiloh community. The addition of another hospital within 2 miles of Memorial East is an unnecessary duplication of resources.

Thank you for the opportunity to provide my comments.

one copy

Good evening. My name is Janice Wiegmann from New Baden.

I support St. Elizabeth's Hospital ~~and its plans~~ ^{along with} ~~to build a replacement hospital~~ ^{campus} along Interstate 64 in St. Clair County.

Many years ago I began my career in health care as a nurse aide at St. Elizabeth's. I was also employed as a professional nurse prior to beginning my tenure as a nurse educator. In addition, I delivered 3 of my 4 children at St. Elizabeth's. My parents, my in-laws, and other family members and friends have been patients at St. Elizabeth's. Most recently, a relative was admitted with chest pain. Watching the staff transport him to the cardiac cath lab made it clear to me how the physical constraints of the building are inadequate for today's health care delivery. It was difficult to get the bed through the door with the monitoring equipment he was attached to. He had to be moved down one hall to a set of small elevators to be taken down two floors to a set of even smaller elevators to go down another floor to access the cardiac cath lab. The difficulty moving the bed out of the room and the maneuvering in and out of the elevators made him nauseated, adding more anxiety and discomfort to an already stressful situation for him and his wife. A full-service, modern hospital is greatly needed in order to provide quality safe care patients deserve.

Thank you for your time. I respectfully ask you to approve this project.

Janice Wiegmann



To whom it may concern:

Thank you for the opportunity to speak with you tonight about my support of St. Elizabeth's hospital. My name is Deanne Rieckenberg. I am a Family Nurse Practitioner. I live in Steeleville, Illinois, which is approximately forty miles away.

I delivered both of my children at St. Elizabeth's hospital; the most recent being in March. My husband also was delivered at St. Elizabeth's forty-three years ago. As expectant parents, my husband and I toured both of the local hospitals. The rooms at St. Elizabeth's were smaller and more outdated, but we chose St. Elizabeth's due to the excellent staff. We are excited that the new hospital will have bigger and more comfortable private rooms and state of the art technology. The other advantage to us would be the easier access off of the interstate due to the distance we have to travel.

I support the new location and look forward to even more people being able to take advantage of the excellent care given by St. Elizabeth's employees. Thank you.

Public Hearing: December 2, 2014

Opposition to St. Elizabeth's Hospital Project #14-043

22

me copy

I am Judy Lynch and live in Freeburg. I am disappointed and concerned with St. Elizabeth's plans to leave a community that has supported them for 140 years. I cannot understand why they can't find another site in Belleville to build their new hospital. Residents living south and east of downtown certainly will be put at greater risk. I ASK THAT YOU DENY THIS REQUEST.

Thank you.

Judy Lynch
7000 Holcomb School Road
Freeburg, IL 62243

Hello. My name is Sharon Blackwell. I live in Sparta, which is approximately 40 miles south of Belleville.

I'm here to support St. Elizabeth's Hospital's plans to build a replacement hospital just off Interstate 64 in St. Clair County.

I have always been very impressed by the care given at St. Elizabeths. My grandmother was a patient there a few times towards the end of her life. She was treated with excellent care and compassion.

The new location would be much more beneficial to everyone in our area. Since Route 4 comes right through Sparta, it is actually easier to get to there than the current location. Also, having a state of the art facility on this side of the river would alleviate the stress of going to the city.

I will follow St. Elizabeth's to its new location, and I ask the Board to approve this project.

Public Hearing: December 2, 2014
Opposition to St. Elizabeth's Hospital Project # 14-043

(20)
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Good afternoon. My name is Judie Lueder and I am a long-time member of this community who is very concerned about Belleville's future. I have heard that Memorial does not have the ability to take care of all of St. Elizabeth's Belleville patients. How can this state agency possibly approve the closure of a hospital when we know that there will not be enough capacity left in Belleville to keep residents safe. I understand that this agency will not allow poor people to be abandoned by a hospital. Thank you for looking out for the residents of our community.

Good evening, my name is Carson Hempen, a lifelong resident and business owner of Clinton County and a volunteer at St. Joseph Hospital, Breese. Thank you for allowing me to speak.

About 2 years ago, I experienced firsthand the healing ministry at St. Elizabeth. I had open heart surgery for the replacement of aortic valve with 4 bypasses so I know the importance of having this level of care available in the region.

As a resident of the region I would consider the following major questions:

Why a new hospital, why now, and why there.

I think we have all experienced similar circumstances. No matter how well we repair and update, sooner or later it just make more sense to replace.

I don't feel the hospital is abandoning Belleville. Relocation to O'Fallon along I64 would provide better access to the entire region, especially the underserved.

About 140 years ago the sisters made a commitment to provide healthcare to the Belleville area.

Hopefully that mission and vision for the future to provide high quality healthcare to the entire region in this new hospital can continue.

A handwritten signature in black ink, appearing to read "C. Carson Hempen". The signature is written in a cursive style with a large initial "C" and a long, sweeping underline.

one copy 18

Public Hearing: December 2, 2014
Opposition to St. Elizabeth's Hospital Project # 14-043

Good afternoon, I am *Bonnie Felt* . My family and I have lived in Belleville for 71 years and we hope to continue residing here for many years to come. We are deeply saddened by St. Elizabeth's plan to abandon the community that has supported the hospital for so many years. It seems to us like a financial decision, which seems counter to the mission purposes of the not for profit and religious organization that owns the hospital. Thank you.

November 19, 2014

one copy

Ms. Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson St., 2nd Floor
Springfield, IL 62761

December 2nd

RE: In Support of Project #14-043 St. Elizabeth's Hospital's replacement hospital in O'Fallon

Dear Ms. Avery:

Good evening

Medicine

~~Hello~~, my name is Dr. Crystal Carmichael. I'm a Family ~~Practice~~ physician in Belleville.

I'm a strong supporter of St. Elizabeth's plans to build a replacement hospital in O'Fallon.

As a physician, I want what's best for my patients.

If I need to admit a patient for care at a hospital, I want to know that the hospital will provide my patient with the highest quality of care.

While the staff at St. Elizabeth's already provides great care, the hospital itself is not the best environment for healing.
as
It was designed for 20th century health care.

Today, patients expect and need 21st century care in a modern hospital with the very latest technology.

Allowing St. Elizabeth's to build a modern hospital will help this region recruit surgical specialists.

A major reason I refer patients for admission to hospitals across the river is because there are specialists who practice in St. Louis who can perform the necessary ~~surgery~~ / surgical procedures

I know my patients would prefer to stay in Illinois when undergoing a procedure.

For that reason, and on behalf of my patients, especially the elderly & those with limited means of transportation, I ask that the review board approve this project.
& colleagues

Sincerely,

Crystal Carmicheal MD.

8601 West Main St. #101
Belleville, IL. 62223

One copy

#14

My name is Morgan Edwards
I am life long Belleville resident & I
was born at St E's. I am
a McKendree University Alum & recently received by
MBA from ~~Wash U~~
Washington
University
St Louis

Members considering Certificate of Need

It is my hope the Hospital Sisters Health Systems comes to the decision along with Illinois Health Facilities and Services Review Board to stay in Belleville because the Greatest need for their style of health care is in Belleville. The decision has consequences for Belleville and O'Fallon. How do you replace a hospital and the secondary business attached to the hospital environment? As new offices are being built in O'Fallon "For Lease" signs will appear in Belleville. This move is not expanding the regions health care it is a downgrade for the Region.

This action will cause a significant damage to a vulnerable area.

Belleville has many benefits that O'Fallon cannot offer. Belleville is the County seat and many government agencies are located within the shadow of the hospital. The foot traffic between the Court House and the area is significant. The highest and best use for the hospital is the current location.

Thank you for your consideration.

Belleville Post Office, court house

My name is Morgan Edwards.

- Born at St E's
- Belleville East Grad
- McKendree Undergrad - Lebanon, Ill
- Wash U MBA - St Louis
- Nestle Purina Employee - St Louis
- Belleville Resident
- Board of Directors, Americorp's St Louis

Opposition of Project #14-043

My. # 22

My name is Kim Renth, and I'd like to read into the record excerpts from a letter submitted by the Franklin Neighborhood Association.

one copy

"I am here to voice opposition by Franklin Neighborhood Community Association (FNCA) to St. Elizabeth's Hospital's plans to close its Belleville hospital. FNCA provides education and community support to low income families in Belleville, and St. Elizabeth's current site is in the Franklin neighborhood.

85% of the students at Franklin Elementary School, which is located less than a half mile from St. Elizabeth's, are living in poverty.

One of the programs offered through FNCA is a summer camp for children from low-income houses. Understanding consequences of St. Elizabeth's planned move, we surveyed the families of our campers concerning the potential of St. Elizabeth's moving to O'Fallon.

This survey process was under the direction of our volunteer and very active FNCA director, who also has 30 plus years of private sector executive management experience in finance and tax compliance.

Kim
Renta
~~Over~~
Pg. 202

Twenty-three families responded. Only three of the families (13%) indicated that they would continue to use St. Elizabeth's if it moved to O'Fallon. The remaining 20 families (87%) indicated that they would use Memorial.

These are the families living near St. Elizabeth's, and while this is a small sampling of Belleville's low-income families, it strongly contradicts St. Elizabeth's repeated statements that their patients will "follow them." St. Elizabeth's, by relocating to O'Fallon, will be literally moving from those most in need, and limit access to Belleville's financially disadvantaged community. The impact on Belleville's low-income population would be devastating."

Thank you.

Good evening! My name is Kit Timmermann from Breese, IL. I'm here to voice my support for the proposed plans to relocate St. Elizabeth's Hospital to the corner of Green Mount Road and Regency Parkway. My Husband was transferred from St. Joseph's Hospital in Breese to St. Elizabeth's Hospital twice last year for cardiac care. The proposed new location would be much closer traffic-wise and when you are talking cardiac care, every minute counts. To not have to contend with downtown Belleville traffic would be a plus whether you are using an ambulance or a personal vehicle. It's all about "Location, location, location!"

Kit Timmermann


618-526-7326

Opposition of Project #14-043

one copy

My name is Megan Moulton, and I'd like to read an excerpt from Senator James Clayborne's letter of opposition.

"I want to express my opposition to St. Elizabeth's Hospital plan to leave Belleville. An expenditure of nearly \$300 million to build a facility further away from some of our most medically underserved in areas such as Belleville, East St. Louis, Cahokia and Centreville is directly counter to the nature of this significant policy and industry shift. In addition, access for residents living in communities south of Belleville, including Millstadt, Freeburg and Smithton, will be severely impacted.

While I can appreciate St. Elizabeth's vision for the future, I ask hospital leadership to consider a new plan that would modernize the current Belleville facility and upgrade services. Just as I have a responsibility to act in the best interests of my constituents, so too, does the Review Board. We must in turn implore our healthcare providers to be thoughtful and diligent in the expenditure of scarce resources.

I ask the Health Facilities and Services Review Board to deny Project #14-043 as presented."

Thank you.

opposition of Project #14-043

one copy

My name is Blair Glauber and I would like to read part of a letter written by State Representative Jay Hoffman regarding Project #14-043.

In the letter, he states:

"I would like to express my concern regarding St. Elizabeth's Hospital's application to move its' main campus out of Belleville, Illinois. Although I understand the hospital's need to upgrade its physical facility, I am concerned about the possibility of limiting access to healthcare that may be a result of the move.

In a recent letter to your Board, Kevin Hutchinson, the Executive Director of the St. Clair County Health Department wrote, "We are very concerned that the proposed replacement hospital location will adversely impact the safety net service currently provided by St. Elizabeth's Hospital to residents of St. Clair County." He noted further, "Other hospital emergency rooms in Belleville and Centreville may see a surge in demand and their capacity to meet this need has not been clearly addressed in the application."

Ultimately, the decision on granting or denying St. Elizabeth's proposal lies in the sound discretion of your Board. In reaching your conclusion, I ask that the Board take into account the adverse effect on healthcare access under the current proposal, and demand that St. Elizabeth's consider a new plan that would substantially reinvest dollars in its' current Belleville facility."

Thank you.

me why

Hello, my name is Vivian Hasenstab and I live in Smithton. I'm here to tell you why I support St. Elizabeth's Hospital and its plans to build a replacement hospital.

My children were born at St. Elizabeth's. My mom and dad received care there. And, my husband and I go there for our health care. I know the hospital almost inside and out. And, let me tell you ... it's old. The patients and employees of St. Elizabeth's need new technology.

Even though the new hospital will be further away, I will follow St. Elizabeth's to its new location because of the exceptional care my family has received.

I ask you to approve this much-needed hospital.

Thank you.

Vivian Hasenstab

opposition of Project #14-043

Testimony is short, to the point

at Memorial 25 yrs and served as

one copy

My name is Sandy Guymon, I have been the nurse manager at ~~St. Elizabeth~~ for the past 11 years. Every year ~~but~~ volume ~~tends~~ increase as does the acuity of patients. My concern is that if St. Elizabeth's stops providing for the community, the sudden influx of patients into our department could create longer waits, decreasing patient satisfaction and ultimately risking patient safety.

at its present location

#8

overcopy

Good evening. My name is Michael Schuette. I am the president of Schuette's Market, which operates five grocery stores in Madison and Clinton counties. We just celebrated our 150th year and are the oldest family grocery business in the U.S.

I'm here to show my support for St. Elizabeth's replacement hospital. Our employees and customers have relied on St. Elizabeth's Hospital for medical care for many generations.

One of the reasons we all have relied on St. Elizabeth's is because of its caring, comprehensive and effective medical treatments.

However, our access to St. Elizabeth's in downtown Belleville has always been difficult, and has only gotten worse over the years with the increased traffic on the many two-lane roads leading to St. Elizabeth's.

It's great news to our communities that St. Elizabeth's is endeavoring to update and improve its care facilities with a replacement hospital that will be substantially more accessible to our many employees, families and customers.

This development must be assisted in all ways possible because all of our futures are at significant risk if this state-of-the-art hospital is not approved.

one copy

Michael R. Riley
5 Windfield Place
Belleville, IL 62223

My name is Michael Riley and as lifelong resident of Belleville, I support St. Elizabeth's plan to build a new regional medical center. Healthcare is changing on a daily basis and hospitals, home health agencies, and physicians, along with other medical providers, are being forced to make decisions based on survival. While government and insurance companies continue to cut reimbursement to medical providers, both state and federal government regulations continue to grow with little or no regard to the additional cost of compliance.

St. Elizabeth's has gone to great lengths to try and make their existing facilities meet the needs of tomorrow. The dollars that would be spent to modernize the existing facility would be better used to build a new state-of-the-art facility that would meet the needs of patients and businesses well into the future. Their choice to operate one hospital in the area to assure cost savings and not duplicate services is commendable.

Many talk about the needs of the poor and elderly and their access to healthcare. The Sisters have always assured that charity is a large part of their mission. I would think that the HSHS system, through their network of hospitals, provides as much, if not more, than many of the hospital systems that provide services to the residents of Illinois. There has been no indication the amount of charity care would decrease as a result of building a new facility.

St. Elizabeth's studied demographics to determine the area to build a new facility. I do not believe that an investment of over 300 million dollars is going to be made by any organization without thorough analysis of the area's demographics.

Leaders of Belleville and fellow opponents to the building of the new hospital have chosen experts to argue against the need for a new facility. While doing so, they are spending thousands of our tax dollars to determine the best method to undermine the certificate of need. Meanwhile, HSHS has spent thousands of dollars to evaluate how they could best serve the needs of our growing communities by building a state-of-the-art regional medical center foreseeing the needs of the future.

one copy

Health Facilities Planning Board Dec. 2nd 2014

*My name is Eugene Verdun, St. Clair City office
and Services on Aging*
As a former Health Facilities Planning Board
member it is indeed a privilege for me to
participate in this hearing this evening.

For over 40 years I have served as an advocate
for senior citizens on the national, state and
local level. The emphasis has been on serving
seniors and the poor in St. Clair County
especially in the Belleville and East St. Louis
area.

Approximately 19% of the city of Belleville's
residents are senior citizens. Many of these
seniors live in close proximity to the present St.
Elizabeth's hospital location in individual
housing, publicly subsidized housing, nursing
homes or other types of residential settings.

Many seniors are afflicted with medical conditions which demand attention as quickly as possible, such as strokes, heart attacks etc., or the affects can be devastating. Therefore, it makes sense to have a hospital as close to this major population as possible.

During my tenure on the Health Facilities ^{Services} ~~Planning~~ Board comprehensive assessments were made of whether or not an applicant had meaningfully considered all the alternatives to relocation. It does not make sense to me why St. Elizabeth's has not presented an application for a new hospital near, or retro-fitted hospital in the present location of downtown Belleville. This point is true especially since this Board has already approved of the new hospital construction in O'Fallon/Shiloh.

The proposed project might make business sense to HSHS but this Board is tasked with evaluating the impact the proposed project would have on the healthcare delivery to those who need it most. And, in this case, the impact on those in the community who need the service the most and as quickly as possible, could be potentially devastating.

*In the interest of serving and
the poor of the area in its
present location!*

12-2-2014

#2 one copy

Welcome and thank you for this opportunity to express my opinion

My name is Alexa Edwards.

I am a second-generation owner of a 62-year-old small business located within 3 miles of St. Elizabeth. My daughter was born at St. Elizabeth in 1984. My Mother was cared for at St. E's during her end of life.

As a member of the St. Clair County Zoning Board of Appeal, I am presenting to the board a signed petition "Opposing the Move". Every member who attended the November 10th meeting agreed the region would be best served at the present location. I was shocked every member in attendance would sign, because as a board we seldom unanimously agree. Their reasons varied but the conclusion the same the move would be a downgrade.

Kevin Horrigan of the St Louis Post Dispatch recently had an editorial describing the difference between the Rational Man and Compassionate Man. The rational man looks at the facts and makes his decision. The compassionate man looks at the impact of his overall action and forms his decision.

Hopeful we can be both and implement a plan that will allow St Elizabeth to rebuild in Belleville providing the infrastructure and technology to attract a better payer mix and serve the sick, old and neediest.

Allowing the Rational man and Compassionate man to become one.

Alexa Edwards

Remarks for Certificate of Need -- Public Hearing -- December 2, 2014

**St. Elizabeth's Hospital, Belleville, IL
Bob Farmer, MD -- Letter of Support**

I am Bob Farmer, family doctor and Medical Director of the Southern Division of HSHS.

I am proud to be a Belleville boy, grew up here, attended school here. But my hometown pride, in this case, must yield to the economic realities of modern healthcare delivery.

St. E's has endured literally TENS of MILLIONS of dollars in financial losses dating over the last decade.

Many have alleged St. E's proposed move is all about the money.

Do finances play a role? Absolutely!

But is it the primary driver? Absolutely not! It is, however, driven by a desire and mission to provide quality healthcare to all comers.

Warren Buffett and Bill Gates are two of the wealthiest men in the world. They are also the world's two greatest philanthropists. They had to make money so they could then give it away.

In similar fashion, in order to sustain St. E's stated mission of helping those most in need, in needs to find a way to operate in the black.

We can all argue incessantly as to whether a new hospital off Interstate 64 will solve St. E's this problem.

But the Sisters have determined that such a location is best suited to support their mission going forward.

With a track record of helping people dating back to 1875, I would suggest we grant them a little bit of latitude and respect their decision. I am quite certain they have earned that courtesy! Thank you.

Good evening, I am Maryann Reese, I serve as the President and CEO of HSHS St. Elizabeth's Hospital. I am also a registered nurse.

The Hospital Sisters of St. Francis and I give you our word that we are not abandoning Belleville. As I have said before, our plans for our Belleville campus include a Same Day Walk in clinic that will be open from 8am – 9pm. We will offer outpatient services.....laboratory, radiology, mammography, physical therapy, occupational therapy, back to work programs, health care education and physician offices.

We expect more than 200 current employees to remain on our Belleville campus. In addition to our clinical areas will have employees in office settings, such as finance, accounting, marketing, communications, Information Technology, scheduling and our division business office.

In addition, we've pledged and have budgeted money to re-envision our campus so that when the patient tower is decommissioned, we will convert that land into something that complements downtown Belleville. We are not, I repeat, NOT, going to leave a hole in the ground or an abandoned building.

We look forward to working with Belleville City leaders to determine how to best re-envision the land to make it a valued part of downtown.

Another argument I would like to put to rest is the claim that we are abandoning the poor.

The reality is - and we have provided data to back this up - that we are building a hospital that will be more accessible to most of the residents who live in the poorest neighborhoods.

Consider East St. Louis zip code of 62201, which has one of the highest poverty rates in the region at 73 percent. It currently takes a resident from that zip more than 20 minutes to get to our hospital in Belleville. For that same resident, our new hospital is 15 minutes away.

While it is true that the hospital will be further away from some communities the bottom line is this: for residents in two out of every three zip codes we serve, they will ~~save a few~~ ^{be closer} minutes getting to our proposed campus. In other words we will be closer to two thirds of our population, including the underserved, and further away from one third.

Finally, it's important to remember that three ~~of our~~ ^{out of} four patients, that use St. Elizabeth's Hospital are NOT FROM BELLEVILLE.approximately 75% of our patients come from outside of Belleville.

We have been serving the greater Southern Illinois Region for 140 years.....we want to continue the Hospitals Sisters Mission to serve all people through our high quality Franciscan health care ministry with a special place in our hearts for those that are poor and vulnerable.

I appreciate the Review Board's time and effort in considering our project. Thank you!!

Hello. My name is Dr. Donald Bassman and I am an Orthopedic Surgeon with St. Elizabeth's Hospital. I have served patients of Metro East for more than 15 years, and I give my full support to St. Elizabeth's plans for a modern hospital in

O'Fallon. *We are still in the same facility he was built*
now a decaying, aging & inefficient building

my father was on staff for 20 years in the 40's, 50's & 60's

It is necessary that we build a better designed, better operating facility in order to deliver the patient care that our region deserves. In a state-of-the-art hospital, the nursing care will be more ~~high tech~~ ^{efficient}. Staff will be able to navigate the hospital more quickly. Patient rooms will be outfitted with modern equipment. In short, St. Elizabeth's will have all the features it's been lacking for ~~15 years~~ *several decades*

Also, the central location of the new hospital, right off the Interstate, will be more accessible for patients coming from throughout the region. If patients can't get to the medical care they need, which is a problem with St. Elizabeth's existing campus, it greatly weakens the quality of the care we provide. *& the opportunity to*

provide the care

Thank you for allowing me to speak today in support of St. Elizabeth's new hospital.

one copy

Good afternoon.

My name is Glen Kohnz and I am very concerned about the healthcare needs of the citizens of Belleville. My understanding of the proposal made by St. Elizabeth Hospital is that they plan to discontinue their ^{MAJORITY OF THEIR} services in downtown Belleville. I believe that this would have a profound negative impact on the healthcare of patients in Belleville and from communities to the South as well as from East St. Louis. I feel that access to healthcare in the Belleville area would be constricted by such a move, it would be economically undesirable for the City of Belleville, and would strain the ability of Memorial Hospital to compensate ~~as a result of this~~ ~~move~~ ^{FOR THE VOID THAT WOULD BE CREATED.}

I would implore this agency to be a voice for those that cannot speak for themselves; those who are disadvantaged, poor, and in need of adequate and timely healthcare services. I would also ask that this agency carefully consider how the ^E proposal by St. Elizabeth Hospital would unnecessarily duplicate healthcare services in the O'Fallon area. Preservation of adequate access to healthcare services should not be based simply on the economic windfall that may be achieved by any one healthcare organization.

Thank you for your time and for allowing me the opportunity to share my concerns with you on this most important proposal.

14-043

#4

Remarks made by Jon Osborn MD

December 2, 2014

Public hearing for St. Elizabeth's Hospital certificate of need

Hello, and my name is Jon Osborn . I have a family medicine practice in Breese,Il and I support the Hospital Sisters in their desire to create a regional Hospital that will elevate the level of care to residents in the Metro East area for the following reasons:

#1 St. Louis is our primary competitor. Spending for health care is moving from the downtown area to West County. I believe this is due to patients who are wanting more accessible health care and physicians who are wanting to practice in these areas to better balance professional and family responsibilities.

#2 This project will create economic growth in the short and long terms. The construction jobs will increase employment immediately but even more importantly the new hospital will decrease the flow of nursing and ancillary jobs to St. Louis.

#3 A modern facility located on a major artery will decrease time and therefore decrease the risks of intrahospital transfers, something that is becoming very prevalent as smaller hospitals struggle to provide intensive care to their patients.

#4 Increasing numbers of patients are getting insurance through state and federal programs. I am seeing the best physicians in St. Louis limiting access to both Medicare and IDPA patients. This will not happen with the Hospital Sisters who are committed to providing care to all.

Please approve their certificate of need.

 MD

Hi. My name is Rico Luna. I live in Collinsville. I'm here this evening to support St. Elizabeth's Hospital and its plans to build a modern replacement hospital.

I have been a patient at St. Elizabeth's as have many of my family members. I also have family and friends who work for St. Elizabeth's.

Those opposed to St. Elizabeth's new hospital are not thinking about the greater good. This project isn't about Belleville. It's about the region, the Metro East region. St. Elizabeth's is staying in St. Clair County and the new hospital will still serve residents in Belleville. St. Elizabeth's choice of a site that is easily accessible next to Interstate 64 makes sense and I look forward to having a modern hospital closer to where I live.

Thank you for your time. I ask that you vote "yes" for a modern, full-service St. Elizabeth's Hospital to meet the health care needs of the entire region.

Hello. My name is Pat Etling; I live in Freeburg, which is south west of Belleville. I'm here to support St. Elizabeth's Hospital's plans to build a replacement hospital just off Interstate 64 in St. Clair County.

Most recently I was a patient at St. Elizabeth's Hospital, not once but twice in sixteen (16) days. (September, 2014) I had two surgeries which required me to be admitted and stay several days. In my experience, I can honestly say that I had excellent care during both stays; the nurses, techs, doctors and staff were first-rate and worked tremendously on my behalf. My only negative of my time at St. E's was the hospital facility itself. For example: I was hooked up to IV's with several tubes on an IV pole. When I was able get up and use the bathroom facilities, I had a terrible time. The bathrooms are so antiquated (1950's) that I could not get the IV pole through the bathroom door. I had to leave the pole in the entryway and leave the bathroom door open. Also there was no room to turn around to reach a towel. An additional problem was... there were no showers available for patients in the rooms. These privacy/and personal hygiene inconveniences created embarrassing moments when family was in the room and I had to ask friends not to stop by due to those conditions.

- I think the care St. Elizabeth's provides at its current site is great and I can only imagine what its caring staff could do in a 21st-century hospital.

I will follow St. Elizabeth's to its new location, and I ask the Board to approve this project.

Hi. My name is Marjorie Imming. I live in Trenton and I work at a retail store, not far from the proposed St. Elizabeth's Hospital.

I support the plans for a replacement hospital near exit 16 off Interstate 64.

This new hospital will have a tremendously positive effect on the entire Metro East region. And, in my opinion, the location couldn't be better.

Our customers come from all over the Metro East and always tell us it's easy to get to our store. I know the same will be true for St. Elizabeth's patients, which come from more cities than just Belleville.

Personally, I can't wait to see the hospital built. I live not too far from two other HSHS hospitals – St. Joseph's Breese and St. Joseph's Highland. They provide great health care, but don't have access to the advanced stroke and cardiac care available at St. Elizabeth's. It will be comforting to know that advanced care is so much closer.

Please approve this project so ^{the people of the metro east} ~~my customers~~ and I can start going to the new, state-of-the-art St. Elizabeth's Hospital.

My name is Manuel Pena.

Thank you for this opportunity to speak.

I am in support of the Replacement hospital St. Elizabeth is planning to build in Ofallon, Illinois.

I have been employed by St. Elizabeth's for 17 years.

I believe that with the new state of the art hospital the metro-east will benefit greatly from this new facility.

The location off highway I-64 will give patients easier access to our hospital.

St. Elizabeth's will not shutter and or abandon the current facility in Belleville, Illinois.

This in itself is not in our core values. Thanks again in allowing me to speak in support of this project.

A handwritten signature in black ink, appearing to read "Manuel Pena". The signature is written in a cursive style with a large, stylized initial 'M'.

Spencer Reese

Thank you for a moment to express an opinion on this very important issue.

The single point that I hope has been made crystal clear this evening is that St. Es ~~is not~~ ~~will not~~ is & will remain, a valuable member of the Belleville community. However, with a new hospital, it is expanding its reach to other communities & people to make quality health care more accessible to a larger population.

This effort should not be viewed from a parochial perspective of Residents of Belleville "losing" & everyone else "gaining." Rather, it is a win-win.

While it is true residents of Belleville will ~~lose~~ have an additional 7 miles to travel, they will have access to a new, state of the art health care facility. That is ~~is~~ a major win! The argument that Belleville residents will have difficulty driving 7 mi. is specious. They have no difficulty getting to the mall.

~~They~~ That facility will also be more accessible to a ~~go~~ larger population in S. Ill & Metro East. That too is a major win.

So lets not look at it parochially. Rather, view it from the ~~broader~~ broader ^{regional} perspective.

Mike Cottrell – Public Hearing remarks

Good evening, I'm Mike Cottrell, the Chief Financial Officer for HSHS.

My purpose in speaking here tonight is to assure the board that the project we are proposing is financially sound and an appropriate investment in health care services for this planning area.

Based on years of planning and analysis we determined that a new site for a replacement hospital was the only efficient and effective option that would allow us to sustain and enhance our health care ministry in Southwestern Illinois.

It's critical that St. Elizabeth's be allowed to move its inpatient services from an outdated land-locked 60-year-old facility to a modern facility where we can continue the mission started by the Hospital Sisters of St. Francis 140 years ago.

Delivering care more efficiently and being centrally located to where our patients live will provide St. Elizabeth's with an opportunity to serve more people and enhance its community benefit programs.

In Fiscal Year 2013, St. Elizabeth's contributed more than \$16.5 million dollars, representing more than 10% of total expenses, in community benefit, which includes Charity Care, education, research and unreimbursed Medicaid shortfalls.

The stronger St. Elizabeth's is, the more community benefit programs it can provide to improve the health of residents in this region.

I ask for your support of this project.

Thank you.

TESTIMONY of DR. ATUL SHAH - NOVEMBER 18, 2014
HFSRB PUBLIC HEARING

Good evening. I am Dr. Atul Shah. I am here supporting St. Elizabeth's Hospital in its endeavor to build a new hospital.

I support this project because of innovation. Medical care is ever changing progressively and in today's environment these changes happen quickly. We physicians need to change with the times and keep current with technology. Though our current facility has served the people of St. Clair County and surrounding communities, it now needs to be retired. While we in the field of cardiology at St. Elizabeth's have tried to keep up with new treatments, it is clearly difficult. The difficulty is not with the doctors or nurses and other healthcare workers. Unfortunately the age of this great hospital is starting to show making it more expensive and sometimes impossible to "upgrade".

The replacement hospital that St. Elizabeth's Hospital seeks to build would provide patients with the best environment for care and would better accommodate state-of-the-art technology that saves lives and restores health.

In addition, the location of the hospital along I-64 could literally mean the difference between life and death for patients with critical heart conditions that require fast access.

As a physician, I cannot stress how important it is that we allow residents in Southwestern Illinois to have access to a state-of-the-art hospital that can provide the most advanced treatments for heart attacks, strokes and other life-threatening conditions.

I urge you, on behalf of the people in this broad community, to vote yes for this project.

My name is Bonnie Schnieder and I would like to express my whole-hearted support of the relocation of St. Elizabeth's Hospital to O'Fallon.

I've been employed by St. Elizabeth's for almost 30 years. As the Director of Cardiovascular Services, I see the limitations of the current location on a weekly basis. We provide emergent cardiac care to our sister hospitals in Breese and Highland. It is very difficult to maintain compliance with the standards of 90 minute door to balloon time for people having heart attacks. During a heart attack, every minute counts – Time is Muscle. The downtown area of Belleville is beautiful, trendy and a great place for entertainment. It is not however, easily accessible. Numerous events in downtown and general congestion on an older infra-structure cost precious minutes.

In addition, our current ER and OR are located physically far away from the Cath Lab, which is not optimal though we ensure the safety of our patients through dedicated staff and support of our Prairie Cardiology physicians.

We will still serve the Southern region. We have been providing cardiac care to the patients of Sparta and Red Bud hospitals for many years. There is a medical helicopter located in Sparta, which fortunately provides a quick flight to Red Bud and to O'Fallon. We know and appreciate the staff and people of these communities, and they also deserve regional center for care. They will benefit from this new facility for non-emergent care and specialists.

In order to provide exceptional care in the competitive health care market, St. Elizabeth's has to invest in a new facility. Thank you and I hope you'll vote to approve the St. Elizabeth's replacement hospital.

Jeanette Wuest 127

About 140 years ago, a small group of young women - nuns - who belonged to a religious order named for St. Francis (the same name as the pope of today) - left their home in Germany and boarded a ship sailing for the USA.

I already hope to pray for us too.

Their mission was to care for the poor, the sick, the wounded. As years went by - they established hospitals in Illinois and Wisconsin, - and continued their ^{mission} ~~petition~~.

This same group (order) of sisters is now petitioning the State of Illinois to be permitted to build a hospital on I 64 - just 10 miles from here.

HSHS has studied, prayed and planned to make the right decision and they have made it. I agree. c. it.

I am petitioning the Good Lord to look kindly on their petition. We pray that it is granted. and we are petitioning the State of Illinois to look kindly on this petition, also.

Jeanette Wuest
12/02/2014.

Hi. My name is Stephanie La Pierre. I live in Swansea.

I support St. Elizabeth's Hospital's plans to build a replacement hospital along Green Mount Road and Regency Parkway in St. Clair County.

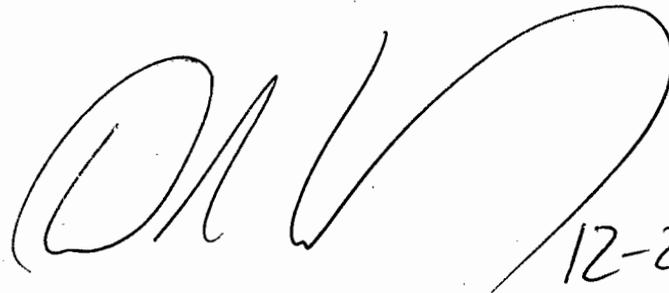
I am a resident of Swansea and support the hospital for the following reasons:

- Scott Air Force Base is a finalist for the home of the future Air Force Installation and Mission Support Center and for the site of a new National Geospatial Agency. A state-of-the-art, full-service St. Elizabeth's will help meet the changing health care needs of the base and all Metro East residents.
- The future of Scott Air Force Base depends on a modern St. Elizabeth's that cares for its personnel close to home.
- In my military career I have lived in areas where the nearest acute healthcare facility was more than 50 miles away. I think the residents of St. Clair County should celebrate St. Elizabeth's will be 7 miles from its existing campus.

Thank you for your time. I respectfully ask you to approve this project.



Hello, My name is Dr. Michael Covlin. I live in Belleville, Illinois and practice in Belleville, Illinois. I am an Ob/Gyn with Heartland Women's Healthcare and for the last two years our practice has delivered babies at St. Elizabeth's Hospital. In addition to obstetrical care, we also perform many types of gynecological procedures at the hospital. We strive to bring the most current practices for obstetrics and gynecology to our patients. There are too many patients leaving our community, by driving across the river to St. Louis or driving east to Mt. Vernon for more updated facilities. The Metro East has the capable personnel to compete with any size market in the area. The medical community just needs and updated facility to help capture these patients. Our patients deserve a modern hospital and I am grateful that St. Elizabeth's and HSHS are willing to make such a significant investment to strengthen health care for our region. I ask you to grant this project to improve access and to allow us to practice 21st-century medicine in a 21st-century hospital. Thank you!



12-2-14

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Hello, my name is TeTe Sayles. I am a Pharmacy Technician in the Emergency Department, and I support the new hospital.

I have worked at St. Elizabeth's Hospital for 11 years, and the new hospital will allow more accessibility to reach more patients. Additionally, with the new facility, St. Elizabeth's staff of doctors will increase, and we will be able to provide better patient care.

In the new hospital, we will have better technology and a more efficient layout. I currently work in a little corner of the ER by a copy machine. Sometimes I feel like I'm in a game of Pinball when I try to get up from my desk. There are limited computers in the department, and when mine is in use by a doctor, I am held up from doing my job. Also, the new hospital will provide a bigger ER, which will give us more space to do a better job.

St. Elizabeth's Hospital is old, and each repair is just putting a Band-Aid on a bigger problem.

I love St. Elizabeth's Hospital and I am looking forward to the new one. Please approve this project.

Hello. My name is Olith Straughn. I live in Mascoutah IL, which is East of Belleville.

I'm here to support St. Elizabeth's Hospital's plans to build a replacement hospital just off Interstate 64 in St. Clair County.

Belleville currently has two full-service hospitals. I believe that communities East of O'Fallon and Belleville deserve easier access to a full-service, modern hospital, too. The new St. Elizabeth's will offer advanced cardiac and stroke care that isn't readily available in this area.

If you've been to St. Elizabeth's you know the building is not modern doesn't have the amenities you'll find at other hospitals. Yet, St. Elizabeth's was named one of the nation's 50 Top Cardiovascular Hospitals in 2014 and 2013 by Truven Analytics. A little over 2 years ago, I had open heart surgery at St Elizabeth's and I can attest to their outstanding quality of care.

I will follow St. Elizabeth's to its new location, and I ask the Board to approve this project as I feel their care and love for its staff, patient's and visitor's should be shared regionally.



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Kimberly O'Brien

Address 1009 Rutledge Dr.

City Belleville State IL Zip 62221

Signature Kim O'Brien

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

St. Elizabeth's Hospital

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Cathy Bunn

Address 826 Misty Valley Road

City O'Fallon State IL Zip 62269

Signature Cathy Bunn

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

St. Elizabeth's Hospital

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Elaine Evans

Address 512 East "B" St.

City Belleville State IL Zip 62220

Signature Elaine Evans

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Leslie Freed

Address 1213 Shadow Ridge Crossing

City O'Fallon State IL Zip 62269

Signature Leslie Freed

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Karen Kaus

Address 910 Belpre Drive

City O'Fallon State IL Zip 62269

Signature Karen Kaus

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Christie Silvey

Address 545 B Suppiger Way

City Highland State IL Zip 62249

Signature *Christie Silvey*

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION *Lee Heiv*
Name (Please Print) _____
Address *1015 Crestview Ln* _____
City *Perryville* State *Mo* Zip *63775* _____
Signature *[Signature]* _____

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)
 Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Mark Thomas

Address 19224 Redington Rd

City CHESTERFIELD State IL Zip 62630

Signature Mark Thomas

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Courtney Schwartzkopf

Address 910 South Euclid

City Manissa State IL Zip 62257

Signature Courtney Schwartzkopf

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Dolores Miller

Address _____

City _____ State _____ Zip _____

Signature Dolores Miller

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

MEMORIAL HOSPITAL AUXILIARY

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Kay Mehrtens

Address 4303 Douglas Rd

City Millstadt State IL Zip 62260

Signature Kay Mehrtens

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Leslie Metzrens

Address 4303 Douglas Rd

City Millstadt State IL Zip 62260

Signature Leslie Metzrens

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) John B Schwartzkopf

Address 910 S. Euclid St

City Marissa State IL Zip 62257

Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Brent Stauffer

Address 18 Airwood Dr

City East Alton State IL Zip 62024

Signature 

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Steamfitters Local 439

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print)

Shelly Harkins

Address

200 Eden Park Blvd

City

Stilwell

State

IL

Zip

62269

Signature

II.

REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

St. Elizabeth's

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print)

Kim Howell

Address

721 W. Van Buren

City

Millstadt

State

IL

Zip

62260

Signature

Kim Howell

II.

REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Memorial Hospital

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Mari Fritz

Address 740 Admiral Wendt Parkway

City Millstadt State IL Zip 62260

Signature Mari Fritz

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

self

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) William A Fritz

Address 740 Adm Wendt Pkwy

City Millstadt State IL Zip 62260

Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

self

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Rose Huelskamp

Address 11215 Little Prairie Rd

City Breese State IL Zip 62230

Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Cynthia Hasty

Address 1232 High Valley Ln

City Belleisle State IL Zip 62221

Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Saint Elizabeth's

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Donna M Baker

Address 821 PARK Entrance #1 #2

City O'Fallon State IL Zip 62269

Signature Donna M Baker

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION *E. Gayle Eubanks*
 Name (Please Print) _____
 Address *528 Falling Leaf Way* _____
 City *Madison Park* State *IL* Zip *62258* _____
 Signature *Gayle Eubanks* _____

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
 Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)
 Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION
 Name (Please Print) PETER MANNIX
 Address 700 EPPING CT
 City SPRINGFIELD State ILL Zip 62711
 Signature Peter Mannix

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
 Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

HSHC / SAINT ELIZABETH

III. POSITION (Circle appropriate position)
 Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Rick Shaugo

Address 9265 Houston Rd.

City Sparta State IL Zip 62886

Signature Rick Shaugo

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Steamfitters Local 439

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) MARY STARMANN-HARRISON

Address 708 Lismore Lane

City Springfield State IL Zip 62704

Signature Mary Starmann-Harrison

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Hospital Sisters Health System

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Kathy Timmermann

Address 1403 Pinewood Ln

City Breeze State IL Zip 62230

Signature Kathy Timmermann

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I.

IDENTIFICATION

Name (Please Print)

James L. Krohn

Address

604 Springhill Ct.

City

O'Fallon

State

IL

Zip

62269

Signature

James L. Krohn

II.

REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

ST Elizabeth's Hospital

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) MARY HANVEY

Address 303 CRESTWOOD DR.

City Collinsville State IL Zip _____

Signature Mary E. Hanvey

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Memorial Hospital

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION
 Name (Please Print) Fred C. Boch
 Address 1005 Woods Way
 City O'Fallon State IL Zip 62269
 Signature F C Boch

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

St. Clair County Bd. Member - Dist. 23

which consists of approx. 6000 residents (north Skidok & South-West O'Fallon). of the hundreds I have personally spoken with in my district during the last 3 months - only 2 residents opposed. All of the others were

III. POSITION (Circle appropriate position) in favor of the move to O'Fallon.

Support

Oppose

Neutral

F C Boch



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) CAROLE MIDDENDORF

Address 1136 WARBLER RD

City VENEDY State IL Zip 62214

Signature Carole S Middendorf

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

concerned citizens

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) for Justin Snyder

Address 13086 Prairie Trail

City Carlinville State IL Zip 62626

Signature Justin Snyder

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Local 439 Steamfitters

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Mary Ann Silhavy

Address 215 Emilie

City Collinsville State Ill Zip 62234

Signature Mary Ann Silhavy

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Tom Dibedj

Address 34 Signal Pt.

City Belleville State IL Zip 62223

Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

PTS

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Carbs Turner

Address 4320 Birkfeld Dr.

City St. Louis State Mo Zip 63033

Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Jason Snow

Address 890 Wayne St

City Carlyle State IL Zip 62231

Signature Jason Snow

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

St. Elizabeth's

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Theresa J Rutherford

Address 9359 N Court 10

City Effingham State IL Zip 62401

Signature Theresa J Rutherford

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Ben Lindquist

Address 2840 Fox Meadow Ln.

City Arnold State MO Zip 63010

Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Steamfitters Local 439

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Jonah Shawgo

Address 4927 Windemere Dr.

City Imperial State MO Zip 63052

Signature Jonah Shawgo

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Steamfitters Local 439

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Dianne Heck

Address 833 Centerville Road

City Columbia State IL Zip 62236

Signature Dianne Heck

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

St. Elizabeth's Hospital

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) ZACH TURNER

Address 515 ALASKA ST.

City STAUNTON State IL Zip 62088

Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

STEAMFITTER #439

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Jana M. Herndon

Address 22 Starlight Dr

City Belleville State ILLINOIS zip 62226

Signature Jana M. Herndon

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

St. Elizabeth's Hospital

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Hinda Chastain

Address 5229 Wild Oak Lane

City Smithton State Ill Zip 62285

Signature Hinda M Chastain

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

St. Elizabeth's Hospital

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Dana R Pea

Address 30 Dogwood Terrace

City Marquille State IL Zip 62062

Signature Dana R Pea

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

St Elizabeth's

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Sister ROSILY MENACHERY

Address 1031 Golfview Ct.

City Belleville, State IL Zip 62223

Signature Rosily Menachery

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Sister, Christa Ann Straewing

Address 4849 Laverna Road

City Springfield State IL Zip 62707

Signature Sister Christa Ann Straewing

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Sister Helene Schneider

Address 1031 Golfview Ct.

City Belleville State Ill. Zip 62223

Signature Sister Helene Schneider

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Rev. Fr Dennis F Voss STL

Address 2620 LEBANON AVE

City BELLEVILLE State IL Zip 62221

Signature Dennis F Voss

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Robert Cooper

Address 1601 ST. Andrews DR

City O'Fallon State IL. Zip 62269

Signature Robert Cooper

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Steamfitters 439

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) DAVID CLERKENNY

Address 18 BETHLEHEM LAKES DRIVE

City BETHLEHEM State ILL Zip 62010

Signature David Clerkenny

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

SPRAM FILTERS H39

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Michael Dougherty

Address 23 Signal Hill Blvd

City Belleverille State IL Zip 62223

Signature [Handwritten Signature]

1650

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

Born @ St. Elizabeth
Wish I new their mental Health
Programs



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print)

OTIS PRESSLEY

Address

214 BRADFORD PLACE

City

BELLEVILLE

State

IL

Zip

62221

Signature

[Handwritten Signature]

II.

REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

ST. ELIZABETH'S HOSPITAL

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) John Passigler

Address 1577 Ghent Rd

City Columbia State IL Zip _____

Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Jean Shoemaker

Address 301 N. Hogorf

City Macoupin State IL Zip 62258

Signature Jean Shoemaker

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Mona Wheeler

Address 224 Churchill Dr.

City Belleville State Il. Zip 62223

Signature Mona Wheeler

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Joseph Gain

Address 1408 Orchard St

City Belleville State IL Zip 62224

Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Sister JOMARY Trstensky

Address 4849 Laverna Rd.

City Springfield State IL Zip 62707

Signature Sister Jomary Trstensky

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Cindy Mahaney

Address 701 Chestnut Drive

City Belleville State IL Zip 62002

Signature Cindy Mahaney

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

St. Elizabeth's

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) LORI STEVENSON

Address 103 Mill St

City SMITHTON State IL Zip 62285

Signature Lori Stevenson

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

St. Elizabeth's Hospital

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Meena Correll

Address 910 Moorfield Park Dr

City O'Fallon State IL Zip 62269

Signature Meena Correll

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Amy Margwardt

Address 26 Woodland Trail

City Rochester State IL Zip 62563

Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Hospital Sisters Health System

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) MARK FIORE

Address 7551 STATE ROUTE 158

City COLUMBIA State IL Zip 62236

Signature Mark Fiore

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Kim Brede

Address 511 North Tyler

City Trenton State IL Zip 62293

Signature Kimberlee S Brede

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Self

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) JEAN JOSEPH

Address 42 OAK POINTE CIRCLE

City BELLEVILLE State IL Zip 62223

Signature Jean Joseph

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

SELF

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) STEPHANIE DORRIS

Address 1609 10TH FAIRWAY

City BELLEVILLE State IL Zip 62220

Signature Stephanie C. Dorris

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

OPPOSE THE MOVE !

III. POSITION (Circle appropriate position)

Support **Oppose** Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Barb Fiore

Address 755 State Rt 158

City Columbia State IL Zip 62236

Signature Barb Fiore

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION
Name (Please Print) Dale Yonker
Address 209 W Stonybrook Drive
City O'Fallon State IL Zip 62289
Signature Dale B. Yonker

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)
N/A

III. POSITION (Circle appropriate position)
 Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Laurie Frank

Address 2819 Eiffel Dr.

City Highland State IL Zip 62249

Signature Laurie Frank

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print)

Julio Szewajcs

Address

City

State

Zip

Signature

[Handwritten signature]

II.

REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) JOSEPH SIMPSON

Address 122 W MAIN

City LENZBURG State IL Zip 62255

Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Amy Stephan

Address 50 Rosin Dr.

City Highland State IL Zip 62249

Signature 

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) MARILYN LINES

Address 6 HOLLYHOCK LN

City BELLEVILLE State IL Zip 62221

Signature Marilyn Lines

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Kelsey Bauman

Address 745 Forest Green Dr

City O'Fallon State IL Zip 62269

Signature Kelsey Bauman

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

St. E's Pharmacy Dept.

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Dawn Dankenberg

Address 121 Guinzy Hill

City Collinsville State IL Zip 62234

Signature Dawn M Dankenberg

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

St. Elizabeth's Hospital Pharmacy Dept.

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) JOE FRUST

Address 41 Eagle Lake Dr

City Columbia State IL Zip 62230

Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

ICM Mechanical

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Timothy Clayton

Address 302 S Highland ST.

City O'Fallon State IL Zip 62269

Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Matthew Schulte

Address 2800 Rutz RD

City Trenton State IL Zip 62293

Signature

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Steamfitters Local 439

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Anthony Hanlon

Address 6 Spicer Dr Bc

City Caseyville State IL Zip 62232

Signature Anthony Hanlon

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Pipe fitters

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Anthony Hanlon Jr

Address 2421 Poplar St

City Highland State IL Zip 62249

Signature Anthony Hanlon Jr

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Pipefitters

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) JAMES SPARGAN

Address 9 NORB HILL LN

City BEUSHNHE State IL Zip 62020

Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Thomas C. McMath

Address 1006 South 6th St.

City Bellaire State IL Zip 62220

Signature Thomas C. McMath

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) LISA ADAMS

Address 2629 PRO TOUR DR.

City Belleville State IL Zip 62220

Signature Lisa L. Adams

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Lisa Sord

Address 4132 N. Kedzie Ave.

City Chicago State IL Zip 60641

Signature Lisa Sord

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) TOM REYNER

Address 5 CAMBRIDGE

City Bellefonte State PA Zip _____

Signature Tom Reyner

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Dorothy Carlisle

Address 3042 Roan Hill Drive

City Belleville State Il. Zip 62221

Signature Dorothy Carlisle

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Brenda Vilayhong

Address 1123 Boulder Creek Dr. apt 206

City O'Fallon State IL Zip 62269

Signature Brenda Vilayhong

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

St. Elizabeths

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Katherine Filchak

Address 17 N. State St.

City Chicago State IL Zip 60602

Signature Katherine Filchak

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Maureen Barrett

Address 17 N. State Street, Suite 11690

City CHICAGO State IL Zip 60602

Signature *Maureen Barrett*

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Charlotte Hyatt

Address 9 Bass Lane

City Belleville State IL Zip 62223

Signature Charlotte Hyatt

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Michael Steppig

Address 208 E temple

City Freeburg State IL Zip 62243

Signature Michael Steppig

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Chris Walster

Address 6815 LL Rd

City Red Bud State IL Zip 62278

Signature Chris Walster

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Steamfitters Local 439

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Alice Mullen

Address 8 EDGWOOD CT

City FREEBURG State IL Zip 62243

Signature Alice Mullen

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Melissa Hubler

Address 105 Wildwood

City Albers State IL Zip 62215

Signature Melissa A. Hubler

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Deborah Young

Address 5 Newman

City Belleville State IL Zip 62223

Signature Deborah K Young

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Memorial Hospital

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) MARK YOUNG

Address 5 NEUMAN DR

City BELLEVOILLE State IL Zip 62222

Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) CHARLES G. PANTLER

Address 126 NORTH 82

City BELLEUILLE State IL Zip 62223

Signature Charles G. Pantler

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

ST. ELIZABETH'S

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) David Rowden

Address 2872 Woodfield Dr.

City Maryville State IL Zip 62062

Signature [Handwritten Signature] Mr.

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Ryan Cooper

Address 210 North Franklin

City New Baden State IL Zip 62265

Signature Ryan Cooper

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

L.U. 439 Pipefitters

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) GARY EVERSMEYER

Address 6530 ROACHTOWN RD

City MILLSTADT State IL Zip 63260

Signature Gary Eversmeyer

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Donald REGOURA

Address 3858 B ST

City PONTIAC BEACH State ILL Zip 62040

Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care) Plumbers + Gasfitters Local 360

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) KEVIN J. MEDER

Address 1154 WINDERMERE RUN

City O'FALLON State IL Zip 62269

Signature Kevin J Meder

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) CHARLES D. HARRIS

Address 109 TALL MAPLE RT,

City FREEBURG State IL Zip 62243

Signature Charles D. Harris

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Sharon A. Weck

Address 8518 Jefferson Rd

City Freeburg State IL Zip 62243

Signature Sharon A. Weck

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Ted Shekel

Address 601 South Smiley St.

City O'Fallon State IL Zip 62269

Signature Ted Shekel

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

City of O'Fallon

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Corey Hill

Address 1 Dardenelle Dr.

City Belleisle State IL Zip 62221

Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Steamfitters Local #439

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Daniel McAfee

Address 1020 Five Forks Dr

City Belleville State IL Zip 62221

Signature Daniel McAfee

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Belleville Resident

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Annette Garcia

Address 105 N Sparta

City O'Fallonville State IL Zip 62271

Signature Annette Garcia

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Dr. Monica Laws

Address 2419 Delaware

City Springfield State _____ Zip 62707

Signature Dr. Monica Laws

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Hospital Easter Health System

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Dr. Lucille Pressnell

Address 700 Weber

City O'Fallon State IL Zip _____

Signature Lucille Pressnell

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

citizen

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Peggy Boron

Address 1887 Stevens St

City Belleville State IL Zip 62226

Signature Peggy Boron

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Belleville resident

St. Elizabeth's Employee

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Carolann McAfee

Address 1020 Five Forks Dr

City Belleville State IL Zip 62221

Signature Carolann McAfee

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Belleville Resident

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Gino L. Berati

Address 67 North Brook Apt 11

City Fairview Heights State IL Zip 62209

Signature Gino L. Berati

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

N/A.

III. POSITION (Circle appropriate position)

Support **Oppose** Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Dale Stewart

Address 2A Meadow Hgts

City Collinsville State MO Zip 62234

Signature Dale Stewart

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)
Southwestern IL Building Trades Union

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Katie Castree

Address 1215 Allen Market Lane # 2

City St Louis State MO Zip 63104

Signature Katie Castree

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Sharon S. Busch

Address 2 Lake Montagu Dr

City Tray State IL Zip 62297

Signature Sharon S. Busch

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

St Elizabeth's and Residents of Tray, IL

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Desaree Lehr

Address 3939 Upper Saxtown Rd

City Millstadt State IL Zip 62262

Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Millstadt Resident

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) William Beckett

Address 48 Harmon DR

City Lebanon State IL Zip 62254

Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Joan M. Green

Address 6 Powder Creek Dr.

City Belleville State IL Zip 62223

Signature Joan M. Green

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Belleville Memorial Hospital

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Thelma (Mrs)

Address 201 Taylor Ct

City Danvers State IL Zip 60224

Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Dale Wilson

Address 1844 E. BELLE AVE

City BELLEVILLE State ILL Zip 62221

Signature Dale Wilson

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

STEAMFITTER LOCAL 439

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Jennifer Davis

Address 38 Landau

City Milstadt State IL Zip 62260

Signature Jennifer Davis

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

St Elizabeth Hospital

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Deborah Branson

Address 410 NORTH 41st Street

City Belleville State Illinois Zip 62226

Signature Deborah Branson

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

St. Elizabeth's Hospital

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print)

Deborah Wilson

Address

1844 E. Belle Ave

City

Belleville

State

IL

Zip

62221

Signature

Deborah Wilson

II.

REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Steamfitters Local 439

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) FATHER ELMAR MAUER

Address 200 N. 60th St

City BELLEVILLE State IL Zip 62223

Signature Fr. Elmar Mauer

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Chellie Butel

Address 2884 Fox Meadow LN

City Arnold State MO Zip 63010

Signature Chellie Butel

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

St Elizabeth's Hospital

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Regina Petersen

Address 1230 Larkspur Dr.

City Mascoutah State IL Zip 62255

Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) JASON G. REED

Address 1421 KANE CREEK LN

City SPARTA State IL Zip 62206

Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

STEAM FITTERS LOCAL 439

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Leigh-Ann White

Address 713 Mari Ln

City New Athens State IL Zip 62264

Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

St. Elizabeth's Hospital

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Francine Johnston

Address 313 Orchard Court

City Troy State IL Zip 62294

Signature Francine Johnston

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

community member

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Dana Prakers

Address 21 S. Kentzky St

City Trenton State IL Zip 62293

Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

SEB

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Maria Constantinides

Address 32B Fox Meadow Lane

City Glen Carbon State IL Zip 62034

Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Citizen

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I.

IDENTIFICATION

Name (Please Print)

BARB JANY

Address

5214 White Oak

City

Smithton

State

IL

Zip

62285

Signature

Barb Jany

II.

REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Citizen

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) STARLA ELLER

Address 2005 Ravenwood Dr

City Collinsville State IL Zip 62232

Signature Starla K. Eller

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Greg Harmon

Address 1350 Loveland Dr.

City Florissant State MO Zip 63031

Signature Greg Harmon

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Steam fitters 439

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Daniel Phegley

Address 372 Bower

City Troy State IL Zip 62299

Signature Daniel Phegley

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) PAUL NAHN

Address 132 EMPSON DR

City VALMEYER State IL Zip 62295

Signature Paul Nahn

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

STEAMFITTERS LOCAL 439

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) David P Hegley

Address 322 Bowers Rd

City Troy State IL Zip _____

Signature David P Hegley

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) LOREN HUGHES

Address 6127 Stone Wolfe Dr

City Glen Carbon State IL Zip 62034

Signature *Loren Hughes*

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

MSHS medical group

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Susan Pritchett

Address 2730 Cascade Lake Dr

City Belleville State IL Zip 62221

Signature Susan Pritchett

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION
 Name (Please Print) Stella Perkins
 Address 6455 LL RD.
 City Waterloo State IL Zip 62298
 Signature Stella Perkins

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
 Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)
 Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Lise Mallets

Address 1101 Hollander Ct

City O'Fallon State IL Zip 62269

Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Brian Battuello

Address 509 Deer Run

City Maro State IL Zip 62067

Signature Brian Battuello

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Fam With Steamfitters 439

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Steve Marshall

Address 424 Cortner Dr.

City Smithton State IL Zip 62285

Signature Steve Marshall

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

I am with Steel fitters local 439
and I ~~am~~ here to support the new
hospital

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Georgia-Ann Edwards

Address 31 Signal Pt.

City Belleville State IL Zip 62223

Signature GA Edwards

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I.

IDENTIFICATION

Name (Please Print)

Alice J. Roberts

Address

211 W. DEB

City

LEBANON

State

IL.

Zip

62254

Signature

Alice J. Roberts

II.

REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

MEMORIAL HOSPITAL ASSOCIATION

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Phyllis Parrish

Address 5294 Wild Oak Ln.

City Smithton State IL Zip 62285

Signature Phyllis Parrish

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Memorial Hospital

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) VINCENT JASKOWIAK

Address 7112 GARY DR

City BELLEVILLE State IL Zip 62223

Signature Vincent Jaskowiak

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I.

IDENTIFICATION

Name (Please Print) SANDY JASKOWIAK

Address 7112 GARY DR

City BELLEVILLE State IL Zip 62223

Signature Sandy Jaskowiak

II.

REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Memorial Auxiliary

Belleville, IL

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) NANCY BALDUS^{DUS}

Address 9 BITTERSWEET LN

City BELLEVILLE State IL Zip 62021

Signature Nancy Baldus

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Memorial Council

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Carolyn J. Mora

Address 127 N. 75th St.

City Bellewille State IL Zip 62223

Signature CJ Mora

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

St. Elizabeth's Hospital

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Jean Duffy

Address 45 Beth Ann

City Belleville State IL Zip 62201

Signature Jean Duffy

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) J Nicole Lewer-Holst

Address 224 W. Garfield

City Belleville State IL Zip 62220

Signature J Nicole Lewer-Holst

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Hospital Sisters Health System - St. Elizabeth's

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Cynthia Chor

Address 116 Brookside Dr

City O'Fallon State IL Zip 62269

Signature C Chor

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Concerned Citizen for Healthcare
in O'Fallon, IL

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) John Dorris

Address 1713 Golf Course Dr

City Bellville State IL Zip 62220

Signature John Dorris

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) William Parrish

Address 5294 WILD OAK LANE

City Smithton State IL Zip 62285

Signature William Parrish

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) TIM GREGORICZ

Address 721 MEADOWLARK LN

City BELLEVILLE State IL Zip 62220

Signature 

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION
 Name (Please Print) NOELLE BOWENMASTER
 Address 150 HUNTERS HOLLOW
 City COLLINGSWOOD State IL Zip 62234
 Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
 Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)
NI

III. POSITION (Circle appropriate position)
 Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Sheryl Rehmer
 Address 9848 Elm Shade Rd
 City Red Bud State IL Zip 62278
 Signature Sheryl Rehmer

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Emily Brown

Address 1855 Marine Rd

City St. Jacob State IL Zip 62281

Signature Emily J Brown

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

St. Elizabeths Hospital

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION
Name (Please Print) Lennis Kaus
Address 910 Belpre Dr
City O'Fallon State IL Zip 62269
Signature Lennis Kaus

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)
 Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

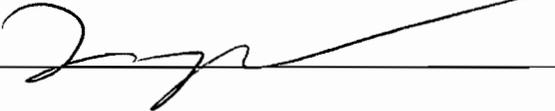
Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Laura Zinck

Address 117 E. Green St

City Mascoutah State IL Zip 62258

Signature 

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Heather Eherenman

Address 1214 Harvey Lane

City New Baden State IL Zip 62265

Signature Heather Eherenman

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

St. Elizabeth's Hospital

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Nancy LeChien

Address 32 W. Douglas

City Belleville State IL Zip 62220

Signature Nancy LeChien

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Shirlene Kassing

Address 2 Meyer Dr.

City Freeburg State IL Zip 62243

Signature Shirlene Kassing

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Rita Gassmann

Address 10 Rulewood Ct

City Collinsville State IL Zip 62234

Signature Rita Gassmann

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) DONNA SYMPSON

Address 105 PALMETTO DR

City BELLEVILLE State IL Zip 62221

Signature Donna Simpson

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) William Casperson

Address 104 Red Fox Road

City Belleville State IL Zip 62223

Signature William Casperson

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Therese M. Casperson

Address 104 Red Fox Road

City Belleverille State IL Zip 62223

Signature Therese M Casperson

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Matt Berg

Address 508 S Main

City Troy State IL Zip 62294

Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Laborers Local 670

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) MARY Stange

Address 258 Henrietta Drive

City O'Fallon State IL Zip 62269

Signature Mary Stange

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Ken Stange

Address 258 Henrietta Dr

City O'Fallon State IL Zip 62269

Signature Ken Stange

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Erika Knight

Address 621 South Church St

City Belleville State IL Zip 62220

Signature Erika Knight

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) DAVID VERNON

Address 1033 Lexington

City Columbia State IL Zip 62236

Signature David Vernon

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Charles Comley

Address 2748 Lake Lucerne Dr

City Belleuille State IL Zip 62221

Signature Charles Comley

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Valorie Comley

Address 2748 Lake Lucerne Drive

City Bellerille State IL Zip 62221

Signature Valorie Comley

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Becky Riggs

Address 610 W. Main

City Mascoutah State IL Zip 62258

Signature Becky Riggs

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Concerned Citizens

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION
 Name (Please Print) JIM RIESS
 Address 408 TIMBER RIDGE
 City SWANSEA State IL Zip 62236
 Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
 Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)
 Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Jamie Turner

Address 14 Pinebrooke

City Troy State IL Zip 62294

Signature Jamie Turner

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Memorial Medical Group

III. POSITION (Circle appropriate position)

~~Support~~ Oppose ~~Neutral~~



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Sharon Durley

Address 114 So. Church Apt. 122

City Belleville State IL Zip 62220

Signature Sharon Durley

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Memorial Hospital Auxiliary

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Myrtle L. West

Address 414 So Church #304

City Besseville State IL Zip _____

Signature Myrtle L. West

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Memorial Hospital Aux

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Marlene A. Kuchta

Address 401 John Henry

City Belleville State IL Zip 62220

Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Kim Wittenborn

Address 311 Poplar St

City Coultersville State IL Zip 62237

Signature Kim Wittenborn

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Erin Clifford

Address 601 North 28th Street

City Belleville State IL Zip 62226

Signature Erin Clifford

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

City of Belleville and citizen of Belleville

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) KEN BASSLER SR.

Address 328 LAKE FOREST DRIVE

City BELLEVILLE State IL Zip 62226

Signature *Ken Bassler Sr.*

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Gregory Nester

Address 156 Lake Forest Dr

City Belleville State IL Zip 62220

Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Charlotte Simpson
 Address 778 Eastwind Court
 City YALEY PARK State MO Zip 63088
 Signature Charlotte Simpson

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Memorial Hospital

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Sue Fizer

Address 123 Sun Lake

City Bellewille State IL Zip 62221

Signature Sue Fizer

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) EILEEN L. BASSLER

Address 328 LAKE FOREST ~~AVENUE~~ DRIVE

City Belleville State IL Zip 62220

Signature Eileen L. Bassler

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I.

IDENTIFICATION

Name (Please Print)

Debbie Belleville

Address

421 John Henry St.

City

Belleville

State

IL

Zip

62220

Signature

Debbie Belleville

II.

REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Concerned Citizen

City of Belleville

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Jane Pusa

Address 2116 West A st

City Belleville State IL Zip 62226

Signature Jane Pusa

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) KRISTIN KALOUS

Address 708 TERRA SPRINGS WAY

City FAIRVIEW HEIGHTS State IL Zip 62208

Signature Kristin Kalous

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) JOSHUA CAMPOS

Address 6 ANNA LN

City SPRINGFIELD State IL Zip 62703

Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION
Name (Please Print) Rose GOMRE
Address 30 Signal Hill Blvd
City Belleville State IL Zip 62223
Signature Rose Gommer

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)
Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Susan Beeler

Address 1429 Arkansas Rd

City Highland State IL Zip 62249

Signature Susan M. Beeler

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

St. Elizabeth's

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Pamela Estes

Address 411 Crestwood Estates Dr

City Collinsville State IL Zip 62234

Signature Pamela Estes

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print)

MIKE BIEG

Address

1616 CLEVELAND BLVD

City

GRANITE CITY

State

IL

Zip

62040

Signature

II.

REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Beth Gore

Address 1412 N. 15th St

City Swansea State IL Zip 62226

Signature Beth A. Gore

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I.

IDENTIFICATION

Name (Please Print)

Rhianon Chavez

Address

1719 Page Ave

City

Belleville

State

IL

Zip

62022

Signature

R Chavez

II.

REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

St. Elizabeth's Hospital; Belleville Resident

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I.

IDENTIFICATION

Name (Please Print)

TOSIE BAILEY

Address

1230 DONALD BAILEY DR

City

CASSVILLE

State

IL

Zip

62232

Signature

Tosie Bailey

II.

REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Brandy Whetstone

Address 504 W. Adams

City Belleville State IL Zip 62220

Signature Brandy Whetstone

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Charles M. Wilkinson

Address 2807 Benton St.

City Granite City State IL Zip _____

Signature Charles Wilkinson

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) THOMAS E. JUNGES

Address 1463 GOLF COURSE DR.

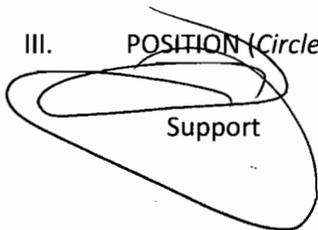
City BELLEVILLE State IL Zip 62220

Signature Thomas Junges

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)



Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) M. JEAN DINGES

Address 1643 GOLF COURSE DR

City BELLE VILLE State FL Zip 62220

Signature Mary Jean Dinges

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print)

Yvonne Stroder

Address

4475 State R+15

City

Addicksville

State

IL

Zip

62214

Signature

Yvonne Stroder

II.

REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION
 Name (Please Print) Steve Dietrich
 Address 6009 Bradford Estates Ct
 City Columbia State IL Zip 62236
 Signature Steve Dietrich

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
 Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)
 Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) FRAN DIETRICH

Address 6009 BEANFORD EST CT

City COLUMBIA State IL Zip 62236

Signature Fran Dietrich

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Jenna Schrage

Address 506 East Brook

City Aviston State IL Zip 62216

Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

HSHS

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Patty Gregory

Address 4 Paintree

City Belleville State IL Zip 62223

Signature Patty Gregory

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Concerned citizen

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION
Name (Please Print) Sharon S. Strausbaugh
Address 301 Sherman St.
City Belleville State IL Zip 62221
Signature Sharon S. Strausbaugh

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Concerned resident of Belleville

III. POSITION (Circle appropriate position)
Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

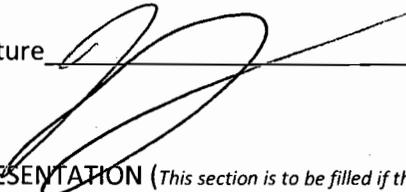
Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Julia Schimmelpfennig

Address 4896 Vermilion

City St. Louis State MO Zip 63128

Signature 

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

St. Elizabeth's Hospital Pharmacy

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) KENNETH HOISHOUSER

Address 110 BLACKBURN MANOR

City MILLSTADT State IL Zip 62260

Signature Kenneth Hoishuser

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) JOSEPH HOERTEL

Address 1 SUNRISE CT

City HIGHLAND State IL Zip 62249

Signature Joseph A Hoertel

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Johnny Uauak

Address 132 S Main St

City Wood River State IL Zip 62040

Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Pat Bailey

Address 6824 Tara Manor

City Fairview Heights State IL Zip 62208

Signature Pat Bailey

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Stamfitters Local #439

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Matthew J Cates

Address 423 Chapel

City Collinsville State IL Zip 62234

Signature Matthew J Cates

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Local 439 Steamfitters

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION
 Name (Please Print) Ronald Neustadt
 Address 308 Lake Forest Dr.
 City Bellaire State IL Zip 62220
 Signature Ronald Neustadt

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
 Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)
 Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Jason R. Poole

Address 2015 Tampico Dr

City Belleville State IL Zip 62221

Signature J R Poole

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

City of Belleville & Citizen of Belleville

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) DUSTIN BARNETT

Address 1505 MURKIN BLVD

City BELLEVILLE State IL Zip 62221

Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Mack Schmitt

Address 124 Lakeland Hills Dr

City Fairview Hgts State IL Zip 62208

Signature Mack Schmitt

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Bob WHITE

Address 2419 Pro Town Dr

City BELLEVILLE State IL Zip 62220

Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) MARIAN WHITE

Address 2419 Pro Tour

City Belleville State IL Zip 62220

Signature Marian A. White

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION
 Name (Please Print) Richard J. Thoman
 Address 524 Shadow Rock Ct
 City Lohman State IL Zip 62254
 Signature Richard J. Thoman

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
 Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)
 Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Cindy Wilson

Address 342 Summers Trace

City Belleisle State IL Zip 62220

Signature Cindy Wilson

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Concerned Citizen

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Rev James Deiters

Address 205 West Third St

City O'Fallon State IL Zip 62269

Signature James Deiters

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

1) Representing all Catholics in Southern Illinois

2) Board of Directors for St Elizabeth

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Ross Bellum

Address 11681 Bear Rough Hills Road

City Carlinville State IL Zip 62620

Signature Ross Bellum

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Robert Bailey

Address 6446 Ploss Rd.

City Freeburg State IL Zip 62243

Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Jack Vank

Address 124 Lakeland Hills Dr.

City Fairview Heights State IL Zip 62024

Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Charlie Bailey JR

Address 8 Village Drive

City Swansea State IL Zip 62226

Signature Charlie Bailey

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Jennifer MeinKoth

Address 1816 Tenth Fairway Drive

City Belleisle State IL Zip 62226

Signature Jennifer MeinKoth

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) JAMES LOGSTON

Address 1611 DUNCAN AVE

City SWANSEA State IL Zip 62226

Signature James Logston

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) William Vietara

Address 1769 Lomax RD

City O'Fallon State IL Zip 62269

Signature William Vietara

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Local 439 EAST ST LOUIS STEAM FITTERS

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Brian O'Donnell

Address 10 Andy's Run

City Waterloo State IL Zip 62298

Signature Brian O'Donnell

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Chris Bailey

Address 18 Village Dr.

City Swansea State IL Zip _____

Signature Chris Bailey

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Misty SPEARS

Address 5425 College Ave.

City ST-LOUIS State MO Zip 63136

Signature Misty Spears

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Craig Schmitt

Address 421 S 14th St.

City Belleuville State IL Zip 62220

Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Amanda Schmidt

Address 421 S 14th St

City Belleville State IL Zip 62220

Signature Amanda Schmidt

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) DIANE HENDRICKS

Address 647 N. 39TH ST

City BELLEVILLE State IL Zip 62226

Signature Diane Hendrick

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Mike Marchal

Address 85 Independence Dr.

City Highland State IL Zip 62249

Signature Mike Marchal

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Patrick GAFFNEY

Address 8800 Page Ave

City St Louis State MO Zip 63114

Signature Patrick Gaffney

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Kyle Harris

Address 2356 Duval Blvd Apt 14

City Shiloh State IL Zip 62269

Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

125 AS

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION
 Name (Please Print) Yvonne Schulte
 Address 401 S Douglas
 City Belleville State IL Zip _____
 Signature Yvonne Schulte

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
 Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care) HSHS

III. POSITION (Circle appropriate position)
 Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) DEBRA NEUSTADT

Address 308 LAKE FOREST DR

City BELLEVILLE State IL Zip 62220

Signature Debra Neustadt

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

?

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) AMY WARREN

Address 1021 ORIOLE DR

City O'Fallon State IL Zip 62209

Signature *Amy Warren*

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

concerned citizens

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) FRANCISCO S. GARZA

Address 1411 NORTH 53RD ST.

City WASHINGTON PARK State IL Zip 62204

Signature Francisco S. Garza

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I.

IDENTIFICATION

Name (Please Print)

JOE LANIUS

Address

500 S. DOUGLAS

City

BRYANVILLE

State

IL

Zip

62220

Signature

Joe H. Lanis

II.

REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Resident

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I.

IDENTIFICATION

Name (Please Print)

Janet Lanius

Address

500 South Douglas

City

Belleville

State

IL

Zip

62220

Signature

Janet Lanius

II.

REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Resident

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) LAWRENCE F. WUEST

Address 2617 PRO TOUR DR

City Belleville State IL Zip 62220

Signature *Lawrence F. Wuest*

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Howard Anna

Address 828 Lebanon Ave

City Belleville State IL Zip 62227

Signature Howard Anna

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Scott Colley

Address 315 S. Irene

City Stanton State IL Zip 62088

Signature Scott E Colley

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) DAVID GARRIS

Address 120 AARON DRIVE

City BELLEVILLE State IL Zip 62220

Signature 

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Paul W Kuper

Address 1157 north 10th st.

City Breese State IL Zip 62230

Signature Paul W Kuper

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Gene Cheatham

Address 2501 S. Illinois St

City Belleville State IL Zip 62220

Signature Gene Cheatham

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) CAROL J. ANNA

Address 328 LEBANON AVE.

City BELLEVILLE State IL Zip 62221

Signature Carol Janna

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Royce Carlisle

Address 3042 Roan Hill Dr.

City Belleville State IL Zip 62221

Signature Royce Carlisle

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

I work for the City of Belleville and am responsible for 28 employees, we work near St. E's and this move will present a hardship for emergency needs

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) ANN DUNCAN

Address 6 N LAFAYETTE #210

City MILLSTADT State IL Zip 62260

Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

CONCERNED CITIZEN

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) BERNARD KNEALE

Address 6 N LAFAYETTE ST #210

City MILESTADT State IL Zip 62260

Signature Bernard Kneale

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Concerned Citizens

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I.

IDENTIFICATION

Name *(Please Print)*

Anne Thomure

Address

14 Lindenleaf Lane

City

BV

State

IL

Zip

62223

Signature

Anne Thomure

II.

REPRESENTATION *(This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)*

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Concerned Citizen

III.

POSITION *(Circle appropriate position)*

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name *(Please Print)* Lisa Altland

Address 317 Aladar Dr

City O'Fallon State IL Zip 62269

Signature *[Handwritten Signature]*

II. REPRESENTATION *(This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)*

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION *(Circle appropriate position)*

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) GENE BUSEKRUS

Address 607 CENTREVILLE AVE

City BELLEVILLE State IL Zip 62220

Signature Gene Busekrus

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print)

Rhonda Greten

Address

562 Sunflower Road

City

henzburg

State

IL

Zip

62255

Signature

Rhonda Greten

II.

REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print)

BARBARA KILLINGSWORTH

Address

408 Pecan Lane

City

Belleveille State IL Zip 62223

Signature

Barbara Killingsworth

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) Janet Tauber

Address 7730 BAXTER DR

City Belleville State IL Zip 62223

Signature Janet Tauber

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print)

Pam Funk

Address

610 Julia Dr.

City

O'Fallon

State

IL

Zip

62269

Signature

Pamela L Funk

II.

REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

City of O'Fallon

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I. IDENTIFICATION

Name (Please Print) CAROLE SCHNEIDER

Address 17 NORTHLAND DR

City BELLEVILLE State IL Zip 62221

Signature Carol J. Schneider

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: St. Elizabeth's Hospital, O'Fallon

Project Number: 14-043

I.

IDENTIFICATION

Name (Please Print)

JOE KRITENITZ

Address

5720 NORTH BELT WEST - 28

City

BELLEUILLE

State

IL

Zip

62226

Signature

Joe Kritenitz

II.

REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral