

PROJECT HEARING REPORT

Project: E-007-11

Rockford Health System-OSF Health System

April 15, 2011

On April 15, 2011, The State Agency conducted a public hearing for Project E-007-11. The hearing was held at the Rockford City Council Chambers, located at 425 E. State Street, Rockford, Illinois.

The following summarizes the attendance figures:

Individuals who registered their attendance at the hearing:	55
Individuals who registered their opposition to the project:	7
Individuals who registered their support for the project:	39
Total individuals registered:	101

This report contains letters from the following individuals/groups:

Dr. Kevin Ruggles, RHS, Rockford
Dr. Joseph Piccione, Senior Vice President, Mission & Ethics, OSF Healthcare System, Peoria
Franklin Beach, 10th Ward Alderman, Rockford
Dr. Brian Bear, Rockford Orthopedic Associates, Rockford
Al Goode, RHS Board Member, Rockford,
Dr. Ray Davis, Pediatrician, RHS, Rockford
Paula Carynski, Chief Nursing Officer, OSF St. Anthony, Rockford
Rev. Perry Bennett, Macedonia Baptist Church, Rockford
Dominic Castanza, Business Manager, Laborer's Local 32, Rockford
Thomas Muldowney, Chairman of the Board, Savant Capital Management, Rockford
Brad Long, President, Northwestern Building and Construction Trades Council, Rockford
Anne Hammes, Resident, Rockford
Gary E. Katz, President/CEO, RHS, Rockford
Sister Judith Ann Duvall, O.S.F. Chairperson, OSF Healthcare System, East Peoria
David A. Schertz, President/CEO, OSF St. Anthony, Rockford
Dr. Martin Lipsky, Regional Dean, U of I College of Medicine, Rockford
Robert Sehring, CEO Ambulatory Services, OSF Healthcare System, Peoria
David T. Reynolds, President, Illinois Commercial Market, Humana Inc. Chicago
John C. Griffin, President/CEO, Kelley Williamson Company, Rockford
Dave Syverson, Illinois State Senator, Rockford
Jeffery C. Ingrim, President/CEO, Health Alliance, Urbana
Paul W. Brand, Executive Director, Employer's Coalition on Health, Rockford
Bruce Peterson, FACHE, President/CEO, Rochelle Community Hospital, Rochelle
Einar Forsman, President/CEO, Rockford Chamber of Commerce, Rockford
Darryl Vandevort, President/CEO, Katherine Shaw Bethea Hospital, Dixon

Kevin Poorten, FACHE, President/CEO, Kish Health System, DeKalb
Edward Anderson, President/CEO, CGH Medical Center, Sterling
Scott Christiansen, Chairman, Winnebago County Board, Rockford
Joe Sosnowski, Illinois State Rep. 69th District, Boone County
Gregory Britton, President/CEO, Beloit Health System, Beloit, WI
Henry Seybold, Senior Vice President/CFO, RHS, Rockford
Dr. Eric Benink, VP/Chief Medical Officer, OSF St. Anthony, Rockford
Kris Keiper, CEO, YWCA of Rockford, Rockford
Dr. Milton Schmitt, Chief Medical Officer, RHS, Rockford
Dave Stenerson, VP/CFO, OSF St. Anthony, Rockford
Pamela Fox, Attorney, Hinshaw & Culbertson, LLC, Rockford
Dr. Connie Vitali, Board Member, RHS Board of Directors, Rockford,
Ann Thompson-Kelly, 7th Ward Alderman, Rockford
Sue Schreier, VP, Nursing Services, RHS, Rockford
Dan Baker, Senior VP/CFO, OSF Healthcare System, Peoria
Dr. John Dorsey, RHS Board of Directors, RHS Rockford
Dr. Phillip Higgins, Medical Director, Women's Services, RHS, Rockford
Eleanor Doar, Board of Directors, RHS, Rockford
Bharat Puri, Director of Finance & Commercial Development, First Rockford Group, Rockford
Lawrence Morrissey, Mayor, City of Rockford
Walt Boothe, Rockford Memorial Development Foundation Board of Directors
Dr. Mark Hiser, Rockford Cardiovascular Associates, Rockford
David Peterson, Resident, Rockford
Theresa Glass, Resident, Belvidere*
Dr. Joseph Stewart, Physician Leader, OSF St. Anthony, Rockford
Richard P. Walsh, Executive VP, Swedish American Health System, Rockford*
Thomas Myers, VP of Strategic Planning, Swedish American Health System, Rockford*
Dr. Stephen Bradley, Rockford Surgical Service, Rockford
Dr. Bill Gorski, CEO, Swedish American Health System, Rockford*
Paul Green, Chairman of the Board, RHS, Rockford
Rev. Frank Moyer, Evangelical Lutheran Church, Machesney Park*
Dr. Ronald Burmeister, Retired, Rockford*
Gordon H. Geddes, Resident, Poplar Grove*

*Identifies letters of opposition

**Illinois Health Facilities and Services Review Board
PUBLIC HEARING REGISTER**

Site: Rockford City Hall PROJECT # E-007-11 Date: April 15, 2011

Address: 425 E. State Street NAME: Rockford Memorial Time: 10:00 a.m.
Rockford, Illinois 61104 Hospital

TESTIMONY TO SUPPORT PROJECT

✓	#	NAME (Please Print)	AGENCY, ORGANIZATION OR INSTITUTION REPRESENTED (PLEASE PRINT)	CITY (Please Print)	ORAL, WRITTEN OR BOTH (PLEASE PRINT)
X	1	KEVIN SCHNEPPEL	OSF Healthcare System	Peoria	Both
*	2	Erin J. Threlkeld	OSF Healthcare System	Rockford IL	Both
X	3	Erin J. Threlkeld	Rockford Health System	Rockford, Ill.	both
X	4	Anne M. Hammes	OSF Saint Anthony	Rockford, Ill.	Both
X	5	PAUL GREEN	ROCKFORD HEALTH SYSTEM	Rockford, IL	Both
X	6	STEPHAN BOGDAN	OSF Healthcare	Rockford, IL	Both
X	7	John Pennel	North Western IL Building Trades	Rockford IL	Both
X	8	Dr Joseph Stewart	OS/GRN Assoc	Rockford IL	Both
X	9	Dawn Peterson	OSF	Rockford IL	Both
X	10	Mike Robinson	OSF	Rockford, IL	Both
X	11	WALLY BOUYE	Rockford Health System	Rockford, IL	Both
X	12	Reid Montgomery	City of Rockford	Rockford, IL	Both
X	13	Shawn Hunt (PURI)	Rockford Health System	Rockford, IL	Both
X	14	Thomas Mullooney	Self	Rockford	Both
X	15	Dominic Castagna	laborers local 32	Rockford	Both

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*SUBMITTED TESTIMONY, DID NOT SPEAK

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✓ #	NAME (Please Print)	AGENCY, ORGANIZATION OR INSTITUTION REPRESENTED (PLEASE PRINT)	CITY (Please Print)	ORAL, WRITTEN OR BOTH (PLEASE PRINT)
X 1	Fleena Doar	Rockford Health System	Rockford	Both
X 2	Rev. Gerry Bennett	OSF	Rockford	
* 3	Paula Carnicki	OSF	Rockford	Both
* 4	Ram Damb	RMH	Rockford	Both
X 5	Phil Higgins	RMH	Rockford	Both
X 6	WILLIAM TIMM	CITY OF ROCKFORD	ROCKFORD	BOTH
X 7	Wendy Lewis	Rockford Health System	ROCKFORD	BOTH
X 8	John Dorsey	RHS	Rockford	BOTH
9	Mike			
* 10	Sam Pahn	OSF	Peoria	Both
* 11	Sue Schreier	RHS	Rockford	Both
X 12	Ann Thompson Kelly	Alderman City of Rockford	Rockford	Both
X 13	Connie Vitali	RHS	South Beloit	Both
+ 14	Pamela S Fox	RHS	Rockford IL	both
* 15	DAVID STEVENSON	OSF	ROCKFORD IL	BOTH

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* 1	MILTON G SCHMITT	RHS RHS	ROCKFORD IL	BOTH
X 2	Kris Kieper	OSF	Rockford IL	Both
* 3	Franklin BEACH	ALDERMAN 10 th WARD	" "	Both
X 4	Joseph PICCIONE	OSF	PEORIA IL	Both.
* 5	Eric Benink	OSF	Rockford, IL.	Both
* 6	Henry Seybold	RHS	Rockford IL	Both
* 7	ROBERT SCHRING	OSF	PEORIA, IL	Both
X 8	Marla Lipsz	COM	Rockford, IL	Both
* 9	Kevin Ruggles M.D.	RHS	Rockford, IL	Both
X 10	Daniel Schertz	OSF	Rockford, IL	Both
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✓	#	NAME (Please Print)	AGENCY, ORGANIZATION OR INSTITUTION REPRESENTED (PLEASE PRINT)	CITY (Please Print)	ORAL, WRITTEN OR BOTH (PLEASE PRINT)
*	1	BEAU BEAR	ROCKFORD COMMUNITY	ROCKFORD	BOTH
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TESTIMONY TO OPPOSE PROJECT

✓	#	NAME (Please Print)	AGENCY, ORGANIZATION OR INSTITUTION REPRESENTED (PLEASE PRINT)	CITY (Please Print)	ORAL, WRITTEN OR BOTH (PLEASE PRINT)
X	1	RONALD E. BURMASTER	SAT	ROCKFORD, IL	BOTH
X	2	FRANKS MOYER	SAT	Rockford	BOTH
X	3	JAN HAGENLOCHNER	SAT	Rockford	BOTH
X	4	BRIAN RECK	SAT	ROCKFORD	BOTH
X	5	RICHARD WALSH	Swedish American	Rockford	BOTH
X	6	HERESA GLASS	Private individual	Belvidere	BOTH
X	7	PROPHET YUSEF		Rockford	
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**Illinois Health Facilities and Services Review Board
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Rockford, Illinois 61104

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Hospital

Time: 10:00 a.m.

ATTENDANCE/NO TESTIMONY ON PROJECT

#	NAME (Please Print)	AGENCY, ORGANIZATION OR INSTITUTION REPRESENTED (PLEASE PRINT)	CITY (Please Print)	ORAL, WRITTEN OR BOTH (PLEASE PRINT)
✓ 1	Rev. William R. WENTRICK	OSF Saint Anthony Medical Ctr.	Rockford, Ill.	Support
2	Debra Persaud	OSF Saint Anthony Medical Ctr.	Rockford, IL	Support
3	Colleen Klein	OSF Saint Anthony Medical Ctr.	Rockford, IL	Support
4	Deborah Berg	OSF Saint Anthony	Rockford, IL	Support
5	KRUB PAGE	OSF Saint Anthony	Rockford	Support
6	Leta Stewart	OSF Saint Anthony Medical Ctr.	Rockford, IL	Support
7	Beth Hayden	OSF Saint Anthony Medical Ctr.	Rockford, IL	Support
8	Therese Michaels	OSF Saint Anthony Medical Ctr.	Rockford, IL	Support
9	Annaliese	Rockford Health System	Rockford, IL	Support
10	Annaliese	OSF Health Care		
11	Sue Schmebe	Rockford Health System	Rockford, IL	Support
12	Mark Hohnlin	OSF Health Care	Rockford	Support
13	BOB AMMES	CITIZEN	Rockford	Support
14	E.J. DIAMOND	OSF HEALTH CARE	Rockford	Support
15	EIMAR KOSMIN	Rockford Health System	Rockford, IL	Support

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1	JANEK SKURSKI	OSF Saint Anthony Medical Ctr	Rockford	Support
2	JEFF TILLEY	OSF SAINT ANTHONY MED CTR	Rockford	Support
3	Glenn Netto	Univ. of Ill. / OSF	Rockford	Support
4	Paul Greenland	Sussex American	Rockford	N/A
5	Dusan Fernandez	OSF Saint Anthony Med Ctr	Rockford	Support
6	WILLIAM ROCKENBORN	E CO H	Rockford	
7	PAUL W BRAND	E CO H	Rockford	
8	Donald Vang	OSF/RMH	Rockford	Support
9	Michael WILBE	Rockford Health Syst	Rockford	Support
10	Heven Brooke	Rockford Health System	Rockford	Support
11	April VILFURN	Rockford Health System	Rockford	Support
12	Jane Struble	Rockford Health System	Rockford	Support
13	Kerry Hill	Rockford Health System	Rockford	Support
14	Dennis L HEUREUX	ROCKFORD HEALTH SYSTEM	Rockford	Support
15	Brian S. [Signature]	Pro-medical Cannerman	Rockford	N/A

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✓ 1	Margaret Carlson	OSF LifeLine Ambulance	Rockford	Support
2	Amy Rau	RHS	Rockford	Support
3	Karen Brown	OSF SAMC	Rockford	Support
4	CARA KAUSE		Belvidere, IL	
5	Jammy Boylenthier		Belvidere, IL	
6	Fran Streter		Rockford, IL	
7	Robert Pratt			
8	Denise Schrader	VIVA	Rockford IL	Support
9	RICHARD NORTON	OSF	Rockford	
10	DAVE BROWN		Rockford	SUPPORT
11	Amy Daulton	Community	Rockford	
12	Melinda Fleenor	OSF SAMC	Rockford	Support
13	Elizabeth Pearson	OSF SAMC	Rockford	Support
14	Bibi Ditt	RHS	Roscoe	support
15	Mark Kendall	Crusader Community Health	Rockford	support

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✓ 1	TAMARA WOLMICHOWSKI	Rock Valley Advanced Pain Mgmt	FOXES PARK	OPPOSE
2	ROZENE SMITH	Rockford Health Sys.	Rockford	Both
3	LUCY RIVAS	OSF SAINT ANTHONY	Rockford	Both
4	Gordon Seales	RETIRED	Peoples Grove II	WRITTEN
5	Joyce Benson	RHS	Rockford	
6	KEN COOLY		Rockford	
7	Steve Stowell	RMS		
8	AKHIL SHAH	UNIV OF IL	Rockford	
9	Hudyn Hollister	"	"	"
10	Derek Hayes	"	Rockford	Neutral
11	Trick Beeber		Rockford	
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April 15, 2011

Public Hearing
Rockford City Council Chambers

RE: OSF-RHS Affiliation

My name is Dr. Kevin Ruggles, M.D.; I am the Senior Vice President, Clinical and Medical Affairs at Rockford Health System.

As you have heard or will hear from many of speakers today, this proposed affiliation between Rockford Health System and OSF Healthcare System is about clinical quality. As a physician, I see incredible potential for not only more outstanding patient outcomes, but also physician recruitment.

By combining our organizations, we will have enhanced access to highly specialized physicians. With increasing competition from across the country for the limited number of specialists, a larger organization is more attractive from both a recruitment and overall quality standpoint. Instead of running the risk of losing key specialists to larger metropolitan communities, our ability to recruit and retain excellent specialists will be dramatically improved. Our open staff model will remain. This affiliation will give us an opportunity to add depth and breadth to our existing services.

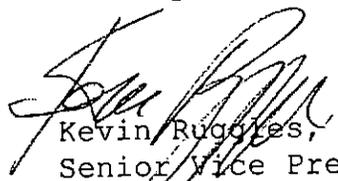
Evidence has existed for years that increased patient volumes in specialized care areas improves quality. We know that those organizations, physicians, and other clinicians who provide services to larger numbers of patients have improved skills and outcomes.

We anticipate very positive changes to our overall women's and children's program. As the premier provider in the region, we believe that this partnership will dramatically

improve what we can and will offer to women and children in both Rockford and throughout the region. It will allow patients the option of staying here rather than having to go to Wisconsin or Chicago for care. I believe we will not only maintain, but increase and enhance the level of care and services provided in the Rockford community.

Rockford Health System has always provided superior care to women and children from all walks of life in this community and throughout northern Illinois and southern Wisconsin. Our commitment remains intact and we welcome this opportunity to bring these services to a different level for women and children throughout northern Illinois and southern Wisconsin.

Thank you.


Kevin Ruggles, M.D.
Senior Vice President
Clinical and Medical Affairs
Rockford Health System

Dr. Joseph Piccione
Senior Vice President, Mission and Ethics
OSF Healthcare System
800 N.E. Glen Oak Avenue
Peoria, IL 61603

Statement of Dr. Joseph Piccione, SVP Mission and Ethics, OSF Healthcare System

Catholic healthcare has been present in North America since the 17th century. Catholic hospitals have been sponsored by vowed religious women. The sisters, who often started with nothing than what they literally carried into their new communities, found courage in each other and in their religious commitment. Their work was established as their response to those who went before them in the Christian tradition. St Francis of Assisi, a model of Christian living for the East Peoria sisters, who developed OSF, lived in the 13th century and the first ministry of the friars was care of lepers, the most marginalized persons of that era.

Christian care of the sick, injured and elderly has roots in the Gospel tradition of compassionate love and the teaching and example of Jesus. The ethical framework of the Catholic tradition begins with the direction of Jesus in the narrative about the Good Samaritan. Jesus told his questioner to follow the example of the Samaritan; "go and do likewise."

The Catholic healthcare tradition in the United States uses a document named the Ethical and Religious Directives for Catholic Health Care Services, often called "ERD". It is a document of the American Bishops with collaboration by Catholic hospitals across the nation. ERD does get its share of visibility in the ongoing transition in the healthcare delivery system. There is often an exaggeration in the scope of difference. The most obvious is that of abortion. However, none of the three hospitals in Rockford offer elective abortion. In actual practice, provision of tubal ligation for family planning purposes will be the most significant shift in the acute care hospital, but would still be available in an acute care as well as ambulatory settings in Rockford.

ERD is not just about clinical matters or about sexuality. It should not be reduced to that topic, either. ERD affirms the dignity of each person and the access each should have to basic healthcare services. ERD states that another manifestation of human dignity is found in the decisionmaking the patients and their representatives make at times of serious illness. Therefore Catholic healthcare is proactive in patient decisionmaking based on human dignity. Similarly, the emphasis on human dignity carries through end of life care and SAMC and other OSF hospitals are proactive in palliative care for acute care patients and hospice care for patients in the community.

OSF has served Rockford since 1899 and shares the commitment to the community that is represented by the tradition of the Rockford Health System. The United States is a diverse society. Diversity means a spectrum of traditions contributing to the common good, each in its own way. OSF has contributed to the common good of the Rockford community and will sustain healthcare delivery here through this time of transition.



CITY OF ROCKFORD, ILLINOIS

CITY COUNCIL

FRANKLIN C. BEACH
TENTH WARD ALDERMAN

2916 GREENWOOD AVENUE, 61107
TELEPHONE: 399-3737

Public Hearing
City Council Chambers
April 15, 2011
10:00 A.M.

My name is Franklin Beach. I am a lifelong resident of Rockford and have represented the 10th Ward of the city – which includes OSF Saint Anthony Medical Center – for the past 31 years. I am here to speak in support of the affiliation of OSF Healthcare System and Rockford Health System.

During my long history in helping to represent my neighbors and lead this city I have always been extremely proud and believe Rockford has been blessed by the century or more of excellent and extensive level of health care our citizens have been provided by all the medical centers.

I am confident the affiliation being sought can only help to enhance that history of health care delivery and service to a region that continues to grow and demand more from its providers.

I pray God's wisdom as this important process moves forward.

Thank you.

Brian J. Bear, MD
Rockford Orthopedic Associates
324 Roxbury Road
Rockford, IL

My name is Dr. Brian Bear and I am president of Rockford Orthopedic, an independent 23 member orthopedic and musculoskeletal group located in Rockford Illinois. I am speaking today in support of the proposed affiliation between OSF Healthcare System and Rockford Health System.

During my 14 years at Rockford Orthopedic, I have come to know intimately both organizations and can confidently say they each provide the highest quality of support and teamwork for physicians and outstanding care to my patients. An affiliation of the two can only serve to enhance and, in many ways, improve upon that already strong level of health care delivery.

Specifically, this would create opportunities to grow service lines into centers of excellence that will provide a dynamic environment for patients to get the most innovative and modern approach to their medical care. A system the size of OSF Northern Region can more adequately support the equipment and infrastructure needs that will be necessary to accomplish the kind of health care our region demands and deserves.

The affiliation will attract the most talented physicians and ancillary medical professionals improving our ability to expand our subspecialty orthopedic services.

The Rockford region has an impressive history of medical excellence led by OSF Saint Anthony and Rockford Health System. Rockford Orthopedic Associates believes that this affiliation and the creation of OSF Northern Region will allow us to continue that excellence and in many, many ways improve upon it.

Thank you.

A handwritten signature in black ink that reads "Brian Bear". The signature is written in a cursive style with a large, prominent initial "B".



Respectful Care

April 15, 2011

My name is Al Goode. I have been a Rockford Health System Board Member since January of 2001. I am here today to give my support to the proposed affiliation between Rockford Health System and OSF Healthcare System.

As a member of its board, I have spent the last decade overseeing what I believe to be a great community asset, Rockford Health System. Steeped in tradition for over 100 years, this organization, its physicians and its staff have been committed to caring for our community. I think it is very important to say that we have certainly given lots of thought to how best to maintain that long tradition, especially on the Westside of Rockford, during these discussions.

I believe this decision to move forward as part of the OSF Healthcare System will make sure we can continue to operate as a first-class health care system. The issues we face as a community and the issues we face as health care providers are big ones. By partnering together, I think that Rockford Health System and OSF Saint Anthony Medical Center will be very successful in meeting the needs of our residents going forward.

It was also important that we have a "seat at the table". I commend OSF Healthcare System for agreeing to a local board to govern the local operations.

I am hopeful that this affiliation will receive all necessary approvals and move forward.

Thank you.

A handwritten signature in black ink that reads 'Al Goode'.

Al Goode
Rockford Health System Board Member

**Rockford Memorial
Hospital**

2400 N. Rockton Ave.
Rockford, IL 61103
(815) 971-5000

**Rockford Health
Physicians**

2300 N. Rockton Ave.
Rockford, IL 61103
(815) 971-2000

**Van Matre HealthSouth
Rehabilitation Hospital**

950 S. Mulford Rd.
Rockford, IL 61108
(815) 381-8500

**Visiting Nurses
Association**

4223 E. State St.
Rockford, IL 61108
(815) 971-3550

**Rockford Memorial
Development Foundation**

2400 N. Rockton Ave.
Rockford, IL 61103
(815) 971-4141



Respectful Care

April 15, 2011

OSF-RHS Affiliation Public Hearing

My name is Dr. Ray Davis. I am an employed pediatrician at Rockford Health System and also currently President of the Medical Staff. I am here to speak in support of the proposed affiliation between Rockford Health System and OSF Healthcare System.

I see great value in this partnership for Rockford and the region. While any change is difficult, I believe that the majority of our Medical Staff members realize the value of this affiliation, as well. I see it as an opportunity to reduce duplication of services, recruit more subspecialists, develop new programs and invest in state-of-the-art technology, that today would be cost prohibitive.

As a physician who trained in Peoria and completed my residency at OSF St. Francis Medical Center, I am particularly pleased with the proposed link with OSF Healthcare System. I was very impressed with the commitment the organization made to exceptional medicine. During my tenure in Peoria, OSF often led the way with medical and technological "firsts". In many cases, patients traveled there from Chicago, where the technology or procedure was not yet available.

I think this proposed affiliation is definitely the right thing to do for the Rockford region.

Thank you.

A handwritten signature in black ink, appearing to read 'Ray Davis'.

Ray Davis, M.D.
President, Rockford Health System Medical Staff

**Rockford Memorial
Hospital**

2400 N. Rockton Ave.
Rockford, IL 61103
(815) 971-5000

**Rockford Health
Physicians**

2300 N. Rockton Ave.
Rockford, IL 61103
(815) 971-2000

**Van Matre HealthSouth
Rehabilitation Hospital**

950 S. Mulford Rd.
Rockford, IL 61108
(815) 381-8500

**Visiting Nurses
Association**

4223 E. State St.
Rockford, IL 61108
(815) 971-3550

**Rockford Memorial
Development Foundation**

2400 N. Rockton Ave.
Rockford, IL 61103
(815) 971-4141



SAINT ANTHONY MEDICAL CENTER

Paula A. Carynski
Vice President, Patient Care Services, Chief Nursing Officer
OSF Saint Anthony Medical Center

My name is Paula Carynski – I am Vice President of Patient Care Services and Chief Nursing Officer at OSF Saint Anthony Medical Center. I have been in my present position since 1999 and have worked for OSF since 1985. I am here to speak in support of the affiliation of OSF Healthcare System and Rockford Health System.

Aside from being a very noble profession of which I am extremely proud to be associated, nursing has evolved into a most integral part of the delivery, level and quality of patient care in all settings. In recent years, nurses have been asked and relied upon to take on more responsibility for direct care of those we serve and to work more closely as team members in support of physicians.

Our nurses take pride in their work and have been determined to raise the quality of care to the high level to which all medical centers strive. That has been made more evident with the fact that OSF Saint Anthony is a designated Magnet facility – a measure of nursing practice excellence and quality patient care as recognized by the American Nurses Credentialing Center. First awarded in 2005, OSF Saint Anthony got its second Magnet designation in 2009 and is now among only 2-percent of the nation's medical centers to achieve re-designation.

I mention this because we often collaborate with our nursing colleagues at Rockford Health System on projects and initiatives that mutually benefit training, education and most importantly, patient care in our community. So, I can also speak confidently to the high quality of the nursing staff and extremely competent care at Rockford Memorial Hospital. An affiliation between our two organizations will bring together a hard working and mutually respected team of care givers that can only be enhanced further by the experience we can bring to such a partnership through our Magnet achievements.

It is yet another strong argument for how this relationship can create one more center of excellence that would make Rockford a health care destination for the betterment of the region and the people who live here.

Thank you.

MACEDONIA BAPTIST CHURCH

1720 Perry Bennett Way (Formerly Morgan St.)
Rockford, Illinois 61102

Church Office
(815) 962-0559
(815) 962-3416



Parish Nurse—(815) 962-4564
PBEC—(815) 964-2350
E-Mail—MACEDONIA@AOL.COM

Parsonage: (815) 965-5929
Fax: (815) 962-0573
Finance Office: (815) 962-0904

REV. PERRY BENNETT, PASTOR

Rev. Perry Bennett
Pastor, Macedonia Baptist Church
Rockford, Illinois

My name is Reverend Perry Bennett and I have been the Pastor of Macedonia Baptist Church in Rockford for 39 years. I am speaking today in support of the affiliation between OSF Healthcare System and Rockford Health System.

I wish to address one, but very important aspect of the charity care provided our community by OSF Saint Anthony Medical Center. For seventeen years the OSF Parish Nurse program has provided my congregation of 350 members, and at seven other local churches – most in economically challenged areas – a much needed and life-saving service.

At least twice a week an OSF nurse takes time to meet with members of our church to offer health tests and screenings, provide insight on medical diagnoses, and help connect them to the medical resources they need. They do follow up visits with those recently home from the hospital and also visit my members in nursing homes. This free service is invaluable to people who need it most and can least afford it otherwise.

Additionally, the parish nurse schedules medical education classes, organizes annual health fairs at each of the churches and even assists members of my church in getting the social services they need or direct them to a local food pantry.

I referred to this program as “life-saving” because I can speak to its benefits first hand. I get my blood pressure checked every time Sue, our parish nurse, visits. Once my pressure was out of the normal range and she sent me to the emergency room. A problem was found and later I had a heart procedure. It’s why I can be here to address you today.

The OSF Parish Nurse program is truly a blessing for me, my religious colleagues and the good people we shepherd. I am confident that an affiliation between OSF Healthcare System and Rockford Health System will only enhance this effort and provide the helpful medical care and direction many in our community seek and need.

Thank you.



LABORERS' INTERNATIONAL UNION OF NORTH AMERICA, LOCAL 32

Dominic Castanza
Business Manager, Laborer's Local 32
4477 Linden Road, Rockford, Illinois

My name is Dominic Castanza. I am the Business Manager for Laborer's Local 32 in Rockford, Illinois. I am speaking in support of the proposed affiliation between OSF Healthcare and Rockford Health System.

Prior to becoming Business Agent earlier this year, I was a field representative at the Local for four years and have been a member since 1982 when I first started working in building trades in the Rockford area. Our 750 members serve Winnebago and DeKalb Counties.

It has been a difficult few years for my members as the economic downturn had many companies putting a hold on planned construction and expansion projects. Joblessness in Laborer's Local 32 was as high at 45 percent – leading to overall unemployment rates in Rockford and Winnebago County at levels not seen since the early 1980's.

Of the very few who proceeded with their plans two were OSF Saint Anthony Medical Center and Rockford Health System, because they understand that delivering quality health care requires the space necessary to grow service lines and medical programs their patients are seeking.

I know this affiliation will create more opportunities for the Rockford construction workforce from the millions of dollars in capital development being committed by OSF. Aside from the work, we're excited by the prospect of joining with what would become the OSF Northern Region to create the infrastructure that will enhance and benefit the medical services and programs to make this region a health care destination.

That's also an exciting prospect for my members as they seek a continuation of the fine medical treatment they've appreciated from both organizations for many years. This affiliation makes sense in so many ways and our community needs it, but more importantly, we want it.

Thank you.

Thomas Muldowney
Owner and Chairman of the Board
Savant Capital Management
Rockford, Illinois



My name is Tom Muldowney. I am one of the owners and I am Chairman of the Board of Savant Capital Management, a company that I started in Rockford. I am a lifelong resident of the Rockford area. I stayed here after graduating from Rockford College. I started my business here 25 years ago because Rockford is my home. In fairness, you should know that I also serve on the OSF Saint Anthony Foundation Council. I admire the drive and perseverance of the people here.

I personally know the leaders, professionals, and many of the practitioners and employees in all three hospitals. I want all of them to excel and do not want anything to frustrate their move towards excellence, not even their own intentions. I am pleased to speak today in favor of the proposed affiliation between OSF Healthcare System and Rockford Health System because I think that the affiliation can have long term benefits to the participants already mentioned as well as provide a magnificent benefit for the whole community.

Like the founders of the two organizations we're here to support, who more than 100 years before recognized the tremendous need for health care in a growing area, now today with insightful and credible leadership they seek a better way to improve the quality of their services through the creation of OSF Northern Region.

Innovation, competition, cooperation and collaboration like this made the Rockford area a strong community and one in which citizens are proud to call home. Industries have ebbed and flowed, companies have come and gone, but it seems to me that there have been a lot that have gone.

One constant has been great healthcare – in particular our medical centers – for which the citizens here have always been grateful. We now have the opportunity to take medicine in Rockford to a higher level. We can improve upon what is already exceptional, from extremely talented physicians and nurses, and make it excellent.

Too many times I've seen wonderful ideas to improve our community and the quality of life for our citizens unduly and unfairly criticized out of existence or out of the city without considering the possibility of benefits. Too many times, voices on opposite sides of an issue would rather see an issue die than see it blossom, sometimes, even if this meant eliminating an opportunity for everyone in the community. This should not and cannot happen here. The kind of change that is being proposed by the joining of OSF Healthcare System and Rockford Health System will bring not only the prospect for better medical services and their delivery, but a spirit of accomplishment and pride to a community that deserves it. We should not be here to merely approve this action, we should be here to encourage and foster it. If we make a company in Rockford stronger, others can point to that strength as a strength of the whole city. From that strength, we can attach our opportunity wagons and be drawn along with them in their success.

By virtue of my profession I know this a rich and generous region. It can only be made more so with the start of new era in health care called the OSF Northern Region. Let us turn to our entire medical community and help them turn Rockford into a new center for healthcare excellence.

Thank you,

Tide lifts All Boats.

Thomas A. Muldowney
MSFS, CFP®, ChFC, CLU, CRC, CMP®, AIF®



Northwestern Illinois Building and Construction Trades Council

AFFILIATED WITH THE
BUILDING AND CONSTRUCTION TRADES DEPT.
AFL-CIO


212 South First Street, Suite 106
Rockford, Illinois 61104

Telephone (815) 965-2282 (BCTC)
Fax (815) 965-2277

My name is Brad Long and I am the President of the Northwest Building and Construction Trades Council, as well as the Business Agent for Carpenters Union Local 792. I am speaking in favor of the proposed affiliation between OSF Healthcare System and Rockford Health System.

I have worked in building trades in the Rockford area for twenty years and for the past four years have been President of the Northwest Illinois Building Trades Council, which represents 15-thousand members in eight counties. Through that experience I have witnessed lots of highs and lows in the area economy and employment. This region is traditionally one of the first and hardest hit during a recession and often the last to recover.

This recent one, of which we're only now beginning to see a turning of the corner after more than two years, has been particularly devastating. The Rockford metro area recorded Illinois-leading jobless rates of near 18-percent, but that doesn't come close to telling the hit building trades took. Unemployment among our members reached 40 to 45 percent.

One of the few bright spots during those dark times were capital development projects undertaken by OSF Healthcare System and Rockford Health System – like the OSF Center for Health – Rock Cut and the Emergency Room renovation at Rockford Memorial Hospital, just to name two. These are corporations who understand the importance of investment in the communities they serve and the role they play in improving the quality of health care and life in a region of which they've both been a part of for over 100 years.

The affiliation brings with it the promise of additional investment and growth. A commitment of millions of dollars in capital development annually by OSF offers a welcomed chance for the area building trades and, more importantly, its members to start climbing out of what has been one of its most extensive downturns. We look forward to partnering with the proposed OSF Northern Region to help them create their vision for an improved health care delivery system.

Furthermore, we know that combining these two great organizations will also enhance the quality of health care for our members and their families. In short, we view the affiliation of OSF Healthcare System and Rockford Health System as a win-win for us and for all of the citizens of the Rockford region.

Thank you.



Brad Long
President, Northwest Illinois Building and Construction Trades Council
Business Agent, Carpenters Union Local 792

Public Comment re OSF acquisition of RHS

April 15, 2011

Anne M. Hammes

1. Introduction

- a. I have lived in Rockford most of my life, I went to school here, met my husband here and we have raised our 3 children here in Rockford.
- b. We are proud west side residents. We have many family and friends throughout the city. Believe me, as a nurse, I get many questions about healthcare, both personal and political.

2. Career moves

- a. I have actually worked in all three Rockford hospitals over the course of my 40 plus years as a nurse.
- b. I was a staff nurse in the critical care units at SwedishAmerican Hospital from 1976 to 1983. I had a wonderful experience there and learned a lot.
- c. From 1983 to 1998 I worked at Rockford Memorial Hospital. As the clinical nurse specialist in critical care I worked with many people throughout the organization. I saw firsthand the dedication and compassion that the caregivers had for their patients.
- d. For about 5 years I taught nursing and served as a consultant to both RHS and OSF.
- e. In 2002 I took a position as the Director of Nursing Operations at OSF SAMC and I am currently in that position. Every day I see the mission of the Sisters in the work of the nurses, physicians and the entire interdisciplinary team.

3. My Observations

- a. I shared my work history here in Rockford so that you could see that I have a pretty well rounded perspective on healthcare over a long trajectory.
- b. First, all of these hospitals provide high quality care.
- c. There are opportunities to eliminate redundant services, create efficiencies and save costs.
- d. More importantly, there is opportunity to create "Centers of Excellence".
- e. We could use the cost savings to create "world class" service lines. There are a number of people in this community that seek their healthcare elsewhere for special diseases. For example, this community could use an MS Center. We should have more services for oncology patients. We should have more services for children with unusual diseases. I could go on.
- f. This acquisition should be recommended because we need the combined and more efficient efforts of both OSF and RHS.
- g. Both hospitals have very similar focus on quality, safety and "serving with the greatest care and love."



ROCKFORD HEALTH
system

IT'S CALLED COMMITMENT

Office of the President and CEO

Gary E. Kaatz

Rockford Medical Building
2350 North Rockton Avenue, Suite 402
Rockford, Illinois 61103
Phone (815) 971-7250
Fax (815) 968-4908

GARY E. KAATZ
President and CEO
Rockford Health System

PUBLIC HEARING TESTIMONY
CITY HALL
Friday, April 15, 2011

My name is Gary Kaatz, and I have been the President and CEO of Rockford Health System for the past 11 years. I want to thank those here today speaking on behalf of this affiliation.

Simply put, this proposed affiliation between Rockford Health System and OSF Healthcare System is about keeping our eye on the patient in the Rockford region. As a nonprofit, mission-driven organization, our Boards of Directors and leadership teams have never lost sight of why we are proposing this affiliation. We firmly believe that is the very best way to improve the quality, accessibility, and affordability of health care for residents in our community.

Together, as the OSF Northern Region, we believe we can further advance Rockford as a destination for outstanding health care. Exceptional health care is certainly a selling point for any community. People want to get their medical care close to home at leading-edge centers of excellence, where the best and brightest physicians train and practice medicine, and where patient outcomes rival the best in the nation. That is our vision for this partnership. It is what residents in the Rockford region deserve.

But, there also is a great need to define a new business model for health care. What other industry can you think of that is still using the same model it used in the 1950's and 60's? Change and reform in health care are long over due. Today, we need an operating business model that puts an emphasis on the consumer, on consumer education, price sensitivity, and containing costs. Stand alone health systems will be challenged greatly to survive in this new and ever changing environment.

Adding to the pressures in health care are the economic struggles of our own Rockford community. We have growing numbers of uninsured and underinsured. More and more people are coming to our doors for medical care, unable to pay. We will not turn our backs on these people---we will care for them, as we do today. But it is one reason why we need to find ways to provide care differently and pursue cost savings and efficiencies. With increasing pressures on Medicare, our growing aging population may also be at risk.

This locally-governed affiliation will allow OSF Saint Anthony Medical Center and Rockford Health System to invest in the aggregate for this community. What does that mean? Today, we are pursuing many of the same goals, just separately. With razor thin margins, we are all trying

**Rockford Memorial
Hospital**
2400 North Rockton Avenue
Rockford, IL 61103

**Rockford Health
Physicians**
2300 North Rockton Avenue
Rockford, IL 61103

**Van Matre HealthSouth
Rehabilitation Hospital**
950 South Mulford Road
Rockford, IL 61108

**Visiting Nurses
Association**
4223 East State Street
Rockford, IL 61108

**Rockford Memorial
Development Foundation**
2400 North Rockton Avenue
Rockford, IL 61103

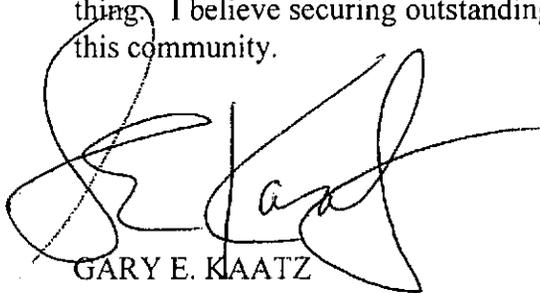
to be leading-edge in quality, patient safety, offering comprehensive medical specialties and offering state-of-the-art technology. Together, by combining our resources, we believe we can take huge steps toward ensuring that the Rockford region has the best, most cost-effective health care available for this community over the long-term. That translates into more stable, long-term employment in health care, as well.

Let's use the example Kevin touched on. Rockford Health System is currently implementing the Epic Electronic Medical Record. By linking our implementation to the same project at OSF Healthcare System, we will save \$4 million alone. That is just one of numerous opportunities. Those are the types of savings that leaders in business and industry are demanding, as they try to manage rising health care costs.

With so much to gain from this affiliation, I want to address concerns that something may be lost. Rockford Health System is incredibly proud of our premier Women's program. We do not believe that becoming part of a Catholic organization will diminish that exceptional program. There will be minimal changes. Both Rockford Health System and OSF are committed to further building this region's finest Women's and Children's programs---just as OSF has the leading programs for women and children in Peoria today.

The idea of combining two of three health care organizations in Rockford is not a new one. In the 1980's and the 90's, all three systems, including SwedishAmerican Health System, pursued similar partnerships with very similar reasoning. While those linkages did not materialize, the reasoning remains sound.

The time has come to act. As health care providers, we have a responsibility to do the right thing. I believe securing outstanding medical care, for generations to come, is the right thing for this community.

A handwritten signature in black ink, appearing to read 'G. Kaatz', written over a faint grid background.

GARY E. KAATZ
President and CEO



MOTHERHOUSE
THE SISTERS OF THE THIRD ORDER OF ST. FRANCIS
(309) 699-7215

1175 St. Francis Lane
East Peoria, Illinois 61611-1299

April 15, 2011

Mr. Dale Galassie
Chairperson
Illinois Health Facilities and Services Review Board
525 W. Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Mr. Galassie:

In my role as Chairperson for OSF Healthcare System I have participated in many board meetings during the past 15 months when we have robustly discussed the proposed affiliation between Rockford Health System and OSF Healthcare System. Our lead executive on this endeavor, Mr. Robert Sehring, who serves as our CEO of Ambulatory Services, has done an excellent job keeping the full Board and our Executive Committee apprised of the progress, issues and concerns that have been raised in preparing for this wonderful opportunity for both RHS and OSF.

One of the concerns raised by the RHS Board was local governance. After considering different models we support the decision to institute a local fiduciary board that will govern local operations of all facilities now operated by both RHS and OSF Saint Anthony Medical Center. Members of that board will come from Rockford and surrounding communities because we believe it is very appropriate that the same people who will utilize the services of this new organization will be the ones making decisions about the best ways to meet the health care needs and expectations of the residents of the Greater Rockford Area.

We have thoroughly studied the affiliation and its impact in the Rockford community. The combination of our resources, talents and technology will provide a more effective mechanism to overcome the tough challenges facing health care in the Rockford community and provide continuing access to high quality health care with outstanding clinical innovations, services, quality, costs and outcomes.

As Chairperson of OSF Healthcare System and Major Superior of The Sisters of the Third Order of St. Francis my most important responsibility, and the one I cherish the most, is seeing that our Mission, "...to serve persons with the greatest care and love..." is fulfilled daily by our Community of Caregivers. For more than 110 years, both of our organizations have worked diligently but independently to be able to provide high quality health care in Rockford. Inviting RHS to join our Community of Caregivers will help us to continue our Mission in Northern Illinois and Southern Wisconsin and will ensure that care will only get better.

Please accept this letter as an indication of my full support of the proposed affiliation of OSF Healthcare System and Rockford Health System.

Sincerely,

Sister Judith Ann Duvall, O.S.F.

Chairperson



MOTHERHOUSE

THE SISTERS OF THE THIRD ORDER OF ST. FRANCIS

(309) 699-7215

1175 St. Francis Lane

East Peoria, Illinois 61611-1299

April 15, 2011

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Chairperson
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Please accept this letter as an indication of my full support of the proposed affiliation of OSF Healthcare System and Rockford Health System.

Sincerely,

Sister Judith Ann Duvall O.S.F.

Sister Judith Ann Duvall, O.S.F.

Chairperson



SAINT ANTHONY MEDICAL CENTER

**David A. Schertz
President/CEO, OSF Saint Anthony Medical Center**

My name is David Schertz. I am the President and CEO of OSF Saint Anthony Medical Center. I have been in that position for more than 15 years.

I am proud to work for an organization that dedicates itself to providing high quality health care to all who seek it, an organization that has devoted its mission of service to the Rockford region for more than 110 years. That mission is ingrained in every OSF employee and has been evidenced in no small part by the people you have heard from today. But as you have also heard that sense of vision and dedication is not exclusive to OSF.

The statements made in support of this affiliation by those representing Rockford Health System show an equally strong sense of purpose to the care and well being of the community we serve. The similarities we discovered as we investigated the benefits of our two organizations coming together made it clear that this affiliation not only makes sense, but is necessary to take health care delivery to a level that the Rockford region needs and deserves.

The previous speakers most eloquently outlined the benefits of this affiliation and I appreciate their willingness to voice their support of the certificate of exemption. In review, we know that bringing OSF and RHS together will allow for a more sustainable health care delivery system of the highest quality that will promote greater patient access to all levels of care. Additionally, we believe physician recruitment will be enhanced allowing for the creation of centers of excellence that will provide our patients the scope of services and clinical innovations they want regionally.

There's also cost savings that will be realized in part by the implementation of the EPIC health information system; the establishment of an independent foundation, and a commitment to capital development in the Rockford Region.

We will rely upon the input and participation of area residents through the creation of a local community Board of Directors – members of which will come from Rockford and the region – to govern how the health care services of the OSF Northern Region will best serve their fellow citizens.

Health care reform, in part, influenced the start of discussions leading us to where we stand today. All health care systems will see dramatic changes in health care regulations and reimbursement in the coming years. While these challenges are overwhelming, a State approved affiliation of OSF Healthcare System and Rockford Health System will provide a platform to better deal with these dramatic changes in a way that will still allow the pursuit of higher quality care and greater access for our residents. The citizens of the Rockford region have been provided more than a century of quality health care by both organizations. This affiliation will allow us to continue that tradition.

They deserve the best physicians, the latest technology and innovation, centers of excellence and a delivery of quality, affordable service unmatched anywhere. The creation of OSF Northern Region can make it reality. And we believe we meet all of the Certificate of Exemption criteria that will allow that reality to come true.

Thank you.

UNIVERSITY OF ILLINOIS
COLLEGE OF MEDICINE
AT ROCKFORD



World Health Organization
Collaborating Center in Educational
Development of Health Professionals
and Health Care Systems

Martin S. Lipsky, MD
Office of the Regional Dean
1601 Parkview Avenue · Rockford, Illinois 61107-1897
Tel: 1.815.395.5600 · Fax: 1.815.395.5887
E-mail: mlipsky@uic.edu

April 12, 2011

I am Dr. Martin Lipsky, a family physician and the regional dean of the University of Illinois College of Medicine at Rockford. Our campus is one of four campuses that make up the University of Illinois College of Medicine. My wife, who is also a family physician, and I have been in Rockford for seven years. As family physicians, we are proud to be in a community with great hospitals and high quality health care systems.

The University has benefited from its long-standing relationships with all three local hospitals: SwedishAmerican Hospital, Rockford Memorial Hospital and OSF Saint Anthony Medical Center. The medical education programs at the College of Medicine are community based. We don't own a hospital or have a large employed faculty, as is customary with most academic health centers. Therefore, we rely heavily on the healthcare organizations in the community, including the hospitals and their medical staff, to help train and educate our students in Rockford. All make significant contributions to our programs and we deeply value the relationships we have built.

In an era where public higher education faces significant budgetary challenges, we need to seek alternative ways of financing and providing education. As such, I am in support of the merger of OSF Saint Anthony Medical Center and Rockford Health System. Both Dave Schertz and Gary Kaatz have indicated that one result of the proposed merger will be their enhanced support of medical education for the College of Medicine and the community. They believe the merger will free up new resources that will allow them to do this. As part of their commitment, they plan to develop new graduate medical education programs and help recruit new faculty physicians to Rockford. This will benefit our medical school training and, I believe, will also help attract and retain physicians in our community. The commitment from the leadership of both hospitals to support existing and develop new programs is a key element to help ensure our long term viability.

Sincerely,

A handwritten signature in cursive script that reads "Martin S. Lipsky".

Martin S. Lipsky, MD
Regional Dean, University of Illinois College of Medicine at Rockford



HEALTHCARE SYSTEM

800 N.E. Glen Oak Avenue, Peoria, Illinois 61603-3200 Phone (309) 655-2850

Robert Sehring
CEO, Ambulatory Services
OSF Healthcare System
800 NE Glen Oak Avenue, Peoria, IL 61603

My name is Bob Sehring. Currently I serve as the CEO of Ambulatory Services for OSF Healthcare System and have been with OSF for more than 9 years. For the past year I have been the lead executive for OSF in this proposed affiliation between Rockford Health System and OSF Healthcare System. As you would expect, I am speaking in favor of the proposed affiliation.

In my role as lead executive for OSF I have had many opportunities to work very closely with the leadership of both Rockford Health System and OSF Saint Anthony Medical Center. What impresses me is the tireless commitment and dedication of the two top executives, Gary Kaatz for RHS and Dave Schertz for OSF Saint Anthony, to ensure this proposed affiliation is developed in the right way – by that I mean in such a way to better meet the needs and expectations of the patients and providers in Rockford and the surrounding area.

The leadership teams for RHS and OSF Saint Anthony have demonstrated that same high level of passion and determination to this effort. All of us involved are pleased to see the efforts of the past year coming together with this proposed affiliation. There is a tremendous amount of excitement in both organizations as they look forward to the opportunity to collaborate.

We have every reason to suspect that combining the skills, talents and resources of these two excellent organizations will result in Rockford becoming a destination for regional health care. We then could attract the best and the brightest physicians and health care professionals and thus create centers of excellence providing outstanding clinical outcomes. Rockford and area residents would have a greater opportunity to receive all of their health care close to home.

Both organizations have worked diligently and independently to be able to provide high quality health care in Rockford. In fact, both have done so for more than a century. This proposed affiliation ensures that care will only get better.

I would also like to submit all the letters of support that were originally submitted with the COE application.

Thank you.

OSF Saint Anthony Medical Center - Rockford, IL
OSF Saint James-John W. Albrcht Medical Center - Pontiac, IL
OSF St. Joseph Medical Center - Bloomington, IL
OSF Saint Francis Medical Center - Peoria, IL
OSF Medical Group

OSF St. Mary Medical Center - Galesburg, IL
OSF Saint Clare Home - Peoria Heights, IL
OSF Holy Family Medical Center - Monmouth, IL
OSF St. Francis Hospital - Escanaba, MI
OSF Home Care

Humana Inc.
550 West Adams Street
7th Floor
Chicago, IL 60661
www.humana.com

HUMANA.
Guidance when you need it most

February 15, 2011

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

Dear Ms. Avery:

I am writing to express our support for the proposed affiliation of OSF Healthcare System and the Rockford Health System. Our organization has a strong relationship with OSF Healthcare System. The affiliation will greatly benefit the people of the City of Rockford, Winnebago County and surrounding areas by providing them with more cost-effective health care services, greater access to integrated primary, secondary and advanced tertiary health care services.

We believe this affiliation makes sense for Northern Illinois, especially in light of impending health care reform. Therefore, I encourage the Review Board to approve the Certificate of Exemption for the change of ownership of Rockford Health System.

Sincerely,



David T. Reynolds
President, Illinois Commercial Market
312.441.5065
312.601.0629
dreynolds@humana.com

Kelley Williamson Company

1132 Harrison Avenue
Rockford, IL 61104
(815) 397-9410
www.kw-oil.com

February 18, 2011

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

Dear Ms. Avery:

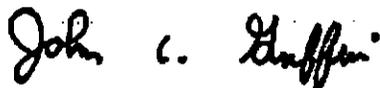
As a lifelong resident of Rockford, IL and President/CEO of the Kelley Williamson Company, I am writing to express my support of the proposed affiliation of the OSF Healthcare System and the Rockford Health System.

The affiliation will greatly benefit the people of the City of Rockford and surrounding region by providing them with more cost effective health care services, greater access to integrated primary, secondary and advanced tertiary healthcare services and will foster a higher quality health care delivery system. This affiliation makes sense for Northern Illinois, especially in light of the struggles of our regional economy.

The Kelley Williamson Company has been in business in Rockford for more than 80 years and we have had a long and productive relationship with both of these institutions. Bearing that in mind, we have witnessed the effects that decreased patient income and skyrocketing medical costs have left on our trio of community hospitals. I wholeheartedly support the unification of OSF St. Anthony and Rockford Memorial hospital and am certain that combining the resources of these two providers will benefit the citizens of this community.

Therefore, I am submitting this letter of recommendation and encourage the Planning Board to approve the Certificate of Exemption for the change of ownership of Rockford Health System.

Sincerely,



John C. Griffin
President & CEO
Kelley Williamson Company

DISTRICT OFFICE:
STATE OF IL BUILDING
200 S. WYMAN, STE. 302
ROCKFORD, IL 61101
815/987-7555
FAX 815/987-7563

E-MAIL: info@senatordavesyverson.com

CAPITOL OFFICE:
M103D STATE HOUSE
SPRINGFIELD, IL 62706
217/782-5413
FAX 217/782-9586



SENATOR DAVE SYVERSON
ILLINOIS SENATE • 34TH DISTRICT
SENATE REPUBLICAN CAUCUS CHAIR

COMMITTEES:
REPUBLICAN SPOKESMAN
PUBLIC HEALTH
HUMAN SERVICES
GAMING

MEMBER:
INSURANCE
APPROPRIATIONS I
ENERGY
COMMISSION ON GOVERNMENT
FORECASTING & ACCOUNTABILITY

February 11, 2011

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

Dear Ms. Avery,

As an Illinois State Senator, I am writing to express my support of the proposed affiliation of OSF Healthcare System and the Rockford Health System. The affiliation will greatly benefit the people of the City of Rockford and surrounding region by providing them with more cost-effective health care services, greater access to integrated primary, secondary and advanced tertiary healthcare services and enable a higher quality health care delivery system. This affiliation makes sense for Northern Illinois, especially in light of the struggles of our local economy.

Therefore, I am submitting this letter of recommendation and encourage the Planning Board to approve the Certificate of Exemption for the change of ownership of Rockford Health System.

Sincerely,

A handwritten signature in black ink that reads "Senator Dave Syverson".

DAVE SYVERSON
State Senator

DS:jg



February 15, 2011

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

Dear Ms. Avery:

I am writing to express our support for the proposed affiliation of OSF Healthcare System and the Rockford Health System. Our organization has a strong relationship with OSF Healthcare System for many years. The affiliation will greatly benefit the people of the City of Rockford, Winnebago County and surrounding areas by providing them with more cost-effective health care services, greater access to integrated primary, secondary and advanced tertiary health care services and enable a higher quality health care delivery system.

We believe this affiliation makes sense for Northern Illinois, especially in light impending health care reform. Therefore, I encourage the Review Board to approve the Certificate of Exemption for the change of ownership of Rockford Health System.

Sincerely,

A handwritten signature in black ink, appearing to read "Jeffrey C. Ingrum", with a long horizontal flourish extending to the right.

Jeffrey C. Ingrum
President and CEO



Edgebrook Court • 1639 North Alpine Road • Rockford, IL 61107-1449
Phone: 815-397-0790 • Fax: 815-397-2790
www.echoh.com

February 25, 2011

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

Dear Ms. Avery:

The Employers' Coalition on Health serves employers in the Rock River Valley with group healthcare purchasing. Our service area is similar to the catchment area for Rockford Health System and OSF-St Anthony Healthcare System. Both of these organizations are valued trading partners.

We have begun a dialogue at the leadership level about the potential benefits to the community and local employers of their proposed affiliation. In general, we are supportive of the concept.

We wish to see the affiliation proposal advance so that we may deepen our dialogue with the two health systems regarding the strategic benefit to the employers and the community as a whole. There are many unaddressed opportunities at this point. We are told that they need to move forward in the process before we can begin those earnest discussions.

The goals of higher efficiency, enhanced quality, and greater access to primary, secondary and tertiary care are worthy. We intend work with the health systems to translate those goals into measurable benefits and meaningful metrics in order to be accountable to the community for progress.

Please feel free to contact me if you wish any additional information regarding our support for the proposed change in ownership of the Rockford Health System.

Sincerely,

Paul W. Brand, Executive Director



900 N. Second Street • Rochelle, IL 61068
Ph. (815) 562-2181 • Fax. (815) 561-3120

February 9, 2011

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

Dear Ms. Avery:

As CEO of Rochelle Community Hospital, I am writing to express my support of the proposed affiliation of OSF Healthcare System and the Rockford Health System. The affiliation will greatly benefit the people of the City of Rockford and surrounding region by providing them with more cost effective health care services, greater access to integrated primary, secondary and advanced tertiary healthcare services and enable a higher quality health care delivery system. This affiliation makes sense for Northern Illinois, especially in light of the struggles of our regional economy.

Rochelle Community Hospital has had a long and productive relationship with both of these institutions. Therefore, I am submitting this letter of recommendation and encourage the Planning Board to approve the Certificate of Exemption for the change of ownership of Rockford Health System.

Sincerely,

Bruce D Peterson FACHE
President and Chief Executive Officer
Rochelle Community Hospital



February 11, 2011

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

Dear Ms. Avery:

As President and CEO of the Rockford Chamber of Commerce, I am writing to express my full support of the proposed affiliation of OSF Healthcare System and the Rockford Health System. The affiliation will greatly benefit the people of the City of Rockford, Winnebago County and surrounding areas by providing them with cost-effective health care services, greater access to integrated primary, secondary and advanced tertiary healthcare services and enable a higher quality health care delivery system. This affiliation makes sense for Northern Illinois, especially in light of the struggles of our local economy and impending health care reform.

Therefore, I respectfully request that this proposed affiliation receive the utmost favorable consideration. Thank you very much for considering my letter of support.

Sincerely,

A handwritten signature in black ink, appearing to read "Einar Forsman", written in a cursive style.

Einar Forsman
President/CEO

100
YEARS
STRONG



February 9, 2011

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

Dear Ms. Avery:

As President/CEO of Katherine Shaw Bethea (KSB) Hospital, I am writing to express my support of the proposed affiliation of OSF Healthcare System and the Rockford Health System. The affiliation will greatly benefit the people of the City of Rockford and surrounding region by providing them with more cost effective health care services, greater access to integrated primary, secondary and advanced tertiary healthcare services and enable a higher quality health care delivery system. This affiliation makes sense for Northern Illinois, especially in light of the struggles of our regional economy.

KSB Hospital has had a long and productive relationship with both of these institutions. Therefore, I am submitting this letter of recommendation and encourage the Planning Board to approve the Certificate of Exemption for the change of ownership of Rockford Health System.

Sincerely,

Darryl L. Vandervort
President/CEO

DLV:mc



One Kish Hospital Drive • P.O. Box 707 • DeKalb, IL 60115
815.756.1521 • Fax: 815.756.7665 • www.kishhealth.org

February 15, 2011

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

Dear Ms. Avery:

As President and Chief Executive Officer of the KishHealth System in DeKalb, I am writing to express my support of the proposed affiliation between the OSF Healthcare System and the Rockford Health System. The affiliation should benefit those served in the region by building upon the collective strengths of the two organizations, creating a more efficient and cost effective delivery system and improving access to an integrated network of providers, services and programs. Given the challenges and uncertainty facing our industry, this affiliation makes sense for Northern Illinois, even more so in light of the economic environment of the region.

Our organization has had a long and productive working relationship with both of these fine institutions. Therefore, on behalf of KishHealth System I am offering our support and would respectfully encourage the Planning Board to approve the Certificate of Exemption for the change of ownership of Rockford Health System.

Sincerely,

A handwritten signature in cursive script that reads "Kevin Poorten".

Kevin Poorten, FACHE
President & CEO



100 E. LeFevre Road
Sterling, IL 61081-1279
(815) 625-0400
Fax: (815) 625-4825
Website: www.cghmc.com

14 February 2011

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

Dear Ms. Avery:

As President & CEO of CGH Medical Center, I am writing to express my support of the proposed affiliation of OSF Healthcare System and the Rockford Health System. The affiliation will greatly benefit the people of the City of Rockford and surrounding region by providing them with more cost effective health care services, greater access to integrated primary, secondary and advanced tertiary healthcare services and enable a higher quality health care delivery system. This affiliation makes sense for Northern Illinois, especially in light of the struggles of our regional economy.

CGH Medical Center has had a long and productive relationship with both of these institutions. Therefore, I am submitting this letter of recommendation and encourage the Planning Board to approve the Certificate of Exemption for the change of ownership of Rockford Health System.

Sincerely,

Edward A. Andersen
President & CEO



Scott H. Christiansen
County Board Chairman

County of Winnebago

February 9, 2011

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

Dear Ms. Avery:

As Chairman of the Winnebago County Board, I am writing to express my support of the proposed affiliation of OSF Healthcare System and the Rockford Health System. The affiliation will greatly benefit the people and community of Winnebago County and the surrounding region by providing them with more cost-effective health care services, greater access to integrated primary, secondary and advanced tertiary healthcare services and enable a higher quality health care delivery system. This affiliation makes sense for Northern Illinois, especially in light of the struggles of our local economy.

Therefore, I am submitting this letter of recommendation and encourage the Planning Board to approve the Certificate of Exemption for the change of ownership of Rockford Health System.

Sincerely,

Scott H. Christiansen, Chairman
Winnebago County Board

ADMINISTRATION

FEB 14 2011

St. Anthony Med. Cntr.



STATE CAPITOL
HOUSE POST OFFICE
SPRINGFIELD, ILLINOIS 62706

STATE OF ILLINOIS
97TH GENERAL ASSEMBLY
HOUSE OF REPRESENTATIVES

JOE SOSNOWSKI
STATE REPRESENTATIVE
69TH DISTRICT

February 10, 2011

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

Dear Ms. Avery,

As an elected official, I am writing to express my support of the proposed affiliation of OSF Healthcare System and the Rockford Health System. The affiliation will greatly benefit the people of Boone County and surrounding region by providing them with more cost-effective health care services, greater access to integrated primary, secondary and advanced tertiary healthcare services and enable a higher quality health care delivery system. This affiliation makes sense for Northern Illinois, especially in light of the struggles of our local economy.

Therefore, I am submitting this letter of recommendation and encourage the Planning Board to approve the Certificate of Exemption for the change of ownership of Rockford Health System.

Sincerely,

A handwritten signature in black ink, appearing to read "Joe Sosnowski", with a horizontal line extending to the right and a small flourish at the end.

Joe Sosnowski
State Representative
69th District



Operated by Beloit Memorial Hospital

1969 West Hart Road • Beloit, Wisconsin 53511-2230 • (608) 364-5011
www.BeloitHealthSystem.org

Physician Clinics

Beloit Clinic
1905 E. Huebbe Pkwy.
Beloit, WI 53511-1842
608-364-2200

Clinton Clinic
307 Ogden Ave.
Clinton, WI 53525-9007
608-676-2206

Darien Clinic
300 N. Walworth St.
Darien, WI 53114-1534
262-882-1151

Family Health Clinic
1904 E. Huebbe Pkwy.
Beloit, WI 53511-1843
608-365-7767

Janesville Clinic
1321 Creston Park
Janesville, WI 53545-1126
608-757-1217

NorthPointe Clinic
5605 E. Rockton Rd.
Roscoe, IL 61073-7601
815-525-4500

South Beloit Clinic
1701 Blackhawk Blvd.
South Beloit, IL 61080-2407
815-389-2268

West Side Clinic
1735 Madison Rd.
Beloit, WI 53511-3216
608-363-7510

February 16, 2011

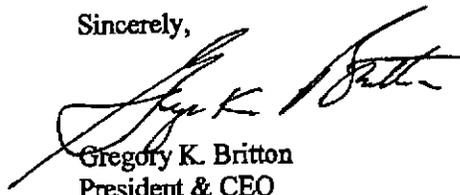
Ms. Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson Street, Second Floor
Springfield, IL 62761

Dear Ms. Avery:

As President and CEO of Beloit Health System, I am writing to express my support of the proposed affiliation of OSF Healthcare System and the Rockford Health System. The affiliation will benefit the people of the City of Rockford and surrounding region by providing them with more cost effective health care services, greater access to integrated primary, secondary, and advanced tertiary healthcare services, and enable a higher quality health care delivery system.

Beloit Health System has had a productive relationship with both of these institutions. Therefore, I am submitting this letter of recommendation and encourage the Planning Board to approve the Certificate of Exemption for the change of ownership of Rockford Health System.

Sincerely,



Gregory K. Britton
President & CEO

GKB:lg

April 15, 2011

Good Morning. My name is Henry Seybold Jr. and I have been the Senior Vice President and Chief Financial Officer for Rockford Health System for the past 5 years.

Healthcare is changing on a daily basis. Healthcare entities are being challenged to continue to improve the quality of care and improve outcomes while faced with lower reimbursement from those that do pay and increases in the number of patients who cannot afford to pay for their services.

Rockford Health System has always been aware of its responsibilities to the community. In 2010, Rockford Health System provided over \$56 million in costs for Charity, Uncompensated Care and Other Community Benefits. Of that amount \$9.4 million is expenses related to charity care provided by Rockford Memorial Hospital, 3.3% of total Hospital expenses. Our Charity Care policy has always recognized the need to provide healthcare to those that cannot afford to pay for services. Our current Charity Care policy incorporates and in many cases exceeds the requirements of the Illinois Hospital Uninsured Patient Discount Act (HUPDA). Additionally, Rockford Health System also provides a Catastrophic Charity Care policy, an uninsured patient discount and a prompt pay discount. This commitment will not change if this affiliation is approved.

Rockford Health System recognizes that we also need to do more with less. In the last four years, the annual expense increases at Rockford Health System have been less than 1.00%. From 2009 to 2010, expenses actually decreased! We continue to invest in the community by employing over 3,000 staff and physicians. Whenever possible, our preference is to use resources within the community.

The proposed affiliation with OSF Healthcare will allow the consolidated organization to continue to pursue quality care and improved outcomes at lower costs. The affiliation will allow us to pursue efficiencies that will be necessary in the near future - such as having one annual audit, to increased discounts for volume purchases, to the elimination of duplicative capital purchases.

Both organizations also expect efficiencies to be recognized from the combination of some clinical and support services. Of course, all regulatory approvals would have to be received before any plans are pursued.

The affiliation also will allow continued capital investment in the Rockford region. OSF Healthcare has committed to provide at least \$35 million per fiscal year for routine capital needs in the Rockford region. In addition, OSF will fund the required capital needed to purchase and install the enterprise-wide, integrated EPIC Electronic Medical Record and other systems. Finally, in the first year after closing, RHS and OSF will develop a Master Strategic Plan for the OSF Northern Region. This plan will focus on strategic programs, services and capital projects.

The proposed affiliation of these two organizations comes at a crucial time for healthcare and the Rockford community. I believe the affiliation of Rockford Health System and OSF Healthcare will improve the long term access to quality healthcare for the Rockford Community.

Thank you,

Henry M. Seybold, Jr.
Senior Vice President and
Chief Financial Officer



OSF[®]

SAINT ANTHONY MEDICAL CENTER

Eric H. Benink, MD
Vice President/Chief Medical Officer
OSF Saint Anthony Medical Center

Good morning, my name is Eric Benink and I am the Vice President and Chief Medical Officer at OSF Saint Anthony Medical Center. I have served in my present position for the last five years and have been at Saint Anthony since 2000. Prior to coming here to Rockford, I spent 7 years as an assistant professor of Surgery at OSF Saint Francis Medical Center in Peoria, Illinois. I am speaking in support of the proposed affiliation of OSF Healthcare System and Rockford Health System.

I have been a physician for over twenty years and the practice of medicine has changed dramatically over that time period so I know that change is inevitable. New, bright minds enter the industry each and every year and bring with them the latest approaches and innovations to treatment, diagnosis and the overall care of our patients. This is what makes health care a dynamic and evolving force that impacts your life and mine. It also requires that medical centers and healthcare systems maintain the vigilance to work hard and find the best talent available to continually improve the quality of care those we serve come to expect and deserve.

The affiliation of OSF Healthcare System and Rockford Health System provides the region a unique opportunity to bring to Rockford that talent and make us the health care destination our community truly believes we can be.

The affiliation, for example, would provide for the cooperation and collaboration of two medical centers in attracting and recruiting specialists that have been lacking in our region. This would allow for our patient populations to be served locally in specialties such as gynecological oncology, neurointerventional radiology, and medical and surgical intensive care just to name a few.

Further, combining the organizations will create centers of excellence and opportunities to develop graduate medical education that will benefit the University Of Illinois College Of Medicine – Rockford and attract physicians seeking academic affiliations. Peoria has thrived with the downstate medical center; we want Rockford to thrive with the northern region medical center.

Talented physicians drive quality health care and a level of service delivery that our industry has always demanded. Economic conditions and health care reform has raised the bar once again and challenges us to meet our patient's expectations. This affiliation provides the direction to those challenges for a growing region that appreciates the history of care many generations have already received. Now they want us to take it to the next level and demonstrate effectively and efficiently that we're ready to maintain that highest level of care for more generations to come.

**eliminating racism
empowering women**
ywca

Kris L. Kieper
CEO
YWCA of Rockford

My name is Kris Kieper and I am the CEO of the YWCA of Rockford and I also serve on the OSF Saint Anthony Women's Health Advisory Board. I am speaking in support of the affiliation of OSF Healthcare System and Rockford Health System.

In both of these capacities I have been approached and contacted by people regarding the impact the affiliation will have on women's reproductive rights. These concerns and my position provided me the opportunity to seek greater clarity on this issue from leaders within OSF, particularly Joseph Piccione their Corporate Ethicist. He explained how OSF abides by the Ethical and Religious Directives for Catholic Health Care Services and its impact on reproductive rights.

It provided me an appreciation for the integrity of care and consistency that the Franciscan Sisters demand in their health care system. That when forming their primary care physicians group and at the insistence of doctors interested in joining, OSF addressed women's reproductive rights and developed what is called the Limited Private Practice, or LPP.

The LPP provides doctors the ability to prescribe contraceptives to their female patients in their own professional capacity, as an independent physician – a practice that would be made available to RHS doctors joining OSF through the affiliation.

As for OB/GYNs wanting to perform sterilization procedures, they, too, will be provided the option of the LLP for prescriptive purposes, but further, they will require a separate practice site to perform procedures like tubal ligations or vasectomies. And as in the case of the LLP, the OB/GYNs would make their own contribution to their malpractice insurance to cover the independent nature of this subset of their practice.

During my research I was also made aware that RHS and OSF currently share the same policy concerning the care of women who have been raped or sexually assaulted. Both provide immediate and heavy doses of contraceptives to prevent a pregnancy from taking and both provide counseling and services to assist the woman through her horrible ordeal. Each organization believes they have a responsibility to women who have been victims of sexual violence.

In conclusion, this affiliation makes sense. And after becoming even more educated about the delivery of women's reproductive health services, I don't agree with the concern of some that my reproductive rights are or will be limited by this partnership.

Thank you.

YWCA of Rockford ■ 4990 East State Street ■ Rockford, IL 61108
(815) 968-9681 ■ Fax (815) 968-9858
Email: info@ywca-rockford.org ■ www.ywca.org/rockford

Funding provided in whole or in part by the Illinois Department of Human Services



April 15, 2011

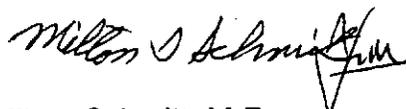
RE: OSF/RHS Affiliation

My name is Dr. Milton Schmitt. I am the Chief Medical Officer for Rockford Health System. I am speaking in support of the affiliation. I have a long history at Rockford Memorial Hospital, some 37 years--- both as a practicing gastroenterologist and in my current leadership role. I actually interned at RMH in 1966.

Throughout these months of discussions toward a final affiliation, among others, there have been two things that have been very important to me. First, as a leader and as a resident of the Westside of Rockford, I am pleased that OSF Healthcare System has made a commitment to continue to operate Rockford Memorial Hospital and provide high quality, accessible medical care to those patients and families who depend upon our Rockton Avenue campus today and into the future. I am extremely proud of the comprehensive array of programs and specialists that Rockford Health System has built and I am confident that that it will only be strengthened by this affiliation.

Second, I foresee continued positive relationships with both employed, independent and contracted physicians, as well as with the University of Illinois College of Medicine. Rockford Memorial Hospital has recognized that to be successful in providing the highest quality care, we must collaborate with our physicians and with the College of Medicine to ensure that we can grow and expand our services well into the future. The vision for this affiliation reflects that same commitment and ensures that all Rockford residents will get the comprehensive medical care they need, close to home, for many years to come.

Thank you,



Milton Schmitt, M.D.
Chief Medical Officer
Rockford Health System



SAINT ANTHONY MEDICAL CENTER

Dave Stenerson
Vice President/Chief Financial Officer
OSF Saint Anthony Medical Center

My name is Dave Stenerson. I am Vice President and Chief Financial Officer at OSF Saint Anthony Medical Center. I have served in my present position for nearly five years and I feel very blessed to be working for The Sisters of the Third Order of St. Francis. I am speaking in support of the proposed affiliation of OSF Healthcare System and Rockford Health System.

Being a CFO of course I'm very interested in the costs associated with such a major undertaking. Through this proposed partnership we will better be able to provide residents of Rockford and the surrounding area with the high level of compassionate and skilled care all of us want for our families, our friends and our selves.

Both organizations' Missions speak to our commitment to provide care to everyone regardless of their ability to pay. To demonstrate, in the year ending September 30, 2010, Saint Anthony Medical Center provided over \$54 million in costs for Charity, Uncompensated Care and Other Community benefits. Of that amount, over \$8.2 million was for expenses related to charity care provided by OSF in the Rockford region or 2.5% of operating expenses. We will take this as a major responsibility going forward as evidenced by both of our organizations continuing to provide millions of dollars in charity care each year and serving high numbers of beneficiaries of the Medicaid and Medicare programs.

Being in Rockford these past several years it has been easy to observe that there are many services that are duplicated and even "triplicated." Unlike in other industries, competition within the healthcare industry doesn't necessarily drive down costs. As three competing hospitals in Rockford we need to keep pace with each other by having the newest technology to accommodate the demands of our physicians and their patients; however, oftentimes the number of patients spread across three competitors doesn't enable us to garner a reasonable return on our investments which increases healthcare costs to our area employers and payors. Our proposed affiliation can start addressing this unnecessary duplication and triplication.

Thank you.

HINSHAW

& CULBERTSON LLP

April 15, 2011

Mr. Dale Galassie
Chairperson
Illinois Health Facilities and Services Review Board
525 W. Jefferson Street, 2nd Floor
Springfield, IL 62761

ATTORNEYS AT LAW

100 Park Avenue
P.O. Box 1389
Rockford, IL 61105-1389

815-490-4900
815-490-4901 (fax)
www.hinshawlaw.com

Re: April 15, 2011 RHS/OSF Affiliation Public Hearing

Dear Mr. Galassie:

My name is Pamela S. Fox. I am an attorney with the firm of Hinshaw & Culbertson LLP. I have been involved in the governance of Rockford Health System and its entities since 1994. I have been a member of the Rockford Health System Board of Directors for the past 15 years and also served as its Chair. I am here today to speak in favor of the proposed affiliation between Rockford Health System and OSF Healthcare System.

I am a member of the RHS negotiating team for this affiliation. Over the past many months, these discussions have centered on the potential benefits for our patients, our community and the long-term viability of our organization. The Board unanimously determined that we should move forward together with OSF Healthcare System, to meet our goals.

Also as a member of the Board of Directors for the Rockford Economic Development Council and as someone who has been involved in economic development activities in this community for many years, I want to reinforce how important this proposed affiliation will be to Rockford. If we can truly differentiate ourselves in the health care arena, we will be able to attract patients and families from throughout the region and beyond. That is a boost that Rockford and the region needs right now. Exceptional health care is an important sign of a healthy community.

Our population is no longer growing significantly. Do three health care systems make sense any longer? As stewards of health care services in this community, the leaders of Rockford Health System and OSF Healthcare System want to do what is right for our patients and for all residents in the Rock River Valley. After long and careful thought, we have determined that this proposed affiliation is the right thing to do.

Thank you.

Sincerely,



Pamela S. Fox
815-490-4913
pfox@hinshawlaw.com

70674931v1



ROCKFORD HEALTH
Medical Laboratories

ROCKFORD MEMORIAL HOSPITAL

2400 North Rockton Ave.
Rockford, IL 61103
(815) 971-LABS (5227)
Fax (815) 971-9804

PUBLIC HEARING / CITY OF ROCKFORD

April 15, 2011

My name is **Dr. Connie Vitali**. I am a member of the Rockford Health System Board of Directors, Chairman of the Department of Pathology and Laboratory Medicine and Past President of the RHS Medical Staff. I have practiced medicine in Rockford for almost 16 years. I am speaking in favor of the proposed affiliation.

There are so many reasons I believe this affiliation makes sense for the Rockford region and our patients. You have heard others speak about the potential for enhanced clinical quality, programming and efficiencies. These are all incredibly important to the future of health care here.

What is *also* extremely important to the future of health care in Rockford is the ability to recruit and retain exceptional physicians in all specialties. So, in these brief comments, I would like to present a perspective from my role as a Clinical Associate Professor of Pathology at the University of Illinois College of Medicine at Rockford.

I am very hopeful that this affiliation will have a huge beneficial impact on the advancement of medical education in our community. The vision to broaden the depth of clinical services here, coupled with a commitment to strengthen relationships with the College of Medicine is very exciting to me. An enhanced faculty and more diverse residency programs will mean that Rockford can train and ultimately retain talented young doctors. As was the case for me, a strong medical education program also serves to attract new physicians and other providers who are interested in teaching and developing our medical students and young physicians.

If you look around the Rockford region today, you will find many excellent physicians who have deep roots in this community and who were educated at the University of Illinois College of Medicine at Rockford. We need to recruit more of them in the future. For me, this affiliation represents the chance to further "seed" the Rockford region with highly-trained physicians, who value our community and want to stay here for the long-term. As our population ages, along with our physicians---the need will never be greater than in the years to come.

Thank you,

Connie Vitali, MD

Connie Vitali, M.D.

Rockford Health System Board Member

Chair, Rockford Health System's Department of Pathology and Laboratory Medicine

Clinical Associate Professor of Pathology, University of Illinois College of Medicine at Rockford



Ann Thompson-Kelley
Alderman
Seventh Ward

Ann Thompson-Kelley

My name is Ann Thompson-Kelley. I am an alderman in the City of Rockford, representing the 7th ward. I am here today to speak in favor of the proposed affiliation between Rockford Health System and OSF Healthcare System.

I support the affiliation and appreciate the commitment of both local organizations, Rockford Health System and OSF Saint Anthony's Medical Center, to move ahead with a partnership that I believe is in the best interest of this community. The vision outlined for the OSF Northern Region, is one that I think will greatly benefit patients and their families.

I find it very refreshing to see health care leaders who are willing to move past the status quo and significantly improve health care services in the region. I look forward to working with the new organization to help make it successful into the future.

Thank you

A handwritten signature in black ink that reads "Ann Thompson-Kelley". The signature is written in a cursive, flowing style.

April 15, 2011

CITY OF ROCKFORD PUBLIC HEARING
OSF/RHS Affiliation

My name is Sue Schreier. I am the Chief Nurse Executive at Rockford Health System. For the last 29 years, I have been either a practicing nurse or in a nursing leadership role in both hospital and home health care in the Rockford region. I am speaking in favor of the proposed affiliation between Rockford Health System and OSF Healthcare System.

I believe this partnership represents the chance to establish a higher standard of clinical quality across what would become the OSF Northern Region. When it comes to our patients and nursing practice, in particular, Rockford Health System and OSF Saint Anthony Medical Center share similar goals. Both organizations are on a continuous quest for improvement in clinical outcomes. Both organizations are focusing on empowering interdisciplinary, frontline clinicians to work together to improve the safety and quality of the patient care we provide today. Both organizations are utilizing performance improvement tools, such as Lean, to streamline processes and focus on bettering communication and coordination of care. And both organizations understand that going forward, we will need to partner with our patients to improve outcomes for chronic illnesses.

Whether it is the impressive achievement of Magnet Status for Nursing, attained by OSF Saint Anthony Medical Center or Rockford Memorial Hospital's recognition by HealthGrades as being among the top 5% of hospitals in the nation for patient safety outcomes, four of the past five years----we can learn from each other and share best practices once the affiliation is complete. Together we can diligently work on continuous quality improvement to meet the growing health needs of our patients in this community.

I firmly believe that patients and families will benefit from the vision for quality this affiliation represents.

Thank you.

Sue Schreier
Vice President, Nursing Services & CNE
Rockford Health System



HEALTHCARE SYSTEM

800 N.E. Appleton Ave, Peoria, Illinois 61603-3200 Phone (309) 655-2850

Mr. Dale Galassie
Chairperson
Illinois Health Facilities and Services Review Board
525 W. Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Mr. Galassie:

Thank you for this opportunity to provide testimony in support of the proposed affiliation between Rockford Health System and OSF Healthcare System. For almost 30 years I have worked for The Sisters of the Third Order of St. Francis serving as the CFO for OSF St. Mary Medical Center in Galesburg and OSF Saint Francis Medical Center in Peoria before assuming my current position of CFO for OSF Healthcare System.

Respectfully, I urge the Planning Board's approval of our Certificate of Exemption application for these very compelling reasons:

- By becoming a destination for regional health care, Rockford can attract the best and the brightest physicians and health care professionals and thus create centers of excellence providing outstanding clinical innovations, services, quality, costs and outcomes. Rather than patients leaving the area they would stay and patients from the outlying areas would eventually start coming to Rockford for their healthcare needs.
- By combining our talents, resources, technology and facilities, we will be able to more effectively tackle the tough challenges posed by health care reform and the struggling local economy, by reducing costs and improving efficiency.
- Unlike in other industries, competition doesn't necessarily drive down costs. As three competing hospitals in Rockford we need to keep pace with each other by having the newest technology to accommodate our physicians and their patients; however, oftentimes the number of patients spread across three competitors doesn't enable us to garner a reasonable return on our investments which increases healthcare costs to our area employers and payors. Our proposed affiliation can start addressing this unnecessary duplication and triplication.
- In significantly enhancing our care delivery system, we believe that this affiliation is in the best interest of the Greater Rockford Area, all of their patients and the long-term viability of both Rockford Health System and OSF Saint Anthony Medical Center.

Both of our organizations have worked diligently to be able to provide high quality health care in Rockford and have done so for more than a century. This proposed affiliation ensures that care will only get better.

Sincerely,

Dan Baker

Senior Vice President, CFO

OSF Saint Anthony Medical Center - Rockford, IL
OSF Saint James-John W. Albrecht Medical Center - Pontiac, IL
OSF St. Joseph Medical Center - Bloomington, IL
OSF Saint Francis Medical Center - Peoria, IL
OSF Medical Group

OSF St. Mary Medical Center - Galesburg, IL
OSF Saint Clare Home - Peoria Heights, IL
OSF Holy Family Medical Center - Monmuth, IL
OSF St. Francis Hospital - Escanaba, MI
OSF Home Care



April 15, 2011

Public Hearing re: OSF-RHS Affiliation

Good morning. My name is Dr. John Dorsey. I am a member of the Rockford Health System Board of Directors. I am employed by the system's medical group as an internal medicine physician and serve as its Director of Adult Primary Care Services. I have been practicing medicine in the community since 1984. I am here to speak in favor of this affiliation.

Over the past several years, I have been very actively involved in the quality and performance improvement efforts at Rockford Health System. As a result, I have become even more passionate about ensuring that the patient is at the center of all that we do. From my perspective as a physician, I believe that the patient is truly at the center of this affiliation. What does this affiliation actually mean to the patients I see in my internal medicine practice each day?

If we are successful in creating the OSF Northern Region, I believe that our patients will have increased access to the highest level and array of specialty care possible, in Rockford, close to their homes. I believe we will be more successful in recruiting top notch physicians and specialists to diagnose and provide state-of-the-art treatment, in state-of-the-art facilities, using state-of-the-art technology. Ultimately, for that reason, I believe we will have the best possible clinical outcomes for patients. I also believe that our patients' health care dollars will be most wisely spent. These are the potential benefits of this proposed affiliation for those we care for each day.

Change is very difficult. In health care today and in Rockford today---change is here and inevitable. In our deliberations that led to the proposed affiliation, it has become very obvious to all of us in leadership that this affiliation is the change we need to move forward most effectively on behalf of our patients and their families.

Thank you.

John Dorsey, M.D.
Rockford Health System Board of Directors
Director, Adult Primary Care Services, Rockford Health Physicians
Employed Internal Medicine Physician, Rockford Health Physicians

Rockford Memorial Hospital
2400 N. Rockton Ave.
Rockford, IL 61103
(815) 971-5000

North Rockton Avenue
2300 N. Rockton Ave.
Rockford, IL 61103
(815) 971-2000

Alpine
7702 N. Alpine Rd.
Loves Park, IL 61111
(815) 971-2000

Mulford
5970 Churchview Dr.
Rockford, IL 61107
(815) 971-2000

Perryville
3401 N. Perryville Rd.
Rockford, IL 61114
(815) 971-2000

Rockford Medical Building
2350 N. Rockton Ave.
Rockford, IL 61103
(815) 971-2000

Roscoe
5000 Prairie Rose Dr.
Roscoe, IL 61073
(815) 971-2000

Winnebago
102 Landmark Dr.
Winnebago, IL 61088
(815) 971-2000



April 15, 2011

Public Hearing
OSF-RHS Affiliation

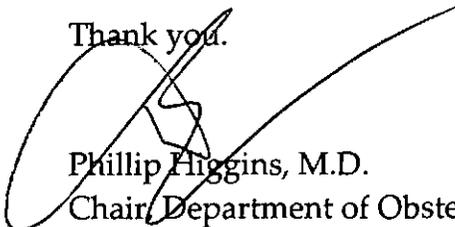
My name is Doctor Phillip Higgins. I am currently the Chair of the Department of Obstetrics and Gynecology and Medical Director of Women's Services at Rockford Health System. I am employed by Rockford Health System. I am speaking in favor of the proposed affiliation between OSF Healthcare System and Rockford Health System.

I have been practicing medicine at Rockford Health System for the past eleven years. In my leadership role in the Department of Obstetrics and Gynecology, I was intimately involved in the due diligence leading to this proposed affiliation and am in a unique position to assess its impact on women's health services at Rockford Health System. I view the proposed affiliation as a strong positive.

Our physicians, leaders and staff wanted to ensure that this affiliation will allow us to continue to provide the best health care services we can for women in the Rockford region.

We concluded that this affiliation will actually strengthen our women's health services and position us well for continued growth and exceptional outcomes. This conclusion is not inconsistent with Rockford Memorial Hospital joining a Catholic healthcare system. At the end of our considerable discussions on this issue, I reflected on a simple question. Do I believe that because OSF Healthcare System is a Catholic organization its leadership, physicians and staff are any less committed to the health and well-being of the patients we serve? I am confident that the answer is a resounding no. We share a common commitment and vision that will help guide and support our efforts to improve the level and quality of services we offer in the Rockford community.

Thank you.



Phillip Higgins, M.D.

Chair, Department of Obstetrics and Gynecology

Medical Director, Women's Services, Rockford Health System

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102 Landmark Dr.
Winnebago, IL 61088
(815) 971-2000

Eleanor F. Doar

Hello.

My name is Eleanor Doar. I have been a member of the Rockford Health System Board of Directors since August 2005. I am here to speak in FAVOR of the proposed affiliation between Rockford Health System and OSF Healthcare System.

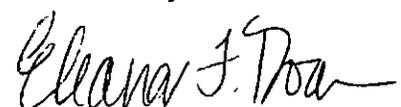
I have lived, worked and raised three children in Rockford over the past twenty-one years. For me, the future of healthcare in this community is not only a professional issue, as a Rockford Health System board member, but also a personal issue.

Over the past year and a half, the Rockford Health System Board of Directors has diligently studied this affiliation and its impact on the Rockford region. Our decision to pursue this partnership was not a quick or an easy one. What we found so clearly during the due diligence process is that if we combine our talents, resources, technology and facilities, we will be able to more effectively tackle the tough challenges facing health care and the Rock River Valley.

Health care and this community are changing rapidly. We must respond effectively. This affiliation represents best thought on how we can move forward and preserve the highest level of medical care in our community. What is the right thing to do for our patients and their families? We believe without a doubt that this partnership is the right thing to do.

And, as a member of the Rockford Health System Board of Directors, I am extremely pleased that the leadership of OSF Healthcare System has agreed to local governance. It ensures that the very same people who use the services of this new organization will be the ones overseeing its future.

Thank you.

A handwritten signature in black ink that reads "Eleanor F. Doar". The signature is written in a cursive style with a long horizontal flourish at the end.

Bharat Puri
Director of Finance and Commercial Development
First Rockford Group
Rockford, Illinois

My name is Bharat Puri and I am the Director of Finance and Commercial Development for a real estate and development corporation in Rockford, Illinois. I am also a member of the OSF Saint Anthony Foundation Council. I am here to speak in favor of the proposed affiliation between OSF Healthcare Foundation and Rockford Health Foundation.

I enthusiastically support any venture that will benefit the area's growth, prosperity and livability. I believe all of that and more can be found in the proposal to create the OSF Northern Region.

Aside from the prospects of taking health care, its delivery and scope, to the next level in our community, the joining of these organizations means the opportunity to expand and offer new specializations that will encourage people in our region to invest their health care dollars here, rather than spending it outside our community. Furthermore, the specialization (not duplication of services) would reach out to a wider geographic area.

The development of these centers of excellence will make Rockford a destination for health care. I encourage you to allow the affiliation of OSF Healthcare System and Rockford Health Systems.

Thank you.



Lawrence J. Morrissey
Mayor
Office of the Mayor

February 8, 2011

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

Dear Ms. Avery:

As mayor of the City of Rockford, I am writing to express my full support of the proposed affiliation of OSF Healthcare System and the Rockford Health System.

This affiliation will greatly benefit the people of the City of Rockford, Winnebago County and surrounding areas by providing them with cost-effective health care services, greater access to integrated primary, secondary and advanced tertiary healthcare services and enable a higher quality health care delivery system.

Therefore, I am offering this letter of recommendation and encourage the Planning Board to approve the Certificate of Exemption for the change of ownership of Rockford Health System.

Very truly yours,

A handwritten signature in black ink, appearing to read "Lawrence J. Morrissey". The signature is stylized and cursive.

Lawrence J. Morrissey
Mayor
City of Rockford

LJM/ss



ROCKFORD MEMORIAL
Development Foundation

ROCKFORD HEALTH SYSTEM

**INGERSOLL BUILDING
2400 NORTH ROCKTON AVENUE
ROCKFORD, IL 61103
(815) 971-4141**

April 15, 2011

RE: OSF-RHS Affiliation - Public Hearing

My name is Walt Boothe. I am a banker and have been a community member of the Rockford Memorial Development Foundation Board of Directors since 1995. I have been a hospital volunteer since 1973. I was also the first Chairman of the Rockford Health System Ambassadors Program—which seeks to enhance local professionals' understanding of health care in our community. I am speaking in favor of the proposed affiliation between Rockford Health System and OSF Healthcare System.

I have a long history with Rockford Health System. That's why it has been extremely important to me that I clearly understand the goals of this affiliation. During the due diligence process, the Foundation Board of Directors was kept well-informed. Based upon that knowledge, I am convinced today that both Rockford Health System and OSF are committed to significantly enhancing medical care for all of us in the greater Rockford area. This affiliation also makes sense for Northern Illinois, especially in light of the struggles of our local economy.

I am also confident, that in joining the philanthropic missions of both the Rockford Memorial Development Foundation and the OSF Healthcare Foundation, we will preserve local governance and stewardship of charitable gifts. Past and future dollars raised here will stay here, and all gifts will be used for their intended purposes.

I am very optimistic that the vision for the OSF Northern Region will be realized in the days ahead.

Thank you.

Walt Boothe

Rockford Memorial Development Foundation Board of Directors



ROCKFORD CARDIOVASCULAR ASSOCIATES

A Part of OSF HealthCare

April 15, 2011

Mark Hiser, MD, FACC
Rockford Cardiovascular Associates
444 Roxbury Road, Rockford, IL 61107

My name is Doctor Mark Hiser. I am board certified in internal medicine as well as cardiovascular diseases and I am licensed to practice medicine in Illinois. I have admitting privileges at OSF Saint Anthony Medical Center, Rockford Memorial Hospital, SwedishAmerican Hospital, Kishwaukee Community Hospital and Rochelle Community Hospital. Additionally, I serve as the Chief Medical Officer for Rockford Cardiovascular Associates having started with RCA nearly 30 years ago in August of 1981.

Thank you for this opportunity to speak in support of the proposed affiliation of OSF Healthcare System and Rockford Health System.

I definitely think this proposed affiliation can result in Rockford becoming a destination for regional health care. We could attract the best and the brightest physicians and health care professionals and thus create centers of excellence providing outstanding clinical outcomes.

In addition to being able to attract more practicing physicians I have confidence that the University of Illinois College of Medicine here in Rockford will be able to recruit more physician educators. That increase would enable the College to expand their residency programs and the services provided through the College which will facilitate and reinforce Rockford becoming a destination for regional health.

Although this may be a minor point to many it is of importance to us physicians. I understand that admitting privileges will not change for existing active or courtesy medical staffs at Rockford Memorial Hospital and OSF Saint Anthony Medical Center enabling us to continue practicing at those respective hospitals as well as at SwedishAmerican Health System for those who are credentialed there. That approach means little or no disruption to our medical community which is much appreciated.

This proposed affiliation will ensure the long-term viability of high quality, accessible and affordable health care in the Rockford region which is why I support it.

Thank you.

Health Care Remarks for April 15, 2011

In his April 2010 State of the County remarks, Winnebago County Chairman Scott Christiansen said , “One of our most significant industries in Rockford is health care. This area employs thousands of people, cycles hundreds of millions of dollars through our community, and supports numerous charities and civic causes.

Economists continually point to health care as a source of jobs in the next decade. We must protect and enhance this sector of our local economy.

For as long as I can recall, there has been talk about developing our health care infrastructure into a cohesive and marketable industry that will steadily grow jobs and revenue. Other cities and regions are actually getting it done.” We need to continue... “to cooperate in an effort to identify opportunities and chart a course making Winnebago County a medical destination ...”

Like many of you we believe in combining skills and providing health care centers of excellence. This can be good for developing our community health care systems as well as providing the foundation for a healthy community. It is important we find ways to support our health care infrastructure as we enter into the uncharted territory of health care in the 21st century.

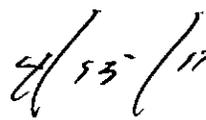
We are fortunate to have unique and capable health care professionals and systems in our community that contribute to a better quality of life. We must find ways to look forward, expand our services, and compete in a difficult and changing market.

The County supports the growth of our health care systems. Recently Swedish American Health System and UW Health Madison agreed to work co-operatively. Just several months ago Janet Wattles Center and Rosecrance joined forces. OSF Health Care - St. Anthony Medical Center and Rockford Health System are talking about joining their systems. We support these combined efforts.

A strong, growing health care system can help our community economically with the necessary education and direction for wellness; promoting individual responsibility and accountability for health care. When we review the 2011 Health Outcomes in Illinois it is clear that there is much we must do to promote wellness.

We truly believe that the potential for concentrated and capable health care centers of excellence can occur as we join forces and potentially attract more health care skills and health care clients to a viable health care system in Winnebago County.

A handwritten signature in black ink, appearing to read "David P. Peterson".

A handwritten date in black ink, "4/15/11".

Theresa Glass
611 Garden Drive #57
Belvidere, IL 61008
815-544-3896
tglassboonecount@hotmail.com

April 15, 2011

RE: OSF/RMH

Thank you for allowing me to speak here today. I am not affiliate with any medical provider, subsidiary supplier and am not in any way connected to the health care industry, I am here today as a citizen to show my opposition to this merger/acquisition. Ironically, I do not believe that either RMH or OSF supported or initiated this forum. I also do not believe that this merger will do anything positive for the community but may very well line the pockets of the interested parties.

This merger will do nothing to decrease health care costs. In contrast it will, more likely than not, increase costs through the elimination of competition.

Competition is the major catalyst for providing reasonably priced products and services in a free market system. Eliminating competition gives you an avenue to control of the marketplace. Once you have control of the market you will be free to do whatever you want with the prices, the services you are going to provide and the availability of affordable health care to an entire region. If you think the cost of health care is high now, imagine what will happen when you have fewer or no options.

Some will say 'Well, we still have Swedes'. Sure, that may be the case. But when there are only two competitors don't you think one may try to put the other out of business strictly so they can corner the market. And that is the textbook definition of a monopoly.

And that is exactly what I think the intent of this merger and acquisition is about. It is about controlling a marketplace and lining the pockets of a select few while burdening the less fortunate citizens.

I performed a Google search for "health care costs" and "lack of competition" and the result was 979,000 different hits. Many offered studies and statistics. One such study took place just over the border in Milwaukee Wisconsin. A 2008 Wisconsin Policy Research Institute stated "The most significant factor driving health care costs in Milwaukee is the relative lack of competition," the study states. The article appeared in the Milwaukee Journal Sentinel. <http://www.jsonline.com/business/29542319.html>

This merger will be detrimental to this region and I am urging the Federal Trade Commission / Office of Policy and Coordination, Bureau of Competition to deny this request.

Thank you.



Charles B. Hollman, M.D.

Richard E. Field, M.D.

Joseph M. Stewart, M.D.



Sarah B. Scott, M.D.

Christine Savage, A.P.N.

My name is Doctor Joseph Stewart. I am an active physician leader at OSF Saint Anthony Medical Center having served as Chairman of the Department of Obstetrics and Gynecology, 2nd VP of the medical staff, and the Chairman of the Quality and Peer Review Committee for the hospital. I am currently the 1st VP of the medical staff and Chairman of the Credentials Committee at OSF Saint Anthony Medical Center. I am board certified in the specialty of obstetrics and gynecology and am licensed to practice medicine in Illinois. Thank you for this opportunity to speak in support of the proposed affiliation of OSF Healthcare System and Rockford Health System.

In 1993 I joined OB-GYN associates, ltd. and I have been practicing as an independent physician for the past 18 years with admitting privileges at both Rockford Memorial Hospital and OSF Saint Anthony Medical Center. The nurses, support staff and administrative teams at both hospitals are a talented group of professionals and have always met my expectations and more importantly those of my patients.

Throughout the years I have found that both medical centers provide maternity services well and I believe that this proposed affiliation will only strengthen and complement the quality of care that each organization now provides. From my perspective, as a physician, I see great opportunities for the delivery as well as the expansion of women's health care services through this proposed partnership.

I firmly believe that this proposed affiliation can result in Rockford becoming a destination for regional health care. This affiliation would improve our ability to attract the best and the brightest physicians and health care professionals as well as help us create centers of excellence providing outstanding clinical outcomes with greater efficiency.

Also, my colleagues and I are looking forward to the real possibility of recruiting additional physician partners in both obstetrics and gynecology. Our current system has struggled in attracting new doctors in my specialty. A merged system will be much more effective in bringing the talent to Rockford that will help us achieve excellence.

Both organizations have worked diligently to be able to provide high quality health care in Rockford for much longer than I have been practicing in the area. In fact, both have done so for more than a century. This proposed affiliation ensures that care will only get better.

Thank you.



SWEDISH AMERICAN
HEALTH SYSTEM

Winner Of The Lincoln Award For Excellence

RICHARD P. WALSH

EXECUTIVE VICE PRESIDENT AND CHIEF OPERATING OFFICER

SwedishAmerican Hospital
SwedishAmerican
Medical Group/Belvidere

SwedishAmerican
Medical Group/Brookside

SwedishAmerican
Medical Group/Byron

SwedishAmerican
Medical Group/Davis Junction

SwedishAmerican
Medical Group/Five Points

SwedishAmerican
Medical Group/Midtown

SwedishAmerican
Medical Group/Northwest

SwedishAmerican
Medical Group/Roscoe

SwedishAmerican
Medical Group/Valley

SwedishAmerican
Medical Group/Woodside

SwedishAmerican Ambulatory
Rehabilitation Therapy

SwedishAmerican Center For
Complementary Medicine

SwedishAmerican
Center For Women

SwedishAmerican
Camelot OB/GYN

SwedishAmerican
Health Alliance

SwedishAmerican Health
Management Corporation

SwedishAmerican
Home Health Care

SwedishAmerican
Immediate Care

SwedishAmerican
Infusion Services/DME

SwedishAmerican
Medical Foundation

SwedishAmerican
Medical Oncology

SwedishAmerican MSO

SwedishAmerican Realty

SwedishAmerican
Reference Laboratory

Brookside Immediate
And Occupational Care

The Heart Hospital
at SwedishAmerican

TriRivers
Health Partnership

April 15, 2011

Courtney R. Avery, Administrator
Illinois Health Facilities and Services Review Board.
Second Floor
525 West Jefferson Street
Springfield, IL 62761

Re: E-007-11 Rockford Memorial Hospital, Rockford

Dear Ms Avery:

My name is Richard P. Walsh. I am the Executive Vice President and Chief Operating Officer of SwedishAmerican Health System in Rockford.

My testimony is centered on concerns relating to the value of the transaction and the out-of-town ownership of the new OSF Northern Region Facilities and Services after the acquisition.

Value of the Transaction

In reviewing the documents submitted by OSF and Rockford Health System (RHS) outlining the financial details of the transaction, we have a concern that the Rockford community is not receiving fair value for the assets RHS is transferring to OSF.

In its application, RHS states that the Estimated Net Book Value of assets being transferred to OSF is \$212,658,000 (P13, Attachment Response 12).

In return for these assets, the parties state "***There will be no acquisition price for this transaction***". However, OSF is agreeing to do three things (P11, Attachment Response 11):

1. Allocate at least \$35 million per year for 8 years, for a total of \$280 million "...for recurring and replacement capital needs ***of the OSF Northern Region Facilities and Services***" (emphasis added).
2. Either pay off or replace current RHS debt of approximately \$100 million. We would note that the amount of RHS debt has already been subtracted from its net book value to arrive at the \$212,658,000.
3. "OSF will fund capital and cash flow requirements for the purchase and installation of an enterprise-wide integrated, Epic set of application software ...". We would note that this investment will be made at RHS ***after*** it becomes part of the ***OSF Northern Region Facilities***.

Based upon the financial details outlined above and detailed in its application, it appears that RMH is receiving no consideration in return for transferring assets worth \$212 million to OSF. Let me explain.

First, both OSF's commitment of \$280 million in recurring and replacement capital needs and the funding of capital and cash flow requirements for the purchase and installation of an enterprise-wide Epic computer system will be investments made in the *new combined entity* and *not* payments directly to RHS in consideration for its transfer of assets. Moreover, the commitment of \$280 million is not only subject to OSF's Reserved Powers, approved budgets and strategy, but the amount itself may be reduced whenever OSF "...institutes a system-wide reduction in recurring and replacement capital expenditures..." (P11, Attachment Response 11(1)).

Secondly, as previously noted, the approximately \$100 million of RHS debt has already been subtracted from its net book value. Thus, repayment or replacement of it by OSF is *not* consideration going directly to RHS.

Based upon this analysis it appears that RHS and thus the Rockford community is receiving no consideration and is losing approximately \$212 million in value under the terms of this transaction.

RHS is a 501(c)3 corporation and as such is an asset of the Rockford community, not a private corporation. Therefore, the Board of RHS has a fiduciary duty to assure that adequate consideration from OSF is received by the community in consideration for the transfer of RHS's assets. We do not believe the RHS Board has adequately exercised its duty in this case.

We would further postulate that if RHS were a for-profit entity owned by shareholders, it would be difficult, if not impossible, to get a majority of shareholders to vote in favor of approving this transaction based upon these financial terms. We would argue that a majority of the Rockford community, if they had a vote, wouldn't either.

Out-of-Town Ownership

Over the past several decades, the ownership and control of several major corporations have left Rockford for other locations.

RHS, in addition to currently being locally owned and governed, is one of the largest employers in the Rockford community. The Rockford community simply cannot afford to have ownership and control of RHS leave town.

In its application RHS spells out the terms of ownership and governance for the new OSF Northern Regional Facilities and Services. A close reading of the governance terms and conditions indicates that all of the *real* control will rest with the OSF parent Board in Peoria. OSF's reserve powers are broad and the number of "local" Board appointments they control is significant. While it may appear that control will remain local, the reality is it will not, as it currently does not with the OSF Saint Anthony Advisory Board structure.

Courtney R. Avery, Administrator - 3

In conclusion let me say that in effect, what we have occurring with this transaction is the acquisition by an out-of-town owner of a major locally owned business for essentially nothing. It is our belief that this should not be allowed to occur.

It is for these reasons that SwedishAmerican Health System opposes this project.

Thank you for your consideration.

Sincerely,

A handwritten signature in cursive script that reads "Richard P. Walsh".

Richard P. Walsh
Executive Vice President and Chief Operating Officer
SwedishAmerican Health System

RW/gb

Acquisition Price: \$280 Million Capital Commitment over 8 years and Epic Implementation cost

11. ANTICIPATED ACQUISITION PRICE.

There is no acquisition price for this transaction.

1. Following the Closing Date, Rockford Health System, Rockford Memorial Hospital, Rockford Health Physicians, Visiting Nurses Association of the Rockford Area, Rockford Health Insurance Ltd. and Rockford Health System Ventures LLC ("RHS Entities") shall have access to OSF capital consistent with the access to capital afforded all OSF hospitals in accordance with OSF's capital budget and allocation process in order to sustain and enhance the delivery of high quality health care services by and through the OSF Northern Region Facilities and Services. OSF agrees to allocate to the OSF Northern Region Facilities and Services, during the eight fiscal years following the Closing Date, at least Thirty Five Million Dollars (\$35,000,000) in the aggregate per fiscal year for the recurring and replacement capital needs of the OSF Northern Region Facilities and Services. OSF's capital commitment may in good faith be revised by OSF in the event it institutes a system-wide reduction in recurring and replacement capital expenditures in a particular fiscal year or years.
2. Current RHS debt of approximately \$100 million will be paid off in cash or replaced by debt of equal amount issued by the OSF obligated group which will include RHS.
3. OSF will fund capital and cash flow requirements for the purchase and installation of an enterprise-wide integrated, Epic set of application software comprised of: (a) an integrated inpatient and ambulatory electronic medical record system (including prerequisite clinical systems such as those required in the operating rooms, emergency department and pharmacy); (b) revenue cycle systems for ambulatory and hospital, including scheduling, admission, registration, billing, and collection modules; (c) MyChart, Epic's individual private patient folder; and (d) other Epic-related and third party software vendor systems required by RHS Entities to support their operations.

Attachment Response 11

//

Valuation of RMH: \$212.658 Million

Summary of Value of Net Assets of Rockford Health System to be controlled by OSF Healthcare

	(000's)
Total Book Value of Assets of RHS excluding RMDF as of 12/31/10 - Unaudited	\$ 450,020 (A)
Total Book Value of Assets of RMDF as of 12/31/10 - Unaudited	\$ 108,988
Less - Assets remaining in Independent Foundation 50% of Unrestricted Foundation assets	\$ (46,343) (B) (1)
Less Liabilities to be assumed by OSF	
Current Liabilities	\$ (89,454) (C)
Long Term Debt	\$ (86,559) (D)
Other Liabilities	\$ (107,915) (E)
Less - Vacant Property transferred from RMH to RMDF	\$ (6,079)
<u>Estimated Net Book Value of RHS Assets included in OSF HealthCare if transaction is approved</u>	<u>\$ 212,658</u>

Notes:

Net Book Value is an estimate of assets using December 31, 2010 values as an estimate. Actual Net Book Value will be based on date of final transaction. Asset value will change based on actual performance between December 31, 2010 and closing of the transaction.

(1) Under the Affiliation Agreement Rockford Memorial Development Foundation will transfer 50% of unrestricted assets to the OSF Northern Region Foundation.

SWEDISHAMERICAN HEALTH SYSTEM



*A Top 100 Hospital
Winner Of The Lincoln Award For Excellence*

THOMAS M. MYERS, VICE PRESIDENT, MARKETING, PLANNING AND DEVELOPMENT

April 12, 2011

SwedishAmerican Hospital
SwedishAmerican
Medical Group/Belvidere
SwedishAmerican
Medical Group/Brookside
SwedishAmerican
Medical Group/Byron
SwedishAmerican
Medical Group/Five Points
SwedishAmerican
Medical Group/Harvard
SwedishAmerican
Medical Group/Midtown
SwedishAmerican
Medical Group/Northwest
SwedishAmerican
Medical Group/Roscoe
SwedishAmerican
Medical Group/Valley
SwedishAmerican
Medical Group/Woodside
SwedishAmerican
Camelot OB/GYN
SwedishAmerican
Camelot Pediatrics
SwedishAmerican
Breast Health Center
SwedishAmerican
Health Alliance
SwedishAmerican Health
Management Corporation
SwedishAmerican
Health Services
SwedishAmerican
Home Health Care
SwedishAmerican
Immediate Care
SwedishAmerican
Infusion Services/DME
SwedishAmerican
Medical Foundation
SwedishAmerican MSO
SwedishAmerican Realty
Benchmark Health
Insurance Company
Greater Rockford
Hematology/Oncology
Center
Midwest Center For Health
And Healing
Medworks
Northern Illinois
Health Care Network

Courtney R. Avery, Administrator
Illinois Health Facilities and Services Review Board
Second Floor
525 West Jefferson Street
Springfield, IL 62761

Re: E-007-11 Rockford Memorial Hospital, Rockford

Dear Ms Avery:

My name is Thomas Myers. I am Vice President of Strategic Planning and Marketing at SwedishAmerican Health System in Rockford.

It has been nearly a year since it was announced that OSF HealthCare in Peoria intended to acquire the assets of Rockford Health System. However, little has been announced regarding the details, and equally important, the effects of this acquisition.

My testimony is centered on our concerns that the proposed consolidation of services will restrict patient access and reduce jobs.

Impact of Lost Jobs:

Rockford Health System and OSF have publicly stated that they plan to "consolidate services and programs" after the transaction occurs. In fact, they have emphasized these consolidations as a major reason for the acquisition. Efficiencies through merger and acquisition are often touted in these types of transactions. That generally means consolidation of programs...and loss of jobs.

Rockford, like many communities, is currently suffering from a significant economic downturn with a higher than average unemployment rate. A consolidation of these two healthcare entities and the resultant loss of jobs could not come at a worse time for Rockford. In addition, healthcare jobs tend to be higher paying so the loss of healthcare jobs simply exacerbates the economic problems for Rockford.

Courtney R. Avery, Administrator - 2

Eliminating Unprofitable Service Lines:

We are also concerned that the services and programs OSF consolidates will be those programs that are the least profitable for the new entity i.e., programs with a high Medicaid and/or self-pay payer mix. If OSF were to consolidate unprofitable programs, the burden of caring for those patients will fall to other providers. Not just SwedishAmerican Health System would be affected, but all entities who currently serve these populations such as Crusader Clinic and University of Illinois College of Medicine.

In addition, the community could see a reduction in access. Mental Health services are an example. Many in the community know the critical nature and the lack of access to care for both adults and children. What are OSF's plans? Also, emergency demand at area hospitals is at an all time high. With the current economy of Rockford, our emergency departments are even more the last thread in the safety net for many vulnerable people. This acquisition involves two Level One Trauma Centers. Will they be maintained? Will they be cut? What are OSF's plans?

Here we are nearly a year after the applicants' news conference and PR kickoff: the platitudes are strong but the details are weak. Given the lack of transparency and detail, SwedishAmerican Health System is in opposition to this transaction.

Sincerely,



Thomas Myers
Vice President
Strategic Planning and Marketing

TM/hb

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DARIN J. MILLER, M.D.

Stephen J. Bradley, MD
Surgeon
Rockford Surgical Service
Rockford, Illinois

My name is Doctor Stephen Bradley. I am a general, vascular and head and neck surgeon with Rockford Surgical Service in Rockford, Illinois. I am pleased to speak in support of the proposed affiliation between OSF Healthcare System and Rockford Health System.

During my 22 years as an independent surgeon here I have seen many changes in health care in Rockford, but none had the potential to positively impact the delivery and scope of medical service like this affiliation can accomplish.

Clearly, these medical centers offer very good care and have exceptional staff providing excellent support to me and my colleagues, as well as our patients. This proposed affiliation I believe can only improve that quality of care. Opportunities for delivery of services are also enhanced.

I am confident a joining of these two organizations can create a health care model that can make Rockford a regional destination. Attracting talented physicians and medical professionals has been challenging. The affiliation can only improve those efforts as centers of excellence are created with the promise of strong clinical outcomes leading to greater efficiency.

While not as long or extensive as OSF Saint Anthony or Rockford Health System, Rockford Surgical Service has a strong and distinguished history in this community. Over more than 60-years we have developed a good and professional relationship with both organizations. The proposal for the two to become one as OSF Northern Region can only improve that teamwork. And that makes this affiliation a very positive prospect for physicians, health care professionals, this community, but most importantly the patients we serve.

Thank you.

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PRESIDENT AND CHIEF EXECUTIVE OFFICER

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Northern Illinois
Health Care Network
Northern Illinois
Surgery Center

April 15, 2011

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

Re: E-007-11 Rockford Memorial Hospital, Rockford

Dear Ms. Avery:

I am Dr. Bill Gorski, the CEO of SwedishAmerican Health System. We have requested this public hearing on the proposed transaction between OSF and RMH because we believe that there has been a striking lack of transparency on the part of the applicants as to what some of the true implications and concerns would be regarding this acquisition.

Much has been said in the media relative to efficiencies, but there has been an inordinate lack of detail. We have also been told that integration of services discussions have not occurred, and will not until regulatory approval is received. This seems disingenuous in that it would seem to have been impossible to have progressed to this point in due diligence without modeling these implications.

Generally scalable efficiencies only work well for the entities if there is substantial reduction in force. How many jobs will be lost from our community? Perhaps on day one not many - but looking to the future, this only works with serious job consolidation. And these will be high quality, high paying jobs which our community is attempting to attract. The community deserves to know more.

Much has been said of the "new model" which preserves some elements of local governance. It should be apparent that despite these reassurances, key reserve powers will move to OSF corporate in Peoria. This is an acquisition, not a merger, and we should consider the loss of governance and control of another century old Rockford corporate citizen to a distant community.

Much has been touted regarding enhanced "clinical efficiencies" that would result. But there has been no detail on what this means. Will services be consolidated on one campus at the expense of another? Will some programs that have served west side residents now be moved to the east? At SwedishAmerican we are concerned about such vital services as mental health and obstetrics.

The Certificate of Exemption process mandates that no changes can occur for the first year post-acquisition, but this is a very short time frame. The transaction documents also have language which "guarantees" that Rockford Memorial will continue to be operated as a "general acute care hospital" for ten years, but I would suggest that the interpretation of that definition is loose, and still subject to attempts to move and consolidate services.

We have also heard that the new entity would have the ability to recruit high-end physicians to our community that otherwise would not be possible. Statistics show that over the past two years the three Rockford health systems and independent physician groups have recruited 151 new doctors, many of whom come from nationally recognized training programs with expanded training and capabilities. Our major difficulties in recruitment have frankly come from the economic and educational struggles we are experiencing, not from a lack of a high quality medical community.

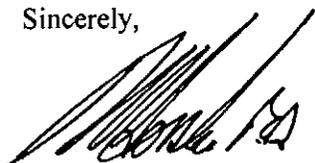
The issue of access to women's health services has also been addressed, but we do not believe, again, with total transparency. We do believe that there will be gaps and limitations in care delivery for women should this transaction move forward, and again do not believe the community has been informed with total candor.

Much has also been said about reducing duplication and triplication as a result of this transaction. The implication of this statement has been that the savings of these efficiencies will be passed on to the consumers – the patients and payers. It is counter intuitive to assume that a reduction in the number of competitors improves the price for the consumer. There are numerous examples where this simply has not occurred, and, actually, with fewer competitors, the price has actually gone up.

In fact, many of the purported positive results of hospital consolidations and mergers have not materialized. The Physician Executive Journal of September/October 2010 has an excellent article, *Hospital Consolidations: Do They Deliver?* by Thomas P. Weil, Ph.D., with numerous citations that reference failed outcomes of a number of hospital mergers as it relates to the ultimate community benefit.

In summary, SwedishAmerican opposes this transaction on many levels. The purpose of our observations today are to raise the awareness of the community to some of the vital issues of importance to us all, that have not been clearly articulated.

Sincerely,

A handwritten signature in black ink, appearing to read "Bill Gorski, MD". The signature is stylized and cursive.

Bill Gorski, MD

WRG/mb

My name is Paul Green. I am the Chairman of the Rockford Health System Board of Directors. I am speaking in favor of the proposed affiliation between OSF Healthcare System and Rockford Health System.

I have been associated with Rockford Health System for 19 years. For the past 15 years, I have been a Rockford Health System board member and for the last two years, chairman of the board. As a board member, I actually serve in two capacities. First, I am committed to giving my best input and guidance to the organization as one of its leaders. Second, and most importantly, I am a member of this community. I take my responsibility to represent the best interests of the community-at-large, very seriously.

As I have pursued and supported this proposed affiliation with OSF Healthcare System, I have done what I believe to be the right thing to do for the Rockford region and its residents. At every step in the process, the Rockford Health System Board of Directors has done its homework, asked thoughtful questions and carefully weighed the benefits of this affiliation.

As the Rockford region faces a struggling economy; the same issues being faced by communities across Illinois and the nation, this partnership represents great potential. It will help us increase accessibility for all our residents to the highest quality health care services; help to make local medical care more efficient and cost-effective and lastly, serve as a huge economic driver for the Rockford region. I am extremely confident that the community will be well served by this affiliation.

Finally, it was an imperative from the Rockford Health System Board of Directors that *local* health care be governed *locally*. It was a deal breaker otherwise. OSF Healthcare System has agreed to a new governance model in our region that will ensure that the community continues to have a major role in guiding the OSF Northern Region in the future.

The joining of these two fine organizations offers this region an opportunity to step up and richly improve the delivery of health care. I hope it is an opportunity that is not wasted.

Thank you.

Paul Green
Chairman of the Board
Rockford Health System Board of Directors



THE REV. FRANK S MOYER

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April 15, 2011

Courtney R. Avery, Administrator
Illinois Health Facilities and Services Review Board
2nd Floor
525 West Jefferson Street
Springfield, IL 62761

Re: E-007-11 Rockford Memorial Hospital, Rockford

Dear Ms. Avery:

My name is Frank S. Moyer. I am a retired Lutheran clergyman in the Evangelical Lutheran Church in America, a board certified Hospital Chaplain and a certified Clinical Pastoral Supervisor. I came to Rockford in 1966 to initiate a Pastoral Care department and to begin a Clinical Pastoral Education program at Rockford Memorial hospital. I served as Director of that department until 1988 when I became the Ethics Consultant for Rockford Health System. I also taught Medical Ethics at the University of Illinois College of Medicine in Rockford.

There is no question that both Rockford Memorial Hospital and OSF St. Anthony Hospital are valuable assets to this community, offering quality medical care. However, the proposed acquisition of Rockford Memorial Hospital by OSF St. Anthony does raise significant concerns related to services both at life's beginning and ending! Concerns directly related to the introduction of Roman Catholic Canon Law relative to the way medical care may be offered at any institution under the auspices of the Roman Catholic Church.

The serious concerns related to life's beginnings are all related to Roman Catholic Canon Law respective to the use of the varied, and many, forms of both conception and contraception. Such Canon Law, varied encyclicals from Popes dating back to the 1960s, and the 4th Edition of the Ethical and Religious Directives for Catholic Health Care Services [copy attached] reject the following as appropriate for use:

- Contraceptives of all forms, including condoms, birth control pills, tubal ligation, and vasectomy

- Reproductive Medicine such as a prohibition against masturbation for the collection of sperm, in-vitro-fertilization, artificial insemination and gamete donation
- Abortion to save the life of the mother when continuation of her pregnancy is a threat to that life
- Aggressive treatment of rape victims with such medicines that will prevent any fertilized egg from being implanted into the uterus.

It is my understanding that OSF physicians, under a separate contract with an added yearly cost, will be able to write birth control prescriptions. Such an arrangement suggests a two-tiered medical staff with all the problems such can generate!

Considering the medical staff size, as well as the larger number of facilities, that will occur as a result of such an acquisition a greater burden will be placed upon other health care entities [e.g. SwedishAmerican Hospital, Winnebago County Health Department, etc.]. Patients may well have to seek new providers for such services, as well as need to travel greater distances.

This proposed OSF St. Anthony acquisition of Rockford Memorial Hospital also raises serious concerns about end-of-life decisions. Longstanding federal rules require hospital patients to be informed of their right to spell out in a living will or similar document their wishes about being kept alive by machinery if there's no hope for a cure. The State of Illinois, through such documents as a Living Will or Durable Power of Attorney for Health Care or Advance Directives, has also affirmed such rights. Often this issue becomes important when a patient is in the dying process, nothing is available to reverse such a process, and the patient desires to either discontinue or not initiate further attempts [naturally or artificially] the administration of food and water. [In truth, some evidence suggests that to do so causes additional physical discomfort.]

Neither of those decisions would be possible to execute at either hospital under the proposed new entity. The National Catholic Bishops Conference has affirmed [as recently as August 1, 2007] that:

1. "The administration of food and water even by artificial means is, in principle, an ordinary and proportionate means of preserving life. It is therefore obligatory to the extent to which, as for as long as, it is shown to accomplish its proper finality, which is the hydration and nourishment of the patient. In this way suffering and death by starvation and dehydration are prevented.
2. A patient in a "permanent vegetative state" is a person with fundamental human dignity and must, therefore, receive ordinary and proportionate care which includes, in principle, the administration of water and food even by artificial means."

The Supreme Pontiff Benedict XVI has approved these responses and ordered their publication. [US Conference of Catholic Bishops – Copy Attached]

This proposed acquisition, if approved by both the respective Federal and State agencies, would seriously dictate the provision of both Reproductive and End-of-Life care at two-thirds of the local hospitals! If not in direct violation, such an approval would negatively impact the Freedom of Religion ratified on December 15, 1791 as Amendment 1 to the U.S. Constitution: "*Congress shall make no law respecting an establishment of religion, or prohibiting the free exercise thereof;*"

It is my plea that all agencies involved in granting or denying such approval would seriously consider the above concerns and would deny it.

Very sincerely,

The Rev. Frank S. Moyer

Ethical and Religious Directives for Catholic Health Care Services, Fourth Edition

Issued by NCCB/USCC, June 15, 2001

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United States Conference of Catholic Bishops

This fourth edition of the Ethical and Religious Directives for Catholic Health Care Services was developed by the Committee on Doctrine of the National Conference of Catholic Bishops and approved as the national code by the full body of bishops at its June 2001 General Meeting. This edition of the Directives, which replaces all previous editions, is recommended for implementation by the diocesan bishop and is authorized for publication by the undersigned.

Monsignor William P. Fay
General Secretary
USCCB

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Preamble

Health care in the United States is marked by extraordinary change. Not only is there continuing change in clinical practice due to technological advances, but the health care system in the United States is being challenged by both institutional and social factors as well. At the same time, there are a number of developments within the Catholic Church affecting the ecclesial mission of health care. Among these are significant changes in religious orders and congregations, the increased involvement of lay men and women, a heightened awareness of the Church's social role in the world, and developments in moral theology since the Second Vatican Council. A contemporary understanding of the Catholic health care ministry must take into account the new challenges presented by transitions both in the Church and in American society.

Throughout the centuries, with the aid of other sciences, a body of moral principles has emerged that expresses the Church's teaching on medical and moral matters and has proven to be pertinent and applicable to the ever-changing circumstances of health care and its delivery. In response to today's challenges, these same moral principles of Catholic teaching provide the rationale and direction for this revision of the Ethical and Religious Directives for Catholic Health Care Services.

These Directives presuppose our statement *Health and Health Care* published in 1981.¹ There we presented the theological principles that guide the Church's vision of health care, called for all Catholics to share in the healing mission of the Church, expressed our full commitment to the health care ministry, and offered encouragement to all those who are involved in it. Now, with American health care facing even more dramatic changes, we reaffirm the Church's commitment to health care ministry and the distinctive Catholic identity of the Church's institutional health care services.² The purpose of these Ethical and Religious Directives then is twofold: first, to reaffirm the ethical standards of behavior in health care that flow from the Church's teaching about the dignity of the human person; second, to provide authoritative guidance on certain moral issues that face Catholic health care today.

The Ethical and Religious Directives are concerned primarily with institutionally based Catholic health care services. They address the sponsors, trustees, administrators, chaplains, physicians, health care personnel, and patients or residents of these institutions and services. Since they express the Church's moral teaching, these Directives also will be helpful to Catholic professionals engaged in health care services in other settings. The moral teachings that we profess here flow principally from the natural law, understood in the light of the revelation Christ has entrusted to his Church. From this source the Church has derived its understanding of the nature of the human person, of human acts, and of the goals that shape human activity.

The Directives have been refined through an extensive process of consultation with bishops, theologians, sponsors, administrators, physicians, and other health care providers. While providing standards and guidance, the Directives do not cover in detail all of the complex issues that confront Catholic health care today. Moreover, the Directives will be reviewed periodically by the United States Conference of Catholic Bishops (formerly the National Conference of Catholic Bishops), in the light of authoritative church teaching, in order to address new insights from theological and medical research or new requirements of public policy.

The Directives begin with a general introduction that presents a theological basis for the Catholic health care ministry. Each of the six parts that follow is divided into two sections. The first section is in expository form; it serves as an introduction and provides the context in which concrete issues can be discussed from the perspective of the Catholic faith. The second section is in prescriptive form; the directives promote and protect the truths of the Catholic faith as those truths are brought to bear on concrete issues in health care.

General Introduction

The Church has always sought to embody our Savior's concern for the sick. The gospel accounts of Jesus' ministry draw special attention to his acts of healing: he cleansed a man with leprosy (Mt 8:1-4; Mk 1:40-42);

he gave sight to two people who were blind (Mt 20:29-34; Mk 10:46-52); he enabled one who was mute to speak (Lk 11:14); he cured a woman who was hemorrhaging (Mt 9:20-22; Mk 5:25-34); and he brought a young girl back to life (Mt 9:18, 23-25; Mk 5:35-42). Indeed, the Gospels are replete with examples of how the Lord cured every kind of ailment and disease (Mt 9:35). In the account of Matthew, Jesus' mission fulfilled the prophecy of Isaiah: "He took away our infirmities and bore our diseases" (Mt 8:17; cf. Is 53:4).

Jesus' healing mission went further than caring only for physical affliction. He touched people at the deepest level of their existence; he sought their physical, mental, and spiritual healing (Jn 6:35, 11:25-27). He "came so that they might have life and have it more abundantly" (Jn 10:10).

The mystery of Christ casts light on every facet of Catholic health care: to see Christian love as the animating principle of health care; to see healing and compassion as a continuation of Christ's mission; to see suffering as a participation in the redemptive power of Christ's passion, death, and resurrection; and to see death, transformed by the resurrection, as an opportunity for a final act of communion with Christ.

For the Christian, our encounter with suffering and death can take on a positive and distinctive meaning through the redemptive power of Jesus' suffering and death. As St. Paul says, we are "always carrying about in the body the dying of Jesus, so that the life of Jesus may also be manifested in our body" (2 Cor 4:10). This truth does not lessen the pain and fear, but gives confidence and grace for bearing suffering rather than being overwhelmed by it. Catholic health care ministry bears witness to the truth that, for those who are in Christ, suffering and death are the birth pangs of the new creation. "God himself will always be with them [as their God]. He will wipe every tear from their eyes, and there shall be no more death or mourning, wailing or pain, [for] the old order has passed away" (Rev 21:3-4).

In faithful imitation of Jesus Christ, the Church has served the sick, suffering, and dying in various ways throughout history. The zealous service of individuals and communities has provided shelter for the traveler; infirmaries for the sick; and homes for children, adults, and the elderly.³ In the United States, the many religious communities as well as dioceses that sponsor and staff this country's Catholic health care institutions and services have established an effective Catholic presence in health care. Modeling their efforts on the gospel parable of the Good Samaritan, these communities of women and men have exemplified authentic neighborliness to those in need (Lk 10:25-37). The Church seeks to ensure that the service offered in the past will be continued into the future.

While many religious communities continue their commitment to the health care ministry, lay Catholics increasingly have stepped forward to collaborate in this ministry. Inspired by the example of Christ and mandated by the Second Vatican Council, lay faithful are invited to a broader and more intense field of ministries than in the past.⁴ By virtue of their Baptism, lay faithful are called to participate actively in the Church's life and mission.⁵ Their participation and leadership in the health care ministry, through new forms of sponsorship and governance of institutional Catholic health care, are essential for the Church to continue her ministry of healing and compassion. They are joined in the Church's health care mission by many men and women who are not Catholic.

Catholic health care expresses the healing ministry of Christ in a specific way within the local church. Here the diocesan bishop exercises responsibilities that are rooted in his office as pastor, teacher, and priest. As the center of unity in the diocese and coordinator of ministries in the local church, the diocesan bishop fosters the mission of Catholic health care in a way that promotes collaboration among health care leaders, providers, medical professionals, theologians, and other specialists. As pastor, the diocesan bishop is in a unique position to encourage the faithful to greater responsibility in the healing ministry of the Church. As teacher, the diocesan bishop ensures the moral and religious identity of the health care ministry in whatever setting it is carried out in the diocese. As priest, the diocesan bishop oversees the sacramental care of the sick. These

responsibilities will require that Catholic health care providers and the diocesan bishop engage in ongoing communication on ethical and pastoral matters that require his attention.

In a time of new medical discoveries, rapid technological developments, and social change, what is new can either be an opportunity for genuine advancement in human culture, or it can lead to policies and actions that are contrary to the true dignity and vocation of the human person. In consultation with medical professionals, church leaders review these developments, judge them according to the principles of right reason and the ultimate standard of revealed truth, and offer authoritative teaching and guidance about the moral and pastoral responsibilities entailed by the Christian faith.⁶ While the Church cannot furnish a ready answer to every moral dilemma, there are many questions about which she provides normative guidance and direction. In the absence of a determination by the magisterium, but never contrary to church teaching, the guidance of approved authors can offer appropriate guidance for ethical decision making.

Created in God's image and likeness, the human family shares in the dominion that Christ manifested in his healing ministry. This sharing involves a stewardship over all material creation (Gn 1:26) that should neither abuse nor squander nature's resources. Through science the human race comes to understand God's wonderful work; and through technology it must conserve, protect, and perfect nature in harmony with God's purposes. Health care professionals pursue a special vocation to share in carrying forth God's life-giving and healing work.

The dialogue between medical science and Christian faith has for its primary purpose the common good of all human persons. It presupposes that science and faith do not contradict each other. Both are grounded in respect for truth and freedom. As new knowledge and new technologies expand, each person must form a correct conscience based on the moral norms for proper health care.

PART ONE The Social Responsibility of Catholic Health Care Services

Introduction

Their embrace of Christ's healing mission has led institutionally based Catholic health care services in the United States to become an integral part of the nation's health care system. Today, this complex health care system confronts a range of economic, technological, social, and moral challenges. The response of Catholic health care institutions and services to these challenges is guided by normative principles that inform the Church's healing ministry.

First, Catholic health care ministry is rooted in a commitment to promote and defend human dignity; this is the foundation of its concern to respect the sacredness of every human life from the moment of conception until death. The first right of the human person, the right to life, entails a right to the means for the proper development of life, such as adequate health care.⁷

Second, the biblical mandate to care for the poor requires us to express this in concrete action at all levels of Catholic health care. This mandate prompts us to work to ensure that our country's health care delivery system provides adequate health care for the poor. In Catholic institutions, particular attention should be given to the health care needs of the poor, the uninsured, and the underinsured.⁸

Third, Catholic health care ministry seeks to contribute to the common good. The common good is realized when economic, political, and social conditions ensure protection for the fundamental rights of all individuals and enable all to fulfill their common purpose and reach their common goals.⁹

Fourth, Catholic health care ministry exercises responsible stewardship of available health care resources. A just health care system will be concerned both with promoting equity of care—to assure that the right of each person to basic health care is respected—and with promoting the good health of all in the community. The responsible stewardship of health care resources can be accomplished best in dialogue with people from all levels of society, in accordance with the principle of subsidiarity and with respect for the moral principles that guide institutions and persons.

Fifth, within a pluralistic society, Catholic health care services will encounter requests for medical procedures contrary to the moral teachings of the Church. Catholic health care does not offend the rights of individual conscience by refusing to provide or permit medical procedures that are judged morally wrong by the teaching authority of the Church.

Directives

A Catholic institutional health care service is a community that provides health care to those in need of it. This service must be animated by the Gospel of Jesus Christ and guided by the moral tradition of the Church.

Catholic health care should be marked by a spirit of mutual respect among care-givers that disposes them to deal with those it serves and their families with the compassion of Christ, sensitive to their vulnerability at a time of special need.

In accord with its mission, Catholic health care should distinguish itself by service to and advocacy for those people whose social condition puts them at the margins of our society and makes them particularly vulnerable to discrimination: the poor; the uninsured and the underinsured; children and the unborn; single parents; the elderly; those with incurable diseases and chemical dependencies; racial minorities; immigrants and refugees. In particular, the person with mental or physical disabilities, regardless of the cause or severity, must be treated as a unique person of incomparable worth, with the same right to life and to adequate health care as all other persons.

A Catholic health care institution, especially a teaching hospital, will promote medical research consistent with its mission of providing health care and with concern for the responsible stewardship of health care resources. Such medical research must adhere to Catholic moral principles.

Catholic health care services must adopt these Directives as policy, require adherence to them within the institution as a condition for medical privileges and employment, and provide appropriate instruction regarding the Directives for administration, medical and nursing staff, and other personnel.

A Catholic health care organization should be a responsible steward of the health care resources available to it. Collaboration with other health care providers, in ways that do not compromise Catholic social and moral teaching, can be an effective means of such stewardship.¹⁰

A Catholic health care institution must treat its employees respectfully and justly. This responsibility includes: equal employment opportunities for anyone qualified for the task, irrespective of a person's race, sex, age, national origin, or disability; a workplace that promotes employee participation; a work environment that ensures employee safety and well-being; just compensation and benefits; and recognition of the rights of employees to organize and bargain collectively without prejudice to the common good.

Catholic health care institutions have a unique relationship to both the Church and the wider community they serve. Because of the ecclesial nature of this relationship, the relevant requirements of canon law will be observed with regard to the foundation of a new Catholic health care institution; the substantial revision of the mission of an institution; and the sale, sponsorship transfer, or closure of an existing institution.

Employees of a Catholic health care institution must respect and uphold the religious mission of the institution and adhere to these Directives. They should maintain professional standards and promote the institution's commitment to human dignity and the common good.

PART TWO

The Pastoral and Spiritual Responsibility of Catholic Health Care

Introduction

The dignity of human life flows from creation in the image of God (Gn 1:26), from redemption by Jesus Christ (Eph 1:10; 1 Tm 2:4-6), and from our common destiny to share a life with God beyond all corruption (1 Cor 15:42-57). Catholic health care has the responsibility to treat those in need in a way that respects the human dignity and eternal destiny of all. The words of Christ have provided inspiration for Catholic health care: "I was ill and you cared for me" (Mt 25:36). The care provided assists those in need to experience their own dignity and value, especially when these are obscured by the burdens of illness or the anxiety of imminent death.

Since a Catholic health care institution is a community of healing and compassion, the care offered is not limited to the treatment of a disease or bodily ailment but embraces the physical, psychological, social, and spiritual dimensions of the human person. The medical expertise offered through Catholic health care is combined with other forms of care to promote health and relieve human suffering. For this reason, Catholic health care extends to the spiritual nature of the person. "Without health of the spirit, high technology focused strictly on the body offers limited hope for healing the whole person."¹¹ Directed to spiritual needs that are often appreciated more deeply during times of illness, pastoral care is an integral part of Catholic health care. Pastoral care encompasses the full range of spiritual services, including a listening presence; help in dealing with powerlessness, pain, and alienation; and assistance in recognizing and responding to God's will with greater joy and peace. It should be acknowledged, of course, that technological advances in medicine have reduced the length of hospital stays dramatically. It follows, therefore, that the pastoral care of patients, especially administration of the sacraments, will be provided more often than not at the parish level, both before and after one's hospitalization. For this reason, it is essential that there be very cordial and cooperative relationships between the personnel of pastoral care departments and the local clergy and ministers of care.

Priests, deacons, religious, and laity exercise diverse but complementary roles in this pastoral care. Since many areas of pastoral care call upon the creative response of these pastoral care-givers to the particular needs of patients or residents, the following directives address only a limited number of specific pastoral activities.

Directives

A Catholic health care organization should provide pastoral care to minister to the religious and spiritual needs of all those it serves. Pastoral care personnel—clergy, religious, and lay alike—should have appropriate professional preparation, including an understanding of these Directives.

Pastoral care personnel should work in close collaboration with local parishes and community clergy. Appropriate pastoral services and/or referrals should be available to all in keeping with their religious beliefs or affiliation.

For Catholic patients or residents, provision for the sacraments is an especially important part of Catholic health care ministry. Every effort should be made to have priests assigned to hospitals and health care institutions to celebrate the Eucharist and provide the sacraments to patients and staff.

Particular care should be taken to provide and to publicize opportunities for patients or residents to receive the sacrament of Penance.

Properly prepared lay Catholics can be appointed to serve as extraordinary ministers of Holy Communion, in accordance with canon law and the policies of the local diocese. They should assist pastoral care personnel—clergy, religious, and laity—by providing supportive visits, advising patients regarding the availability of priests for the sacrament of Penance, and distributing Holy Communion to the faithful who request it.

Responsive to a patient's desires and condition, all involved in pastoral care should facilitate the availability of priests to provide the sacrament of Anointing of the Sick, recognizing that through this sacrament Christ provides grace and support to those who are seriously ill or weakened by advanced age. Normally, the sacrament is celebrated when the sick person is fully conscious. It may be conferred upon the sick who have lost consciousness or the use of reason, if there is reason to believe that they would have asked for the sacrament while in control of their faculties.

All Catholics who are capable of receiving Communion should receive Viaticum when they are in danger of death, while still in full possession of their faculties.¹²

Except in cases of emergency (i.e., danger of death), any request for Baptism made by adults or for infants should be referred to the chaplain of the institution. Newly born infants in danger of death, including those miscarried, should be baptized if this is possible.¹³ In case of emergency, if a priest or a deacon is not available, anyone can validly baptize.¹⁴ In the case of emergency Baptism, the chaplain or the director of pastoral care is to be notified.

When a Catholic who has been baptized but not yet confirmed is in danger of death, any priest may confirm the person.¹⁵

A record of the conferral of Baptism or Confirmation should be sent to the parish in which the institution is located and posted in its Baptism/Confirmation registers.

Catholic discipline generally reserves the reception of the sacraments to Catholics. In accord with canon 844, §3, Catholic ministers may administer the sacraments of Eucharist, Penance, and Anointing of the Sick to members of the oriental churches that do not have full communion with the Catholic Church, or of other churches that in the judgment of the Holy See are in the same condition as the oriental churches, if such persons ask for the sacraments on their own and are properly disposed.

With regard to other Christians not in full communion with the Catholic Church, when the danger of death or other grave necessity is present, the four conditions of canon 844, §4, also must be present, namely, they cannot approach a minister of their own community; they ask for the sacraments on their own; they manifest Catholic faith in these sacraments; and they are properly disposed. The diocesan bishop has the responsibility to oversee this pastoral practice.

The appointment of priests and deacons to the pastoral care staff of a Catholic institution must have the explicit approval or confirmation of the local bishop in collaboration with the administration of the institution. The appointment of the director of the pastoral care staff should be made in consultation with the diocesan bishop.

For the sake of appropriate ecumenical and interfaith relations, a diocesan policy should be developed with regard to the appointment of non-Catholic members to the pastoral care staff of a Catholic health care institution. The director of pastoral care at a Catholic institution should be a Catholic; any exception to this norm should be approved by the diocesan bishop.

PART THREE

The Professional-Patient Relationship

Introduction

A person in need of health care and the professional health care provider who accepts that person as a patient enter into a relationship that requires, among other things, mutual respect, trust, honesty, and appropriate confidentiality. The resulting free exchange of information must avoid manipulation, intimidation, or condescension. Such a relationship enables the patient to disclose personal information needed for effective care and permits the health care provider to use his or her professional competence most effectively to maintain or restore the patient's health. Neither the health care professional nor the patient acts independently of the other; both participate in the healing process.

Today, a patient often receives health care from a team of providers, especially in the setting of the modern acute-care hospital. But the resulting multiplication of relationships does not alter the personal character of the interaction between health care providers and the patient. The relationship of the person seeking health care and the professionals providing that care is an important part of the foundation on which diagnosis and care are provided. Diagnosis and care, therefore, entail a series of decisions with ethical as well as medical dimensions. The health care professional has the knowledge and experience to pursue the goals of healing, the maintenance of health, and the compassionate care of the dying, taking into account the patient's convictions and spiritual needs, and the moral responsibilities of all concerned. The person in need of health care depends on the skill of the health care provider to assist in preserving life and promoting health of body, mind, and spirit. The patient, in turn, has a responsibility to use these physical and mental resources in the service of moral and spiritual goals to the best of his or her ability.

When the health care professional and the patient use institutional Catholic health care, they also accept its public commitment to the Church's understanding of and witness to the dignity of the human person. The Church's moral teaching on health care nurtures a truly interpersonal professional-patient relationship. This professional-patient relationship is never separated, then, from the Catholic identity of the health care institution. The faith that inspires Catholic health care guides medical decisions in ways that fully respect the dignity of the person and the relationship with the health care professional.

Directives

The inherent dignity of the human person must be respected and protected regardless of the nature of the person's health problem or social status. The respect for human dignity extends to all persons who are served by Catholic health care.

In compliance with federal law, a Catholic health care institution will make available to patients information about their rights, under the laws of their state, to make an advance directive for their medical treatment. The institution, however, will not honor an advance directive that is contrary to Catholic teaching. If the advance directive conflicts with Catholic teaching, an explanation should be provided as to why the directive cannot be honored.

Each person may identify in advance a representative to make health care decisions as his or her surrogate in the event that the person loses the capacity to make health care decisions. Decisions by the designated surrogate should be faithful to Catholic moral principles and to the person's intentions and values, or if the person's intentions are unknown, to the person's best interests. In the event that an advance directive is not executed, those who are in a position to know best the patient's wishes—usually family members and loved ones—should participate in the treatment decisions for the person who has lost the capacity to make health care decisions.

The free and informed consent of the person or the person's surrogate is required for medical treatments and procedures, except in an emergency situation when consent cannot be obtained and there is no indication that the patient would refuse consent to the treatment.

Free and informed consent requires that the person or the person's surrogate receive all reasonable information about the essential nature of the proposed treatment and its benefits; its risks, side-effects, consequences, and cost; and any reasonable and morally legitimate alternatives, including no treatment at all.

Each person or the person's surrogate should have access to medical and moral information and counseling so as to be able to form his or her conscience. The free and informed health care decision of the person or the person's surrogate is to be followed so long as it does not contradict Catholic principles.

All persons served by Catholic health care have the right and duty to protect and preserve their bodily and functional integrity.¹⁶ The functional integrity of the person may be sacrificed to maintain the health or life of the person when no other morally permissible means is available.¹⁷

The transplantation of organs from living donors is morally permissible when such a donation will not sacrifice or seriously impair any essential bodily function and the anticipated benefit to the recipient is proportionate to the harm done to the donor. Furthermore, the freedom of the prospective donor must be respected, and economic advantages should not accrue to the donor.

No one should be the subject of medical or genetic experimentation, even if it is therapeutic, unless the person or surrogate first has given free and informed consent. In instances of nontherapeutic experimentation, the surrogate can give this consent only if the experiment entails no significant risk to the person's well-being. Moreover, the greater the person's incompetency and vulnerability, the greater the reasons must be to perform any medical experimentation, especially nontherapeutic.

While every person is obliged to use ordinary means to preserve his or her health, no person should be obliged to submit to a health care procedure that the person has judged, with a free and informed conscience, not to provide a reasonable hope of benefit without imposing excessive risks and burdens on the patient or excessive expense to family or community.¹⁸

The well-being of the whole person must be taken into account in deciding about any therapeutic intervention or use of technology. Therapeutic procedures that are likely to cause harm or undesirable side-effects can be justified only by a proportionate benefit to the patient.

Health care providers are to respect each person's privacy and confidentiality regarding information related to the person's diagnosis, treatment, and care.

Health care professionals should be educated to recognize the symptoms of abuse and violence and are obliged to report cases of abuse to the proper authorities in accordance with local statutes.

Compassionate and understanding care should be given to a person who is the victim of sexual assault. Health care providers should cooperate with law enforcement officials and offer the person psychological and spiritual support as well as accurate medical information. A female who has been raped should be able to defend herself against a potential conception from the sexual assault. If, after appropriate testing, there is no evidence that conception has occurred already, she may be treated with medications that would prevent ovulation, sperm capacitation, or fertilization. It is not permissible, however, to initiate or to recommend treatments that have as their purpose or direct effect the removal, destruction, or interference with the implantation of a fertilized ovum.¹⁹

An ethics committee or some alternate form of ethical consultation should be available to assist by advising on particular ethical situations, by offering educational opportunities, and by reviewing and recommending policies. To these ends, there should be appropriate standards for medical ethical consultation within a particular diocese that will respect the diocesan bishop's pastoral responsibility as well as assist members of ethics committees to be familiar with Catholic medical ethics and, in particular, these Directives.

PART FOUR Issues in Care for the Beginning of Life

Introduction

The Church's commitment to human dignity inspires an abiding concern for the sanctity of human life from its very beginning, and with the dignity of marriage and of the marriage act by which human life is transmitted. The Church cannot approve medical practices that undermine the biological, psychological, and moral bonds on which the strength of marriage and the family depends.

Catholic health care ministry witnesses to the sanctity of life "from the moment of conception until death."²⁰ The Church's defense of life encompasses the unborn and the care of women and their children during and after pregnancy. The Church's commitment to life is seen in its willingness to collaborate with others to alleviate the causes of the high infant mortality rate and to provide adequate health care to mothers and their children before and after birth.

The Church has the deepest respect for the family, for the marriage covenant, and for the love that binds a married couple together. This includes respect for the marriage act by which husband and wife express their love and cooperate with God in the creation of a new human being.

The Second Vatican Council affirms:

This love is an eminently human one. . . . It involves the good of the whole person. . . . The actions within marriage by which the couple are united intimately and chastely are noble and worthy ones. Expressed in a manner which is truly human, these actions signify and promote that mutual self-giving by which spouses enrich each other with a joyful and a thankful will.²¹

Marriage and conjugal love are by their nature ordained toward the begetting and educating of children. Children are really the supreme gift of marriage and contribute very substantially to the welfare of their parents. . . . Parents should regard as their proper mission the task of transmitting human life and educating those to whom it has been transmitted. . . . They are thereby cooperators with the love of God the Creator, and are, so to speak, the interpreters of that love.²²

For legitimate reasons of responsible parenthood, married couples may limit the number of their children by natural means. The Church cannot approve contraceptive interventions that "either in anticipation of the marital act, or in its accomplishment or in the development of its natural consequences, have the purpose, whether as an end or a means, to render procreation impossible."²³ Such interventions violate "the inseparable connection, willed by God . . . between the two meanings of the conjugal act: the unitive and procreative meaning."²⁴

With the advance of the biological and medical sciences, society has at its disposal new technologies for responding to the problem of infertility. While we rejoice in the potential for good inherent in many of these technologies, we cannot assume that what is technically possible is always morally right. Reproductive technologies that substitute for the marriage act are not consistent with human dignity. Just as the marriage act is joined naturally to procreation, so procreation is joined naturally to the marriage act. As Pope John XXIII observed:

The transmission of human life is entrusted by nature to a personal and conscious act and as such is subject to all the holy laws of God: the immutable and inviolable laws which must be recognized and

*observed. For this reason, one cannot use means and follow methods which could be licit in the transmission of the life of plants and animals.*²⁵

Because the moral law is rooted in the whole of human nature, human persons, through intelligent reflection on their own spiritual destiny, can discover and cooperate in the plan of the Creator.²⁶

Directives

When the marital act of sexual intercourse is not able to attain its procreative purpose, assistance that does not separate the unitive and procreative ends of the act, and does not substitute for the marital act itself, may be used to help married couples conceive.²⁷

Those techniques of assisted conception that respect the unitive and procreative meanings of sexual intercourse and do not involve the destruction of human embryos, or their deliberate generation in such numbers that it is clearly envisaged that all cannot implant and some are simply being used to maximize the chances of others implanting, may be used as therapies for infertility.

Heterologous fertilization (that is, any technique used to achieve conception by the use of gametes coming from at least one donor other than the spouses) is prohibited because it is contrary to the covenant of marriage, the unity of the spouses, and the dignity proper to parents and the child.²⁸

Homologous artificial fertilization (that is, any technique used to achieve conception using the gametes of the two spouses joined in marriage) is prohibited when it separates procreation from the marital act in its unitive significance (e.g., any technique used to achieve extra-corporeal conception).²⁹

Because of the dignity of the child and of marriage, and because of the uniqueness of the mother-child relationship, participation in contracts or arrangements for surrogate motherhood is not permitted. Moreover, the commercialization of such surrogacy denigrates the dignity of women, especially the poor.³⁰

A Catholic health care institution that provides treatment for infertility should offer not only technical assistance to infertile couples but also should help couples pursue other solutions (e.g., counseling, adoption).

A Catholic health care institution should provide prenatal, obstetric, and postnatal services for mothers and their children in a manner consonant with its mission.

Abortion (that is, the directly intended termination of pregnancy before viability or the directly intended destruction of a viable fetus) is never permitted. Every procedure whose sole immediate effect is the termination of pregnancy before viability is an abortion, which, in its moral context, includes the interval between conception and implantation of the embryo. Catholic health care institutions are not to provide abortion services, even based upon the principle of material cooperation. In this context, Catholic health care institutions need to be concerned about the danger of scandal in any association with abortion providers.

Catholic health care providers should be ready to offer compassionate physical, psychological, moral, and spiritual care to those persons who have suffered from the trauma of abortion.

Operations, treatments, and medications that have as their direct purpose the cure of a proportionately serious pathological condition of a pregnant woman are permitted when they cannot be safely postponed until the unborn child is viable, even if they will result in the death of the unborn child.

In case of extrauterine pregnancy, no intervention is morally licit which constitutes a direct abortion.³¹ For a proportionate reason, labor may be induced after the fetus is viable.

Prenatal diagnosis is permitted when the procedure does not threaten the life or physical integrity of the unborn child or the mother and does not subject them to disproportionate risks; when the diagnosis can provide information to guide preventative care for the mother or pre- or postnatal care for the child; and when the parents, or at least the mother, give free and informed consent. Prenatal diagnosis is not permitted when undertaken with the intention of aborting an unborn child with a serious defect.³²

Nontherapeutic experiments on a living embryo or fetus are not permitted, even with the consent of the parents. Therapeutic experiments are permitted for a proportionate reason with the free and informed consent of the parents or, if the father cannot be contacted, at least of the mother. Medical research that will not harm the life or physical integrity of an unborn child is permitted with parental consent.³³

Catholic health institutions may not promote or condone contraceptive practices but should provide, for married couples and the medical staff who counsel them, instruction both about the Church's teaching on responsible parenthood and in methods of natural family planning.

Direct sterilization of either men or women, whether permanent or temporary, is not permitted in a Catholic health care institution. Procedures that induce sterility are permitted when their direct effect is the cure or alleviation of a present and serious pathology and a simpler treatment is not available.³⁴

Genetic counseling may be provided in order to promote responsible parenthood and to prepare for the proper treatment and care of children with genetic defects, in accordance with Catholic moral teaching and the intrinsic rights and obligations of married couples regarding the transmission of life.

PART FIVE Issues in Care for the Dying

Introduction

Christ's redemption and saving grace embrace the whole person, especially in his or her illness, suffering, and death.³⁵ The Catholic health care ministry faces the reality of death with the confidence of faith. In the face of death—for many, a time when hope seems lost—the Church witnesses to her belief that God has created each person for eternal life.³⁶

Above all, as a witness to its faith, a Catholic health care institution will be a community of respect, love, and support to patients or residents and their families as they face the reality of death. What is hardest to face is the process of dying itself, especially the dependency, the helplessness, and the pain that so often accompany terminal illness. One of the primary purposes of medicine in caring for the dying is the relief of pain and the suffering caused by it. Effective management of pain in all its forms is critical in the appropriate care of the dying.

The truth that life is a precious gift from God has profound implications for the question of stewardship over human life. We are not the owners of our lives and, hence, do not have absolute power over life. We have a duty to preserve our life and to use it for the glory of God, but the duty to preserve life is not absolute, for we may reject life-prolonging procedures that are insufficiently beneficial or excessively burdensome. Suicide and euthanasia are never morally acceptable options.

The task of medicine is to care even when it cannot cure. Physicians and their patients must evaluate the use of the technology at their disposal. Reflection on the innate dignity of human life in all its dimensions and on the purpose of medical care is indispensable for formulating a true moral judgment about the use of technology to maintain life. The use of life-sustaining technology is judged in light of the Christian meaning of life, suffering, and death. Only in this way are two extremes avoided: on the one hand, an insistence on useless or

burdensome technology even when a patient may legitimately wish to forgo it and, on the other hand, the withdrawal of technology with the intention of causing death.³⁷

Some state Catholic conferences, individual bishops, and the USCCB Committee on Pro-Life Activities (formerly an NCCB committee) have addressed the moral issues concerning medically assisted hydration and nutrition. The bishops are guided by the Church's teaching forbidding euthanasia, which is "an action or an omission which of itself or by intention causes death, in order that all suffering may in this way be eliminated."³⁸ These statements agree that hydration and nutrition are not morally obligatory either when they bring no comfort to a person who is imminently dying or when they cannot be assimilated by a person's body. The USCCB Committee on Pro-Life Activities' report, in addition, points out the necessary distinctions between questions already resolved by the magisterium and those requiring further reflection, as, for example, the morality of withdrawing medically assisted hydration and nutrition from a person who is in the condition that is recognized by physicians as the "persistent vegetative state" (PVS).³⁹

Directives

Catholic health care institutions offering care to persons in danger of death from illness, accident, advanced age, or similar condition should provide them with appropriate opportunities to prepare for death. Persons in danger of death should be provided with whatever information is necessary to help them understand their condition and have the opportunity to discuss their condition with their family members and care providers. They should also be offered the appropriate medical information that would make it possible to address the morally legitimate choices available to them. They should be provided the spiritual support as well as the opportunity to receive the sacraments in order to prepare well for death.

A person has a moral obligation to use ordinary or proportionate means of preserving his or her life. Proportionate means are those that in the judgment of the patient offer a reasonable hope of benefit and do not entail an excessive burden or impose excessive expense on the family or the community.⁴⁰

A person may forgo extraordinary or disproportionate means of preserving life. Disproportionate means are those that in the patient's judgment do not offer a reasonable hope of benefit or entail an excessive burden, or impose excessive expense on the family or the community.⁴¹

There should be a presumption in favor of providing nutrition and hydration to all patients, including patients who require medically assisted nutrition and hydration, as long as this is of sufficient benefit to outweigh the burdens involved to the patient.

The free and informed judgment made by a competent adult patient concerning the use or withdrawal of life-sustaining procedures should always be respected and normally complied with, unless it is contrary to Catholic moral teaching.

Euthanasia is an action or omission that of itself or by intention causes death in order to alleviate suffering. Catholic health care institutions may never condone or participate in euthanasia or assisted suicide in any way. Dying patients who request euthanasia should receive loving care, psychological and spiritual support, and appropriate remedies for pain and other symptoms so that they can live with dignity until the time of natural death.⁴²

Patients should be kept as free of pain as possible so that they may die comfortably and with dignity, and in the place where they wish to die. Since a person has the right to prepare for his or her death while fully conscious, he or she should not be deprived of consciousness without a compelling reason. Medicines capable of alleviating or suppressing pain may be given to a dying person, even if this therapy may indirectly shorten

the person's life so long as the intent is not to hasten death. Patients experiencing suffering that cannot be alleviated should be helped to appreciate the Christian understanding of redemptive suffering.

The determination of death should be made by the physician or competent medical authority in accordance with responsible and commonly accepted scientific criteria.

Catholic health care institutions should encourage and provide the means whereby those who wish to do so may arrange for the donation of their organs and bodily tissue, for ethically legitimate purposes, so that they may be used for donation and research after death.

Such organs should not be removed until it has been medically determined that the patient has died. In order to prevent any conflict of interest, the physician who determines death should not be a member of the transplant team.

Use of tissue or organs from an infant may be permitted after death has been determined and with the informed consent of the parents or guardians.

Catholic health care institutions should not make use of human tissue obtained by direct abortions even for research and therapeutic purposes.⁴³

PART SIX Forming New Partnerships with Health Care Organizations and Providers

Introduction

Until recently, most health care providers enjoyed a degree of independence from one another. In ever-increasing ways, Catholic health care providers have become involved with other health care organizations and providers. For instance, many Catholic health care systems and institutions share in the joint purchase of technology and services with other local facilities or physicians' groups. Another phenomenon is the growing number of Catholic health care systems and institutions joining or co-sponsoring integrated delivery networks or managed care organizations in order to contract with insurers and other health care payers. In some instances, Catholic health care systems sponsor a health care plan or health maintenance organization. In many dioceses, new partnerships will result in a decrease in the number of health care providers, at times leaving the Catholic institution as the sole provider of health care services. At whatever level, new partnerships forge a variety of interwoven relationships: between the various institutional partners, between health care providers and the community, between physicians and health care services, and between health care services and payers.

On the one hand, new partnerships can be viewed as opportunities for Catholic health care institutions and services to witness to their religious and ethical commitments and so influence the healing profession. For example, new partnerships can help to implement the Church's social teaching. New partnerships can be opportunities to realign the local delivery system in order to provide a continuum of health care to the community; they can witness to a responsible stewardship of limited health care resources; and they can be opportunities to provide to poor and vulnerable persons a more equitable access to basic care.

On the other hand, new partnerships can pose serious challenges to the viability of the identity of Catholic health care institutions and services, and their ability to implement these Directives in a consistent way, especially when partnerships are formed with those who do not share Catholic moral principles. The risk of scandal cannot be underestimated when partnerships are not built upon common values and moral principles. Partnership opportunities for some Catholic health care providers may even threaten the continued existence of other Catholic institutions and services, particularly when partnerships are driven by financial considerations alone. Because of the potential dangers involved in the new partnerships that are emerging, an increased

collaboration among Catholic-sponsored health care institutions is essential and should be sought before other forms of partnerships.

The significant challenges that new partnerships may pose, however, do not necessarily preclude their possibility on moral grounds. The potential dangers require that new partnerships undergo systematic and objective moral analysis, which takes into account the various factors that often pressure institutions and services into new partnerships that can diminish the autonomy and ministry of the Catholic partner. The following directives are offered to assist institutionally based Catholic health care services in this process of analysis. To this end, the United States Conference of Catholic Bishops has established the Ad Hoc Committee on Health Care Issues and the Church as a resource for bishops and health care leaders.

This new edition of the Ethical and Religious Directives omits the appendix concerning cooperation, which was contained in the 1995 edition. Experience has shown that the brief articulation of the principles of cooperation that was presented there did not sufficiently forestall certain possible misinterpretations and in practice gave rise to problems in concrete applications of the principles. Reliable theological experts should be consulted in interpreting and applying the principles governing cooperation, with the proviso that, as a rule, Catholic partners should avoid entering into partnerships that would involve them in cooperation with the wrongdoing of other providers.

Directives

Decisions that may lead to serious consequences for the identity or reputation of Catholic health care services, or entail the high risk of scandal, should be made in consultation with the diocesan bishop or his health care liaison.

Any partnership that will affect the mission or religious and ethical identity of Catholic health care institutional services must respect church teaching and discipline. Diocesan bishops and other church authorities should be involved as such partnerships are developed, and the diocesan bishop should give the appropriate authorization before they are completed. The diocesan bishop's approval is required for partnerships sponsored by institutions subject to his governing authority; for partnerships sponsored by religious institutes of pontifical right, his nihil obstat should be obtained.

If a Catholic health care organization is considering entering into an arrangement with another organization that may be involved in activities judged morally wrong by the Church, participation in such activities, must be limited to what is in accord with the moral principles governing cooperation.

Catholic health care organizations are not permitted to engage in immediate material cooperation in actions that are intrinsically immoral, such as abortion, euthanasia, assisted suicide, and direct sterilization.⁴⁴

The possibility of scandal must be considered when applying the principles governing cooperation.⁴⁵ Cooperation, which in all other respects is morally licit, may need to be refused because of the scandal that might be caused. Scandal can sometimes be avoided by an appropriate explanation of what is in fact being done at the health care facility under Catholic auspices. The diocesan bishop has final responsibility for assessing and addressing issues of scandal, considering not only the circumstances in his local diocese but also the regional and national implications of his decision.⁴⁶

The Catholic partner in an arrangement has the responsibility periodically to assess whether the binding agreement is being observed and implemented in a way that is consistent with Catholic teaching.

Conclusion

Sickness speaks to us of our limitations and human frailty. It can take the form of infirmity resulting from the simple passing of years or injury from the exuberance of youthful energy. It can be temporary or chronic, debilitating, and even terminal. Yet the follower of Jesus faces illness and the consequences of the human condition aware that our Lord always shows compassion toward the infirm.

Jesus not only taught his disciples to be compassionate, but he also told them who should be the special object of their compassion. The parable of the feast with its humble guests was preceded by the instruction: "When you hold a banquet, invite the poor, the crippled, the lame, the blind" (Lk 14:13). These were people whom Jesus healed and loved.

Catholic health care is a response to the challenge of Jesus to go and do likewise. Catholic health care services rejoice in the challenge to be Christ's healing compassion in the world and see their ministry not only as an effort to restore and preserve health but also as a spiritual service and a sign of that final healing that will one day bring about the new creation that is the ultimate fruit of Jesus' ministry and God's love for us.

Notes

National Conference of Catholic Bishops, *Health and Health Care: A Pastoral Letter of the American Catholic Bishops* (Washington, D.C.: United States Catholic Conference, 1981).

Health care services under Catholic auspices are carried out in a variety of institutional settings (e.g., hospitals, clinics, out-patient facilities, urgent care centers, hospices, nursing homes, and parishes). Depending on the context, these Directives will employ the terms "institution" and/or "services" in order to encompass the variety of settings in which Catholic health care is provided.

Health and Health Care, p. 5.

Second Vatican Ecumenical Council, *Decree on the Apostolate of the Laity (Apostolicam Actuositatem)* (1965), no. 1.

Pope John Paul II, *Post-Synodal Apostolic Exhortation, On the Vocation and the Mission of the Lay Faithful in the Church and in the World (Christifideles Laici)* (Washington, D.C.: United States Catholic Conference, 1988), no. 29.

As examples, see *Congregation for the Doctrine of the Faith, Declaration on Procured Abortion* (1974); *Congregation for the Doctrine of the Faith, Declaration on Euthanasia* (1980); *Congregation for the Doctrine of the Faith, Instruction on Respect for Human Life in its Origin and on the Dignity of Procreation: Replies to Certain Questions of the Day (Donum Vitae)* (Washington, D.C.: United States Catholic Conference, 1987).

Pope John XXIII, *Encyclical Letter, Peace on Earth (Pacem in Terris)* (Washington, D.C.: United States Catholic Conference, 1963), no. 11; *Health and Health Care*, pp. 5, 17-18; *Catechism of the Catholic Church*, 2nd ed. (Washington, D.C.: United States Catholic Conference, 2000), no. 2211.

Pope John Paul II, *On Social Concern, Encyclical Letter on the Occasion of the Twentieth Anniversary of "Populorum Progressio" (Sollicitudo Rei Socialis)* (Washington, D.C.: United States Catholic Conference, 1988), no. 43.

National Conference of Catholic Bishops, *Economic Justice for All: Pastoral Letter on Catholic Social Teaching and the U.S. Economy* (Washington, D.C.: United States Catholic Conference, 1986), no. 80.

The duty of responsible stewardship demands responsible collaboration. But in collaborative efforts, Catholic institutionally based health care services must be attentive to occasions when the policies and practices of other institutions are not compatible with the Church's authoritative moral teaching. At such times, Catholic health care institutions should determine whether or to what degree collaboration would be morally permissible. To make that judgment, the governing boards of Catholic institutions should adhere to the moral principles on cooperation. See Part Six.

Health and Health Care, p. 12.

Cf. Code of Canon Law, cc. 921-923.

Cf. *ibid.*, c. 867, § 2, and c. 871.

To confer Baptism in an emergency, one must have the proper intention (to do what the Church intends by Baptism) and pour water on the head of the person to be baptized, meanwhile pronouncing the words: "I baptize you in the name of the Father, and of the Son, and of the Holy Spirit."

Cf. c. 883, 3 .

For example, while the donation of a kidney represents loss of biological integrity, such a donation does not compromise functional integrity since human beings are capable of functioning with only one kidney.

Cf. directive 53.

Declaration on Euthanasia, Part IV; cf. also directives 56-57.

It is recommended that a sexually assaulted woman be advised of the ethical restrictions that prevent Catholic hospitals from using abortifacient procedures; cf. Pennsylvania Catholic Conference, "Guidelines for Catholic Hospitals Treating Victims of Sexual Assault," *Origins* 22 (1993): 810.

Pope John Paul II, "Address of October 29, 1983, to the 35th General Assembly of the World Medical Association," *Acta Apostolicae Sedis* 76 (1984): 390.

Second Vatican Ecumenical Council, "Pastoral Constitution on the Church in the Modern World" (*Gaudium et Spes*) (1965), no. 49.

Ibid., no. 50.

Pope Paul VI, Encyclical Letter, *On the Regulation of Birth (Humanae Vitae)* (Washington, D.C.: United States Catholic Conference, 1968), no. 14.

Ibid., no. 12.

Pope John XXIII, Encyclical Letter, *Mater et Magistra* (1961), no. 193, quoted in *Congregation for the Doctrine of the Faith, Donum Vitae*, no. 4.

Pope John Paul II, Encyclical Letter, *The Splendor of Truth (Veritatis Splendor)* (Washington, D.C.: United States Catholic Conference, 1993), no. 50.

"Homologous artificial insemination within marriage cannot be admitted except for those cases in which the technical means is not a substitute for the conjugal act but serves to facilitate and to help so that the act attains its natural purpose" (Donum Vitae, Part II, B, no. 6; cf. also Part I, nos. 1, 6).

Ibid., Part II, A, no. 2.

"Artificial insemination as a substitute for the conjugal act is prohibited by reason of the voluntarily achieved dissociation of the two meanings of the conjugal act. Masturbation, through which the sperm is normally obtained, is another sign of this dissociation: even when it is done for the purpose of procreation, the act remains deprived of its unitive meaning: 'It lacks the sexual relationship called for by the moral order, namely, the relationship which realizes "the full sense of mutual self-giving and human procreation in the context of true love"' (Donum Vitae, Part II, B, no. 6).

Ibid., Part II, A, no. 3.

Cf. directive 45.

Donum Vitae, Part I, no. 2.

Cf. *ibid.*, no. 4.

Cf. Congregation for the Doctrine of the Faith, "Responses on Uterine Isolation and Related Matters," July 31, 1993, *Origins* 24 (1994): 211-212.

Pope John Paul II, Apostolic Letter, *On the Christian Meaning of Human Suffering (Salvifici Doloris)* (Washington, D.C.: United States Catholic Conference, 1984), nos. 25-27.

National Conference of Catholic Bishops, *Order of Christian Funerals* (Collegeville, Minn.: The Liturgical Press, 1989), no. 1.

Declaration on Euthanasia.

Ibid., Part II, p. 4.

Committee for Pro-Life Activities, National Conference of Catholic Bishops, *Nutrition and Hydration: Moral and Pastoral Reflections* (Washington, D.C.: United States Catholic Conference, 1992). On the importance of consulting authoritative teaching in the formation of conscience and in taking moral decisions, see *Veritatis Splendor*, nos. 63-64.

Declaration on Euthanasia, Part IV.

Ibid.

Cf. *ibid.*

Donum Vitae, Part I, no. 4.

While there are many acts of varying moral gravity that can be identified as intrinsically evil, in the context of contemporary health care the most pressing concerns are currently abortion, euthanasia, assisted suicide, and direct sterilization. See Pope John Paul II's *Ad Limina Address* to the bishops of Texas, Oklahoma, and Arkansas (Region X), in *Origins* 28 (1998): 283. See also "Reply of the Sacred Congregation

for the Doctrine of the Faith on Sterilization in Catholic Hospitals" (Quaecumque Sterilizatio), March 13, 1975, *Origins* 10 (1976): 33-35: "Any cooperation institutionally approved or tolerated in actions which are in themselves, that is, by their nature and condition, directed to a contraceptive end . . . is absolutely forbidden. For the official approbation of direct sterilization and, a fortiori, its management and execution in accord with hospital regulations, is a matter which, in the objective order, is by its very nature (or intrinsically) evil." This directive supersedes the "Commentary on the Reply of the Sacred Congregation for the Doctrine of the Faith on Sterilization in Catholic Hospitals" published by the National Conference of Catholic Bishops on September 15, 1977 in *Origins* 11 (1977): 399-400.

See Catechism of the Catholic Church: "Scandal is an attitude or behavior which leads another to do evil" (no. 2284); "Anyone who uses the power at his disposal in such a way that it leads others to do wrong becomes guilty of scandal and responsible for the evil that he has directly or indirectly encouraged" (no. 2287).

See "The Pastoral Role of the Diocesan Bishop in Catholic Health Care Ministry," *Origins* 26 (1997): 703. United States Conference of Catholic Bishops | 3211 4th Street, N.E., Washington DC 20017-1194 | (202) 541-3000 © USCCB. All rights reserved.

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Public Comment re OSF acquisition of RHS

April 15, 2011

Anne M. Hammes

1. Introduction

- a. I have lived in Rockford most of my life, I went to school here, met my husband here and we have raised our 3 children here in Rockford.
- b. We are proud west side residents. We have many family and friends throughout the city. Believe me, as a nurse, I get many questions about healthcare, both personal and political.

2. Career moves

- a. I have actually worked in all three Rockford hospitals over the course of my 40 plus years as a nurse.
- b. I was a staff nurse in the critical care units at SwedishAmerican Hospital from 1976 to 1983. I had a wonderful experience there and learned a lot.
- c. From 1983 to 1998 I worked at Rockford Memorial Hospital. As the clinical nurse specialist in critical care I worked with many people throughout the organization. I saw firsthand the dedication and compassion that the caregivers had for their patients.
- d. For about 5 years I taught nursing and served as a consultant to both RHS and OSF.
- e. In 2002 I took a position as the Director of Nursing Operations at OSF SAMC and I am currently in that position. Every day I see the mission of the Sisters in the work of the nurses, physicians and the entire interdisciplinary team.

3. My Observations

- a. I shared my work history here in Rockford so that you could see that I have a pretty well rounded perspective on healthcare over a long trajectory.
- b. First, all of these hospitals provide high quality care.
- c. There are opportunities to eliminate redundant services, create efficiencies and save costs.
- d. More importantly, there is opportunity to create "Centers of Excellence".
- e. We could use the cost savings to create "world class" service lines. There are a number of people in this community that seek their healthcare elsewhere for special diseases. For example, this community could use an MS Center. We should have more services for oncology patients. We should have more services for children with unusual diseases. I could go on.
- f. This acquisition should be recommended because we need the combined and more efficient efforts of both OSF and RHS.
- g. Both hospitals have very similar focus on quality, safety and "serving with the greatest care and love."

April 15, 2011

Courtney R. Avery, Administrator
Illinois Health Facilities and Services Review Board
2nd Floor
525 West Jefferson Street
Springfield, Illinois 62761
Phone 217-782-3516
Fax 217-785-4111

E-007-11 Rockford Memorial Hospital, Rockford

Dear Ms. Avery,

My name is Ronald Burmeister. I am a retired board-certified obstetrician/gynecologist with a subspecialty in infertility and a Clinical Associate Professor at the University of Illinois College of Medicine-Rockford; I practiced from 1971 to 2006 in Rockford. During my career I was privileged to provide medical and reproductive care to thousands of women in this community, thus treating a wide range of women's health problems in countless situations. Although I respect the foundational ethics of the Roman Catholic Church, I raise concerns about how this merger will affect women's reproductive rights and health care, the restriction on freedom of medical judgment placed on physicians who provide care for women during the most challenging times in their reproductive lives, and the risks accrued to the patient when care is denied based on ethical issues put forth by the Church, namely, "the Church cannot approve medical practices that undermine the biological, psychological, and moral bonds on which the strength of marriage and family depends" - (U.S. Conference of Catholic Bishops - (USCCB) - Introduction - *Ethical and Religious Directives for Catholic Health Care Services*, hereafter noted as "Directive".)

In contrast The World Health Organization defines reproductive rights as follows:
"Reproductive rights rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health. They also include the right of all to

make decisions concerning reproduction free of discrimination, coercion and violence.”
(Gender and Reproductive Rights Homepage)

The prohibition of sterilization in Catholic institutions is a major concern. Women having C-sections can now request a tubal sterilization at Rockford Memorial Hospital, a procedure that has a high level of safety and the lowest recurrent pregnancy rate of all sterilization procedures. Under the merger, this procedure would be denied, and the woman would have to undergo a separate operation with all of its surgical and anesthetic risks in another facility months after the delivery and recover at home with the demands of caring for her baby. Expenses can range up to \$10,000 and would not be covered under a Catholic insurance rider. The alternative is to have her delivery at SwedishAmerican hospital pending insurance coverage or agree to an office-based sterilization procedure at a later date. A similar fate for Medicaid patients would burden that hospital due to low and delayed payments from the state. Outpatient surgery centers do not accept Medicaid patients. (“Sterilization of men and women is not permitted in a Catholic health institution.” - Directive 53)

Reproductive medicine is severely impacted by Catholic Church ethics which preclude masturbation for collection of sperm, in-vitro-fertilization (IVF), intrauterine insemination, and gamete donation, all modern technologies that have greatly improved pregnancy rates for couples desperate to have a family. (Directives 41, 42, 43.) “While we rejoice in the potential for good inherent in many of these technologies, we cannot assume that what is technically possible is always morally right. Reproductive technologies that substitute for the marriage act are not consistent with human dignity” (Introduction to Part IV – “Issues in Care for the Beginning of Life”)

The technological exception is gamete intra-fallopian transfer (GIFT) which allows fertilization to occur within the fallopian tube. GIFT is a thirty-year old outmoded method has a dismal pregnancy rate, requires an experienced medical staff of five individuals to transport highly technical equipment from the clinic to an operating room other than OSF, a general anesthetic, and surgery costing \$12,000 with \$3000 reimbursement under current OSF insurance. Sperm must be obtained with an expensive perforated condom used with intercourse before the couple leaves home for the hospital.

If the reason for infertility is damaged fallopian tubes (IVF indicated), a life-threatening ectopic pregnancy is likely, which constitutes the most common cause of maternal mortality in the first trimester. Couples who fail to conceive with any infertility treatment or endure an ectopic pregnancy suffer immeasurable grief and loss. (In case of extrauterine pregnancy, no intervention is morally licit which constitutes a direct abortion"- Directive 48.)

In my career I have encountered women with pregnancies that threaten the life of the mother. With proper medical consultation with specialists trained in the disease in question, abortion prior to extra-uterine fetal viability can become a necessity. Although abortion in a Catholic institution is prohibited presumably under any circumstance, an alternative would be the transfer of the mother to another medical facility, pending the stability of her condition. ("Abortion – that is, the directly intended termination of pregnancy before viability - or the directly intended destruction of a viable fetus - is never permitted" – Directive 45). ("Operations, treatments, and medications that have as their direct purpose the cure of a proportionately serious pathological condition of a pregnant woman are permitted when they cannot be safely postponed until the unborn child is viable, even if they will result in the death of the unborn child" – Directive 47.) Catholic medical ethics and dogma can complicate and interfere with decisions of highly trained medical specialists practicing evidence-based medicine, at times contradicting and superseding ethical guidelines of the American College of Obstetrics and Gynecology, the American Society of Reproductive Medicine and other specialty organizations around the world.

I understand that physicians at OSF can dispense oral contraceptive pills under a separate contract. What about the medicinal use of this medication, or insertion of specialized intrauterine devices, to control pain and bleeding? Do these patients require an out-of-system referral and be denied benefits if they carried Catholic insurance? Would the already overwhelmed Winnebago County Health Department or some other health-care entity provide the care? ("Catholic health institutions may not promote or condone MergerQuestionscontraceptive practices but should provide for married couples and the medical staff who counsel them, instruction both about the Church's teaching on

responsible parenthood and in methods of natural family planning” – Directive 52.)
(Natural family planning has an inherent 15% failure rate.) Adjudicators of this merger
must consider the impact of health care on the individual woman and the consequences
for other medical organizations within the community.

Given the above, Jill Morrison of the National Women’s Law Center, Washington, D.C.,
states that not-for-profit medical facilities should carefully consider the impact on the
community before entering into mergers or affiliations with religious-base institutions,
especially those that deal with restrictions on reproductive health services. I urge all
regulatory agencies involved in this merger to consider the consequences referable to
women’s health and the rights of women to obtain appropriate health care.

Very sincerely,



Ronald E. Burmeister, MD

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Attachment



UNITED STATES CONFERENCE OF CATHOLIC BISHOPS

Bishops

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Ethical and Religious Directives for Catholic Health Care Services, Fourth Edition

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United States Conference of Catholic Bishops

This fourth edition of the *Ethical and Religious Directives for Catholic Health Care Services* was developed by the Committee on Doctrine of the National Conference of Catholic Bishops and approved as the national code by the full body of bishops at its June 2001 General Meeting. This edition of the Directives, which replaces all previous editions, is recommended for implementation by the diocesan bishop and is authorized for publication by the undersigned.

Monsignor William P. Fay
General Secretary
USCCB

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PART FOUR

Issues in Care for the Beginning of Life

Introduction

The Church's commitment to human dignity inspires an abiding concern for the sanctity of human life from its very beginning, and with the dignity of marriage and of the marriage act by which human life is transmitted. The Church cannot approve medical practices that undermine the biological, psychological, and moral bonds on which the strength of marriage and the family depends.

Catholic health care ministry witnesses to the sanctity of life "from the moment of conception until death."²⁰ The Church's defense of life encompasses the unborn and the care of women and their children during and after pregnancy. The Church's commitment to life is seen in its willingness to collaborate with others to alleviate the causes of the high infant mortality rate and to provide adequate health care to mothers and their children before and after birth.

The Church has the deepest respect for the family, for the marriage covenant, and for the love that binds a married couple together. This includes respect for the marriage act by which husband and wife express their love and cooperate with God in the creation of a new human being. The Second Vatican Council affirms:

This love is an eminently human one. . . . It involves the good of the whole person. . . . The actions within marriage by which the couple are united intimately and chastely are noble and worthy ones. Expressed in a manner which is truly 24

human, these actions signify and promote that mutual self-giving by which spouses enrich each other with a joyful and a thankful will.²¹

Marriage and conjugal love are by their nature ordained toward the begetting and educating of children. Children are really the supreme gift of marriage and contribute very substantially to the welfare of their parents. . . . Parents should regard as their proper mission the task of transmitting human life and educating those to whom it has been transmitted. . . . They are thereby cooperators with the love of God the Creator, and are, so to speak, the interpreters of that love.²²

For legitimate reasons of responsible parenthood, married couples may limit the number of their children by natural means. The Church cannot approve contraceptive interventions that “either in anticipation of the marital act, or in its accomplishment or in the development of its natural consequences, have the purpose, whether as an end or a means, to render procreation impossible.”²³ Such interventions violate “the inseparable connection, willed by God . . . between the two meanings of the conjugal act: the unitive and procreative meaning.”²⁴

With the advance of the biological and medical sciences, society has at its disposal new technologies for responding to the problem of infertility. While we rejoice in the potential for good inherent in many of these technologies, we cannot assume that what is technically possible is always morally right. Reproductive technologies that substitute for the marriage act are not consistent with human dignity. Just as the marriage act is joined naturally to procreation, so procreation is joined naturally to the marriage act. As Pope John XXIII observed:

The transmission of human life is entrusted by nature to a personal and conscious act and as such is subject to all the holy laws of God: the immutable and ²⁵

inviolable laws which must be recognized and observed. For this reason, one cannot use means and follow methods which could be licit in the transmission of the life of plants and animals.²⁵

Because the moral law is rooted in the whole of human nature, human persons, through intelligent reflection on their own spiritual destiny, can discover and cooperate in the plan of the Creator.²⁶

Directives

38. When the marital act of sexual intercourse is not able to attain its procreative purpose, assistance that does not separate the unitive and procreative ends of the act, and does not substitute for the marital act itself, may be used to help married couples conceive.²⁷

39. Those techniques of assisted conception that respect the unitive and procreative meanings of sexual intercourse and do not involve the destruction of human embryos, or their deliberate generation in such numbers that it is clearly envisaged that all cannot implant and some are simply being used to maximize the chances of others implanting, may be used as therapies for infertility.

40. Heterologous fertilization (that is, any technique used to achieve conception by the use of gametes coming from at least one donor other than the spouses) is prohibited because it is contrary to the covenant of marriage, the unity of the spouses, and the dignity proper to parents and the child.²⁸

41. Homologous artificial fertilization (that is, any technique used to achieve conception using the gametes of the two spouses joined in marriage) is prohibited when it separates procreation from the marital act in its unitive significance (e.g., any technique used to achieve extracorporeal conception).²⁹²⁶

42. Because of the dignity of the child and of marriage, and because of the uniqueness of the mother-child relationship, participation in contracts or arrangements for surrogate motherhood is not permitted. Moreover, the commercialization of such surrogacy denigrates the dignity of women, especially the poor.³⁰

43. A Catholic health care institution that provides treatment for infertility should offer not only technical assistance to infertile couples but also should help couples pursue other solutions (e.g., counseling, adoption).

44. A Catholic health care institution should provide prenatal, obstetric, and postnatal services for mothers and their children in a manner consonant with its mission.

45. Abortion (that is, the directly intended termination of pregnancy before viability or the directly intended destruction of a viable fetus) is never permitted. Every procedure whose sole immediate effect is the termination of pregnancy before viability is an abortion, which, in its moral context, includes the interval between conception and implantation of the embryo. Catholic health care institutions are not to provide abortion services, even based upon the principle of material cooperation. In this context, Catholic health care institutions need to be concerned about the danger of scandal in any association with abortion providers.

46. Catholic health care providers should be ready to offer compassionate physical, psychological, moral, and spiritual care to those persons who have suffered from the trauma of abortion.

47. Operations, treatments, and medications that have as their direct purpose the cure of a proportionately serious pathological condition of a pregnant woman are permitted when they cannot be safely postponed until the unborn child is viable, even if they will result in the death of the unborn child.²⁷

48. In case of extrauterine pregnancy, no intervention is morally licit which constitutes a direct abortion.³¹

49. For a proportionate reason, labor may be induced after the fetus is viable.

50. Prenatal diagnosis is permitted when the procedure does not threaten the life or physical integrity of the unborn child or the mother and does not subject them to disproportionate risks; when the diagnosis can provide information to guide preventative care for the mother or pre- or postnatal care for the child; and when the parents, or at least the mother, give free and informed consent. Prenatal diagnosis is not permitted when undertaken with the intention of aborting an unborn child with a serious defect.³²

51. Nontherapeutic experiments on a living embryo or fetus are not permitted, even with the consent of the parents. Therapeutic experiments are permitted for a proportionate reason with the free and informed consent of the parents or, if the father cannot be contacted, at least of the mother. Medical research that will not harm the life or physical integrity of an unborn child is permitted with parental consent.³³

52. Catholic health institutions may not promote or condone contraceptive practices but should provide, for married couples and the medical staff who counsel them, instruction both about the Church's teaching on responsible parenthood and in methods of natural family planning.

53. Direct sterilization of either men or women, whether permanent or temporary, is not permitted in a Catholic health care institution. Procedures that induce sterility are permitted when their direct effect is the cure or alleviation of a present and serious pathology and a simpler treatment is not available.³⁴²⁸

54. Genetic counseling may be provided in order to promote responsible parenthood and to prepare for the proper treatment and care of children with genetic defects, in accordance with Catholic moral teaching and the intrinsic rights and obligations of married couples regarding the transmission of life.

GORDON H. GEDDES

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15 April 2011

To Whom It May Concern:

I am retired from Greenlee Textron. Textron corporate has obtained the services of Humana to administer their health care program. Until this program year, medical care was available from any hospital/physician group in Rockford. This is no longer true.

Currently, Humana does not recognize SwedishAmerican Hospital or any physician associated with it. I have been told that when Humana purchased OSF's health care insurance program, Humana was expressly restricted by OSF from including any relationship with SwedishAmerican Health System. Therefore, the retirees and employees of Textron companies in the Rockford area cannot use SwedishAmerican services under the Humana coverage. This is no small number as, in addition to Greenlee, Textron owned Camcar, Elco and Taptite Products; so there are many, many families affected by this exercise in corporate power exerted by OSF Health Care to eliminate competition in the Rockford marketplace.

Competition among the hospitals has worked well these past on hundred years. We do not need a big elephant in twon!

Thank You

