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ILLINOIS DEPARTMENT OF PUBLIC HEALTH

IN RE: SURGERY CENTER OF SOUTHERN ILLINOIS

PUBLIC HEARING

APRIL 5, 2011

ORIGINAL

NATIONWIDE SCHEDULING

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A Public Hearing was held on April 5, 2011, between the hours of eight o'clock in the forenoon and six o'clock in the afternoon of that day, at the Marion City Council Chambers, 1102 Tower Square, Marion, Illinois, before Jenna L. Higgins, a Certified Court Reporter (MO), Certified Shorthand Reporter (IL), and a Notary Public within and for the State of Illinois, in a certain cause now pending with the Illinois Department of Public Health.

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A P P E A R A N C E S

Illinois Department of Public Health:

DIVISON OF HEALTH SYSTEMS DEVELOPMENT

By: George Roate

525 West Jefferson Street

Springfield, Illinois 62702

(217) 782-3516

Also present: Public

Court Reporter:

Jenna L. Higgins, CSR, CCR

Midwest Litigation Services

711 North Eleventh Street

St. Louis, Missouri 63101

(314) 644-2191

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1 IT IS HEREBY STIPULATED AND AGREED that
2 this hearing may be taken in shorthand by Jenna L.
3 Higgins, a Certified Court Reporter (MO), Certified
4 Shorthand Reporter (IL), and Notary Public, and
5 afterwards transcribed into typewriting.

6 (The hearing commenced at 10:12 a.m.)

7 MR. ROATE: Good morning. My name is
8 George Roate. I am with the Illinois Department of
9 Public Health and I am here to conduct a public
10 hearing on the proposed project known as Exemption
11 E-001-11, Surgery Center of Southern Illinois and the
12 applicant's proposal to purchase 100 percent interest
13 in Marion Holding, LLC, the owner of the
14 multi-specialty Ambulatory Surgery Treatment Center in
15 Marion. As per the rules of the Illinois Health
16 Facilities and Services Review Board, I would like to
17 read the legal notice into the record.

18 In accordance with the requirements of the
19 Illinois Health Facilities Planning Act, Notice is
20 given of receipt of a change of ownership exemption
21 application E-001-11-Surgery Center of Southern
22 Illinois, 806 North Treas, Marion, Illinois. Cirurgia
23 Centro, LLC, is proposing to purchase 100 percent
24 interest in Marion Holding, LLC, that owns 51 percent
25 general partner interests and 9.6 limited partnership

1 interest of Marion Surgical Center, Limited. Upon
2 completion of this purchase, Cirurgia Central, LLC,
3 will obtain control of a health care facility's
4 capital operation or physical plant and capital
5 assets. The cost of the transaction is \$1,512,500.

6 A public hearing will take place pursuant
7 to Part 1130.910. The hearing is scheduled for 10
8 a.m. on Tuesday, April 5th, 2011, at Marion City
9 Council Chambers, 1102 Tower Square, Marion, Illinois
10 62959. The public hearing is to be held by the
11 Illinois Department of Public Health pursuant to the
12 Illinois Health Facilities Planning Act. The hearing
13 is open to the public and will afford an opportunity
14 for parties with interest to present written and/or
15 verbal comment relevant to the project. All
16 allegations or assertions should be relevant to the
17 need for that proposed project and be supported with
18 two copies of documentations or materials that are
19 printed or typed on paper, size eight-and-a-one-half
20 by eleven inches. Consideration by the State Board
21 has been tentatively scheduled for the June 28th State
22 Board Meeting.

23 If you have not done so, please sign in
24 using the appropriate registration forms. One form is
25 for individuals who want to provide testimony in favor

1 of the proposed project. Another form is for people
2 to provide testimony who oppose the project. The last
3 form is for individuals to register their attendance
4 who do not wish to testify.

5 To ensure that the Illinois Health
6 Facilities and Services Review Board's public hearings
7 protect the privacy and maintain the confidentiality
8 of an individual's health information, covered
9 entities, as defined by the Health Insurance
10 Portability Act of 1996, such as facilities, hospital
11 providers, health plans, and health care
12 clearinghouses, submitting oral or written testimony
13 that discloses projected health information of
14 individuals shall have a valid written authorization
15 from that individual. The authorization shall allow
16 the covered entity to share the individual's projected
17 health information at this hearing.

18 Those of you who came with prepared text
19 for your presentation may choose to submit that text
20 without giving testimony. However, if you are giving
21 oral testimony, please be as brief as possible. Due
22 to the number of individuals who have expressed an
23 interest in providing testimony, I must limit each
24 oral presentation to no more than five minutes. As
25 per the legal notice, I would appreciate two copies of

1 your testimony. When you make your presentation,
2 please give the court reporter the correct spelling of
3 your name. If there is a chief spokesperson for the
4 applicant, we would like that individual to make the
5 first presentation. The remaining testimony will be
6 taken in the order of the names on the registers.
7 Please hold your questions until all the testimony is
8 presented. Is there someone from the applicant who
9 wishes to make the first presentation? Ms. Kara
10 Friedman?

11 I'm Kara Friedman, K-a-r-a F-r-i-e-d-m-a-n,
12 and I'm with the law firm of Polsinelli Shughart. I
13 represent the applicant. A hearing was requested
14 today by counsel for Dr. Maqbool Ahmad, the
15 member-manager of the competing Mount Vernon Eye
16 Center. I'm here today to review how the proposed
17 change of ownership of the surgery center of Southern
18 Illinois meets the Illinois Health Facilities and
19 Services Review Board's requirements for a
20 certification of exemption for the change of ownership
21 of an existing health care facility.

22 The project is before the State Board
23 because it contemplates a change of ownership of the
24 entity that has control over the Surgery Center of
25 Southern Illinois, Marion Holdings, LLC, which is the

1 general partner of the surgery center. A certificate
2 of exemption process is substantially different from
3 the certificate of need process. Most importantly,
4 approval of an application or exemption is
5 non-discretionary provided the information required by
6 the State Board's rules is submitted. To be eligible
7 for a certificate of exemption for a change of
8 ownership for the health care facility the applicant
9 must submit five things. Documentation that will not
10 substantially change the categories of service, in
11 this case outpatient ambulatory surgery, for at least
12 12 months following the change of ownership; execute a
13 transaction document such as a letter of intent or
14 purchase agreement that includes a contingency that
15 the change of ownership will not occur until State
16 Board approval has been obtained; be fit, willing, and
17 able and have a background and character to adequately
18 provide the proper standard of health service to the
19 community; have sufficient funds to finance the
20 acquisition; and intent of ownership and control of
21 the facility for at least three years.

22 The change of ownership -- the application
23 for the change of ownership of the Surgery Center of
24 Southern Illinois complies with the State Board's
25 requirements. It is entitled to the exemption. This

1 was confirmed by the State Board staff which deemed
2 the application complete after its submission.
3 Importantly, an application is only deemed complete
4 when all of the required information and required
5 application fee is submitted. And this is pursuant to
6 the Board's Rules found in 77 Illinois Administrative
7 Code 1130.550. As a result, when the State Board
8 deems an application for exemption complete, the State
9 Board has no discretion on the approval of the
10 discretion.

11 The State Board rules provide for the
12 opportunity for a public hearing and while approval is
13 non-discretionary and the applicant is not required to
14 respond to or address comments made at the public
15 hearing, if appropriate, we will consider the comments
16 made today as we move forward.

17 I would like to address now how the
18 application meets the requirements and why it is
19 entitled to a certificate of exemption. As the scope
20 of services there will be no substantial change in the
21 scope of level of services provided as a result of the
22 change of ownership. The Surgery Center of Southern
23 Illinois is an approved multi-specialty ambulatory
24 surgery treatment center providing at least three
25 surgical specialties. After the change of control,

1 the surgery center will continue to offer outpatient
2 ambulatory surgery.

3 The executed purchase agreement, which was
4 signed on January 27th, 2011, was delivered to the
5 State Board along with a seal and application at this
6 point in the transaction subject to State Board
7 approval as required and it's scheduled to close
8 within 30 days of approval of the application for
9 exemption.

10 Next, Ron Osman, the principal of Cirurgia,
11 has the requisite knowledge and experience in
12 operating surgery centers to adequately provide the
13 proper standard of health service to the community.
14 He's an outstanding member of the community and a
15 successful businessman. Importantly, he was integral
16 in the establishment of the Surgery Center of Southern
17 Illinois. Moreover, the proposed transaction does not
18 violate the Illinois Corporate Practice of Medicine
19 Doctrine. While this doctrine prohibits a person who
20 does not possess a valid medical license from
21 practicing medicine, it does not prohibit nonphysician
22 ownership of the surgery center. Importantly, the
23 surgery center merely provides the facility's
24 equipment and nonphysician staff that enables
25 physicians to perform surgery. The owners do not make

1 or influence treatment decisions and further the
2 ASTC's qualified consulting committee is comprised
3 entirely of physicians as required by IDPH
4 requirements. Surgery centers are separately licensed
5 and different from medical practices and have their
6 own set of IDPH requirements designed to maximize the
7 safety of patients who utilize the surgery center.
8 Surgery centers do not diagnose or treat physical
9 ailments or conditions or recommend or prescribe
10 treatment.

11 As to financial resources in the
12 application, Cirurgia provided evidence that it has
13 sufficient financial resource to fund the purchase of
14 the Marion Holdings, LLC.

15 As a prudent business person, my client did
16 not enter into this transaction lightly. Mr. Osman's
17 interest in the Surgery Center of Southern Illinois
18 stems from his commitment to the community. Mr. Osman
19 is not looking for a short-term gain, but rather wants
20 to ensure the residents of Marion have continued
21 access to high quality and low cost health care. To
22 that end, Mr. Osman is committed to maintain ownership
23 and control of the surgery center for a minimum of
24 three years.

25 Importantly, the proposed change of

1 ownership of the surgery center is necessary to ensure
2 the future viability of the surgery center. It will
3 not result in a reduction of the scope or level of
4 services, loss of jobs or revenue to the tax base, or
5 inconvenience to patients. It will guarantee the
6 residents of Marion continued access to high quality,
7 low cost health care services close to home. Thank
8 you for your time and attention. I respectfully
9 request the State Board to approve Project Number
10 E-001-11, the change of ownership of the Surgery
11 Center of Southern Illinois. Thank you.

12 MR. ROATE: I will now ask the first person
13 who signed in opposition to the project, Ms. Dorothy
14 Machicao, please step forward. Dorothy -- last name
15 spelled M-a-c-h-i-c-a-o.

16 MS. MACHICAO: Good morning. My name is
17 Dorothy Machicao, M-a-c-h-i-c-a-o. My husband,
18 Carlos, has been employed by the Surgery Center of
19 Southern Illinois since December of 1985. His
20 employment there continued until November of 2010. In
21 August of 2009, Carlos was employed by Marion Eye
22 Center, Inc., and continues to be employed there to
23 this day. It is my understanding that the issue
24 before this board is an exemption to a certificate of
25 need for the surgery center. In as much as there

1 already exists in Marion a surgery center, Marion
2 health care, it does not seem logical to have a second
3 surgical -- surgery center for general surgery. There
4 is also two hospitals in the immediate area; Heartland
5 Community Hospital and Herrin Hospital. And, of
6 course, Veteran's Hospital here in Marion. There is,
7 however, a need for a surgery center whose emphasis is
8 primarily ophthalmopathy. Only this can be provided by
9 the Marion Eye Center, Inc. I am in opposition of the
10 surgery center being sold and maintained by Mr. Osman.
11 Thank you very much.

12 MR. ROATE: Speaking second in support to
13 the project Ms. Melinda Melvin.

14 MS. MELVIN: Good morning. I'm Melinda
15 Melvin, a registered nurse, employed at the Surgery
16 Center of Southern Illinois since 2002. During my
17 employment there have been two different managing
18 general partners of the Surgery Center. Neither of
19 these changes of the managing general partner has
20 resulted in any interruption of care. I am speaking
21 on behalf of the staff of the Surgery Center of
22 Southern Illinois in support of the certificate of
23 exemption. This exemption allows for the managing
24 general partner to change. We are confident in the
25 leadership that Ron Osman offers and hope that none of

1 the attempts to interfere with the transaction will
2 disrupt this process. Without the transaction, the
3 continued operation of the Surgery Center of Southern
4 Illinois would be in jeopardy. That, in turn, would
5 jeopardize jobs within the community.

6 On behalf of the staff of the Surgery
7 Center of Southern Illinois, many of whom are here
8 today, we do support this exemption. This would allow
9 us as we have for many years to continue to offer high
10 quality, cost effective care to the patients and
11 physicians in the community. Approving the
12 transaction will also allow us to continue to provide
13 access to the health care services within the
14 community. We thank you for the opportunity to voice
15 our support of the certificate of exemption,
16 No. E-001-11.

17 MR. ROATE: Second from the list of
18 speakers to oppose, Mr. Womick.

19 MR. WOMICK: My name is John Womick,
20 W-o-m-i-c-k, an attorney for Dr. Ahmad, Dr. Umana, Dr.
21 Ortiz, and Dr. Olk in litigation resulting from this
22 transaction. I was impressed by Ms. Melvin's verse
23 about interfering with the transaction. The facts are
24 that Dr. Ahmad had a letter of intent signed and then
25 Ron became aware of it and on the day that the

1 application was signed by Ron the letter of intent by
2 Dr. Ahmad was cancelled. I think the Board needs to
3 look into that transaction and try to decide whether
4 Ron's conduct in that regard was appropriate or not
5 for this transfer. The issue before the Board ought
6 to be the liability of the surgery center. Dr. Ahmad
7 and Dr. -- Dr. Ahmad and Ron don't get along. Haven't
8 gotten along since at least 1995 when Ron was barred
9 from representing Dr. Ryll in a lawsuit against Dr.
10 Ahmad. This is not a point in time to get into he
11 said she said, so I have attached a copy of the order
12 by the federal judge who took on that case at that
13 time regarding why they don't get along.

14 If you look at the experience of the
15 procedures performed at the facility, 99 percent of
16 them have been performed by Dr. Ahmad and his
17 associates to suggest that the center will continue as
18 it has in the past without those doctors is
19 disheartening. The attorney for Mr. Osman said that
20 the board -- that the facility was run by a medical
21 staff. That staff is comprised almost entirely of
22 Dr. Ahmad and his associates, the chief of staff.
23 None of those doctors will remain with that facility
24 if Ron gets the ownership. I think the big issue here
25 that has to be looked at is if you substitute Womick

1 for Osman, I'm a personal injury plaintiff's trial
2 lawyer in Southern Illinois. I do medical malpractice
3 cases. On this case, I represent these doctors. If
4 you substitute my name for the application, you would
5 have the exact same results. There is not a doctor in
6 this room that would do surgery at a facility owned or
7 controlled by me. The same is true for Ron. Thank
8 you.

9 MR. ROATE: Speaking in support, Linda
10 Bickers.

11 MS. BICKERS: Hi. My name is Linda
12 Bickers, L-i-n-d-a, B as in Boy, i-c-k-e-r-s. I am a
13 registered nurse and I am also the administrator of
14 the Surgery Center of Southern Illinois. I have been
15 employed by the surgery center for 26 years. In the
16 course of that time, we have had four general
17 partnership changes without any change to the
18 community. I am speaking on behalf of the surgery
19 center. Our goal is to continue to provide high
20 quality surgery to the community. We were the
21 original surgery center in the community and became
22 multi-specialty. Our original CON was for
23 multi-specialty. Over the years, the ownership
24 structure has changed from a sole proprietorship to a
25 limited partnership consisting of a nonphysician

1 entity serving as the general partner and physician
2 investors as limited partners. This change in the
3 general partnership will not change the ownership of
4 those limited partners, which Dr. Ahmad, Dr. Umana,
5 Dr. Ortiz, Dr. Olk, and Dr. Juergens are limited
6 partners and will be able to continue to do their
7 surgery there. They have chosen even prior to this
8 transaction when they opened the Marion Eye Center in
9 Mount Vernon to move their cases out of the local
10 community. The Surgery Center of Southern Illinois is
11 the -- out of two surgery centers in Marion, Illinois,
12 is AAAHC accredited. Being accredited means that our
13 surgery meets the highest standards for patient
14 safety, quality of care and value. In 2010 our
15 surgery center had no postoperative infections, no
16 postoperative hospital transfer, and a 92 percent
17 patient satisfaction rate. With health care reform
18 legislation aimed at reducing cost, it is vital that
19 patients have access to high quality, low cost
20 treatment options. Ambulatory surgery centers provide
21 this. The surgeries -- in closing, the Surgery Center
22 of Southern Illinois has an open medical staff.
23 Meaning any physician in the community who wishes to
24 apply and meets the requirements for medical staff
25 membership will be allowed to schedule cases at the

1 surgery center. All patients have the right to choose
2 where they want their surgery performed. The general
3 partner does not make medical care decisions. Those
4 decisions are made by the physicians and physicians on
5 the medical executive committee. The general partner
6 only makes business decisions. Like the CEO of a
7 hospital, the general partner will not be performing
8 the surgeries. It's simply ensuring that the
9 physicians have the necessary equipment and trained
10 staff to perform the services. This transaction is
11 simply a change of a business partner from a national
12 surgery center chain to a member of the community who
13 wants each and every one of us to have access to the
14 best health care possible. I respectfully request
15 that Illinois Health Facilities and Services Review
16 Board approve this certificate of exemption for
17 Project E-001-11, the change of ownership of the
18 Surgery Center of southern Illinois.

19 MR. ROATE: Next to speak in opposition is
20 Dr. Maqbool Ahmad.

21 DR. AHMAD: Good morning. You know, I have
22 prepared my notes for about 15 minutes, but due to the
23 time constraint I will do my best and touch up on the
24 most important things first. In a business, the first
25 thing and the most fundamental thing is whether to

1 trust your partner or not. If you don't trust your
2 partner you're dealing with you cannot run a business.
3 I want to make it very clear to the Board very
4 respectfully that I do not trust Mr. Osman. I repeat
5 I do not trust Mr. Osman. I'm not saying this just
6 because I am paranoid. I am not. It goes back to the
7 history of me and Mr. Osman. In his application which
8 he submitted to the Board he said he started the
9 medical institute. I was shocked when -- I wish I had
10 more time to elaborate. But we competed and then the
11 Marion Eye Institute ran into some sort of trouble
12 with Medicare billing, which I'm not quite sure but I
13 know -- but I just hated that there were some
14 problems. Mr. Osman should have find (sic) what that
15 was. Anyway, the medical institute was sold to
16 MediVision. MediVision ran it underground. At that
17 time, Dr. Ryll, the doctor, he was the employee, Mr.
18 Osman went to him and they came in part of the deal.
19 In that deal Mr. Ryll -- Dr. Ryll, what they -- which
20 goes back to the problem with the Medicare billing.
21 Which I'm not sure Mr. Osman really explained to us
22 now or the Board to what the problem was because I
23 don't know exact detail. Anyway, so when Dr. Ryll
24 became my employee he told me that after -- certain
25 things which were related to him by the Medicare and

1 it was not acceptable to me, so I asked him that our
2 relationship should end. And that relationship was.
3 I told him I would tell what he did and we -- Mr.
4 Osman had worked for me three or four months as my
5 lawyer. So I terminated his -- I at least did not
6 continue keeping his services. And that's where the
7 problems started. He -- both of them, they go, they
8 bring a massive -- I mean a massive -- lawsuit against
9 me going to the Inspector General that I'm doing some
10 fraudulent activity with banking. Those people came
11 in and they stayed there for almost a year. It
12 created havoc in my practice. Havoc. They asked so
13 many things so many it was -- it was absolute turmoil
14 in my practice. Anyway, at the end I was cleared of
15 any problem completely. Not a single penny was paid.
16 And that wasn't the end of the story. Mr. Osman goes
17 and files a second lawsuit against me in federal court
18 in Benton. He and Ryll. Guess what? The judge
19 afforded me -- what we call his decision we have
20 copies of that. You can ask for those. Read it for
21 yourself. He was thrown off the case for unethical
22 conduct. He was thrown off the case for unethical
23 conduct. That is not a small thing for a lawyer. My
24 attorneys will explain to you what that means. So
25 that was the second problem.

1 It goes on then he started a business. His
2 office is next to the surgery center. Him coming in
3 as the employer of the surgery center will create a
4 havoc in my doing business there. I can't have him
5 there. I wish I can. I don't have time, but if you
6 hear, though, you will be shocked. I have no choice
7 but to go. So -- that was the second reason I don't
8 trust him.

9 Third reason I don't trust him, I had a
10 contract to purchase the surgery center. The surgery
11 center -- the people came to me to buy the place.
12 They had a contract. They put all the conditions on
13 there. I just signed the papers. I was simply
14 acquired by them. They broke all the rules. The
15 operation -- my attorneys will explain to you how he
16 underhandedly manipulated the contract to take over
17 the contract. That is in the lawsuit and that will be
18 dealt with. But my attorneys will explain to you how
19 he manipulated that contract. I don't trust him.
20 That's the third reason. Fourth reason, he's not a
21 medical professional. Guess what? If he can create
22 havoc when he's not in relation to the surgery center,
23 in my practice, guess what, if he writes a paycheck,
24 hires and fires people, gives them the promotions,
25 demotions, gives them the bonus checks, what will

1 happen, I will be miserable. I do not trust this man.
2 I do not trust this man. As a result of that, I'm
3 telling this Board very respectfully that in my
4 pattern of practice the surgery center for the eye is
5 absolutely needed for me to do the surgery -- to run
6 my operation. It is absolutely necessary. But
7 because of this man I cannot stay there. Absolutely
8 not. So I declare today that as this man is
9 associated with that surgery center, me, my partners,
10 we'll not come near the center. See, that's where the
11 trouble is. I'm -- I'm committed to my people, my
12 patients. I want to serve them. That's what has
13 gotten me where I am today. I'm devoted to my people,
14 my patients. It hurts me that they have to travel,
15 whatever. But if they are forced to just because of
16 this man, I will not do surgery. I will do anything
17 else by my patients but will do surgery when he's
18 here. So thank you very much. So please consider
19 those factors before the Board. I really, really
20 believe in them. Thank you very much.

21 MR. ROATE: Thank you. The Board would
22 like to next call Mr. Aaron Luther.

23 MR. LUTHER: I decline comment.

24 MR. ROATE: Next in testimony of support I
25 would like to call Paul Juergens.

1 DR. JUERGENS: Good morning. My name is
2 Dr. Paul Juergens, J-u-e-r-g-e-n-s. I am board
3 certified in pain management and have been a limited
4 partner in the Surgery Center of Southern Illinois
5 since March, 2009. I am here to express my support
6 for the change of ownership of Marion Holdings, LLC,
7 the majority partner of the Surgery Center of Southern
8 Illinois.

9 The change of ownership has come about due
10 to ongoing financial losses at the surgery center.
11 Late last year, the Surgical Care Associates, the sole
12 member of Marion Holdings, decided late last year to
13 sell its majority interest in the surgery center to a
14 third party. On January 27th, 2011, Surgical Care
15 Affiliates signed a purchase agreement to sell its
16 interest in the Surgery Center of Southern Illinois to
17 Cirurgia Centro, LLC, contingent on approval of the
18 Illinois Health Facilities and Services Review Board,
19 period.

20 As a physician-investor in the surgery
21 center, I welcome the change of ownership. Cirurgia
22 will provide the surgery center with the firm
23 financial footing that is needed as we seek to add
24 more physicians to our medical staff and expand the
25 scope of services provided to the residents of Marion.

1 Importantly, it will also bring the surgery center
2 under local control and management. Mr. Osman, the
3 principal of Cirurgia, has been an active member of
4 the Marion community and was instrumental in the
5 development of the Surgery Center of Southern
6 Illinois. He understands the complexities of health
7 care and will implement prudent management strategies
8 while maintaining access to the services for the
9 residents of Marion. This surgery center is needed.
10 It is one of only two multi-specialty surgery centers
11 within a 30-mile radius of Marion. We provide high
12 quality surgical procedures at significantly lower
13 costs than hospitals, outpatient partners.

14 For example, the median charge for the
15 insertion of a spinal cord stimulator at the Surgery
16 Center of Southern Illinois is \$1,416 compared to
17 \$3,770.38 at Heartland Regional Medical Center. With
18 the cost of health care rising exponentially, this
19 surgery center is needed to ensure continued access to
20 low cost, high quality health care to the residents of
21 Marion. Thank you. I strongly urge the Health
22 Facilities and Services Review Board approve the
23 change of ownership of Marion Holdings, LLC.

24 MR. ROATE: Next speaking in opposition to
25 the project is Dr. Faisal Ahmad.

1 DR. AHMAD: My name is Dr. Faisel Ahmad,
2 F-a-i-s-e-l A-h-m-a-d. I'm an ophthalmologist
3 specializing in intraretinal diseases and cataract
4 surgery. I'm also speaking on behalf of my brother,
5 Dr. Omar Ahmad, who is also a surgeon and will be
6 joining the practice soon. I want the esteemed board
7 members to know there is a tremendous need for vision
8 health care in Southern Illinois and Southeast
9 Missouri. We understand the role of the Health
10 Facilities and Services Review Board is in part to
11 ensure approved access to health care. Having grown
12 up in Southern Illinois, both my brother and I look
13 forward to providing the essential care this community
14 needs and to continue the commitment my father, Dr.
15 Ahmad, and his colleagues have made to the region.

16 We also want the members of the Board to
17 know that we will not perform any procedures at the
18 Marion Surgery Center if this change of ownership is
19 granted to Attorney Osman. As physicians, we believe
20 medical decisions and medical practices should be
21 under the control of medical professionals. The Board
22 is now aware of the ethical concerns we have given
23 Attorney Osman's prior dealings with Marion Eye
24 Centers. We simply are not comfortable with having
25 our medical practice controlled by an attorney and, in

1 particular, this attorney. I thank the Board for
2 allowing me to make these comments.

3 MR. ROATE: Lastly, speaking in support --
4 speaking in support of the project, I would like to
5 call Mr. Ron Osman.

6 MR. OSMAN: Thank you. This has certainly
7 been an interesting day; an election day with the
8 school board, city elections. The majority of you get
9 a paid day off to come to hear, to paraphrase, the
10 Patton after he slapped the soldier. I thought I was
11 going to come up here and stand so you can see how big
12 of an SOB I really am. I'm not -- I'm not going to
13 respond to a majority of the information because it is
14 all irrelevant. The issue before the Board is whether
15 or not Surgery Center, LLC, meets the qualifications
16 for an exemption letter. It's not easy for someone to
17 not respond to these scurrilous accusations that have
18 been made. But they are not relevant. Truth of the
19 matter is I'm an experienced attorney experienced in
20 health care. I helped put together the American Eye
21 Institute. I received the first CON for it in 1986.
22 Dr. Ryll and I operated it for three successful years
23 until he decided to retire. I have been involved and
24 owned and managed four hospitals. I'm on the board of
25 two publically traded companies; biotech companies,

1 one of which is on the cusp of curing non-Hodgkin's
2 Disease lymphoma, and I'm a very successful
3 businessman.

4 And I purchased this surgery center
5 because, number one, it's needed in Illinois, Southern
6 Illinois in Marion, as a general all-purpose surgery
7 center as it has been operating, and it requires new
8 management and fresh management. I meet the
9 requirements of the CON board. I have the financial
10 resources to do so. And even though competitors that
11 have been speaking today have done everything they can
12 in the last 18 months to run this surgery center out
13 of business, I will make it successful and I will make
14 it successful by other physicians coming into the area
15 using the surgery center and providing access to the
16 surgery center.

17 Now, in regards to Dr. Ahmad's comments,
18 all I can say is that being called unethical and
19 defrauding Medicare by Dr. Ahmad is a little kin to
20 being called ugly be a frog. And this is all -- as
21 Billy Bob Thornton would say -- I'm going to say about
22 that.

23 Now, John -- you heard from John Womick who
24 has been a friend of mine since I worked for his
25 father in 1962. He was my college roommate. He knows

1 what he said wasn't true. I call him my Estonian
2 friend. And, John, Thomas Jefferson would be proud of
3 you today. To the Board, I would operate this center
4 as it should be operated in an ethical manner. I do
5 not make unethical decisions. And if the Board
6 determines that a nonphysician can't own a surgery
7 center, it will be the first time in the history of
8 this board that it has ever made such a decision. I
9 will submit that you would press this forth and I
10 would ask that my exemption be approved. Thank you.

11 MR. ROATE: The remaining testimony this
12 morning will be in opposition to the project. They
13 will be called, once again, based on the order in
14 which they signed in. Next I would like to call
15 Reverend Dan Whitfield.

16 MR. WHITFIELD: My name is Dan Whitfield,
17 W-h-i-t-f-i-e-l-d. I rise to speak this morning
18 against the project and in favor of Marion Eye Center,
19 particularly of Dr. Ahmad. I pastor the church, our
20 Presbyterian Church here in Marion for 12 years. I
21 have been a patient of Dr. Ahmad's since long before
22 he came to Marion. I had an eye injury and he was so
23 new to the area that he was still on call at the
24 emergency room in the Carbondale Hospital, and he
25 came, attended to me, and has been attending to me

1 through two surgeries until the present. I can
2 testify for his skill. I can point out the need that
3 the Marion Eye Center has filled here in its present
4 structure. But other people can do that much more
5 effectively than I can. I would like to introduce a
6 human dynamic to this discussion. When I was pastor,
7 I had a partitioner who was living way below the
8 poverty level and needed eye surgery. I asked Dr.
9 Ahmad if he could see her. He did. He tended to her.
10 And still does. No questions asked. I came to find
11 out later that that's not unusual. I understand that
12 he has done that for many other people. You know, we
13 have heard well prepared statements in favor of this
14 project, but I think all of them have been people who
15 either are on the staff or have invested interest in
16 the eye surgery in Mount Vernon. But look at how many
17 people are here out of your human interest, support of
18 Dr. Ahmad and his staff. I would like to ask those
19 who are in opposition to this project and in support
20 of Marion Eye Center to stand.

21 I would like the record to show that the
22 overwhelming majority of people here are in opposition
23 to this project. As both a patient and a pastor, I
24 was not very impressed or comforted by the statement
25 that there is a commitment that services will continue

1 for three more years. I don't know how long Dr. Ahmad
2 and his staff has been serving this area. It is a
3 passion, a labor of love, that they serve and I would
4 like to be very -- very distinctively careful when I
5 use the word serve. Because I firmly believe that.
6 And so I hope that when the Board considers their
7 decision they consider this very important human
8 dynamic and human impact of their decision. Thank
9 you.

10 MR. ROATE: Next I would like to call
11 Yvonne Whitfield.

12 MS. WHITFIELD: Good morning. I'm a
13 registered professional nurse and come to bring that
14 perspective to this conversation -- excuse me. I
15 didn't spell my name. It's Yvonne, Y-v-o-n-n-e
16 W-h-i-t-f-i-e-l-d.

17 Several years ago when Dr. Ahmad was first
18 in this area, he came to the hospital where I was
19 working at that time. We were doing no eye surgery at
20 all. All our patients had to go out of the area. He
21 taught our surgery staff what they needed to know to
22 do eye surgery. He made sure that the nurses on the
23 floor knew how to take care of the patients. And he
24 taught me personally as I prepared his patients for
25 surgery. I was amazed at the care that he took. He

1 was very precise. He knew exactly what needed to
2 happen for his patients and wanted to see that done.
3 But what impressed me most of all was his care, his
4 consideration, and his respect for his patients as
5 well as his skill. That was several years ago.
6 Little did I know that probably two years down the
7 road I would meet him again in the emergency room when
8 he was taking care of my husband. I was also a young
9 mother. I had four children. I was working almost
10 full time. If I had had to go out of the area for the
11 care that my husband received at that hospital, it
12 would have been extremely difficult. I had no family
13 in the area. We were relatively new in the area.
14 Didn't have a host of friends that could help me. But
15 I didn't have to go out of the area. We had
16 everything we needed right here.

17 My husband had had quite an accident. He
18 was working at home had a nail flew up and hit him in
19 the eye. He was in the hospital several days. And
20 I'm here to say that he sees very well now. Thank
21 you, Dr. Ahmad. 45 years of nursing has taught me
22 many things. It's taught me the importance of working
23 in a facility where everybody has the same vision,
24 where everybody is focussed on what needs to be done
25 for that patient and the best way to do it. And when

1 you're in a facility where the whole facility is
2 geared that way, there is no doubt that there's going
3 to be superior care. Especially when it's being lead
4 by somebody with a proven history that Dr. Ahmad and
5 his associates have. And of the many things that I
6 have learned as a registered nurse over these
7 45 years, the most important thing may be the
8 importance of being able to receive care and be in an
9 area where you have the presence of family, your
10 church family, and your friends there to support you.
11 That helps tremendously in care and in recovery.
12 Therefore, I voice my opposition. Thank you.

13 MR. ROATE: Next I would like to call Todd
14 Goodman.

15 MR. GOODMAN: Good morning. Thank you. My
16 name is Todd Goodman. I'm a lifetime resident of
17 Marion, Illinois, and I'm a business owner here. I'm
18 deeply involved with the community in a variety of
19 ways both -- or in addition to the schools I am
20 involved with The United Way, with The Hands of Hope
21 Free Clinic, with The Lighthouse Shelter, things that
22 I think make real differences in people's lives. I
23 have never been involved with health care. Though, I
24 do have a doctor, I have never played one on TV. But
25 I will tell you this, there is a part and I see it as

1 a presence and an absence issue. To be perfectly
2 honest with you, I just met Dr. Ahmad this morning.
3 Seems like a nice gentleman. But I met this community
4 44 years ago. And I have a strong belief that we
5 either make a positive impact or we make a negative
6 impact. And while I don't want to see anybody lose
7 their jobs and I certainly don't, I have to believe
8 that there is a better choice for a person to operate
9 a facility than Ron Osman. I believe firmly that we
10 as individuals have to have a decision made in our own
11 lives whether or not we are going to serve others and
12 whether or not we are going to be benevolent. And it
13 is my even -- it is my opinion even -- in a for-profit
14 versus nonprofit versus free care, it is my belief
15 that you have to have an attitude of helpfulness and
16 an attitude of benevolence if you're going to indeed
17 meet the requirements that you serve the community. I
18 do not want my doctors nor do I want my hospital
19 owners or my health facility owners to be dishonest.
20 I don't want them to be deceptive. And I do not want
21 them to be greedy. And I believe those are the
22 qualities that you, Ron Osman, possess. I believe
23 personally --

24 MR. ROATE: Keep it on the project.

25 MR. GOODMAN: Absolutely. I will say that

1 to you, the Board that makes this decision, I do not
2 believe these are the people that should be allowed to
3 run centers. It requires benevolence and care and,
4 therefore, I would respectfully submit that you
5 absolutely do not approve of this application. Thank
6 you.

7 MR. ROATE: I would next like to call R.
8 Joseph Olk.

9 DR. OLK: Good morning. I'm speaking
10 separately. I don't have notes. I'm R. Joseph Olk,
11 O-l-k. I'm a doctor. I practice in the specialty of
12 retina at Marion Eye Centers. I have been affiliated
13 with Marion Eye Centers now for over 12 years. I have
14 a primary residence in St. Louis, Missouri. I also
15 have a secondary residence here. I have been
16 affiliated with Marion Eye Centers and Dr. Ahmad since
17 1999. Dr. Ahmad has approached me since I was in
18 practice at Washington University, Barnes Hospital
19 since 1981 to come to Southern Illinois and to assist
20 him in his eye center with retina problems and retina
21 care. I finally acquiesced in 1999 and came here.
22 And I came here for a couple of reasons.

23 I have always been impressed with Dr.
24 Ahmad, with his ethical approach in medicine, and to
25 his patients. And I would not even consider

1 affiliating with him if I hadn't felt that. Once I
2 got here, my feelings and my approach were
3 strengthened by that. And I'm here to tell you that I
4 think that the Board should consider very strongly
5 opposing this proposal and allowing Dr. Ahmad and
6 Marion Eye Center to administer this surgery center
7 for the reasons that you've all heard here today, but
8 most importantly because Dr. Ahmad and the doctors and
9 the staff of the Marion Eye Center are committed to
10 the patients of Southern Illinois. They are committed
11 to their care. They have demonstrated that for many
12 years and they will continue to do that on in the
13 future, I believe. And I hope that the Board will
14 strongly consider that on behalf of the patients and
15 on behalf of Dr. Ahmad.

16 Finally, I would also like to point out
17 that I heard earlier testimony by the first speaker
18 who said that the amount of surgery that would be done
19 would continue as is. I can't believe that and I hope
20 the Board would carefully look at those data and those
21 numbers because without the assistance of the Marion
22 Eye Center and its doctors and staff, I can't fathom
23 how much surgery would be done at this surgery center
24 without them and I don't believe it would be a going
25 entity. And I hope the Board would certainly look at

1 that very carefully. Thank you very much.

2 MR. ROATE: Next I would like to call Ukeme
3 Umana.

4 DR. UMANA: Good morning. My name is
5 U-k-e-m-e U-m-a-n-a. I have been in Southern Illinois
6 since 1989. I came in from the Mayo Clinic and I
7 started working with Dr. Ahmad. I have stayed with
8 Dr. Ahmad continuously now and I anticipate until the
9 end of time. I have worked in the surgery center
10 doing surgery since 1991. And I don't even recall any
11 stretch of more than say two weeks that I haven't done
12 surgery there. I just wanted to point out that in the
13 health care situation you need two parties. Actually
14 you need -- you need the patients, you need the
15 hospital or surgery center, and then you need the
16 clinic and the doctors. We have provided a service
17 continually at the Surgery Center for so many years
18 and the Surgery Center has incredible status because
19 of the surgeons of the practice.

20 I do cataract surgery. I do eyelid
21 surgery. I do glaucoma surgery. I do cornea surgery.
22 And most of those is because of Dr. Ahmad when I
23 joined him. And one thing that I've admired about him
24 is he works so hard. And other people, other
25 entities, would just be sitting by and letting other

1 people do their work and then them take credit or take
2 the profit. Not Dr. Ahmad. He's right there. He set
3 the standard and that's what we all follow. I
4 strongly oppose this sale or this transaction as being
5 discussed today. Because when you have a person
6 that's not really involved in patient care or
7 delivering services, like your attitude is completely
8 different. They are in it for one thing, for money,
9 for profit. We are there for the patient. We are
10 there for the -- we see the patient before they even
11 go to the surgery center. We see them afterwards. So
12 we are there working there to the end. I strongly
13 believe that we would do the best job in providing
14 care, providing service, at the surgery center that we
15 have done in the past. So I strongly oppose this
16 exemption. And I hope that the Board would not
17 approve it. Thank you.

18 MR. ROATE: I would like to next call
19 George Ortiz.

20 DR. ORTIZ: Good morning. My name is
21 George Ortiz, O-r-t-i-z. I'm one of the surgeons of
22 the Eye Center whom I have been affiliated with since
23 1988 straight out of residency and I have had a great
24 career here. I have been a surgeon at the surgery --
25 Southern Illinois Surgery Center since 1993, I

1 believe. Maybe '92. I have also been medical
2 director there for several years and limited partner
3 since 1996. Now, I have worked with most of the
4 people there and have had a meaningful business and
5 medical relationship with them for all these years.
6 And the quality of care there has been exceptional
7 partially due to a close cooperation with the
8 administrative staff checking our infection rate,
9 trying to evaluate things to minimize it further down,
10 making sure anything that could have been done to
11 prevent unexpected surgical outcomes has been done.
12 And it's -- as partner I feel we can run into jeopardy
13 if this transaction occurs. One of the hallmarks of
14 quality of care is confidentiality among doctors when
15 we are with you in discussing unexpected outcomes.
16 That's what I would really have high reservations here
17 if this goes forward. I am opposed to this
18 transaction and I hope the Board would not grant this
19 exemption. Thank you.

20 MR. ROATE: Lastly, I would like to call to
21 Mark J. Silberman to speak.

22 MR. SILBERMAN: Good morning. My name is
23 Mark Silberman. I'm an attorney with the law firm of
24 Duane Morris. I am the former general counsel of the
25 Illinois Health Facilities Planning Board now known as

1 the Health Services and Review Board, and I am here on
2 behalf of Dr. Ahmad to bring to light for this Board
3 issues that we believe are necessary for the
4 consideration of this application. To answer the
5 first question that the Board as they are reading
6 through this transcript are wondering, why are we
7 hearing so much about Dr. Ahmad? It's because the
8 Board needs to understand without any confusion if
9 they approve this exemption and allow this change of
10 ownership this community will lose access to Dr.
11 Ahmad. They will lose access to Dr. Ahmad and two of
12 his colleagues because it is absolutely clear this
13 group of physicians does not feel comfortable with the
14 proposed change of ownership, does not feel
15 comfortable with the notion of answering to Mr. Osman,
16 some people individually, but generally to the idea of
17 answering to a nonphysician in control of a medical
18 practice. One of the planning board's core principles
19 is who has control over a health care facility. I,
20 too, am an attorney. I, too, am a health care
21 attorney. I, too, have lots of experience in the
22 health care facility. But I would submit to you that
23 what makes medical practices different from other
24 businesses is that the primary care, the primary
25 concern, the primary focus, has to be on the delivery

1 of health care to the patients and only a physician
2 and only a physician run group can ensure that.

3 Now, I hope the Health Facilities Planning
4 and Review Board will take note of the following
5 issues presented in opposition and answer the
6 following questions when considering this application.
7 Will access to health care in this community be
8 damaged or will it be enhanced by approving this
9 change of ownership? Is there information that this
10 Board should have before it that is being denied by
11 the fact that this application is being considered as
12 an exemption? Are there sufficient questions that
13 have been raised regarding the qualifications, the
14 background, and the character of the applicant and his
15 ability to adequately provide proper services for the
16 community that warrant examination by this Board? And
17 does the legal prohibition against a corporate
18 practice of medicine preclude control of this surgery
19 center being transferred to a nonphysician? I think
20 the Board needs to consider the consequences of
21 approving this action when they look at this
22 application.

23 The purpose of the exemption process was
24 very clear. It was to create a shortcut for projects
25 that would not disrupt or affect the delivery of

1 health care. The idea is that if you're going to
2 create a carbon copy of the business and this is just
3 a business transaction and the facility is going to be
4 the same on the day before it's approved and the same
5 on the day after it approved, you should have a way to
6 candidly avoid the involvement of lawyers, avoid the
7 involvement of lots of paperwork. There should be an
8 easy way to get around that. But that's not the
9 circumstances we have here.

10 I will disagree with one of the points that
11 was raised by counsel for Mr. Osman that suggests that
12 the change of ownership exemption process is not
13 discretionary. To the contrary, I think the Board
14 always maintains discretion over an application like
15 this. If this were a question of a checklist, you
16 wouldn't need a public hearing. You wouldn't care
17 about public comment. And to be candid, you wouldn't
18 even need to involve the planning board. All you
19 would have to do is check off your five boxes and move
20 on. But I'm looking out at a room full of people that
21 have opinions that don't get reflected in the
22 checklist. This isn't a question of did this
23 application qualify for an exemption. The question
24 that we're here to address today is, is this change of
25 ownership good for this community.

1 There are certain representations that need
2 to be made to qualify for an exemption. Among those
3 are the certification that the category of services
4 won't change for at least 12 months and that the level
5 or scope of services will not change for at least
6 24 months. Those representations were made by Mr.
7 Osman. And I am more than happy to give Mr. Osman the
8 benefit of the doubt and presume he believed them to
9 be 100 percent correct when those representations were
10 made. But I ask the Board what happens when the
11 information behind the application changes? The Board
12 can't simply ignore that. What happens if the
13 financing behind the project suddenly disappeared?
14 The Board wouldn't ignore it because it was true at
15 the time the application was filled out. What happens
16 if they found out there was a plan to shut the
17 facility down in sooner than three years? The Board
18 would certainly want to look into that. What we know
19 is this. We know that Dr. Ahmad and his colleagues
20 will not continue to provide services at this facility
21 if this change of ownership is approved. What is the
22 impact of that? Well, Dr. Olk could not have raised
23 the question better, so I'm going to turn directly to
24 the board's statistics that they maintain.

25 In 2005, 97 percent of the 3,300 procedures

1 performed at this surgery center were
2 ophthalmological. In 2006 it was 94 percent. In 2007
3 it was 93 percent. In 2008 it was 94 percent. In
4 2009 they performed over 3,300 ophthalmological
5 procedures representing 85 percent of all procedures
6 performed at this facility. If you remove Dr. Ahmad
7 and his colleagues, you are removing the entirety of
8 the life source of this surgery center. Now, you
9 don't have a viable facility without Dr. Ahmad. Let's
10 look at the numbers from those years. There were a
11 grand total of 99 surgeries performed in 2005 that
12 weren't ophthalmological. 191 in 2006. 222 in 2007.
13 292 in 2008. This is not enough to keep a facility
14 running. So what happens now that the Board realizes
15 that a majority of the physicians who perform the vast
16 majority of services will not continue to provide care
17 at this facility? Now, we believe that this fact
18 alone is sufficient to justify denying this project,
19 but at the very least it warrants consideration by the
20 Board.

21 Now Mr. Osman is an attorney and my
22 understanding is he's a good one, so I fully accept
23 that there are going to be counter arguments. He's
24 already presented one, we'll hire different doctors,
25 bring more doctors in. But if that was the case then

1 there is all sorts of information that this Board
2 would have access to. Who are these doctors? Are
3 they qualified? Where are they currently providing
4 procedures? Are the facilities they are at
5 underutilized? We will create a maldistribution of
6 services? We will unnecessarily duplicate services?
7 You're talking about a change in the scope of a
8 facility that is so substantial that if this project
9 is approved we will be more creating a new facility
10 than we will be simply doing a paperwork change in the
11 ownership.

12 With regards to the background and
13 character, the issues have been raised and it's up to
14 this Board to determine what they want to look into
15 and what information they want to obtain. I would
16 encourage this Board to look very carefully at the
17 legal issue of the corporate practice of medicine. We
18 have provided a detailed account to the general
19 counsel of the planning board that outlines the
20 concerns. But the fundamental bedrock principle of
21 the corporate practice of medicine is rooted in the
22 public policy in case law that points out physicians
23 should direct medical decisions because the
24 presumption is at the end of the day a physician's
25 best business practice is the provision of quality

1 care. That is something that this -- that Dr. Osman
2 and his team are committed to. Mr. Osman is not a
3 physician. Nevertheless, he proposed to employ
4 physicians and control the facility in the way that
5 violates the corporate practice of medicine. He talks
6 about having the ability to be well-versed in all
7 aspects of operating the surgery center, but
8 presumptively the most important aspect which is the
9 ability to provide care to a patient he isn't capable
10 of doing.

11 As a final point, I think the Board needs
12 to know Dr. Ahmad and his commitment to providing care
13 in this community has reached out. He's reached out
14 to his colleagues. He's reached out to his patients
15 to find out what the impact would be on them if he
16 were to leave this community. Now, I will ask
17 Dr. Burden, as a member of the planning board, to
18 please offer his thoughts on how he would feel as a
19 physician answering to any nonphysician and how he
20 provides his practice and in how he provides care. I
21 will point out that we will be providing during the
22 written comment period hundreds of letters from
23 Dr. Osman -- excuse me -- from Dr. Ahmad's patients
24 talking about the impact that his leaving this
25 community would have. Letters -- dozens of letters

1 from other physicians who will provide that they, too,
2 would be uncomfortable at the notion of answering to
3 anyone other than than a physician in their practice
4 of medicine. It was pointed out that patients have a
5 right to decide where they want to get care. It is
6 100 percent true. But they also have a right to
7 decide who they want to provide it. I would ask this
8 Board to please consider this will not be the same
9 facility if you grant this ownership exemption. This
10 will not be the same facility if you force out Dr.
11 Ahmad and his colleagues, and that is the absolute and
12 only consequence of granting this change of ownership.
13 We would, therefore, ask you, please, deny the change
14 of ownership exemption and allow Dr. Ahmad to continue
15 to provide care in his community. Thank you.

16 MR. ROATE: At this time I would like to
17 ask if there is anyone else who wishes to testify who
18 has not had an opportunity? Sir, if you would like to
19 step forward, please.

20 MR. CONOVER: My name is Greg Conover,
21 G-r-e-g C-o-n-o-v-e-r. And I'm here, I guess, to give
22 testimony in support of this change. I came here
23 today as a member of the public very interested to
24 hear what was going to happen, and I think what we
25 seen is quite a bit of evidence of manipulation. It's

1 right here in front of us. We have employees, we have
2 doctors, we have lawyers, all kinds of people who are
3 under the retainer of Dr. Ahmad that have come here
4 and spoke out. And I honestly do not believe that it
5 is in the best interest of this community for this
6 change to be denied and for Dr. Ahmad to get to have
7 say and control of the health center. We have already
8 seen how he can manipulate, and I can only imagine
9 that for the patients and for the community how much
10 more manipulation there would be of those people. And
11 I am absolutely 100 percent in support of seeing this
12 change go through, and I think it will be the best
13 thing for the community and for the patients that
14 these people down here who we have heard have done an
15 outstanding job over the years and for all the doctors
16 who are speaking up in opposition. They have done a
17 fabulous job and continue to do so. And I think we'll
18 have better choices and more choices for our
19 community.

20 If people want to go to Dr. Ahmad, they
21 will still have that chance. They will still have
22 that chance in Southern Illinois. If they want to go
23 to another doctor that these folks are able to bring
24 in, they will have that choice. We have heard from
25 Mr. Osman's staff and his lawyers and from his

1 testimony that he meets the needs and requirements of
2 this exemption. That's what this is about, is that
3 exemption and qualification for that. They are met
4 and I do believe at the best interest of the community
5 and, again, the future patients. So, please, consider
6 that and I fully support the request in change of
7 exemption. Thank you.

8 MR. ROATE: At this time is there anyone
9 who wishes to testify who has not had an opportunity?
10 Seeing none, is there anyone --

11 Sir, please step forward.

12 MR. MOHAMMED: My name is Henry Mohammed.
13 And I was told to keep this to three minutes, but it
14 is difficult because Dr. Ahmad has been wonderful to
15 my family and my community. I just want to make a
16 story to you -- tell a story to you about a little old
17 lady who comes to my home for dinner occasionally.
18 She worked into her '90s. And she came over and she
19 said I just had eye surgery. I said well, why, I
20 didn't even know you were having problems with your
21 eyes. She said, yeah, but I'm so happy. I said,
22 well, good, you have a good surgeon. She said, yeah.
23 I said where did you go, and she said I went to Marion
24 Eye Center. She said -- I said -- as soon as she said
25 Marion Eye Center I asked about Dr. Ahmad. And she

1 said, yeah, that's my doctor. And to let you know
2 that the type of service that Dr. Ahmad and his staff
3 and Marion Eye Center has done for this entire region,
4 it is incredible. He's reached through his staff and
5 his services throughout the entire region to help all
6 types of people. So at this time I want to let the
7 world know if I have to that I oppose anyone changing
8 what we have with Dr. Ahmad. I don't -- sorry, sir.
9 I don't know you personally, Mr. Osman. I don't know
10 you personally. But I trust Dr. Ahmad. You know, I
11 am sure you all understand what I'm saying. So at
12 this time I want to thank you all for allowing me to
13 make this testimony and God bless you.

14 MR. ROATE: At this time, is there anyone
15 who wishes to testify who has not had an opportunity?

16 Please step forward.

17 MS. DOROUBI: My name is Diana Doroubi,
18 D-o-r-o-u-b-i. I would just like to address the
19 issue. When I first heard this was going to happen
20 today my first thought was to all of the people who
21 come to my office and say they cannot travel so far to
22 have their eye surgery and they would like to have it
23 done in Marion. My parents are also included in this.
24 My mother takes care of a quadriplegic every day of
25 her life and she's done so for 25 years. In this near

1 future, she will need to have cataract surgery and it
2 is impossible for her to travel very far so they would
3 like to have it done here in Marion. I personally
4 will not be paid for my attendance here today because
5 that was not my first intention to come, and I'm
6 insulted by the fact that somebody would say that we
7 have all been manipulated to be here. I'm in support
8 of our employer and our community. Thank you.

9 MR. ROATE: Is there anyone who wishes to
10 testify who has not had an opportunity? Before I ask
11 this question again, if anybody would like to testify
12 what might be a good idea is please step to the side
13 here and what we'll do is we'll give you a
14 three-minute opportunity to speak as opposed to posing
15 the question over and over again. Is there anyone
16 other than this gentleman who wishes to speak? Okay.
17 Thank you.

18 MR. DECKER: Chuck Decker, D-e-c-k-e-r.
19 Well, it seems what we have here is a dilemma. It is
20 a dilemma that involves the community and the Board
21 has a very difficult decision to make. My hope is, is
22 that the Board will make that decision on the basis of
23 what's the best choice. We have, in essence, to
24 entities that have an interest in buying this surgical
25 center. I think when we -- when we have that kind of

1 a choice possibly we should be looking at which of
2 those entities serves the community best. And that
3 might be based on history. The data that is here is
4 in your application. The application is based on as
5 was indicated here; 97 percent, 94, 92 percent, of the
6 surgical procedures done being ophthalmological and
7 those procedures being provided by Dr. Ahmad's very
8 qualified group in conjunction with this very
9 qualified group. The things that have been said as I
10 have been listening -- and I really didn't intend to
11 step up here, but I felt compelled to really because
12 of this gentleman's comment. I think it's wrong to
13 try to manipulate and twist. I think that's a very
14 bad thing to do. And I think this is a very clever
15 thing that he did. I think we shouldn't misstate
16 passion and caring and concern for manipulation. I
17 think to the extent that you have a choice and we all
18 know both entities want to serve the community in
19 their own way. So what does that choice boil down to.
20 One entity is physician owned and physician
21 controlled. As this group has always been. All of
22 the services and all of the history and all the data
23 we talked about was provided by a physician-owned
24 entity and physician control if you will. At least
25 that's what I believe. And I think the presence of

1 those doctors and their duty -- first duty -- I guess
2 the question is this. Do we have an entity whose
3 primary duty is based and grounded and that's to
4 provide the best medical treatment to serve their
5 patients that which comes from physicians, or do we
6 have an entity which might be properly legal is just a
7 business whose primary profits -- whose primary
8 motivation is profit? And I think that's the choice
9 and I hope the Board will make a good one. Thank you.

10 MR. ROATE: Is there anyone who wishes to
11 testify who has not had an opportunity? Seeing none,
12 is there anyone who has testified who wishes to
13 provide additional testimony?

14 MR. WOMICK: My name is John Womick. I
15 testified previously involving the history of lying
16 and I kind of wish I had said the truth, that you were
17 barred from the Ryll case. The sad truth is that your
18 conduct in acquiring the contract in this case in my
19 mind is questionable. Whether it is legal or not, I
20 will find out. But I've known you for a long time and
21 it is sad to say these are, in fact, the truths. And
22 that is why I'm here.

23 MR. ROATE: Is there anyone who wishes to
24 testify who has not had an opportunity?

25 MS. PLANINC: Virginia Planinc,

1 P-l-a-n-i-n-c. I'm Virginia Planinc from Carterville
2 and I have doctored with Dr. Ahmad for 20 years. He's
3 nothing but a gentleman and very kind and he cares for
4 his patients. I truly believe that. And I ask God to
5 guide me and that's why I'm up here. And -- when I
6 was in school I was very shy, backward, and very slow
7 and I had an eye problem. But Dr. Ahmad is trying to
8 fix it for me now, but I think it's a problem that he
9 can just maybe help but not cure. But, anyway, I'm
10 still doctoring with him and I always will. And I'm
11 glad to give my testimony for him, and I'm not a very
12 good speaker because I was always shy in school. But
13 he certainly is a gentleman and he helps his patients.
14 I do know that. And I want to thank you.

15 MR. ROATE: Is there -- is there anyone who
16 wishes to testify who has not had an opportunity?

17 Seeing none, is there anyone who has
18 testified who wishes to provide additional testimony?
19 I would remind everyone to submit your written
20 comments to us so that we will have this information
21 for the record. Also, this project is scheduled for
22 consideration by the Illinois Health Facilities and
23 Services Review Board at its June 28th, 2011, meeting.
24 This meeting will be held in Joliet at the Holiday Inn
25 Hotel and Conference Center at 411 South Larkin

1 Avenue, Joliet, Illinois. The public has until
2 June 8th, 2011, to submit written comments. These
3 comments can be sent to my attention to the Illinois
4 Department of Public Health, 525 West Jefferson
5 Street, 2nd floor, Springfield, Illinois, 62761-0001.
6 If you prefer, you may fax your comments. Our fax
7 number is area code 217-785-4111. Are there any
8 questions? Seeing that there are no additional
9 questions or comments, I deem this public hearing
10 adjourned. Thank you.

11 (WHEREIN, the hearing was concluded at
12 11:59 a.m.)

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CERTIFICATE OF REPORTER

I, JENNA L. HIGGINS, a Certified Shorthand Reporter (IL), and a Notary Public within and for the State of Illinois, do hereby certify that the witness whose testimony appears in the foregoing hearing was duly sworn by me; that the testimony of said witnesses was taken by me to the best of my ability and thereafter reduced to typewriting under my direction; that I am neither counsel for, related to, nor employed by any of the parties to the action in which this hearing was taken, and further that I am not a relative or employee of any attorney or counsel employed by the parties thereto, nor financially or otherwise interested in the outcome of the action.

Jenna L. Higgins

Notary Public within and for
the State of Illinois
IL CSR #084-004398



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