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**ILLINOIS DEPARTMENT OF PUBLIC HEALTH
FACILITIES AND SERVICES REVIEW BOARD
PUBLIC HEARING**

**IN RE:
THE PROPOSED PROJECT KNOWN AS EXEMPTION E-007-11,
ROCKFORD MEMORIAL HOSPITAL AND THE APPLICANTS
PROPOSAL TO PURCHASE CONTROLLING INTEREST IN
ROCKFORD HEALTH SYSTEM, ROCKFORD MEMORIAL
HOSPITAL, AND OTHER RHS ENTITIES.**

REPORT OF PROCEEDINGS

APRIL 15, 2011

ORIGINAL

NATIONWIDE SCHEDULING

OFFICES: MISSOURI Springfield Jefferson City Kansas City Columbia Rolla Cape Girardeau ■ KANSAS Overland Park ■ ILLINOIS Springfield

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1 ILLINOIS DEPARTMENT OF PUBLIC HEALTH
2 FACILITIES AND SERVICES REVIEW BOARD
3 PUBLIC HEARING
4

5 IN RE:

6
7 THE PROPOSED PROJECT KNOWN AS
8 EXEMPTION E-007-11, ROCKFORD
9 MEMORIAL HOSPITAL AND THE
10 APPLICANTS PROPOSAL TO PURCHASE
11 CONTROLLING INTEREST IN ROCKFORD
12 HEALTH SYSTEM, ROCKFORD MEMORIAL
13 HOSPITAL, AND OTHER RHS ENTITIES.

14
15 MR. GEORGE ROATE: Hearing Officer
16

17 STENOGRAPHIC REPORT OF PROCEEDINGS had in
18 the above-entitled matter, beginning at 10:06
19 o'clock a.m., April 15, 2011, at Rockford City Hall
20 Council Chamber, 425 East State Street, Rockford,
21 Illinois.

22
23
24 Reported by: Judy Carlson, CSR

25 License No.: 084-003347

1 MR. ROATE: Good morning. My name is George
2 Roate. I'm with the Department of Public Health,
3 and I'm here to conduct a public hearing on the
4 proposed project known as Exemption E-007-11,
5 Rockford Memorial Hospital and the applicants
6 proposal to purchase controlling interest in
7 Rockford Health System, Rockford Memorial Hospital
8 and other RHS entities. As per the rules of the
9 Illinois Health Facilities and Services Review
10 Board, I would like to read the legal notice into
11 the record.

12 In accordance with the requirements of the
13 Illinois Health Facilities Planning Act, notice is
14 given of receipt of a change of ownership exemption
15 application (E-007-11- Rockford Health
16 System/Rockford Memorial Hospital, 2400 North
17 Rockton Avenue, Rockford, Illinois.) OSF Health
18 System, Peoria, proposes to incorporate the
19 resources owned by Rockford Health System into its
20 network of health care services. The applicants
21 identified no acquisition costs, but has committed
22 to acquire RHS's debt, and fund current and future
23 capital cash flow requirements.

24 A public hearing will take place pursuant
25 to Part 1130.910. The hearing is scheduled for

1 10:00 a.m. on Friday, April 15, 2007 at Rockford
2 City Hall Council Chambers, 425 East State Street,
3 Rockford, Illinois. The public hearing is to be
4 held by the Illinois Department of Public Health
5 pursuant to the Illinois Health Facilities Planning
6 Act. The hearing is open to the public and will
7 afford an opportunity for parties with interest to
8 present written and/or verbal comment relevant to
9 the project. All allegations or assertions should
10 be relevant to the need for the proposed project and
11 be supported with two copies of documentation or
12 materials that are printed or typed on paper, size
13 8-1/2 inches by 11 inches. Consideration by the
14 State Board has been tentatively scheduled for the
15 June 28, 2011 State Board Meeting.

16 If you have not done so, please sign in
17 using the appropriate registration forms. One form
18 is for individuals who want to provide testimony in
19 favor of the project. Another form is for people to
20 provide testimony who oppose the project. The last
21 form is for individuals who wish to register their
22 attendance and not testify.

23 To ensure that the Illinois Health
24 Facilities and Services Review Board's public
25 hearings protect the privacy and maintain the

1 confidentiality of an individual's health
2 information, covered entities, as defined by the
3 Health Insurance Portability Act of 1996, such as
4 facilities, hospital providers, health plans, and
5 health care clearinghouses to submit oral and/or
6 written testimony that discloses protected health
7 information of individuals shall have a valid
8 written authorization from that individual. The
9 authorization shall allow the covered entity to
10 share the individual's protected health information
11 at this hearing.

12 Those of you who came with prepared text
13 for your presentation may choose to submit the text
14 without giving testimony. However, if you are
15 giving oral testimony, please be as brief as
16 possible. Due to the number of individuals who have
17 expressed an interest in providing testimony, I must
18 limit each oral presentation to four minutes. As
19 per the legal notice, I would appreciate two copies
20 of your testimony. When you make your presentation,
21 please give the court reporter the spelling of your
22 complete name. If there is a chief spokesperson for
23 the applicant, we would like that individual to make
24 the first presentation. The remaining testimony
25 will be taken in the order of the names on the

1 register. Please hold your questions until all
2 testimony is presented.

3 Is there someone from the applicant who
4 wishes to make the first presentation.

5 MR. HUCKER: Mr. Roate.

6 HEARING OFFICER ROATE: Sir.

7 MR. HUCKER: My name is Brian Hucker. I'm an
8 attorney from McDermott, Will & Emery representing
9 Rockford Health System. Because we have multiple
10 co-applicants in this case, we respectfully request
11 the opportunity to have a single speaker for OSF
12 Healthcare and Rockford Health System give opening
13 presentations before we get to the rest of the
14 public hearing.

15 MR. ROATE: Thank you.

16 MR. HUCKER: Thank you.

17 MR. SCHOEPLEIN: Good morning. Good morning.
18 My name is a Kevin Schoeplein. Schoeplein is
19 spelled S-c-h-o-e-p-l-e-i-n. I'm the chief
20 executive officer of OSF Healthcare System and vice
21 chairperson of the system's board of directors.

22 I'd like to begin my comments by extending
23 my appreciation to the individuals who are here
24 today to support our application for a certificate
25 of exemption to the change of ownership of Rockford

1 Memorial Hospital.

2 For those of you who are not familiar with
3 OSF Healthcare System, we are a faith-based,
4 not-for-profit health care system. OSF is an
5 organization of physicians, nurses and other health
6 care professionals dedicated to serving the health
7 needs of individuals, families and communities in
8 both Illinois and Michigan.

9 As Sister Judith Ann, our chairperson,
10 stated in the 2010 annual report, and I quote, our
11 labors of love are regularly acknowledged by our
12 regional and national health care organizations such
13 as the American Heart Association, the American
14 Stroke Association, Press-Ganey Corporation and the
15 American Nurses Credentialing Center. But Sister
16 goes on to say, that is not why we engage in
17 pursuing care with the greatest care and love. But
18 our Sisters are grateful for the wonderful
19 recognition given to so many in our OSF family that
20 bring our mission alive in all that they do.

21 I've had the good fortune to serve the
22 Sisters of the Third Order of St. Francis for the
23 past 33 years. And one of my areas of
24 accountability was here in Rockford as the
25 administrator of OSF St. Anthony Medical Center. I

1 have had fond memories of the people of this
2 community and a passion for meeting the needs and
3 the health care needs of this region.

4 I am here today because I truly believe
5 that the affiliation would not only further the
6 historical and charitable missions of Rockford
7 Health System and OSF but will also offer
8 significant benefits to the Rockford community that
9 would not otherwise be possible if the two
10 facilities continued operating independently. One
11 of the most significant benefits includes enabling a
12 sustainable and higher quality health care delivery
13 system that promotes greater patient access to an
14 integrated and coordinated primary, secondary and
15 advanced tertiary health care services that would
16 achieve superior clinical outcomes while optimizing
17 efficiency and effectiveness of the delivery of
18 those services as well as providing a platform for
19 clinical innovation. Other major benefits that have
20 been addressed by this affiliation are the funding
21 of the implementation and optimization of the health
22 information system for both OSF and Rockford Health
23 System entities.

24 The planned collective implementation of
25 the Epic Health Information System will result in a

1 substantial cost savings and lead to better patient
2 safety and clinical outcomes. In addition to Epic,
3 OSF is committed to allocate at least \$35 million
4 per year during the eight years following the
5 closing date of the affiliation for the reoccurring
6 and replacement capital needs of Rockford Memorial
7 Hospital and OSF St. Anthony Medical Center.

8 The governance relating to this affiliation
9 is of key importance to both organizations. To the
10 formation of the OSF Northern Region, together we
11 can create an exceptional organization that will
12 make Rockford a destination for regional health
13 care. The OSF Northern Region will be governed by a
14 local board of directors which engages members from
15 Rockford and connected communities. That means that
16 the very same people who we utilize the services
17 will be the ones making and shaping the decisions
18 about the best ways to meet the health needs of our
19 community. Additionally, the men leading each
20 respective organization today will continue to be
21 the top two leadership roles, Mr. Gary Kaatz, the
22 current CEO for Rockford Health System will become
23 the CEO for the OSF Northern Region, and Mr. David
24 Shertz, current CEO of OSF St. Anthony Medical will
25 become the chief operating officer for the OSF

1 Northern Region.

2 Today, you will hear from a variety of
3 health care stakeholders, community leaders and
4 citizens who are excited about the prospects that
5 this affiliation will bring. OSF is proud to
6 partner with Rockford Health System in a collective
7 response to the local, regional and national call
8 for a more accessible, affordable and sustainable
9 health care model that delivers a better quality and
10 superior clinical outcome. Thank you.

11 MR. ROATE: Thank you, sir. Next.

12 MR. KAATZ: Good morning, everyone. How are you
13 doing? I'm Gary Kaatz. I'm the president and CEO
14 of the Rockford Health System and have been for the
15 past eleven years and also would like to show our
16 appreciation for all of those that do speak on
17 behalf of this affiliation.

18 Simply put, this proposed affiliation
19 between Rockford Health System and OSF Healthcare
20 System is about keeping our eye on the patient in
21 the Rockford region. As a nonprofit, mission-driven
22 organization, our boards of directors and leadership
23 teams have never lost sight of why we are proposing
24 this affiliation. We firmly believe that is the
25 very best way to improve the quality, accessibility

1 and affordability of health care for residents in
2 our region.

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

14 But there also is a great need to define a
15 new business model for health care. What other
16 industry can you think of that is still using the
17 same model it used in the 1950s and the 1960s?
18 Change and reform in health care are long overdue.
19 Today, we need an operating business model that puts
20 an emphasis on the consumer, on consumer education,
21 price sensitivity and containing costs. Stand-alone
22 health care systems will be challenged greatly to
23 survive in this new and ever changing environment.

24 Adding to the pressures in health care are
25 the economic struggles of our own Rockford

1 community. We have growing numbers of uninsured and
2 underinsured. More and more people are coming to
3 our doors for medical care, unable to pay. We will
4 not turn our backs on these people. We will care
5 for them as we do today. But it is the one reason
6 why we need to find ways to provide care differently
7 and pursue cost savings and efficiencies. With
8 increasing pressures on Medicare, our growing aging
9 population may also be at risk.

10 This locally-governed affiliation will
11 allow OSF St. Anthony Medical Center and Rockford
12 Health System to invest in the aggregate for this
13 community. What does that mean? Well, today, we
14 are pursuing many of the same goals, just
15 separately. With thin margins, we are all trying to
16 be leading-edge and quality, patient safety,
17 offering comprehensive medical specialties and
18 subspecialties and offering state-of-the-art
19 technology. Together, by combining our resources,
20 we believe we can take huge steps ensuring that the
21 Rockford Region has the best, most cost-effective
22 health care availability for this community over the
23 long-term. That translates into more stable,
24 long-term employment in health care as well.

25 Let's use the example that Kevin touched

1 on. Rockford Health System is currently
2 implementing the Epic Electronic Medical Record by
3 linking our implementation to the same project at
4 OSF Healthcare System, we will save approximately \$4
5 million alone. That is just one of numerous
6 opportunities. Those are the types of savings that
7 leaders and business and industry are demanding as
8 they try to manage rising health care costs on an
9 annual basis.

10 With so much to gain from this affiliation,
11 I want to address concerns that something may be
12 lost. Rockford Health System is incredibly proud of
13 our premier Women's program. We do not believe that
14 become part of the Catholic organization will
15 diminish that exceptional program. Yes, there will
16 be minimal changes. Both Rockford Health System and
17 OSF are committed to further building this region's
18 finest Women's and Children's programs, just as OSF
19 has the leading programs for women and children in
20 Peoria today.

21 The idea of combining two of three health
22 care organizations in Rockford is certainly not a
23 new one. In the 1980s and the '90s, all three
24 systems, including SwedishAmerican Health System
25 pursued similar partnerships with very similar

1 reasoning. While those linkages did not
2 materialize, the reasoning remains sound.

3 This time has come to act -- the time has
4 come to act. As health care providers, we have a
5 responsibility to do the right thing. I believe
6 securing outstanding medical care for generations to
7 come is the right thing for this community. Thank
8 you very much.

9 MR. ROATE: Next, the State Agency would like to
10 call the first person to speak in opposition to the
11 project, Mr. Ronald E. Burmeister.

12 DR. BURMEISTER: My name is a Ronald Burmeister,
13 B-u-r-m-e-i-s-t-e-r.

14 I'm a retired board certified
15 obstetrician/gynecologist with a specialist -- a
16 subspecialty in infertility and a clinical associate
17 professor at the University of Illinois College of
18 Medicine in Rockford. I practiced in Rockford from
19 1971 to 2006. During my career, I was privileged to
20 provide medical and reproductive care for thousands
21 of women in this community, thus treating a wide
22 range of women's health problems in countless
23 situations. Although I respect the foundational
24 ethics of the Roman Catholic Church, I raise
25 concerns about how this merger will affect women's

1 reproductive rights and health care, the restriction
2 on freedom of medical judgment placed on physicians
3 who provide care for women during the most
4 challenging times in their reproductive lives and
5 the risks accrued to the patient when care is denied
6 based on ethical issues put forth by the Church,
7 namely, quotes, the Church cannot approve medical
8 practices that undermine the biological,
9 psychological and moral bonds on which the strength
10 of the marriage of family depends. That's the U.S.
11 counsel -- or Conference on Catholic Bishops.

12 In contrast, the World Health Organization
13 defines reproductive rights in part as follows,
14 quotes, they include the right of all to make
15 decisions concerning reproduction free of
16 discrimination, coercion and violence, end quotes.

17 The prohibition of sterilization in
18 Catholic institutions is a major concern. Women now
19 having cesarean sections at Rockford Memorial
20 Hospital requiring tubal sterilization, a procedure
21 which has a high level of safety and the lowest
22 recurrent pregnancy rate of sterilization would not
23 occur under this merger. This procedure would be
24 denied and patients would face the following
25 scenarios, have sterilization surgery with attendant

1 anesthetic and surgical risks at another time and
2 another facility at 15 times the cost. Two, have an
3 office procedure of some sort. Three, have a
4 delivery at another hospital, cost paid pending
5 Catholic insurance riders. Four, use contraceptives
6 even though banned by the Church. A similar fate
7 exists for Medicaid patients adding financial
8 burdens to other medical institutions in the
9 community.

10 Reproductive medicine is severely impacted
11 by Catholic Church ethics which preclude
12 masturbation for collection of sperm, in-vitro
13 fertilization, or IVF, intrauterine insemination and
14 gamete donation, all modern technologies that have
15 greatly improved pregnancy rates for couples who are
16 desperate to have a family. As stated in the
17 introduction to Part IV of the directives, the
18 reproductive technologies that substitute for the
19 marriage act are not consistent with human dignity.

20 The technological exception is gamete
21 intra-fallopian transfer, or GIFT, which allows
22 fertilization to occur within the fallopian tube.
23 GIFT is a 30-year-old outmoded method that has a
24 dismal pregnancy rate, requires an experienced
25 medical staff of five individuals to transport

1 highly technical equipment to a clinic in an
2 operating room other than OSF and a general
3 anesthetic for the patient and surgery costing
4 \$12,000 or more with minimal reimbursement. Sperm
5 must be obtained with an expensive Church-approved
6 perforated condom with intercourse before the couple
7 leaves home for the hospital. And the reason -- if
8 the reason for the infertility is the a damaged
9 fallopian tube or IVF is indicated, a
10 life-threatening ectopic pregnancy is likely, which
11 constitutes the common -- most common cause of
12 maternal mortality in the first trimester. Couples
13 who fail to conceive with any infertility treatment
14 or endure an ectopic pregnancy suffering measurable
15 grief and loss.

16 Abortion in a Catholic institution is
17 prohibited under any circumstance. Where the
18 preivable pregnancy threatens the life of the
19 mother, Catholic medical ethics and dogma can
20 complicate and interfere with decisions of highly
21 trained medical specialists practicing
22 evidence-based medicine, at times contradict and
23 supersede the ethical guidelines of the American
24 College of Obstetrics and Gynecology, the American
25 Society of Reproductive Medicine and other specialty

1 organizations around the world.

2 OSF physicians can dispense oral
3 contraceptive pills under a separate contract. What
4 about the medicinal use of this medication or the
5 insertion of specialized intrauterine devices to
6 control pain and bleeding? Do these patients
7 require either an out-of-system referral and be
8 denied benefits if they carry Catholic insurance?
9 Would the Winnebago County Health Department or some
10 other health entity provide the care? Adjudicators
11 of this merger must consider the impact of health
12 care on an individual woman and the consequences to
13 other medical organizations within the community.

14 Given the above, Jill Morrison of the
15 National Women's Law Center, Washington D.C., states
16 a not-for-profit medical facility should carefully
17 consider the impact on the community before entering
18 into mergers or affiliations with religious-based
19 institutions, especially those that deal with
20 restrictions on reproductive health services. I
21 urge all regulatory agencies involved in this merger
22 to consider the consequences referable to women's
23 health and the rights of women to obtain appropriate
24 health care. Thank you.

25 MR. ROATE: Thank you.

1 The State Agency would like to now call
2 Ms. Anne Hammes, Hammes.

3 MS. HAMMES: Good morning. My name is Anne
4 Hammes, A-n-n-e, H-a-m-m-e-s.

5 I speak in support of the acquisition of
6 OSF -- OSF acquisition of Rockford Health System. I
7 have not provided the technical presentation as
8 Dr. Burmeister, but I do want to share with you my
9 perspective.

10 I have lived in Rockford most of my life.
11 I went to school here. I met my husband here. We
12 have raised our three children here in Rockford. We
13 are proud west side residents. We have many family
14 and friends throughout the City. And believe me, as
15 a nurse, I get many questions about health care both
16 personal and political.

17 I want to share with you a little bit about
18 my perspective. I've actually worked in all three
19 Rockford hospitals over the course of my 40-plus
20 years as a nurse. I was a staff nurse in the
21 critical care units at SwedishAmerican Hospital from
22 1976 to 1983. I had a wonderful experience there,
23 and I learned a lot, made a lot of very good friends
24 and colleagues.

25 From 1983 to 1998, I worked at Rockford

1 Memorial Hospital. As a clinical nurse specialist
2 in critical care, I worked with many people
3 throughout the organization. I saw firsthand the
4 compassion and dedication that the caregivers had
5 for their patients. For about five years, I taught
6 nursing and served as a consultant in this City to
7 both Rockford Health System and OSF and a number of
8 other places here in the Northern Illinois region
9 including an insurance company in Chicago.

10 In 19 -- in 2002, I took the position as
11 the director of nursing operations at OSF
12 St. Anthony Medical Center, and I am currently in
13 that position. Every day I see the mission of the
14 Sisters, in the works of the nurses, the physicians
15 and the entire team. I shared my work history with
16 you here in Rockford so that you can see that I have
17 a pretty well-rounded perspective on health care
18 over a very long trajectory.

19 First of all, all the hospitals in Rockford
20 provide high quality care. We are very fortunate in
21 this community. There are, however, opportunities
22 to eliminate redundant services, to create
23 efficiencies and to save costs. And I have seen
24 those opportunities at the bedside, as a staff
25 nurse, through patient population and as I work with

1 specialists and now as a director at a higher level.
2 There are many opportunities for us to eliminate
3 redundancies.

4 More importantly, there is the opportunity
5 to create centers of excellence. We could use the
6 cost savings to create world class service lines. I
7 want to repeat that. We could use the cost savings
8 to create world class service lines. There are a
9 number of people in this community that seek their
10 health care elsewhere for special diseases. For
11 example, this community could use an MS center for
12 multiple sclerosis. We should have services for
13 oncology patients, specific diseases, more
14 complicated oncology procedures. People go
15 elsewhere for that care. We should have more
16 services for children with unusual diseases. I
17 could go on and on about all the opportunity to
18 which opportunity in this community.

19 This acquisition should be recommended
20 because we need the combined and more efficient
21 efforts of both OSF and Rockford Health System.
22 Both hospitals have a very similar focus on quality,
23 on safety and on serving with the greatest care and
24 love. Thank you so much.

25 MR. ROATE: Okay. Next, the State Agency would

1 like to call Francis Moyer.

2 REV. MOYER: Good morning. My name is Frank
3 Moyer, F-r-a-n-k, M-o-y-e-r.

4 I'm a retired Lutheran clergyman in the
5 Evangelical Lutheran Church of America, board
6 certified hospital chaplain and certified clinical
7 pastoral supervisor.

8 I came to Rockford in 1966 to initiate a
9 pastoral care department and to begin a clinical
10 pastoral education department at Rockford Memorial
11 Hospital. I served as director of that department
12 until 1988. I became the corporate consultant on
13 ethics for Rockford Health System. I also taught
14 medical ethics at the University of Illinois College
15 of Medicine in Rockford.

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

1 of the Roman Catholic Church.

2 The serious concerns related to life's
3 beginnings are all related to Roman Catholic Canon
4 Law respective to the use of varied and many forms
5 of both conception and contraception. Such Canon
6 Law as well as various varied encyclicals from Popes
7 dating back to the 1960s and the Fourth Edition of
8 the Ethical and Religious Directives for Catholic
9 Health Care Services, a copy is attached, reject the
10 following as appropriate for use: Contraceptives of
11 all forms including condoms, birth control pills,
12 tubal ligation and vasectomy. Reproductive medicine
13 such as a prohibition against masturbation for the
14 collection of sperm, in-vitro fertilization,
15 artificial insemination and gamete donation.
16 Abortion to save the life of the mother when a
17 continuation of her pregnancy is a threat to that
18 life. Aggressive treatment of rape victims with
19 such medication that will prevent any fertilized egg
20 from being implanted into the uterus.

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

1 can generate.

2 Considering the medical staff size as well
3 as the larger number of facilities that will occur
4 as a result of such an acquisition, a greater burden
5 will be placed upon other health care entities such
6 as SwedishAmerican Hospital, Winnebago County Health
7 Department and so on. Patients may well have to
8 seek new providers for such services as well as need
9 to travel greater distances.

10 The proposed OSF acquisition of Rockford
11 Memorial Hospital also raises concerns about
12 end-of-life decisions. Longstanding Federal rules
13 require hospital patients to be informed of their
14 right to spell out in a Living Will or a similar
15 document their wishes about being kept alive by
16 machinery if there is no hope for a cure. The State
17 of Illinois through such documents as a Living Will
18 or Durable Power of Attorney for Health Care or
19 Advance Directives has also affirmed such rights.
20 Often this issue becomes important when a patient is
21 in the dying process, nothing is available to
22 reverse such a process and the patient desires to
23 either discontinue or not initiate further attempts
24 naturally or artificially in the administration of
25 food and water. In truth, there is some evidence

1 that to do so actually causes additional physical
2 discomfort.

3 Neither of those decisions would be
4 possible to execute at either hospital under the
5 proposed new entity. The National Catholic Bishops
6 Conference has affirmed as recently as August 1,
7 2007, quote, the administration of food and water
8 even by artificial means is, in principle, an
9 ordinary and proportionate means of preserving life.
10 It's therefore obligatory to the extent to which it
11 is shown to accomplish its proper finality which is
12 the hydration and nourishment of the patient. A
13 patient in a permanent vegetative state is a person
14 with fundamental human dignity and must therefore
15 receive ordinary and proportionate care.

16 The Supreme Pontiff Benedict the XVI has
17 approved these responses and ordered their
18 publication. The proposed acquisition, if approved
19 by the Federal and State agencies I believe would
20 seriously dictate the provision of both reproductive
21 and end-of-life care at two-thirds of the local
22 hospitals. If this is not in direct violation, such
23 approval would certainly negatively impact the
24 Freedom of Religion ratified on December 15 1791 as
25 Article -- Amendment 1 to the U.S. Constitution.

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

4 Thank you.

5 MR. ROATE: Next, the State Agency would like to
6 call Paul Green.

7 MR. GREEN: My name is Paul Green. P-a-u-l,
8 G-r-e-e-n.

9 I'm the chairman of the Rockford Health
10 System Board of Directors. I'm speaking in favor of
11 the proposed affiliation between OSF Healthcare
12 System and Rockford Health System.

13 I've been associated with Rockford Health
14 System for 19 years. For the past 15 years, I've
15 been a Rockford Health System board member and for
16 the last two years Chairman of the Board. As a
17 board member, I actually serve in two capacities.
18 First, I'm committed to giving my best input and
19 guidance to the organization as one of its leaders.
20 Second and most importantly, I'm a member of this
21 community. I take my responsibility to represent
22 the best interests of the community at large very
23 seriously.

24 As I have pursued and supported this
25 proposed affiliation of OSF Healthcare System, I

1 have done what I believe to be the right thing to do
2 for Rockford region and its residents. At every
3 step in the process, the Rockford Health System
4 Board of Directors has done its homework, asked
5 thoughtful questions and carefully weighed the
6 benefits of this affiliation.

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

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

25 The joining of these two fine organizations

1 offers this region an opportunity to step up and
2 richly improve the delivery of health care. I hope
3 it is an opportunity that is not wasted. Thank you.

4 MR. ROATE: Next, the State Agency would like to
5 call Jan Hagenlocher.

6 MS. HAGENLOCHER: Good morning. My name is Jan
7 Hagenlocher, H-a-g-e-n-l-o-c-h-e-r, public relations
8 director for SwedishAmerican. I'm here today to
9 present a letter from Dr. Gorski, G-o-r-s-k-i, who
10 is the CEO and president of SwedishAmerican Health
11 System. We have requested this public hearing on
12 the proposed transaction between OSF and RMH because
13 we believe there has been a striking lack of
14 transparency on the part of the applicants as to
15 what some of the true implications and concerns
16 would be regarding this acquisition.

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

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

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

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

25 The Certificate of Exemption process

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

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

22 The issue of access to women's health
23 services has also been addressed, but we do not
24 believe, again, with total transparency. We do
25 believe that there will be gaps and limitations in

1 care delivery for women should this transaction move
2 forward, and again to not believe the community has
3 been informed with total candor.

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

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

23 In summary, SwedishAmerican opposes this
24 transaction on many levels. The purpose of our
25 observations today are to raise the awareness of the

1 communities to some of the vital issues of
2 importance to us all that have not been clearly
3 articulated. Thank you.

4 MR. ROATE: Next, the State Agency would like to
5 call Steven Bradley.

6 DR. BRADLEY: Good morning. My name is
7 Dr. Stephen, that's S-t-e-p-h-e-n, Bradley,
8 B-r-a-d-l-e-y.

9 I'm a general vascular and head and neck
10 surgeon with Rockford Surgical Service here in
11 Rockford, Illinois. I am pleased to speak in
12 support of the proposed affiliation between OSF
13 Healthcare and Rockford Health System.

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

19 Clearly, these medical centers offer very
20 good care and have exceptional staff providing
21 excellent support to me and my colleagues as well as
22 to our patients. The proposed affiliation I believe
23 can only improve that quality of care.
24 Opportunities for delivery of services will also be
25 enhanced.

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

10 While not as long or extensive as OSF
11 St. Anthony or Rockford Health System, Rockford
12 Surgical Service has a long and distinguished
13 history in this community. Over more than 60 years
14 we have developed a good and professional
15 relationship with both organizations. The proposal
16 for the two to become one as OSF Northern Region can
17 only improve that teamwork. And that makes this
18 affiliation a very positive prospect for physicians,
19 health care professionals, this community but most
20 importantly, the patients we serve. Thank you.

21 MR. ROATE: Next, the State Agency would like to
22 call Brian Reck.

23 MR. RECK: Good morning. My name is Brian Reck,
24 that's spelled B-r-i-a-n, last name is R-e-c-k. I'm
25 the director of the corporate communications and

1 strategic marketing at SwedishAmerican. I'm here
2 today to share a letter from Thomas Myers. His last
3 name is spelled M-y-e-r-s. He is the vice president
4 of strategic planning and marketing at
5 SwedishAmerican Health System here in Rockford.

6 It's been nearly a year since it was
7 announced that OSF Healthcare in Peoria intended to
8 acquire the assets of Rockford Health System.
9 However, little has been announced regarding details
10 and equally important, the effects of this
11 acquisition.

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

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

23 Rockford, like many communities, is
24 currently suffering from a significant economic
25 downturn with a higher than average unemployment

1 rate. A consolidation of these two health care
2 entities and the resultant loss of jobs could not
3 come at a worse time for Rockford. In addition,
4 health care jobs tend to be higher paying. So the
5 loss of health care jobs simply exacerbates the
6 economic problems for Rockford.

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

18 In addition, the community could see a
19 reduction in access. Mental health services are an
20 example. Many in the community know the critical
21 nature and the lack of access to care for both
22 adults and children. What are OSF's plans? Also,
23 emergency demand at area hospitals is at an all time
24 high. With the current economy of Rockford, our
25 emergency departments are even more at the last

1 thread in the safety net for many vulnerable people.
2 This acquisition involves two Level One trauma
3 centers. Will they be maintained? Will they be
4 cut? What are OSF's plans?

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

11 MR. ROATE: The State Agency would like to call
12 John Penny.

13 MR. PENNY: My name is John Penny. And I'm the
14 vice president of Northwestern Illinois Building and
15 Construction Trades Council speaking on behalf of
16 Brad, Long, L-o-n-g. I have worked in the building
17 trades in the Rockford area for 20 years. And for
18 the past four years I've been president of the
19 Northwest Illinois Building Trades Council which
20 represents 15,000 members in eight counties.
21 Through that experience, I have witnessed lots of
22 highs and lows in our area of economy and
23 employment. This region is traditionally one of the
24 first and hardest hit during a rescission and often
25 the last to recover.

1 This recent one of which we are only now
2 beginning to see a turning of the corner after more
3 than two years has been particularly devastating.
4 The Rockford metro area recorded Illinois leading
5 jobless rates of near 18 percent. But that doesn't
6 come close to telling the hit building trades took.
7 Unemployment among our members reached 40 to 45
8 percent.

9 One of the few bright spots during those
10 dark times were capital development projects
11 undertaken by OSF Healthcare System and Rockford
12 Health System, like the OSF Center For Health, Rock
13 Cut and the emergency room renovation at Rockford
14 Memorial Hospital, just to name two. These are
15 corporations who understand the importance of
16 investment in the communities they serve and the
17 role they play in improving the quality of health
18 care and life in a region of which they have both
19 been a part of for over 100 years.

20 The affiliation brings with it the promise
21 of additional investment and growth. A commitment
22 of millions of dollars in capital development
23 annually by OSF offers a welcomed chance for the
24 area of building trades and more importantly, its
25 members to start climbing out of what has been one

1 of its most extensive downturns. We look forward to
2 partnering with the proposed OSF Northern Region to
3 help them create their vision for an improved health
4 care delivery system.

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

12 MR. ROATE: Next, the State Agency would like to
13 call Richard Walsh.

14 MR. WALSH: Good morning. My name is Richard
15 Walsh. First name is spelled R-i-c-h-a-r-d, last
16 name is spelled Walsh, W-a-l-s-h. I want to thank
17 you for the opportunity to comment in opposition to
18 this project today. I would make a note that before
19 I give my testimony, I'll be quoting the application
20 of the two parties, and so I'll have copies of those
21 pertinent documents of the application to support my
22 testimony.

23 My testimony is centered around two
24 concerns. First, relating to the value of the
25 transaction, and the second relating to the

1 out-of-town ownership of the new OSF Northern Region
2 Facility and Services and acquisition -- after the
3 acquisition, excuse me.

4 First, I'd like to talk about the value of
5 the transaction. In reviewing the documents
6 submitted by OSF and Rockford Health System
7 outlining the financial details of the transaction,
8 we have concern that the Rockford community is not
9 receiving fair value for the assets that Rockford
10 Health System is transferring to OSF.

11 In its application, Rockford Health System
12 states that the estimated net book value of the
13 assets being transferred to OSF is \$212,658,000.

14 In return for these assets, the parties
15 state, and I quote the application, there will be no
16 acquisition price for this transaction, end quote.
17 However, OSF has agreed to three things, first, they
18 are agreeing to allocate the \$35 million per year
19 for eight years for a total of \$280 million, and I'm
20 quoting from the application for recurring and
21 replacement capital needs of the OSF Northern Region
22 Facilities and Services. Second, they are agreeing
23 to either pay off or replace current Rockford Health
24 System debt of approximately \$100 million. We would
25 note that that amount of RHS debt has already been

1 subtracted in from its net book value to arrive at
2 the \$212,658,000. Finally, and I quote, the
3 application again, OSF will fund capital and cash
4 flow requirements for the purchase and installation
5 of an enterprise-wide integrated Epic set of
6 applications offered, end quote. We would note that
7 this investment will be made at Rockford Memorial
8 after it becomes part of the OSF Northern Region
9 Facilities.

10 Based upon the financial details outlined
11 above and the details in the application, it appears
12 that Rockford Memorial is receiving no considering
13 in return to transferring assets worth \$212 to OSF.
14 Let me explain.

15 First, both the OSF commitment of \$208
16 million in recurring and replacement capital needs
17 and the funding of capital and cash flow
18 requirements for the new Epic system will be
19 investments made in the new combined entity and not
20 payments directly to Rockford Health System in
21 consideration for the transfer of its assets.
22 Moreover, the commitment of \$208 million is not only
23 subject to OSF reserve powers, approved budgets and
24 strategies, but the amount itself may be reduced
25 whenever OSF, and I quote, again, institutes a

1 system-wide reduction in recurring and replacement
2 capital expenditures, end quote.

3 Secondly, as previously noted, the
4 approximately \$100 million of RHS debt has already
5 been subtracted from the net book value. Thus,
6 repayment or replacement by OSF is not consideration
7 going directly to Rockford Health System.

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

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

21 We would further postulate that if Rockford
22 Health System were a for-profit entity owned by
23 shareholders, it would be difficult if not
24 impossible to get a majority of the shareholders to
25 vote in favor of approving this transaction based

1 upon these financial terms. We would further argue
2 that a majority of the Rockford community, if they
3 had a vote, wouldn't either.

4 Next, to the out-of-town ownership.

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

8 Rockford Health System in addition to
9 currently being locally owned and governed is one of
10 the largest employers in the Rockford community.

11 The Rockford community simply cannot afford to have
12 ownership of Rockford Health System leave town.

13 In its application, Rockford Health System
14 spells out the terms of ownership and governance for
15 the new OSF Northern Region Facilities and Services.
16 A close reading of the governance terms and
17 conditions indicates that all real control will rest
18 with the OSF parent board in Peoria. OSF's reserve
19 powers are broad and the number of local board
20 appointments they control is significant. While it
21 may appear that control will remain local, the
22 reality is it will not, as it currently does not
23 with the OSF St. Anthony advisory board structure.

24 In conclusion, let me say that in effect,
25 what we have occurring in this transaction is the

1 acquisition by an out-of-town owner of a major
2 locally owned business for essentially nothing. It
3 is our belief that this should not be allowed to
4 occur. It is for these reasons that SwedishAmerican
5 opposes the project. Thank you for your
6 consideration.

7 MR. ROATE: The State Agency now calls
8 Dr. Joseph Stewart.

9 DR. STEWART: My name is Dr. Joseph Stewart,
10 J-o-s-e-p-h, S-t-e-w-a-r-t.

11 I'm an active physician leader at OSF
12 St. Anthony Medical Center. I've served as Chairman
13 of the Department of Obstetrics and Gynecology,
14 second vice president of the medical staff and
15 Chairman of the Quality and Peer Review Committee
16 for the hospital. I am currently the first vice
17 president of the medical staff and Chairman of the
18 Credentials Committee. I am board certified in the
19 specialty of obstetrics and gynecology, and I'm
20 licensed to practice medicine in Illinois. Thank
21 you for the opportunity to speak in support of the
22 proposed affiliation of OSF Healthcare System and
23 Rockford Health System.

24 In 1993, I joined OB/GYN Associates
25 Limited, and for the past 18 years I've been

1 practicing as an independent physician in that group
2 with admitting privileges at Rockford Memorial
3 Hospital and OSF St. Anthony Medical Center. The
4 nurses, support staff and administrative teams at
5 both hospitals are talented groups of professionals
6 and have always met my expectations and even more
7 importantly those of my patients.

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

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

25 My colleagues and I are looking forward to

1 the real possibility of recruiting additional
 2 physician partners in both obstetrics and
 3 gynecology. Our current system has struggled in
 4 being able to bring physicians in my specialty to
 5 the area. A merged system will be much more
 6 effective in bringing the talent to Rockford that
 7 will help us achieve excellence.

8 Both organizations have worked diligently
 9 to provide high quality health care in Rockford for
 10 much longer than I've been in practice. In fact,
 11 both have done so for more than a Sentry. This
 12 proposed affiliation ensures that care will only
 13 become better. Thank you.

14 MR. ROATE: Next, the State Agency would like to
 15 call Theresa Glass.

16 MS. GLASS: Good morning. I'm a little nervous.
 17 So please forgive me. Not used to speaking in front
 18 of this many people. But thanks for giving me an
 19 opportunity to speak here today. I am not
 20 affiliated with a health care system at all. I
 21 don't work for a hospital, a subsidiary, a supplier,
 22 I don't -- I am in no way, shape or form related to
 23 the health care industry at all. And I'm only here
 24 today as a citizen which is why my hands are shaking
 25 and I'm a little nervous. So please forgive me

1 today.

2 I'm here to show my opposition to this
3 merger, slash, acquisition. I don't believe that
4 this merger or acquisition will do anything positive
5 for this community but it very well may simply just
6 line the pockets of interested parties.

7 And it may be true that RMH and OSF are
8 not-for-profit in these, but let's not mince words,
9 ladies and gentlemen, money is the driving factor.
10 I find it interesting that the proponents cite
11 reduction of costs as one of their main reasons, yet
12 this merger will not -- it will more likely than not
13 reduce costs. It will do the exact opposite. This
14 merger will do nothing to decrease health care costs
15 and in contrast, it will increase costs through the
16 elimination of competition.

17 Competition is the major catalyst for
18 providing reasonably priced products and services in
19 a free market system. Eliminating competition
20 provides an avenue of control of marketplace. And
21 once you have control of a market, you will be free
22 to do whatever you want with the prices and the
23 services you're going to provide as well as the
24 availability of affordable health care to an entire
25 region. If you think the cost of health care is

1 high now, imagine what will happen when people have
2 fewer or no choices at all.

3 Some say well, we still have Swedes. Sure,
4 that may be the case. But when there are only two
5 competitors, it is reasonable to think that one may
6 try to put the other out of business strictly so
7 that they can corner the market. And in this case,
8 one entity may elect to eliminate a high liability
9 risk service forcing another entity to absorb the
10 entire service or eliminate it as well and therefore
11 reducing services to the region. And that is the
12 textbook definition of a monopoly.

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

18 I sat in the overflow room today, and I
19 heard about women's health care choices and what
20 this merger and acquisition means to them. And that
21 terrifies me even more.

22 This merger and acquisition will eliminate
23 my medical choices as a citizen, mine. Not may, not
24 might, but it will. You will force me to go
25 someplace, and that is an elimination of a medical

1 choice.

2 I performed a Goggle search, and I used,
3 quotes, health care costs, end quotes, and the lack
4 of competition, quote. And the result was 979,000
5 different hits. Many offered studies and
6 statistics, but the one that caught my eye was one
7 study that took place right over the boarder just in
8 Milwaukee, Wisconsin. It was a 2008 Wisconsin
9 Policy Research Institute. And it stated, quote,
10 the most significant factor driving health care
11 costs in Milwaukee is the relative lack of
12 competition, end of quote.

13 And with that, I would just like to say
14 that I -- once again, I oppose this, and thank you
15 for your time. I hope I didn't shake too bad.

16 MR. ROATE: Next, the State Agency would like to
17 call David Peterson -- Patterson -- Peterson.

18 MR. PETERSON: Good morning. I'm David Peterson
19 speaking on behalf of Chairman Scott Christiansen of
20 Winnebago County, P-e-t-e-r-s-o-n, Christiansen,
21 C-h-r-i-s-t-i-a-n-s-e-n.

22 In April 2010 -- in his April 2010 State of
23 the County remarks, Winnebago County Chairman Scott
24 Christiansen said one of our most significant
25 industries in Rockford is health care. This area

1 employs thousands of people, cycles hundreds of
2 millions of dollars through our community and
3 supports numerous charities and civic causes.

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

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

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

24 We are fortunate to have unique and capable
25 health care professionals and systems in our

1 community that contribute to a better quality of
2 life. We must find ways to look forward, expand our
3 services and compete in a difficult and changing
4 market.

5 The County supports the growth of our
6 health care systems. Recently, SwedishAmerican
7 Health System and UW Health Madison agreed to work
8 cooperatively. Just several months ago, Janet
9 Wattles Center and Rosecrance joined forces. OSF
10 Health Systems and Rockford Health Systems are
11 talking about joining their systems. We support
12 these combined efforts.

13 A strong growing health care system can
14 help our community economically with the necessary
15 education and direction for wellness, promoting
16 individual responsibility and accountability for
17 health care.

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

24 MR. ROATE: The State Agency now calls Prophet
25 Yusf.

1 MR. YUSF: Good morning, ladies and gentlemen.
2 My name is Prophet Yusuf, spelled P -- capital
3 P-r-o-p-h-e-t, capital Y-u-s-f. I'm a 20-year
4 veteran of the Naval service. I did three tours in
5 Viet Nam. I'm a retired schoolteacher. I'm a
6 writer. And I'm also a community activist. And I'm
7 an economic analyst.

8 What I'm here today to speak about, I
9 oppose it. I'm going to tell you why. Rockford
10 Memorial Hospital is -- and SwedishAmerican
11 Hospital, I put them against any hospital in the
12 United States. Why? Because they specialize in
13 customer service. Frederic Zimmerman who is a
14 turnaround artist specialist said this about -- and
15 another reason why I oppose this is because any
16 time, 95 out of 100, when companies merge, people
17 lose jobs. And I don't need for nobody in Rockford
18 to lose more jobs because when you lose jobs,
19 unemployment rate goes up, crime rate goes up,
20 homeless rate goes up, addiction goes up, illiteracy
21 goes up, recidivism goes up.

22 I'm here to reduce crime. And I don't want
23 you to merge. Thank you for allowing me to speak.

24 MR. ROATE: This concludes all registered
25 testimony that oppose the project. All remaining

1 testimony will be in support of the project.

2 Next, the State Agency would like to call
3 Mike Robinson.

4 MR. ROBINSON: Good morning. My name is Mike
5 Robinson. I'm the director of marketing and
6 communication at OSF St. Anthony Medical Center, and
7 I'm speaking this morning on behalf of Mark Hiser,
8 M.D., Rockford Cardiovascular Associates. That's
9 H-i-s-e-r.

10 My name is Dr. Mark Hiser. I'm board
11 certified in internal medicine as well as
12 cardiovascular diseases, and I'm licensed to
13 practice medicine in Illinois. I have admitting
14 privileges at OSF St. Anthony Medical Center,
15 Rockford Memorial Hospital, SwedishAmerican
16 Hospital, Kishwaukee Community Hospital and Rochelle
17 Community Hospital. Additionally, I serve as the
18 chief medical officer for Rockford Cardiovascular
19 Associates having started with RCA nearly 30 years
20 ago in August of 1981.

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

24 I definitely think this proposed
25 affiliation can result in Rockford become a

1 destination for regional health care. We could
2 attract the best and brightest physicians and health
3 care professionals and thus create centers of
4 excellence providing outstanding clinical outcomes.

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

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

25 This proposed affiliation will ensure the

1 long-term viability of high quality, accessible and
2 affordable health care in the Rockford region which
3 is why I support it. Thank you.

4 MR. ROATE: Next, the State Agency would like to
5 call Walt Boothe.

6 MR. BOOTHE: My name is Walt Boothe,
7 B-o-o-t-h-e. Thank you for allowing me to speak
8 today. I'm a banker and have been a community
9 member of the Rockford Memorial Development
10 Foundation Board of Directors since 1995. I have
11 been a hospital volunteer since 1973. I was also
12 the first Chairman of the Rockford Health System
13 Ambassadors
14 Program which seeks to enhance local professionals'
15 understanding of health care in our community. I am
16 speaking in favor of the proposed affiliation
17 between Rockford Health System and OSF Healthcare
18 System.

19 I have a long history with Rockford Health
20 System. That's why it's been extremely important to
21 me that I clearly understand the goals of this
22 affiliation. During the due diligence process, the
23 Foundation Board of Directors was kept well
24 informed. Based upon that knowledge, I'm convinced
25 today that both Rockford Health System and OSF are

1 committed to significantly enhancing medical care
2 for all of us in the greater Rockford area. This
3 affiliation also makes sense for Northern Illinois
4 especially in light of our recent economic
5 struggles.

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

13 I'm very optimistic that the vision for the
14 OSF Northern Region will be realized in the days
15 ahead. Thank you.

16 MR. ROATE: The State Agency would like to now
17 call Reid Montgomery.

18 MR. MONTGOMERY: Hello. My name is Reid
19 Montgomery. I'm the director of the community and
20 economic development for the City of Rockford,
21 spelled R-e-i-d, M-o-n-t-g-o-m-e-r-y. I have been
22 asked to read this letter in support from Lawrence
23 J. Morrissey, Mayor of the City of Rockford.

24 The letter was written on February 8, 2011
25 to Ms. Courtney Avery administrator of Illinois

1 Health Facilities and Services Review Board.

2 Dear Mrs. Avery, as Mayor of the City of
3 Rockford, I'm writing to express my full support of
4 the proposed affiliation of OSF Healthcare System
5 and the Rockford Health System.

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

13 Therefore, I am offering this letter of
14 recommendation to encourage the Planning Board to
15 approve the Certificate of Exemption for the change
16 of ownership of the Rockford Health System. Very
17 truly yours, Lawrence J. Morrissey, Mayor of the
18 City of Rockford.

19 That's end of the letter. But on a
20 personal note, I'm sure that all three systems offer
21 quality care and services. But I have specific
22 knowledge of one of the health care systems which I
23 would like to tell you about.

24 A year ago March 18, I had an aneurysm
25 twice on that day. I was bleeding from the brain

1 and taken to OSF. And I truly believe that if it
2 weren't for the quality health care I received from
3 both the doctors and the nurses of that facility, I
4 would not even be here today. So thank you.

5 MR. ROATE: Next, the State Agency would like to
6 call the following individual. I apologize. I'm
7 unable to read the last name. I'd like to spell the
8 first name. B-h-a-r-a-t.

9 MR. PURI: Bharat.

10 MR. ROATE: Bharat. I apologize, sir.

11 MR. BHARAT: Good morning. My name is Bharat
12 Puri, B-h-a-r-a-t, last name, P-u-r-i. I am the
13 Director of Finance and Commercial Development for a
14 real estate and development company in Rockford,
15 Illinois. (Inaudible.) I am also a member of the
16 OSF St. Anthony Foundation Council. I'm here to
17 speak in favor of the proposed affiliation between
18 OSF Healthcare Foundation and Rockford Health System
19 Health Foundation.

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

25 Aside from the prospects of taking health

1 care, its delivery and scope to the next level in
2 our community, the joining of these organizations
3 mean the opportunity to expand and offer new
4 specializations that will encourage people in our
5 region to invest in the health care dollars here,
6 locally rather than spending it outside the
7 community. Furthermore, the specialization, not
8 duplication of services, would reach out to a wider
9 geographic area.

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

15 MR. ROATE: Next, the State Agency would like to
16 call Thomas Muldowney.

17 MR. MULDOWNNEY: My name is Tom Muldowney. I'm
18 one of the owners and I am a Chairman of the -- and
19 a Chairman of the Board of Savant Capital
20 Management, a company that I started in Rockford.
21 I'm a life-long resident of the Rockford area. I
22 stayed here after graduating from Rockford College.
23 I started my business here 25 years ago because
24 Rockford is my home. In fairness, you should also
25 know that I serve on the OSF St. Anthony Foundation

1 Council. I admire the drive and perseverance of the
2 people.

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

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

22 Innovation, competition, cooperation and
23 collaboration like this made the Rockford area a
24 strong community and one in which the citizens are
25 proud to call home. Industries have ebbed and

1 flowed, companies have come and gone, but it seems
2 to me that there are a lot that have gone.

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

10 Too many times I've seen wonderful ideas to
11 improve our community and the quality of life for
12 our citizens unduly and unfairly criticized out of
13 existence or out of the city without considering the
14 possibility of benefits. Too many times voices on
15 opposite sides of an issue would rather see an issue
16 die than see it blossom, sometimes even if this
17 meant eliminating an opportunity for everyone in the
18 community. This should not and cannot happen here.
19 That kind of change is being proposed by joining OSF
20 System and Rockford Health System will bring about
21 not only the prospect for medical services and their
22 delivery but a spirit of accomplishment and pride to
23 a community that deserves it. We should not be here
24 to merely approve this action, we should be here to
25 encourage and foster it. We make a company in

1 Rockford stronger -- pardon me. If we make a
 2 company in Rockford stronger, others can point to
 3 that strength as the strength of the whole City.
 4 From that strength, we can attach our opportunity
 5 wagons and be drawn along with them in their
 6 success.

7 By virtue of my profession, I know this to
 8 be a rich and generous region. It can only be made
 9 more so with the start of a new era in health care
 10 called the OSF Northern Region. Let us turn to our
 11 entire medical community and help them turn Rockford
 12 into a center for health care excellence. And
 13 remember, a rising tide lifts all boats. Thank you
 14 very much.

15 MR. ROATE: Next, the State Agency would like to
 16 call Dominic Castanza.

17 MR. CASTANZA: My name is Dominic Castanza. I'm
 18 the business manager for Laborers' Local 32 in
 19 Rockford, D-o-m-i-n-i-c, C-a-s-t-a-n-z-a.

20 I have been the business manager in
 21 Rockford for one year now. I was a field rep for
 22 Local 32 for four years. Before that, I was a
 23 member of local 32 since 1982 when I first started
 24 working in the building trades in Rockford. Our 750
 25 members serve Winnebago and DeKalb Counties.

1 It's been a difficult few years for my
2 members as economic downturn and many companies
3 putting on hold planned construction and expansion
4 projects. Joblessness in Local 32 was as high as 45
5 percent for our Local, leading to an overall
6 unemployment in Rockford and Winnebago County. It's
7 at its highest level since the early '80s.

8 Of the very few who proceeded with their
9 plans, two were OSF St. Anthony Hospital and
10 Rockford Health System because they understand
11 delivering quality health care requires the space
12 necessary to grow service lines and medical programs
13 for the patients that are seeking medical care.

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

23 That's also an exciting prospect for my
24 members as they seek the continuation of fine
25 medical treatment they appreciate from those

1 organizations for many years. This affiliation
2 makes sense in so many ways and our community needs
3 it, but more importantly, we want it. Thank you.

4 MR. ROATE: Next, the State Agency would like to
5 call Eleana Doar.

6 MS. DOAR: Hello. My name is Eleanor Doar,
7 E-l-e-a-n-o-r, D-o-a-r.

8 I have been a member of the Rockford Health
9 System Board of Directors since August 2005. I'm
10 here to speak in favor of the proposed affiliation
11 between Rockford Health System and OSF Healthcare
12 System.

13 I have lived, worked and raised three
14 children in Rockford over the past 21 years. For
15 me, the future of health care in this community is
16 not only a professional issue as a Rockford Health
17 System Board Member but also a personal issue.

18 Over the past year and a half, the Rockford
19 Health System Board of Directors has diligently
20 studied this affiliation and its impact on the
21 Rockford region. Our decision to pursue this
22 partnership was not a quick or an easy one. What we
23 found so clearly during the due diligence process is
24 that if we combine our talents, resources,
25 technology and facilities, we will be able to more

1 effectively tackle the tough challenges facing
2 health care and the Rock River Valley.

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

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

18 MR. ROATE: Next, the State Agency would like to
19 call Reverend Perry Bennett.

20 REV. BENNETT: Good morning. My name is
21 Reverend Perry Bennett. P-e-r-r-y, B-e-n-n-e-t-t.

22 I've been the pastor of the Macedonia
23 Baptist Church here in Rockford for 39 years. I
24 speak today on the support of the affiliation
25 between OSF Health System and Rockford Memorial

1 Health System.

2 I wish to add one but a very important
3 aspect of the charity and care provided our
4 community by OSF St. Anthony Hospital. For 17
5 years, the OSF parish nurse program had provided my
6 congregation of 350 members and seven other local
7 churches, mostly in economical challenged areas, a
8 more needed and life-saving services.

9 At least twice the week an OSF nurse take
10 time to meet with members of our church to offer
11 help testing, screening, providing insight on
12 medical diagnosis and help connect them to medical
13 resources they need. They do follow-up with
14 visiting to those who have been discharged from the
15 hospitals and visit members of my parish in nursing
16 homes and other additional places.

17 Additionally, the parish nurse scheduled
18 medical educational classes, organized annual health
19 fair in each church and even assist members of my
20 church in getting social service by needs of
21 directing them to local food pantries and other
22 places.

23 I referred to this program as life-saving
24 because I can speak to it -- to its benefit
25 firsthand. I get my blood pressure checked every

1 time, Sue, my parish nurse visits our parish.
2 Without any arrangement at all, one day I was
3 checked out by my health nurse and found out I had a
4 blood deficiency, and I was sent to the hospital by
5 her and finally wound up in a major surgery.

6 And if it had not been for the parish nurse
7 of the St. Anthony Medical Center, I probably would
8 not have been standing here speaking to you today.
9 Thank you for listening.

10 MR. ROATE: Next, the State Agency would like to
11 call Paula Carynski.

12 MS. CARYNSKI: Good morning. I'm Paula
13 Carynski, it's C-a-r-y-n-s-k-i, and I just want to
14 show my support for the affiliation for the OSF
15 Healthcare System and Rockford Health System and
16 submit my written statement.

17 MR. ROATE: Okay. Next, the State Agency would
18 like to call Ray Davis.

19 DR. DAVIS: Hi. My name is Ray Davis. It's
20 D-a-v-i-s. I am a pediatrician with the Rockford
21 Health System and the current President of the
22 medical staff. And I would like to acknowledge my
23 support of the affiliation, and I also do not have
24 any statement to make.

25 MR. ROATE: Thank you, sir. Next, the State

1 Agency would like to call Phil Higgins.

2 DR. HIGGINS: Good morning. My name is Dr. Phil
3 Higgins, H-i-g-g-i-n-s.

4 I am currently the Chair of the Department
5 of Obstetrics and Gynecology and the Medical
6 Director of the Women's Services at Rockford Health
7 System. I'm employed by Rockford Health Systems. I
8 am speaking in favor of the affiliation between OSF
9 Healthcare System and Rockford Health System.

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

19 For physicians, leaders and staff wanted to
20 ensure that this affiliation will allow us to
21 continue to provide the best health care services we
22 can for the women of Rockford region.

23 We concluded that this affiliation will
24 actually strengthen our women's health care services
25 and position us well for continued growth and

1 exceptional outcomes. This conclusion is not
2 inconsistent with Rockford Memorial Hospital joining
3 a Catholic health care system. At the end of our
4 considerable discussion on this issue, I reflected
5 on a simple question. Do I believe that because OSF
6 Healthcare System is a Catholic organization, its
7 leadership, physicians and staff are any less
8 committed to the health and well-being of the
9 patients we serve. I am confident that the answer
10 is a resounding no. We share a common commitment
11 and vision that will help guide and support our
12 efforts to improve the level and quality of services
13 we offer to the Rockford community. Thank you.

14 MR. ROATE: Next, the State Agency would like to
15 call William Timm.

16 MR. TIMM: Good morning. My name is Bill Timm,
17 B-i-l-l, T-i-m-m.

18 I'm an alderman for the City of Rockford.
19 I am here to speak in favor of the proposed
20 affiliation between Rockford Health Systems and OSF
21 Healthcare System.

22 I've been an alderman in Rockford for the
23 past 14 years. I represent the Ninth Ward. A
24 portion of Rockford Health System, Rockton Avenue
25 campus is in my ward. I would describe my

1 relationship with the leadership at Rockford Health
2 System over the past many years as excellent.

3 As a life-long resident of Rockford and
4 Northwest Rockford in particular, I appreciate the
5 long history of Rockford Health System in our
6 community and in our neighborhood.

7 The vision I have been given about joining
8 of these two local health systems is very positive,
9 and I endorse it. I'm extremely pleased that OSF
10 Healthcare System and the leadership of Rockford
11 Health System have made a commitment in the west
12 side of Rockford and in maintaining Rockford
13 Memorial Hospital and other medical services on the
14 Rockton Avenue campus once the partnership has been
15 completed. Thank you.

16 MR. ROATE: Next, the State Agency would like to
17 call -- I'm unable to pronounce the first name. The
18 last name is Goode, G-o-o-d-e.

19 MR. GOODE: Good morning. My name is Alphonso
20 Goode, A-l-p-h-o-n-s-o, G-o-o-d-e. I've been a
21 Rockford Health System Board Member since 19 --
22 January of 2001. I am here today to give my support
23 for the proposed affiliation between Rockford Health
24 System and OSF Healthcare System.

25 As a member of the Board, I have spent the

1 last decade overseeing what I believe to be a great
2 community asset of Rockford Health System. Steeped
3 in tradition for over 100 years, this organization,
4 its physicians and staff, have been committed to
5 caring for our community. I think it is very
6 important to say that we have certainly given lots
7 of thought to how best to maintain that long
8 tradition, especially on the west side of Rockford
9 during these discussions.

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

19 It was very -- it was also important that
20 we have a seat at the table. I commend OSF
21 Healthcare System for agreeing to a local Board to
22 govern local operations.

23 I'm hopeful that this affiliation will
24 receive all necessary approval and move forward.
25 Thank you.

1 MR. ROATE: Next, the State Agency would like to
2 call John Dorsey.

3 DR. DORSEY: Good morning. My name is Dr. John,
4 J-o-h-n, D-o-r-s-e-y.

5 I am a member of the Rockford Health System
6 Board of Directors. I am employed by the system's
7 medical group as an internal medicine doc. And I
8 serve as its director of the adult primary care
9 services. I've been practicing medicine in this
10 community since 1984, and I'm here to speak in favor
11 of this affiliation.

12 Over the past several years, I've been very
13 actively involved in the quality and performance
14 improvement efforts at Rockford Health System. And
15 as a result, I've become increasingly more
16 passionate about ensuring that the patients are
17 really at the core of -- center of what we all do.
18 From my perspective as a physician, I believe that
19 the patient is truly at the center of this
20 affiliation. So what does this affiliation actually
21 mean to the patients that I see every day in my
22 practice?

23 I believe if we are successful in creating
24 the OSF Northern Region, our patients will have
25 increased access to the highest level and array of

1 specialists -- specialty care possible in Rockford,
2 close to the homes of my patients. I believe we
3 will also be more successful in recruiting top-notch
4 physicians and specialists to diagnose and provide
5 state-of-the-art treatment and state-of-the-art
6 facilities using state-of-the-art technology.
7 Ultimately, for those reasons, I believe we will see
8 the best possible clinical outcomes for patients. I
9 also think that patients' health care dollars will
10 be spent wisely, and the potential benefits for
11 those -- for this proposed affiliation for those
12 that we care for each and every day will occur.

13 Change is very difficult. And in health
14 care today and in Rockford today, we understand that
15 change is here, and change is inevitable. In our
16 deliberations that led to this proposed affiliation,
17 it became very obvious to all of us in leadership
18 that this affiliation is the change that we need to
19 move more effectively forward on behalf of our
20 patients and their families. Thank you.

21 MR. ROATE: Next, the State Agency would like to
22 call Dan Baker.

23 MR. BAKER: Good morning. My name is Dan Baker.
24 D-a-n, B-a-k-e-r. I'm submitting my written
25 comments in support of the proposed affiliation.

1 I'd also like to submit written comments for the
2 affiliation for Brian Bear, B-r-i-a-n, B-e-a-r.
3 Thank you.

4 MR. ROATE: Next, the State Agency would like to
5 call Sue Schreier.

6 MS. SCHREIER: Good morning. My name is Sue
7 Schreier, and I'm submitting a written statement in
8 support of the affiliation between OSF and Rockford
9 Health System.

10 MR. ROATE: Next, the State Agency would like to
11 call Ann Thompson-Kelly.

12 MS. THOMPSON-KELLY: Ann, A-n-n, Thompson,
13 T-h-o-m-p-s-o-n, hyphen, K-e-l-l-y. I'm submitting
14 my written statements as well as oral comments.
15 Thank you.

16 As a very, very, very proud west side
17 resident that has worked many years with Rockford
18 Health System and working with the community needs,
19 they have proven to me under no question that they
20 are not only involved in the health care system,
21 they are also involved in the community.

22 You've heard the word community thrown
23 around in a lot of statements. Rockford Health
24 System has proven that they do care about the
25 community and their surroundings with home

1 ownership, day care for their children, their
2 involvement in their staff from top down.

3 I appreciate the involvement that I've had
4 over the past 15 years and their caring about the
5 community and the employees of Rockford Health Care
6 System as a family. I commend the organization as
7 well as OSF in listening to my concerns that I have.
8 Any time there is a merger such as this there are
9 questions, there are doubts. I can say comfortably
10 that a lot of my questions and concerns has been
11 addressed, and I have been assured that the dialogue
12 would continue as other questions arise from OSF as
13 well as Rockford Health Care Systems.

14 I support the affiliation and appreciate
15 the commitment to both local organizations. I also
16 support and find it very refreshing to see that
17 health care leaders are willing to move past a
18 status quo and look at the community and improve
19 health care systems in this community. They have my
20 full support. I hope that we can continue the
21 dialogue and improve the service of health care in
22 this community. Thank you.

23 MR. ROATE: Next, the State Agency would like to
24 call Connie Vitali.

25 DR. VITALI: Hello. My name is Dr. Connie,

1 C-o-n-n-i-e, V-i-t-a-l-i.

2 I am a member of the Rockford Health System
3 Board of Directors. I am the Chairperson of the
4 Department of Pathology and Laboratory Medicine at
5 Rockford Health System, and I'm a past President of
6 the medical staff at Rockford Health System. I have
7 practiced medicine in Rockford for almost 16 years,
8 and I'm speaking in favor of the proposed
9 affiliation.

10 There are many reasons I believe this
11 affiliation makes sense for Rockford and our
12 patients. You have heard others speak about the
13 potential for enhanced clinical quality, programming
14 and efficiencies. And these are important to the
15 health care -- the future of health care here.

16 What is also extremely important to the
17 future of health care in Rockford is the ability to
18 recruit and retain exceptional physicians in all
19 specialties. So in these brief comments, I would
20 like to present a perspective from my role as a
21 clinical associate professor of pathology at the
22 University of Illinois College of Medicine at
23 Rockford.

24 I'm very hopeful that this affiliation will
25 have a huge beneficial impact on the advancement of

1 medical education in our community. The vision to
2 broaden the depth of clinical services here coupled
3 with the commitment to strengthen relationships with
4 the College of Medicine is very exciting to me. An
5 enhanced faculty and more diverse residency programs
6 will mean that Rockford can train and ultimately
7 retain talented young doctors. As was the case for
8 me, a strong medical education program also serves
9 to attract new physicians and other providers who
10 are interested in teaching and developing our
11 medical students and young physicians.

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

24 MR. ROATE: Next, the State Agency would like to
25 call Pamela Fox.

1 MS. FOX: Hi. My name is Pamela Fox,
2 P-a-m-e-l-a, F-o-x. I have served on the Board of
3 Directors of Rockford Health System since 1996, and
4 I'm here in support of this affiliation. And I'm
5 just going to simply submit my comments in writing.
6 Thank you.

7 MR. ROATE: Next, the State Agency would like to
8 call David Stenerson -- Stenerson.

9 MR. STENERSON: My name is David Stenerson,
10 D-a-v-i-d, S-t-e-n-e-r-s-o-n, and I present my
11 written comments in support of this affiliation.

12 MR. ROATE: Next, the State Agency would like to
13 call Milton Schmitt.

14 DR. SCHMITT: My name is Dr. Milton Schmitt,
15 M-i-l-t-o-n, S-c-h-m-i-t-t. I'm the Chief Medical
16 Officer for the Rockford Health System. I've had a
17 37-year career with the system, and I would like to
18 submit my support in favor of this affiliation.
19 Thank you.

20 MR. ROATE: Next, the State Agency would like to
21 call Kris Kieper, K-i-e-p-e-r.

22 MS. KIEPER: My name is Kris Kieper, K-r-i-s,
23 K-i-e-p-e-r. And I'm the CEO of the YWCA of
24 Rockford, and I also serve on the OSF St. Anthony
25 Women's Health Advisory Board. And I'm speaking

1 today in support of the affiliation between OSF and
2 Rockford Health System.

3 In both of my capacities, I've been
4 approached and contacted by people regarding the
5 implications of the affiliation on women's
6 reproductive rights. These concerns in my position
7 provided me the opportunity to seek greater clarity
8 on these issues from leaders within OSF,
9 particularly Joseph Piccione, their corporate
10 ethicist. He explained to me how OSF abides by the
11 ethical and religious directives for Catholic health
12 care services and its impact on reproductive rights.

13 It provided an appreciation for the
14 integrity of care and consistency that the
15 Franciscan Sisters demand in their health care
16 system. That when forming their primary care
17 physicians groups and at the insistence of doctors
18 who were interested in joining these groups, OSF
19 addressed women's reproductive rights and developed
20 what is called the Limited Private Practice, or
21 LL -- I'm sorry, LPP.

22 The LPP provides doctors the ability to
23 prescribe contraceptives to their female patients in
24 their own professional capacity, as an independent
25 physician, a practice that would be made available

1 to Rockford Health physicians- joining OSF through
 2 the affiliation. Currently, approximately 50
 3 percent of OSF physicians operate under this.

4 As for OB/GYNs wanting to perform
 5 sterilization procedures, they too, would be
 6 provided the option of an LPP for reproductive
 7 purposes. But further, they would require a
 8 separate practice site to perform procedures like
 9 tubal ligations or vasectomies. And in the case of
 10 the LLP, the OB/GYN would make their own
 11 contributions to their malpractice insurance to
 12 cover the independent nature of this subset of their
 13 practice.

14 During my research, I was also made aware
 15 that RHS and OSF currently share the same policy
 16 concerning the care of women who have been raped or
 17 sexually assaulted. Both provide immediate and
 18 heavy doses of contraceptives to prevent a pregnancy
 19 from taking and both provide counseling and services
 20 to assist the women through their horrible ordeals.
 21 Each organization believes that they have a
 22 responsibility to women who have been victims of
 23 sexual violence.

24 In conclusion, this affiliation makes
 25 sense. After becoming even more educated about the

1 delivery of women's reproductive health services, I
2 simply don't agree with the concern that some of my
3 reproductive rights will or may be limited by this
4 partnership. Thank you.

5 MR. ROATE: Next, the State Agency would like to
6 call Franklin Beach.

7 MS. BROWN: My name is Karen Brown, K-a-r-e-n,
8 B-r-o-w-n, and I would like to submit a letter of
9 support from Mr. Franklin Beach and that's Franklin,
10 Beach. Thank you.

11 MR. ROATE: Next, the State Agency would like to
12 call Joseph Piccione.

13 DR. PICCIONE: I'm Joseph Piccione, and that's P
14 as in Peter, i-c-c-i-o-n-e.

15 I'm corporate ethicist for OSF Healthcare
16 System, also adjunct professor at the St. Anthony
17 Medical Center College of Nursing and Assistant
18 Adjunct Professor at the University of Illinois
19 College of Medicine in Peoria.

20 Catholic health care has been present in
21 North America since the 17th Century primarily by
22 hospitals sponsored by vowed religious women. The
23 Sisters, who often started with nothing than what
24 they literally carried into their new communities
25 found courage in each other and in their religious

1 commitment. Their work was established as their
2 response to those who went before them in the
3 Christian tradition. St. Francis of Assisi, a model
4 of Christian living for the East Peoria Sisters who
5 developed OSF lived in the 13th Century and the
6 first ministry of the friars was care of lepers, the
7 most marginalized persons of that era.

8 Christian care for the sick, injured and
9 elderly has roots in the Gospel tradition of
10 compassionate love found in the teaching and example
11 of Jesus. The ethical framework of the Catholic
12 tradition begins with this and the direction of
13 Jesus in the narrative of the Good Samaritan. Jesus
14 told the questioner to follow the example of the
15 Samaritan, go and do likewise.

16 The Catholic health care tradition in the
17 United States uses a document named the Ethical and
18 Religious Directives for Catholic Health Care
19 Services, often called ERD. It is a document of the
20 American Bishops in collaboration with the Catholic
21 hospitals across the nation. ERD does get a share
22 of visibility in the ongoing transition in the
23 health care delivery system. There is often an
24 exaggeration, however, in the scope of difference.
25 The most obvious is that of abortion. However, none

1 of the three hospitals in Rockford offer elective
2 abortion. In actual practice, provision of tubal
3 ligation for family planning purposes will be the
4 most significant shift in the acute care hospital
5 but would still be available in an acute care as
6 well as ambulatory settings in Rockford.

7 But ERD is not just about clinical matters
8 or about sexuality. And it should not be reduced to
9 that topic either. ERD affirms the dignity of each
10 person and the access each should have to basic
11 health care services. ERD states that another
12 manifestation of human dignity is found in the
13 decision making that the patient and the patients'
14 representatives make at times of serious illness.
15 Therefore, Catholic health care is proactive in
16 patient decision making based on human dignity.
17 Similarly the emphasis on human dignity carries
18 through the end of life and the care at that time.
19 St. Anthony Medical Center and other OSF hospitals
20 are proactive in palliative care for acute care
21 patients and for hospice care for patients in the
22 community.

23 OSF has served Rockford since 1899 and
24 shares the commitment to the community that is
25 represented by the tradition of the Rockford Health

1 System. The United States is a diverse society.
2 Diversity means a spectrum of tradition contributing
3 to the common good each in their own way. OSF has
4 contributed to the common good of the Rockford
5 community and will sustain health care delivery here
6 through this time of transition.

7 MR. ROATE: Next, the State Agency would like to
8 call Eric Benink.

9 DR. BENINK: Good morning. My name is Eric
10 Benink, E-r-i-c, B-e-n-i-n-k. I am a physician and
11 Chief Medical Officer at OSF St. Anthony Medical
12 Center. And I am going to simply provide you with
13 my written statement supporting the affiliation.
14 Thank you.

15 MR. ROATE: Next, the State Agency would like to
16 call Henry Seybold.

17 MR. SEYBOLD: Good afternoon. I'm Henry
18 Seybold, H-e-n-r-y, S-e-y-b-o-l-d. I am the Senior
19 Vice President and Chief Financial Officer for the
20 Rockford Health System, and I would merely like to
21 submit my written comments in favor of the
22 affiliation.

23 MR. ROATE: Next, the State Agency would like to
24 call Robert Sehring.

25 MR. SEHRING: Yes. My name is Robert Sehring,

1 S-e-h-r-i-n-g. I'm CEO of ambulatory services for
2 OSF, and I'm here in support of the affiliation, and
3 I also provided a number of other letters in
4 support.

5 MR. ROATE: Thank you, sir. The State Agency
6 would like to call Martin Lipsky, L-i-p-s-k-y.

7 DR. LIPSKY: I'm a physician. So that's why you
8 can't read my handwriting. M-a-r-t-i-n,
9 L-i-p-s-k-y.

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

19 The University has benefitted from its
20 long-standing relationships with all three local
21 hospitals, SwedishAmerican Hospital, Rockford
22 Memorial Hospital and OSF St. Anthony Medical
23 Center. The medical education programs at the
24 College of Medicine are community based. We don't
25 own a hospital or have a large employed faculty that

1 is common with most academic health centers.
2 Therefore, we rely heavily on the health care
3 organizations in the community, especially the
4 hospitals and medical staff to train and educate our
5 students in Rockford. All three make significant
6 contributions to our programs, and we deeply value
7 the relations we have built.

8 In an era where public higher education
9 faces significant budgetary challenges, we need to
10 seek alternative ways of financing and providing
11 education. As such, I'm in support of the merger of
12 OSF and St. Anthony Medical Center in Rockford
13 Health System. Both Dave Shertz and Gary Kaatz have
14 indicated that one result of the proposed merger
15 will be their enhanced support for medical education
16 for the College of Medicine. They believe the
17 merger will free up new resources that will allow
18 them to do this. As part of their commitment, they
19 plan to develop new graduate medical education
20 programs and help recruit new faculty physicians to
21 Rockford. This will benefit our medical school
22 training and I believe will also help attract and
23 retain physicians in our community. The commitment
24 from the leadership of both hospitals to support
25 existing and develop new programs is a key element

1 to help ensure our long-term viability.

2 MR. ROATE: Next, the State Agency would like to
3 call Kevin Ruggles.

4 DR. RUGGLES: I'm Dr. Kevin Ruggles, that's
5 R-u-g-g-l-e-s. I'm the Senior Vice President of
6 Medical and Clinical Affairs at Rockford Health
7 System. I would just like to submit my written
8 support of the issue. Thank you.

9 MR. ROATE: Next, the State Agency would like to
10 call David Shertz.

11 MR. SCHERTZ: Schertz.

12 MR. ROATE: Shertz.

13 MR. SHERTZ: My name is David Shertz, D-a-v-i-d,
14 S-c-h-e-r-t-z.

15 I'm President and CEO of OSF St. Anthony
16 Medical Center. I've been in that position for more
17 than 16 years -- 15 years. I'm proud to work for an
18 organization that dedicates itself to provide high
19 quality health care to all who seek it, an
20 organization that's devoted its mission and service
21 to the Rockford region for more than 110 years.
22 That mission is engrained in every OSF employee and
23 has been evidenced in no small part by the people
24 you have heard from today. But as you have also
25 heard, that sense of vision and dedication is not

1 exclusive to OSF.

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

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

24 There is also cost savings that will be
25 realized in part by the implementation of the Epic

1 Health Information System, the establishment of
2 independent foundation and a commitment to capital
3 development in the Rockford region.

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

11 Health care reform, in part, influenced
12 by -- health care reform, in part, influenced the
13 start of discussions leading us to where we stand
14 today. All health care systems will see dramatic
15 changes in health care regulations and reimbursement
16 in the coming years. While these challenges are
17 overwhelming, a state approved affiliation of OSF
18 Healthcare System and Rockford Health System will
19 provide a platform to better deal with these
20 dramatic changes in a way that will allow the
21 pursuit of highest quality and greater access for
22 our residents. The citizens of the Rockford region
23 have been provided more than a century of quality
24 health care by both organizations. This affiliation
25 will allow us to continue that tradition.

1 Our citizens deserve the best physicians,
2 latest technology and innovation developed in the
3 centers of excellence and a delivery of quality and
4 affordable service unmatched anywhere. The creation
5 of OSF Northern Region can make it a reality. And
6 we believe we meet all the certificate of exemption
7 criteria that will allow that criteria to come true.
8 Thank you.

9 MR. ROATE: This concludes testimony in
10 opposition and support for the project.

11 Before moving on, I need to correct a
12 misstatement made during the introduction. The
13 consideration by the State Board has been
14 tentatively scheduled for the May 10, 2011 State
15 Board meeting.

16 Before moving on, is there anyone who
17 wishes to testify who has not had an opportunity?
18 Seeing none, is there anyone who has testified who
19 wishes to provide additional testimony?

20 I would remind everyone to submit your
21 written comments to us so that we will -- so that we
22 have this information for the record. Also, this
23 project is scheduled for consideration by the
24 Illinois Health Facilities and Services Review Board
25 at the May 10, 2011 meeting. This will be held in

1 Joliet at the Holiday Inn and Conference Center, 411
2 South Larkin Avenue, Joliet, Illinois.

3 The public has until April 20, 2011 to
4 submit written comments. These comments can be sent
5 to my attention to the Illinois Department of Public
6 Health, 525 West Jefferson Street, 2nd Floor,
7 Springfield, Illinois 62761-0001. If you prefer,
8 you may fax your comments. Our fax number is Area
9 Code 217-785-4111.

10 Are there any questions? Seeing that there
11 are no additional questions or comments, I deem this
12 public hearing adjourned. Thank you.

13 (Whereupon the proceedings were
14 adjourned at 12:15 p.m.)

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1 STATE OF ILLINOIS)
2) SS:
3 COUNTY OF C O O K)
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5 JUDY CARLSON, being first duly sworn,
6 on oath says that she is a court reporter doing
7 business in the City of Chicago; and that she
8 reported in shorthand the proceedings of said public
9 hearing, and that the foregoing is a true and
10 correct transcript of her shorthand notes so taken
11 as aforesaid, and contains the proceedings given at
12 said public hearing.

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16 Certified Shorthand Reporter
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