

**PROJECT HEARING REPORT**

Project: E-017-15, St. Mary's Hospital, Streator  
October 29, 2015

On October 29, 2015, Board Staff (Morado, Mitchell, and Roate), conducted a public hearing for Project E-017-15: St. Mary's Hospital Streator. The hearing was held at 9:30am, at the Streator City Council Chambers, 204 South Bloomington Street, Streator. Board member in attendance: Senator Brad Burzynski.

**Project: E-017-15, St. Mary's Hospital, Streator**

Individuals who registered their attendance at the hearing: 163

Support: 39

Oppose: 103

Neutral: 21

Individuals who registered to speak at the hearing: 30

Support: 12

Oppose: 17

Neutral: 1

Total individuals registered:

193

Number of Letters received:

Support: 11

Oppose: 8



STATE OF ILLINOIS  
 HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION  
 Name (Please Print) Clare Ranalli  
 City Chicago State IL Zip \_\_\_\_\_  
 Signature Clare Ranalli

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

III. POSITION (please circle appropriate position)  
 Support       Oppose       Neutral

IV. Testimony (please circle)  
 Oral       Written

9/17/15

31



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION

Name (Please Print) JACK DZURIS

City STREATOR State \_\_\_\_\_ Zip 61364

Signature John D. Dzuris

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

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

Streator Area Chamber

III. POSITION (please circle appropriate position)

Support       Oppose       Neutral

IV. Testimony (please circle )

Oral       Written

9/17/15



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION  
Name (Please Print) KATHLEEN IVERSON  
City Streator State IL Zip 61364  
Signature Kathleen Iverson

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

III. POSITION (please circle appropriate position)  
 Support       Oppose       Neutral

IV. Testimony (please circle )  
 Oral       Written

9/17/15



STATE OF ILLINOIS  
 HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION  
 Name (Please Print) DAN McCORMACK

City SPRINGFIELD State IL Zip 62707

Signature *Dan McCormack*

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

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

HSHS - ~~FED~~ HOSPITAL SISTERS OF  
ST. FRANCIS FOUNDATION

III. POSITION (please circle appropriate position)

Support       Oppose       Neutral

IV. Testimony (please circle )

Oral       Written

9/17/15

17



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION  
Name (Please Print) Brittney Ahrendson

City Streator State IL Zip \_\_\_\_\_

Signature Brittney Ahrendson

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

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

Fresenius Medical Care

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle )

Oral

Written

9/17/15



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Testimony Registration Form**

**Facility Name: St. Mary's Hospital - Streator**

**Project Number: E-017-15**

I. IDENTIFICATION

Name (Please Print) Mickelle Cowger

City Peoria State IL Zip 61611

Signature *Mickelle Cowger*

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

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

OSF healthcare

III. POSITION (please circle appropriate position)

Support      Oppose      Neutral

IV. Testimony (please circle )

Oral      Written

9/17/15



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION  
Name (Please Print) PETER MANNIX  
City SPRINGFIELD State ILL Zip \_\_\_\_\_  
Signature Pete Mannix

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

III. POSITION (please circle appropriate position)  
Support                      Oppose                      Neutral

IV. Testimony (please circle )  
Oral                              Written

9/17/15



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION

Name (Please Print) John Flanders

City Streator State IL Zip 61364

Signature John Flanders

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

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

HSHS St Mary's Hospital

III. POSITION (please circle appropriate position)

Support                      Oppose                      Neutral

IV. Testimony (please circle )

Oral                      Written

9/17/15



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION  
Name (Please Print) DAVID GORENZ M.D.  
City PEARIA State IL Zip 61603  
Signature David Gorenz

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

III. POSITION (please circle appropriate position)  
 Support       Oppose       Neutral

IV. Testimony (please circle)  
 Oral       Written

9/17/15



STATE OF ILLINOIS  
 HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION

Name (Please Print) Sister Judith Ann Duvall, O.S.F.

City East Peoria State IL Zip 61611

Signature Sister Judith Ann Duvall OSF

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

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

OSF Healthcare System

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle )

Oral

Written

9/17/15



STATE OF ILLINOIS  
 HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION  
 Name (Please Print) Sr Maureen O'Conner  
 City Springfield State IL Zip 62794  
 Signature Sr Maureen O'Conner, DNF

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

III. POSITION (please circle appropriate position)  
 Support      Oppose      Neutral

IV. Testimony (please circle)  
 Oral       Written

9/17/15



STATE OF ILLINOIS  
 HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION  
 Name (Please Print) MARY STARMANN-HARRISON  
 City Springfield State IL Zip 62704  
 Signature Mary Starman-Harrison

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

III. POSITION (please circle appropriate position)  
 Support      Oppose      Neutral

IV. Testimony (please circle)  
 Oral      Written

9/17/15



STATE OF ILLINOIS  
 HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION

Name (Please Print) John Lupinski

City STREATOR State IL Zip 61364

Signature John Lupinski

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

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle )

Oral

Written

9/17/15



STATE OF ILLINOIS  
 HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION

Name (Please Print)

Jane Cavanaugh

City

Streator

State

IL

Zip

61364

Signature

Jane Cavanaugh

II.

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

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

III.

POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV.

Testimony (please circle )

Oral

Written

9/17/15



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION

Name (Please Print) Scott Inbold

City Streator State IL Zip 61364

Signature [Handwritten Signature]

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle )

Oral

Written

9/17/15



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Testimony Registration Form**

**Facility Name: St. Mary's Hospital - Streator**

**Project Number: E-017-15**

I. IDENTIFICATION

Name (Please Print) Spencer Lawrence

City Streator State IL Zip 61364

Signature Spencer C. Lawrence

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

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle )

Oral

Written

9/17/15



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Testimony Registration Form**

**Facility Name: St. Mary's Hospital - Streator**

**Project Number: E-017-15**

I. IDENTIFICATION

Name (Please Print) Toni Pott

City Streator State IL Zip 61364

Signature [Handwritten Signature]

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

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written

9/17/15



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION

Name (Please Print) Jeff Williams

City Streator State IL Zip 61364

Signature Jeffrey C Williams

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

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

Person

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle )

Oral

Written

9/17/15



STATE OF ILLINOIS  
 HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

APP/N

I. IDENTIFICATION

Name (Please Print) Gregg Spradling

City Streator State IL Zip 61364

Signature Gregg Spradling

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

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

I work for Victor - Great Many community workers

III. POSITION (please circle appropriate position)

Support

Oppose  
closing H

Neutral

IV. Testimony (please circle)

Oral

Written

9/17/15



STATE OF ILLINOIS  
 HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION

Name (Please Print)

Rob Tyne

City

Streator

State

IL

Zip

61364

Signature

Rob Tyne

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

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

Self - Civic Lesson.

III. POSITION (please circle appropriate position)

Support

Oppose Neutral

IV. Testimony (please circle)

Oral

Written

9/17/15



STATE OF ILLINOIS  
 HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION  
 Name (Please Print) Sean Peters  
 City Streator State IL Zip 61364  
 Signature Sean Peters

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

III. POSITION (please circle appropriate position)  
 Support      Oppose      Neutral

IV. Testimony (please circle)  
Oral      Written

9/17/15



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION

Name (Please Print) Bryan Park

City Streator State IL Zip 61364

Signature Bry Park

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle )

Oral

Written

9/17/15



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION

Name (Please Print) Donald Luckey

City Streator State IL Zip 61364

Signature Donald Luckey

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written

9/17/15



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION

Name (Please Print) JODY OGLE

City Streator State IL Zip 61364

Signature Jody Ogle

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle )

Oral

Written

9/17/15



STATE OF ILLINOIS  
 HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION

Name (Please Print) Gregg Gensette

City Streator State IL Zip 6

Signature Gregg Gensette

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

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

My self

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle )

Oral

Written

9/17/15



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION

Name (Please Print) Joe Searbeary

City Streator State IL Zip 61364

Signature [Handwritten Signature]

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

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

Citizen

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written

9/17/15



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION  
Name (Please Print) Edward J. Flanigan  
City Streator State IL Zip 61364  
Signature Edward J. Flanigan

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

III. POSITION (please circle appropriate position)  
Support      Oppose      Neutral

IV. Testimony (please circle )  
Oral      Written

9/17/15



STATE OF ILLINOIS  
 HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION

Name (Please Print) Gert Stansbury

City Streator State IL Zip 61364

Signature Mertude Stansbury

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

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

Concerned family member

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle )

Oral

Written

9/17/15



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Testimony Registration Form**

**Facility Name: St. Mary's Hospital - Streator**

**Project Number: E-017-15**

**I. IDENTIFICATION**

Name (Please Print) Joyce KMETZ

City Streator State IL Zip 61364

Signature Joyce Metz

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

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

Concerned Citizens

**III. POSITION** (please circle appropriate position)

Support

Oppose

Neutral

**IV. Testimony** (please circle)

Oral

Written

9/17/15



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION  
Name (Please Print) Scot WRIGHTON  
City Streator State IL Zip 61364  
Signature [Handwritten Signature]

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

III. POSITION (please circle appropriate position)  
Support      Oppose      Neutral

IV. Testimony (please circle )  
Oral      Written

9/17/15



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION

Name (Please Print) Zoe Smith

City Streator State IL Zip 61364

Signature Zoe Smith

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

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

Streator High School

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

9/17/15



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name: St. Mary's Hospital - Streator**

**Project Number: E-017-15**

I. IDENTIFICATION

Name (Please Print) Preston McClellan

City Streator State Illinois Zip 61364

Signature PTH McC

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

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

Streator Township High School

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

9/17/15



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name: St. Mary's Hospital - Streator**

**Project Number: E-017-15**

**I. IDENTIFICATION**

Name (Please Print) Kendra Fleech

City Streator State IL Zip 61364

Signature Kendra Fleech

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**III. POSITION** (Circle appropriate position)

Support

Oppose

Neutral

9/17/15



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION

Name (Please Print) Jordan Godfrey

City Streator State IL Zip 61361

Signature Jordan Godfrey

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. POSITION (Circle appropriate position)

Support      Oppose      Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION

Name (Please Print) Alea Rashid

City Streator State IL Zip 61364

Signature Alea Rashid

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION

Name (Please Print) Justine Houchins

City Streator State IL Zip 62364

Signature Justine Houchins

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. POSITION (Circle appropriate position)

Support       Oppose       Neutral



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name: St. Mary's Hospital - Streator**

**Project Number: E-017-15**

I. IDENTIFICATION

Name (Please Print) Kaylynne Terry

City Streator State IL Zip 61364

Signature Kaylynne Terry

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

9/17/15



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION

Name (Please Print) James Donahue

City Streator State IL Zip 61364

Signature James Donahue

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

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name: St. Mary's Hospital - Streator**

**Project Number: E-017-15**

I. IDENTIFICATION

Name (Please Print) Kyle Wheeler

City Streator State IL Zip 61364

Signature Kyle Wheeler

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

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

Streator High School

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

9/17/15



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION  
Name (Please Print) Brett Davis  
City Streator State ILLINOIS Zip 61364  
Signature Brett Davis

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

III. POSITION (Circle appropriate position)  
Support      Oppose      Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION

Name (Please Print) Dolan Harris

City Streator State IL Zip 61364

Signature Dolan Harris

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

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

Streator High School

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION

Name (Please Print) Cooper Melvin

City Streator State IL Zip 61364

Signature Cooper Melvin

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION

Name (Please Print) Madison Darm

City Streator State Illinois Zip 61304

Signature Madison Darm

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

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

Streator High School

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name: St. Mary's Hospital - Streator**

**Project Number: E-017-15**

I. IDENTIFICATION

Name (Please Print) Adam Brown

City Streator State IL Zip 61364

Signature Adam Brown

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

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

Streator High School

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

9/17/15



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION

Name (Please Print) Rosie Derrico

City Streator State IL Zip 61364

Signature Rosie Derrico

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

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

[Signature]

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name: St. Mary's Hospital - Streator**

**Project Number: E-017-15**

**I. IDENTIFICATION**

Name (Please Print) Katie Carbone

City Streator State IL Zip 61364

Signature Katie Carbone

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

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

Streator High School

**III. POSITION** (Circle appropriate position)

Support

Oppose

Neutral

9/17/15



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name: St. Mary's Hospital - Streator**

**Project Number: E-017-15**

I. IDENTIFICATION

Name (Please Print) Lillyan Haach

City Streator State IL Zip 61364

Signature 

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

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name: St. Mary's Hospital - Streator**

**Project Number: E-017-15**

I. IDENTIFICATION

Name (Please Print) Maggie McGure

City Streator State IL Zip 61364

Signature Maggie McGure

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION

Name (Please Print) Franklin McDonald

City Streator State IL Zip 61364

Signature Franklin McDonald

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION

Name (Please Print) DeLanie Johnson

City Streator State IL Zip 61364

Signature DeLanie Johnson

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name: St. Mary's Hospital - Streator**

**Project Number: E-017-15**

**I. IDENTIFICATION**

Name (Please Print) RONALD STITH

City STREATOR State ILL Zip 61364

Signature Ronald Stith

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**III. POSITION** (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name: St. Mary's Hospital - Streator**

**Project Number: E-017-15**

I. IDENTIFICATION

Name (Please Print) DON SPIERLING

City STREATOR State IL Zip 61364

Signature Don Spierling

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

9/17/15



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION

Name (Please Print) Alice Spierling

City Streator State IL Zip 61364

Signature Alice Spierling

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION

Name (Please Print) Heleen Morgan

City STREATOR State IL Zip \_\_\_\_\_

Signature Heleen Morgan

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

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

None

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION

Name (Please Print) MARIAN GROSSE

City Streator State IL Zip 61364

Signature Marian Grosse

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

Strongly



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION

Name (Please Print) MICHELE DIEZ

City STREATOR State IL Zip 61364

Signature *Michele Diez*

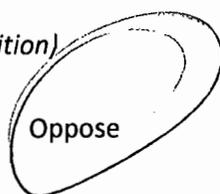
II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. POSITION (Circle appropriate position)

Support



Oppose

Neutral



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name: St. Mary's Hospital - Streator**

**Project Number: E-017-15**

I. IDENTIFICATION

Name (Please Print)

Nancy Pastirak

City

STREATOR

State

IL

Zip

61364

Signature

Nancy Pastirak

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

9/17/15



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION

Name (Please Print) JERRY PASTIRIK

City STREATOR State IL. Zip 61364

Signature Jerry Pastirik

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name: St. Mary's Hospital - Streator**

**Project Number: E-017-15**

I. IDENTIFICATION

Name (Please Print) MARILYN CHAMPLAIN

City STREATOR State IL Zip 61364

Signature Marilyn Champlain

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

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

Resident of Streator

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

9/17/15



Public Hearing Appearance Only Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION

Name (Please Print) Mary Bayer

City Streator State IL zip 61364

Signature Mary Bayer

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

III. POSITION (Circle appropriate position)

Support      Oppose      Neutral

9/17/15



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION

Name (Please Print) KAREN BUNDY

City Streator State Ill Zip 61364

Signature Karen Bundy

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION

Name (Please Print) DARLENE BEDEI

City GRAND RIDGE State ILL Zip 61325

Signature Darlene Bedei

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

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

Concerned Citizens

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

9/17/15



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name: St. Mary's Hospital - Streator**

**Project Number: E-017-15**

I. IDENTIFICATION

Name (Please Print) MARLENE SCOTT

City STREATOR State IL Zip 61364

Signature Marlene Scott

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

9/17/15



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION

Name (Please Print) JEANNINE FALK

City STREATOR State IL Zip 61364

Signature Jeannine Falk

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION

Name (Please Print) David Stensbury

City Streator State IL Zip 61364

Signature David St

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION

Name (Please Print) BERNARD W. JENKINS

City RANSOM State IL Zip 60470

Signature Bernard W Jenkins

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

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

NONE

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION

Name (Please Print) GARY RISS

City Streator State IL Zip 61364

Signature *Gary Riss*

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name: St. Mary's Hospital - Streator**

**Project Number: E-017-15**

I. IDENTIFICATION

Name (Please Print) Betty Di Gusto

City Streator State IL Zip 61364

Signature Betty Di Gusto

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

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

Concerned Citizens

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

9/17/15



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION

Name (Please Print) RANDALL NEGRAY

City STREATOR State IL Zip 61364

Signature Randall Negray

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

9/17/15



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION

Name (Please Print) Phyllis MADDEX

City STREATOR State IL Zip 61364

Signature Phyllis Maddy

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

9/17/15



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION  
Name (Please Print) ROSE ANN NEGRAY  
City STREATOR State IL Zip 61364  
Signature Rose Ann Negray

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

9/17/15



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION

Name (Please Print) Betty Brassfield

City Streator State IL Zip 61364

Signature Betty Brassfield

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name: St. Mary's Hospital - Streator**

**Project Number: E-017-15**

I. IDENTIFICATION

Name (Please Print) Beverly Maddux

City Streator State IL Zip 61364

Signature Beverly Maddux

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

9/17/15



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION

Name (Please Print) Virginie McManis

City STREATOR State IL Zip 61364

Signature Virginie McManis

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

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care) None

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION

Name (Please Print) MAXINE ADYAS

City STREATOR State IL Zip 61364

Signature Maxine Adyas

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

X



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION

Name (Please Print) Jenny Kestner

City Streator State IL Zip 61364

Signature Jenny Kestner

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

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name: St. Mary's Hospital - Streator**

**Project Number: E-017-15**

**I. IDENTIFICATION**

Name (Please Print) SUSAN MARX

City STREATOR State IL. Zip 61364

Signature Susan Marx

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

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

concerned citizen

**III. POSITION** (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION

Name (Please Print) Walker Reinmann

City Streator State Illinois Zip 61364

Signature Walker Reinmann

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name: St. Mary's Hospital - Streator**

**Project Number: E-017-15**

**I. IDENTIFICATION**

Name (Please Print) CAROL A. CRAWFORD

City STREATOR, State IL, Zip 61364

Signature Carol A. Crawford

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**III. POSITION** (Circle appropriate position)

Support

Oppose

Neutral

9/17/15



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name: St. Mary's Hospital - Streator**

**Project Number: E-017-15**

I. IDENTIFICATION

Name (Please Print) Barb Kettman

City Streator State IL Zip 61364

Signature Barbara Kettman

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

9/17/15



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION

Name (Please Print) Lucy Kudrick

City STREATOR State IL Zip 61364

Signature Lucy Kudrick

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION

Name (Please Print) Louise Keenan

City Streator State IL Zip 61364

Signature Louise Keenan

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION

Name (Please Print) FRAN CORRIGAN

City STREATOR State IL Zip 61364

Signature Fran Corrigan

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

9/17/15



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name: St. Mary's Hospital - Streator**

**Project Number: E-017-15**

I. IDENTIFICATION

Name (Please Print) Melissa Peters

City Streator State IL Zip 61364

Signature Melissa Peters

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

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

concerned citizen

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

9/17/15



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name: St. Mary's Hospital - Streator**

**Project Number: E-017-15**

**I. IDENTIFICATION**

Name (Please Print) John Murphy

City Streator State IL Zip 61364

Signature John Murphy

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

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**III. POSITION** (Circle appropriate position)

Support

Oppose

~~Neutral~~



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name: St. Mary's Hospital - Streator**

**Project Number: E-017-15**

I. IDENTIFICATION

Name (Please Print) Beverly Schmitt

City Streator State IL Zip 61364

Signature Beverly Schmitt

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

9/17/15



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION

Name (Please Print) John Zupanski

City STREATOR State IL Zip 61364

Signature [Handwritten Signature]

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION

Name (Please Print) Cheryl Lawrence

City Streator State IL Zip 61364

Signature Cheryl Lawrence

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

9/17/15



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION

Name (Please Print) Mike Mast

City Streator State IL Zip 61364

Signature [Handwritten Signature]

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

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

Concerned Citizen

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

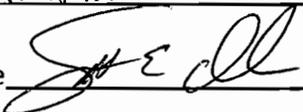
**Facility Name: St. Mary's Hospital - Streator**

**Project Number: E-017-15**

I. IDENTIFICATION

Name (Please Print) Scott E. ORBAN

City Streator State IL Zip 61364

Signature 

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

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

LaSalle County Board Member #25

Streator Fire Dept

Streator Resident

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

9/17/15



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION

Name (Please Print) Spencer Lawrence

City Streator State IL Zip 61364

Signature Spencer C. Lawrence

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name: St. Mary's Hospital - Streator**

**Project Number: E-017-15**

**I. IDENTIFICATION**

Name (Please Print) Robert Parsons, M.D.

City Streator State IL Zip \_\_\_\_\_

Signature R. Parsons

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**III. POSITION** (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name: St. Mary's Hospital - Streator**

**Project Number: E-017-15**

I. IDENTIFICATION

Name (Please Print) Kathleen Kerner

City Streator State IL Zip 61364

Signature Kathleen Kerner

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name: St. Mary's Hospital - Streator**

**Project Number: E-017-15**

**I. IDENTIFICATION**

Name (Please Print) Patricia Hillier

City Streator State IL Zip 61364

Signature Patricia Hillier

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**III. POSITION** (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION

Name (Please Print) Maryann Pedeltz

City Streator State IL Zip 61364

Signature Maryann Pedeltz

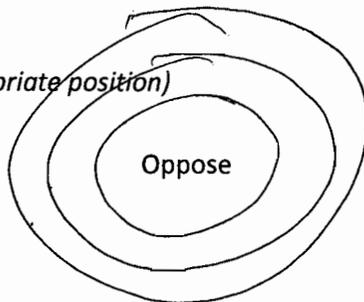
II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. POSITION (Circle appropriate position)

Support



Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION

Name (Please Print) Mary Carter

City 203 Pleasant AVE State IL Zip 61364

Signature Mary Carter

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

9/17/15



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION  
Name (Please Print) Nikki Blazwich  
City Streator State IL Zip 61364  
Signature Nikki Blazwich

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

retired dictory employee  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. POSITION (Circle appropriate position)  
Support      Oppose      Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION

Name (Please Print) Dr Howell, MD

City Streator State IL Zip 61364

Signature Dr Howell, M.D

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

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

retired doctors St Mary's Hosp  
Streator, IL  
61364

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION

Name (Please Print) Joycelyn Busse

City STREATOR State IL Zip 61364

Signature Joycelyn M Busse

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION

Name (Please Print) Harrison Park

City Streator State IL Zip 61364

Signature Harrison Park

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name: St. Mary's Hospital - Streator**

**Project Number: E-017-15**

I. IDENTIFICATION

Name (Please Print) Betty Koval

City Streator State IL Zip 61364

Signature Betty Koval

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

9/17/15



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION

Name (Please Print) Muriel Cipalo

City Streator State IL Zip 61364

Signature Muriel Cipalo

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION

Name (Please Print) CHAO-MING CHEN

City STREATOR State ILL Zip 61364

Signature [Handwritten Signature]

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name: St. Mary's Hospital - Streator**

**Project Number: E-017-15**

I. IDENTIFICATION

Name (Please Print) Mary Ann Roberts

City Streator State IL Zip 61364

Signature Mary Ann Roberts

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

9/17/15



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION

Name (Please Print) Jenny Webster

City Streator State IL Zip 61364

Signature Jenny Webster

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

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

Former employee of St. Mary's

Strongly opposed

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION

Name (Please Print) Gloria Dunbar

City Streator State IL Zip 61364

Signature Gloria Dunbar

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name: St. Mary's Hospital - Streator**

**Project Number: E-017-15**

I. IDENTIFICATION

Name (Please Print) JOYCE BIANCHI

City Streator State IL Zip 61364

Signature Joyce Bianchi

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION

Name (Please Print) Lowell  
MARIE TREMAIN

City STREATOR State ILL Zip 61364

Signature Marie Tremain

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name: St. Mary's Hospital - Streator**

**Project Number: E-017-15**

I. IDENTIFICATION

Name (Please Print) Jenny Ostrom

City Streator State IL Zip 61364

Signature [Handwritten Signature]

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

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

Concerned citizens against OSF  
buying / operating Streator Hospital.

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION

Name (Please Print)

Jeanene Foltz

City

Streator

State

Ill

Zip

61364

Signature

Jeanene Foltz

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION

Name (Please Print) WANDA K. GRUBE

City 123 W. 1<sup>ST</sup> STREET State STREATOR Zip 61364

Signature Wanda K. Grube

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION

Name (Please Print) Cathy Urbanec

City Streator State IL Zip 61364

Signature Cathy J. Urbanec

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION

Name (Please Print) MARK ALAN - Jr

City STREATOR State IL Zip 61364

Signature [Handwritten Signature]

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

A ROOM OF THIS SIZE  
IS DESIGNED TO FAIL  
OPPOSITION FROM THE START 9/17/15



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION

Name (Please Print) KAREN LANGER

City OTTAWA State IL Zip 61350

Signature Karen Langer

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

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

St. Mary's Foundation Board

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION

Name (Please Print) Patricia Breen

City Streator State IL Zip 61364

Signature Patricia Breen

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION

Name (Please Print) MARVIN SCHMITT

City STREATOR State IL Zip 61364

Signature Marvin Schmitt

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION

Name (Please Print) Ed Mollo

City Streator State IL Zip 61364

Signature [Handwritten Signature]

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

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

Self / business

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name: St. Mary's Hospital - Streator**

**Project Number: E-017-15**

I. IDENTIFICATION

Name (Please Print) TIM MARTIN

City STREATOR State IL Zip 61364

Signature Tim Martin

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

9/17/15



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name: St. Mary's Hospital - Streator**

**Project Number: E-017-15**

I. IDENTIFICATION

Name (Please Print) GERALD GRUBE

City STREATOR State IL Zip 61364

Signature Gerald Grube

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name: St. Mary's Hospital - Streator**

**Project Number: E-017-15**

I. IDENTIFICATION

Name (Please Print) Schibrowsky Theodore J.

City Streator State IL Zip 61364

Signature [Handwritten Signature]

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name: St. Mary's Hospital - Streator**

**Project Number: E-017-15**

I. IDENTIFICATION

Name (Please Print) Gerald Vandemark

City Streator State IL Zip 61364

Signature Gerry Vandemark

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION

Name (Please Print) Nancy Korman  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature \_\_\_\_\_

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. POSITION (Circle appropriate position)

Support

Opposer

Neutral

9/17/15



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION

Name (Please Print) Charlene Schibrowsky

City Streator State Ill Zip 61364

Signature Charlene Schibrowsky

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

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

private citizen of Streator

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name: St. Mary's Hospital - Streator**

**Project Number: E-017-15**

I. IDENTIFICATION

Name (Please Print) HARRIET QUANDT

City STREATOR State IL Zip 61364

Signature Harriet Quandt

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

9/17/15



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION

Name (Please Print) SHARON HEDRICK

City STREATOR State IL Zip 61364

Signature Sharon Hedrick

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

9/17/15



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name: St. Mary's Hospital - Streator**

**Project Number: E-017-15**

I. IDENTIFICATION

Name (Please Print) Jane Wreth Farero

City Streator State IL Zip 61364

Signature Jane Wreth Farero

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

9/17/15



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name: St. Mary's Hospital - Streator**

**Project Number: E-017-15**

I. IDENTIFICATION  
Name (Please Print) STEPHEN R. SABOL  
City STREATOR State IL Zip 61364  
Signature Stephen R. Sabol

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. POSITION (Circle appropriate position)

Support      Oppose      Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION

Name (Please Print) Diane Wickkiser

City Streator State \_\_\_\_\_ Zip 61364

Signature Diane Wickkiser

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

9/17/15



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION

Name (Please Print) Rodney J Kreier

City Streator State Illinois Zip 61364

Signature [Handwritten Signature]

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION

Name (Please Print) WALTER Roach

City STREATOR State ILL Zip 61364

Signature Walter Roach

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

9/17/15



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION

Name (Please Print) JIM LYNECH

City STREATOR State ILL Zip 61364

Signature [Handwritten Signature]

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION

Name (Please Print) W. WALTER LOCHBAUM

City STREATOR State ILL Zip 61364-3345

Signature W. Walter Lochbaum

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

9/17/15



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name: St. Mary's Hospital - Streator**

**Project Number: E-017-15**

I. IDENTIFICATION

Name (Please Print) FRANK H RIZZO

City STREATOR State IL Zip 61361

Signature Frank Rizzo

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name: St. Mary's Hospital - Streator**

**Project Number: E-017-15**

**I. IDENTIFICATION**

Name (Please Print) Donna Feken

City Streator State IL Zip 61364

Signature Donna Feken

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

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

Concerned citizen for health care

**III. POSITION** (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION  
Name (Please Print) Cari Bedeker  
City Streator State IL Zip 61364  
Signature Cari Bedeker

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

III. POSITION (Circle appropriate position)  
Support                      Oppose                      Neutral



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name: St. Mary's Hospital - Streator**

**Project Number: E-017-15**

I. IDENTIFICATION

Name (Please Print) Frank Duttlinger

City Peru State IL Zip 61354

Signature [Handwritten Signature]

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

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

OSF Healthcare

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION

Name (Please Print) Deb Clayton

City Streator State IL Zip 61364

Signature Debra K. Clayton

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

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

Evergreen Place Supportive Living

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. POSITION (Circle appropriate position)

Support       Oppose       Neutral  
of what's Best for our community



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION

Name (Please Print) Brian Reardon

City Springfield State IL Zip 62702

Signature BR

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

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION

Name (Please Print) MARCELLA J. KOHR

City STREATOR State ILL Zip 61364

Signature Marcella Kohr

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION

Name (Please Print) Irma Napoli

City Springfield State Illinois Zip \_\_\_\_\_

Signature Irma C. Napoli

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

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

#SITS  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION

Name (Please Print) Amy Marguardt

City Rochester State IL Zip 62543

Signature [Handwritten Signature]

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

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

Hospital Sisters Health System

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION

Name (Please Print) Mary Bentke

City Long Point State IL Zip 61333

Signature Mary Bentke

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

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

Citizen

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION

Name (Please Print) Melinda Clark

City Springfield State IL Zip 62563

Signature Melinda Clark

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

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

HSHS Medical Group

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name: St. Mary's Hospital - Streator**

**Project Number: E-017-15**

**I. IDENTIFICATION**

Name (Please Print) Karen Clark

City Streator State IL Zip 61364

Signature Karen S. Clark

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

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

St. Mary's Hospital

**III. POSITION** (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name: St. Mary's Hospital - Streator**

**Project Number: E-017-15**

I. IDENTIFICATION

Name (Please Print) Dawn Trompeter

City Marseilles State IL Zip 61341

Signature Dawn Trompeter

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

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

OSF Healthcare

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name: St. Mary's Hospital - Streator**

**Project Number: E-017-15**

I. IDENTIFICATION

Name (Please Print) Becky Tirevold

City Ottawa State IL Zip 61350

Signature Becky Tirevold

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

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

HSHS

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION

Name (Please Print) DIANE GENTNER

City STREATOR, IL State 61364 Zip \_\_\_\_\_

Signature [Handwritten Signature]

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name: St. Mary's Hospital - Streator**

**Project Number: E-017-15**

I. IDENTIFICATION

Name (Please Print) James D. Weber

City Peru State IL Zip 61354

Signature 

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

9/17/15



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION

Name (Please Print) Carrie Lijewski

City O'Fallon State IL Zip 62451

Signature Carrie Lijewski

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

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

HSA SMS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION

Name (Please Print) Brian Roszonowicz

City Ottawa State IL Zip 61352

Signature [Handwritten Signature]

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION

Name (Please Print) Diane Driscoll

City Peoria State IL Zip 61615

Signature Diane Driscoll

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

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

OSF Healthcare

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION

Name (Please Print) Karen Brodbeck

City Streator State IL Zip 61364

Signature Karen Brodbeck

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION

Name (Please Print) Joanne Leigh

City Marseilles State IL Zip 61341

Signature Joanne Leigh

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

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION

Name (Please Print) ED BROZAK

City STREATOR State IL Zip 61364

Signature Ed Brozak

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

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

CITY of STREATOR

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION

Name (Please Print) Tammy Grimes

City Sherriden State IL Zip 60551

Signature Tammy Grimes

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name: St. Mary's Hospital - Streator**

**Project Number: E-017-15**

**I. IDENTIFICATION**

Name (Please Print) KAREN M. SCOTT

City OGLESBY State IL Zip 61344

Signature Karen M. Scott

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**III. POSITION** (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION

Name (Please Print) Tim Turnipspeed

City Ottawa State IL Zip 61350

Signature Tim Turnipspeed

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

9/17/15



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name: St. Mary's Hospital - Streator**

**Project Number: E-017-15**

I. IDENTIFICATION

Name (Please Print) Kaylyn Lambert

City Ottawa State IL Zip 61350

Signature [Handwritten Signature]

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name: St. Mary's Hospital - Streator**

**Project Number: E-017-15**

**I. IDENTIFICATION**

Name (Please Print) Megan Brennan

City Yonkers State IL Zip 60544

Signature Megan Brennan

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**III. POSITION** (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION

Name (Please Print) Mary Ellen Roundbush

City Streator State IL Zip 61364

Signature Mary Ellen Roundbush

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION

Name (Please Print) Wayne Longnecker

City STREATOR State ILL Zip 61364

Signature Wayne Longnecker

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. POSITION (Circle appropriate position)

Support                       Oppose                       Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION  
Name (Please Print) Maerianne K. Stevas  
City Ottawa State IL Zip 61350  
Signature Maerianne Stevas

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

III. POSITION (Circle appropriate position)  
 Support       Oppose       Neutral

9/17/15



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name: St. Mary's Hospital - Streator**

**Project Number: E-017-15**

I. IDENTIFICATION

Name (Please Print)

Holly Parrazzo

City

Marseilles

State

IL

Zip

61341

Signature

Holly Parrazzo

II.

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

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

---

---

---

---

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

9/17/15



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

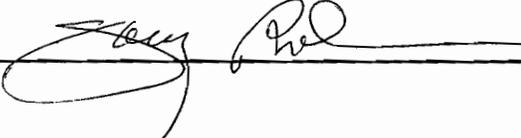
**Facility Name: St. Mary's Hospital - Streator**

**Project Number: E-017-15**

I. IDENTIFICATION

Name (Please Print) GARY ROBINSON

City OTTAWA State IL Zip 61350

Signature 

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

9/17/15



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION  
Name (Please Print) Mary Kay Eccleston  
City Streator State IL Zip 61364  
Signature Mary Kay Eccleston

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

III. POSITION (Circle appropriate position)  
 Support                       Oppose                       Neutral



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name: St. Mary's Hospital - Streator**

**Project Number: E-017-15**

I. IDENTIFICATION  
Name (Please Print) JAMES W MORRIS  
City STREATOR State IL Zip 61361  
Signature James W Morris

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

9/17/15



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION

Name (Please Print) Dorothy Pearce

City MARSELLES State IL Zip 60134

Signature Dorothy Pearce

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

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

DSF Saint Elizabeth Medical Center

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION

Name (Please Print) Tracy Poque

City Peoria State IL Zip 61614

Signature Tracy Poque

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION

Name (Please Print) Megan Bakaitis

City Lexington State IL Zip 61753

Signature Megan Bakaitis

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

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

OSF Healthcare

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION

Name (Please Print) DON DAMRON

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature DDamron

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION

Name (Please Print) GERALD McShan

City Peoria State IL Zip 61614

Signature [Handwritten Signature]

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

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION  
Name (Please Print) Jimmie D. Cansford  
City STREATOR State IL Zip 61364  
Signature [Handwritten Signature]

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

III. POSITION (Circle appropriate position)  
Support                      Oppose                      Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION

Name (Please Print) Luke Phalen

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature Luke Phalen

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

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

Office of Congressman Adam Kinzinger

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name: St. Mary's Hospital - Streator**

**Project Number: E-017-15**

I. IDENTIFICATION

Name (Please Print) MATT SEATON

City STREATOR State IL Zip 61364

Signature *Matt Seaton*

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

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

N/A  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name: St. Mary's Hospital - Streator**

**Project Number: E-017-15**

**I. IDENTIFICATION**

Name (Please Print) M. JOAN BOIK

City STREATOR State IL Zip 61364

Signature M. Joan Boik

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**III. POSITION** (Circle appropriate position)

Support

Oppose

Neutral

9/17/15



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION

Name (Please Print) Chris Peterson

City Streator State IL Zip 61364

Signature Chris Peterson

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

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

Streator High School

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name: St. Mary's Hospital - Streator**

**Project Number: E-017-15**

I. IDENTIFICATION

Name (Please Print) Wayne H. Modaff

City STREATOR State IL Zip 61364

Signature Wayne H Modaff

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION

Name (Please Print) DANIEL F. MATUSZYK

City STREATOR State IL Zip 61364

Signature Daniel F. Matuszyk

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

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

CONCERNED CITIZEN

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name: St. Mary's Hospital - Streator**

**Project Number: E-017-15**

**I. IDENTIFICATION**

Name (Please Print) Betty Kochis

City Streator State IL Zip 61364

Signature Betty Kochis

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

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

---

---

---

---

**III. POSITION** (Circle appropriate position)

Support

~~Oppose~~

Neutral

9/17/15



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name: St. Mary's Hospital - Streator**

**Project Number: E-017-15**

**I. IDENTIFICATION**

Name (Please Print) Pat Long

City STreator State IL Zip 61364

Signature Patricia Long

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

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

Volunteer & former employee 41 yrs -

**III. POSITION** (Circle appropriate position)

Support

~~Oppose~~

Neutral

*but especially want an ER*



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION

Name (Please Print) Robert BAUER

City Streator State IL Zip 61364

Signature Robert H Bauer

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION

Name (Please Print) Fran Siders, Legislative Aid St. Senator

City Bloomington State IL Zip Jason Barickman

Signature Fran Siders

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

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

State Senator Jason Barickman

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

9/17/15



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION

Name (Please Print) Philip S. Wrisatan

City Streator State IL Zip 61369

Signature [Handwritten Signature]

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

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

Streator High School / concerned /

IN P's Hungary

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION

Name (Please Print) BUSSELL, DONALD A.

City STREATOR State IL Zip 61364

Signature Donald A. Buswell

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

*What about ER when snow or weather conditions do not allow ambulance or Helicopter to operate.*

9/17/15



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name: St. Mary's Hospital - Streator**

**Project Number: E-017-15**

I. IDENTIFICATION

Name (Please Print) Ellen Park

City Streator State IL Zip 61364

Signature Ellen Park

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

9/17/15



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name: St. Mary's Hospital - Streator**

**Project Number: E-017-15**

**I. IDENTIFICATION**

Name (Please Print) Janice Hart

City Streator State IL Zip 61364

Signature Janice Hart

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**III. POSITION** (Circle appropriate position)

Support

Oppose

Neutral

9/17/15



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name: St. Mary's Hospital - Streator**

**Project Number: E-017-15**

I. IDENTIFICATION

Name (Please Print) Beverly Parsons

City Streator State IL Zip 61364

Signature Beverly Parsons

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

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

III. POSITION (Circle appropriate position)

Support                      Oppose                      Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION

Name (Please Print) ROB GIBSON

City OTTAWA State IL Zip 61350

Signature [Handwritten Signature]

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION

Name (Please Print) Kenneth Beutke

City Long Point State IL Zip 61333

Signature Kenneth Beutke

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

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

Citizen

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION

Name (Please Print) Janette Strabala

City Streator State IL Zip \_\_\_\_\_

Signature Janette Strabala

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

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

SACCI  
Heritage Health & Evergreen Place

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

what is best for the  
community.

9/17/15



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION  
Name (Please Print) Breanne Brown  
City Streator State IL Zip \_\_\_\_\_  
Signature Brown

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

III. POSITION (Circle appropriate position)  
Support                      Oppose                      Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: St. Mary's Hospital - Streator

Project Number: E-017-15

I. IDENTIFICATION  
Name (Please Print) LEONA DAVIN  
City STREATOR State IL Zip 61364  
Signature Leona Davin

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

III. POSITION (Circle appropriate position)  
Support                      Oppose                      Neutral



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name: St. Mary's Hospital - Streator**

**Project Number: E-017-15**

**I. IDENTIFICATION**

Name (Please Print) Jerry Stilus

City Streator State IL Zip 61364

Signature Jerry Stilus

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

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

**III. POSITION** (Circle appropriate position)

Support

Oppose

Neutral

Hello,

I'd like to thank you for allowing me to speak today. My name is Brittney Ahrendsen. I am a registered Nurse and the Clinical Manager of a dialysis unit in Streator.

The reason I am here today is to talk about my concerns for the patients in our unit, present and future. The thought of the nearest ER being 15 miles or 24 minutes away is of great concern. We do not call 911, unless there is truly an emergency, a patient at risk. Two-thirds of all dialysis patient deaths are attributed to cardiac arrest. They can happen any time, including – but not always – in the dialysis unit. I have done CPR numerous times in the out-patient dialysis clinic. It takes approximately 10 minutes for an ambulance to arrive while we are performing CPR, breathing for the patient with an ambubag and defibrillating if necessary. We cannot intubate, we do not have resuscitation medications that we can give. We only have ourselves, Normal Saline, Oxygen, suction and a debrillator. When the ambulance arrives it will take the crew several minutes to stabilize the patient. So, before the patient can make the 24 minute trip to the nearest ER in Ottawa the patient has already had approximately 20 minutes of CPR. Time is of the essence during an emergency and I feel that the mortality rate for patients at Streator Dialysis who develop a life threatening emergency while in the unit could increase greatly. Staff and patients spend approximately 15 hours per week together and it breaks my heart that they will be at increased risk without a nearby emergency center.

It is of great importance for there to be a free-standing ER in Streator. This does not impact just our dialysis patients; it impacts the entire community of Streator...nearly 14,000 people, many of whom are children who are accident prone. This is a serious matter for all the citizens of Streator.

Thank you.

The city of Streator realizes that the way health care services are provided in rural communities is changing radically. We acknowledge that it is inefficient to have large in-patient facilities in small communities, at a time when health care providers are paid based on how they reduce per capita admissions, and that they are mandated to keep patients well without admitting them to hospital whenever possible. OSF has proposed a new strategy for future health care in Streator that may well be a model for many other rural markets—and we are pleased that it will be in Streator.

None of this, however, justifies the way the HSHS has handled the proposed closure of Streator facilities. If HSHS wants to leave Streator, than they should leave; but this review body should not allow closures and transfers to be handled in this manner.

1. The city learned in early 2015 that HSHS was negotiating with OSF to sell its Streator assets and close St. Mary's in-patient services, and that they were only discussing a sale with OSF.
2. Because HSHS did not discuss its plans in advance with city officials, and no other potential buyers were approached, Streator was concerned that OSF would acquire a dominant market position in this region. So on March 4 the city filed an anti-competitive complaint with the Federal Trade Commission's office in charge of overseeing hospital mergers.
3. HSHS has justified its decision to close St. Mary's on a declining census and on its apparent inability to make a profit. But the declining census reflects the hospital's own failures in physician recruitment, resource management and excessive transfer of corporate overhead to the Streator St. Mary's balance sheet over the last five years.
4. By mid-summer, the city's public criticism of HSHS' intention to close in-patient hospital services led HSHS to announce that they had hired Merrill Lynch to circulate a Request for Proposals (RFP) to 16 prospective purchasers of HSHS assets in Streator. No deadline for return of proposals was set, however.
5. Before receiving any responses, or establishing a deadline for receipt of RFP responses, HSHS informed the city in August that they had walked away from the RFP process and had reached tentative agreement for a sale to OSF. The terms of the sale called for terminating in-patient facilities. So the RFP process was a sham. Stated differently, HSHS never determined whether another prospective buyer would have kept the in-patient facilities open in a manner that would have been more responsive to the community's needs.
6. On September 8, HSHS publically announced their plans to sell to OSF and close their in-patient facilities in Streator, even though they knew at the time that current state law does not permit the operation of stand-alone emergency rooms unless they are adjacent to in-patient facilities. The city is optimistic that the Illinois General Assembly will act next month to amend the law to allow operation of stand-alone emergency rooms in communities that have experienced recent hospital closures; but in Streator, HSHS was so anxious to close its in-patient facility that they were not willing to wait until this key legislative matter was resolved before shuttering the doors.

Hello.

My name is Jeff Williams.

*I am speaking in opposition of the existing plans.*  
This message is more a statement than it is a single question.

To begin, I believe that as a community we are grateful to HSHS for an extraordinary dedication to health care in Streator for an extremely long time. Thank you. Unfortunately that tradition is coming to an end.

I also believe that there is an understanding that HSHS has been struggling in Streator for a number of years, as it seems most hospitals are struggling across the country. The struggles can be attributed largely to:

1. the chaos in health care inflicted partly by insurance companies rules and practices and especially recently by government intervention through The Affordable Health Care Act, "Obama care",
2. policies, knowledge and practices that have moved much of healthcare to be performed on an outpatient basis for cost effectiveness, thus less inpatient services,
3. other governmental regulation such as the vote to allow a standalone ER, and reimbursement rates.

*I believe OSF could make this hospital sing if they chose and given the chance by HSHS vs. closing the hospital.*  
As much as HSHS is a business organization, with the not for profit/charity status, regulation aspects and the extensive government payments through medicare/medicaid it is a quasi private or quasi public enterprise.

I attended the HSHS/OSF education/information meeting last night with many other community members. The meeting stated that they were interested in community input and community understanding of the process. The timing of such a meeting the night before a regulatory hearing seems extraordinarily curious. Especially when a St. Mary's hospital doctor and surgeon stated that even the Doctors had not been previously solicited for input. It would appear to me that it was more for show and practice before this regulatory hearing today.

If as the City of Streator has claimed, that St. Mary's Streator was never presented for sale to the 12 plus health care providers the hospital stated that they had identified in a Times article, and that only OSF was worked with then I believe the community should feel betrayed as I do if these circumstances are true.

If only OSF was worked with as a prospective buyer, I believe there is a possibility that the Catholic leadership potentially was seeking to reduce health care competition for the benefit of the support of the Catholic religious and health care systems. Closing the hospital and some services in Streator will effectively

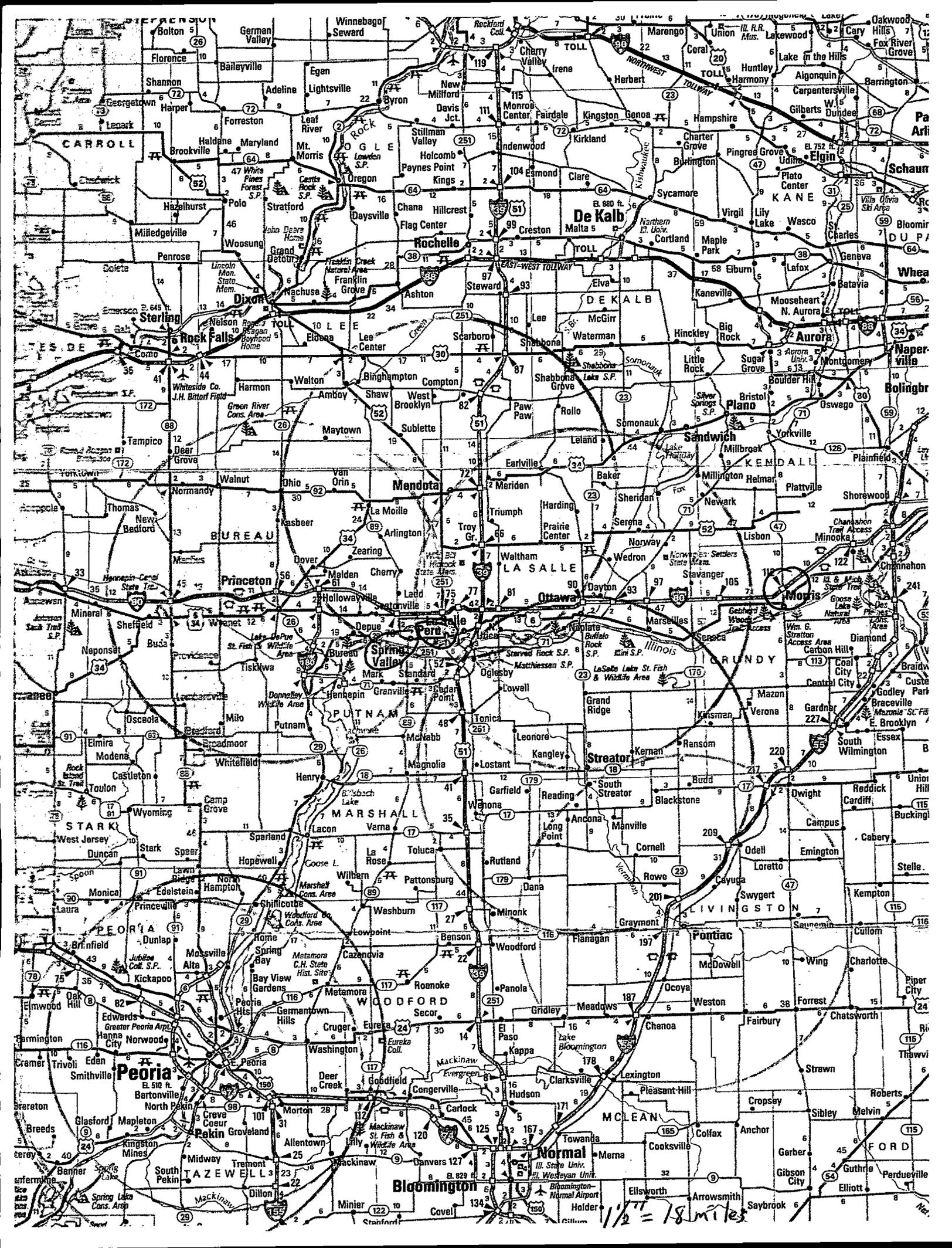
**move the majority of Streator health care to other OSF health care facilities – largely to Ottawa, Pontiac and Peoria.**

**My first desire would be that a white knight attended last night's meeting and today's regulatory hearing, has liked the community's participation past and present, and will express a desire to purchase St. Mary's to be an operating hospital.**

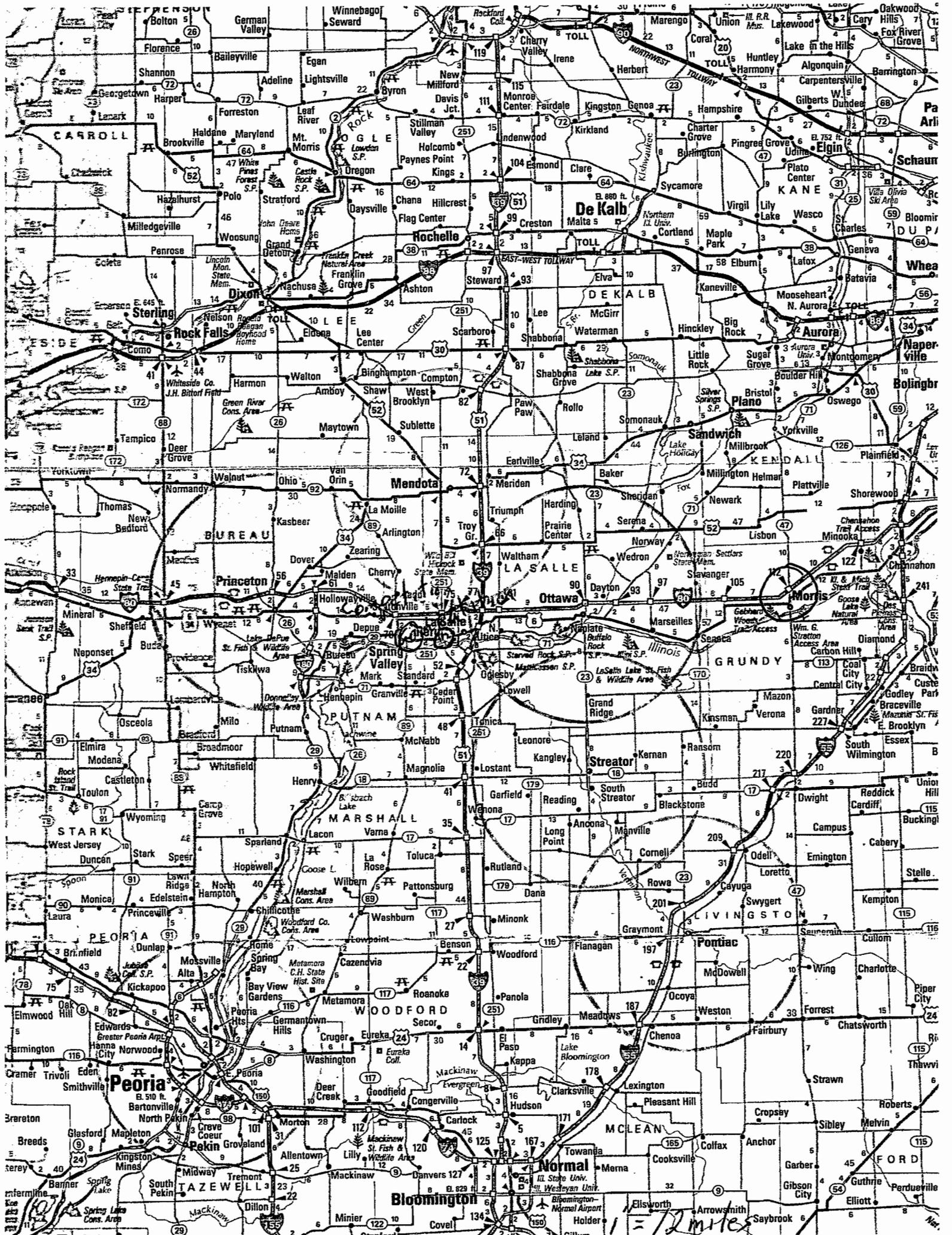
**Should that desire not be the case, I would prefer consideration be given to a different entity being donated the hospital resources that the present arrangement would provide OSF. OSF can provide vision and services as a tenant in the existing hospital facilities rather than building a different facility and possibly tearing down the existing hospital facility. This would make OSF the 1<sup>st</sup> occupant in the repurposing of the existing hospital facilities. The OSF vision of health care:**

- 1. technology,**
- 2. different delivery methods,**
- 3. other improvements,**
- 4. stand alone emergency room and heliport facilities (presently exist),**

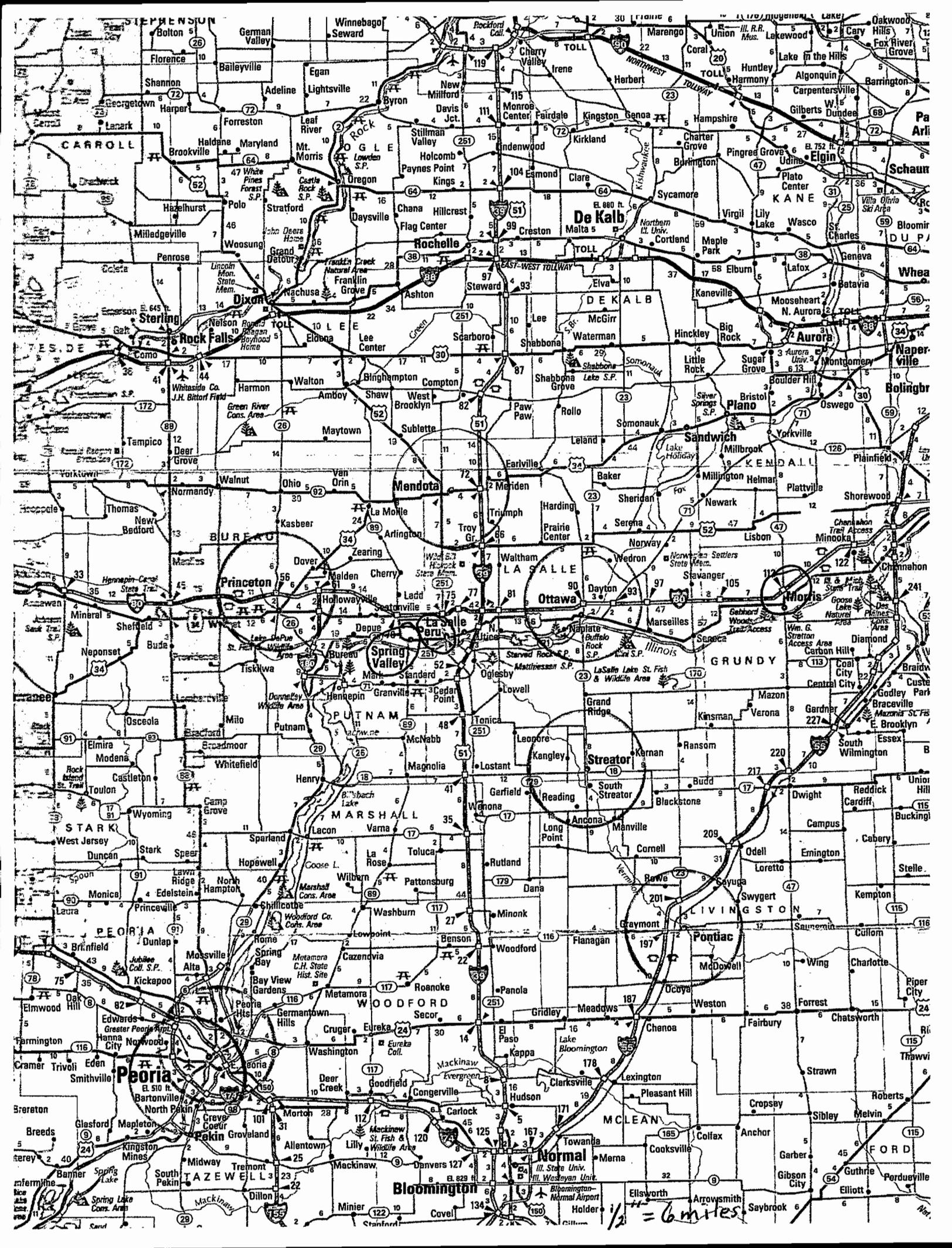
**can be done in the present facility, leasing only the portions of the facility that OSF needs. Then only the balance of the facility would need to seek additional repurposing. Some repurposing potentially could be synergistic with prospects of Veteran's Administration care, nursing home care, senior or assisted style living, laboratory services for other providers, Doctors offices such as Dr. Ricca's office moving to 3rd floor, food services from the existing kitchen for 1 or all of these prospects. Non synergistic prospects might be college campus extensions, sterile facilities, or research facilities, eg hybrid seed research. Additionally, functioning in the existing facility would decrease the prospect of demolishing the facilities, leave room to grow back into hospital facilities, and add back outpatient surgical services. And I believe there are other prospects for repurposing.**



1/2" = 18 miles



1" = 72 miles



This is a detailed road map of Illinois, showing county boundaries, major cities, towns, and a network of roads. The map includes labels for counties such as De Kalb, Peoria, and Rock Falls, and cities like Peoria, Springfield, and Bloomington. A scale bar at the bottom right indicates 1/2 inch equals 6 miles.

1/2" = 6 miles



**PATIENT SURVEY STATISTICS**

|                                   |                     | <b>FY 2012</b> | <b>FY2013</b> | <b>FY2014</b> |
|-----------------------------------|---------------------|----------------|---------------|---------------|
| Acute Patient Admissions          |                     | 2,149          | 1,846         | 1,703         |
| Average Daily Census              |                     | 21.26          | 18.21         | 17.76         |
| Average Length of Stay            |                     | 3.62           | 3.60          | 3.71          |
| <b>Total Patient Days of Care</b> |                     | <b>7,782</b>   | <b>6,647</b>  | <b>6,310</b>  |
| Emergency Department Visits       |                     | 12,436         | 12,169        | 12,035        |
| Outpatient Registrations          |                     | 88,012         | 81,395        | 74,464        |
| Surgery Cases                     |                     | 3,201          | 2,753         | 2,564         |
| Full-Time Equivalent Employees    |                     | 378            | 330           | 310           |
| St. Mary's Health Care - Ottawa   |                     |                |               |               |
| Outpatient Encounters             |                     | 10,028         | 9,929         | 11,741        |
| Diagnostic Imaging                | Billable Tests      | 19,975         | 19,171        | 18,172        |
| Laboratory                        | Billable Tests      | 154,706        | 144,510       | 139,946       |
| CT Scanner                        | Billable Tests      | 4,499          | 4,223         | 4,188         |
| Sleep Studies                     | Billable Tests      | 206            | 179           | 152           |
| Physical Therapy                  | Billable Procedures | 25,968         | 22,447        | 20,353        |
| Occupational Therapy              | Billable Procedures | 11,859         | 11,083        | 9,215         |

**OPERATING REVENUE BY SOURCE %**

|                                   | <b>FY2012</b> | <b>FY2013</b> | <b>FY2014</b> |
|-----------------------------------|---------------|---------------|---------------|
| Medicare                          | 49.9          | 49.6          | 50.8          |
| Medicaid                          | 12.8          | 14.0          | 14.2          |
| Commercial Insurance/Managed Care | 31.3          | 29.5          | 28.8          |
| Self-Pay                          | 6.0           | 6.9           | 6.2           |

**COMMUNITY BENEFIT (FY2014)**

| <b>BENEFITS FOR THE POOR</b>                      |              | <b>BENEFITS FOR THE BROADER COMMUNITY</b> |                     |
|---|--------------|---|---------------------|
| Charity Care at Cost                              | \$ 1,905,556 | Community Health Services                 | \$ 73,664           |
| Unpaid Cost of Medicaid and Other Public Programs | \$ 3,145,024 | Financial Contributions                   | \$ 32,226           |
| Financial Contributions                           | \$ 15,728    | Community Building Activities             | \$ 12,939           |
|   |              | Community Benefit Operations              | \$ 4,677            |
|   |              | <b>Total Community Benefit</b>            | <b>\$ 5,189,814</b> |

Good morning. My name is Spencer Lawrence. I am a retired Presbyterian pastor. I have lived in Streator for the past eight years.

While it would be best <sup>for</sup> if St. Mary's Hospital <sup>to</sup> could remain open, a ~~second best option is a free-standing emergency room.~~ The nearest hospital is in Ottawa. The second nearest is in Pontiac. Ottawa's hospital is at least 16 minutes away. If an emergency vehicle could get to someone's home in 5 minutes, and if the EMTs could get a sick person ready to transport in 10 minutes, they could be at St. Elizabeth in Ottawa in 31 minutes after receiving the call. Getting to St. James in Pontiac would take longer. If a person lived outside the community it could take even longer than that. Not having a hospital ~~or even a free-standing emergency room~~ would place the residents of our community and surrounding communities at serious risk. In addition, it would add burdens to the already overly-burdened. The elderly and the poor - the <sup>apparent</sup> main reasons OSF is planning to close St. Mary's - along with everyone else, would have to travel out of town for a simple doctor's visit. Besides the inconvenience, it would add extra costs to many who can barely make ends meet now.

Not only is not having a hospital ~~or a free-standing emergency room~~ <sup>is</sup> hazardous to our health, it is hazardous to our community. If Streator does not have a hospital or a free-standing emergency room, why would a doctor, or anyone, want to move here? There would be no good reason. For a community that has already lost hundreds of jobs because of cutbacks at the local glass container factory, and now the loss of jobs at the hospital - one of Streator's major employers - any additional disincentive to move here could do serious harm to the community's overall welfare.

While I would much prefer to have a hospital, I ask for your support for ~~allowing a free-standing emergency room~~ <sup>Retain our hospital</sup> in Streator. It would ~~go a long way~~ <sup>continue</sup> to meet the health needs of our citizens and help protect the quality of life in here. Thank you.

As Greg Gersoke stated

Closing our hospital is a nail in the coffin of Streator. Ours is an aging community. Our citizens will be underserved by the health care system proposed. Kansas, Texas, Georgia have experience with these facilities. Studies show "When rural hospitals close, towns struggle to stay open" There is no pot of gold at the end of that rainbow. What we will find is an increase of 1.6% unemployment, a decrease of \$1000 per capita income, loss of future industries, an increase in real estate inventory, and economic struggles for our business community. Young families will be less likely to consider locating here. Not only will our economic health suffer so will the care of our citizens. No inpatient care, no outpatient surgeries, 28 minutes in light traffic to the nearest hospital. The two organizations involved will benefit while our citizens will not. At yesterday's community forum, CEO John Flanders of St Marys stated 28 physicians had been recruited but he was only able to retain one. Is this the fault of the Streator community or the <sup>poor</sup> ~~management~~ <sup>management</sup> of St Mary's? Members of the audience, including a Dr at St. Mary's spoke of mismanagement by HSHS. Streator will not be better off if our hospital closes. Communities smaller than ours can support a hospital-with different management perhaps so can we. I ask you to vote against closing St. Mary's Hospital. If HSHS does not see a future in Streator then sell the hospital to an organization that does. I implore you to deny their application to close St Mary's. More than 20,000 people's health and lives depend on it.

Toni Pettit  
206 LaSalle Street  
Streator Illinois 61364  
815-510-0658

Has the ~~sale of the~~  
Hospital been offered to  
other organizations? is a  
question many Streatorites are  
asking.

Perhaps Streatorites would  
choose to remain in Streator  
if it were better staffed &  
managed.

To the Illinois Health Facilities and Services Review Board:

My name is Bryan Park. I am a Streator firefighter but more importantly, I am proud to be a resident of Streator. I am only here today because I think Streator has been done a great disservice by Hospital Sisters Health System. I don't know if any of the words spoken today will change anything, but I think it's important that the dissatisfaction with HSHS is conveyed to this board.

It has become apparent to me over the last few years that HSHS does not care about the Streator community. This is evidenced by the lack of doctors recruited to work in Streator. Admissions at St Mary's have been down in the last few years. That's not news. That's no surprise to anyone around here. HSHS hasn't adequately staffed St Mary's. It's simple. No doctors. No admissions. My wife and I have been looking for a doctor for years. We can't find one in Streator. Since 2007, my wife has been forced to drive to Ottawa or Peru to see her OB/GYN. There simply are not enough doctors here. I've heard the response from HSHS. They say that "It's hard to bring a doctor to Streator." I think that is bogus and it's an excuse. That way of thinking tells us all we need to know about HSHS's view of Streator. Streator is a good town. No, we may not have a Buffalo Wild Wings or a mall, but there is plenty here and plenty of a need for a hospital. The bottom line is this. HSHS didn't bring doctors to our town. Now they are claiming that admissions are down and that the closing is justified. Because of their ineptitude, our town will now suffer without a hospital.

Now onto my second point: why wasn't the hospital put up for bid? Maybe another group was interested in buying our hospital. We may never know because there wasn't a bidding process for the sale. No other hospital group may ever get the chance to run the Streator hospital. Nobody was shocked when it was released that St. Mary's was for sale. There was a community wide hope that another group would step in and provide a better service. As it stands, HSHS has gifted our hospital to OSF. OSF conveniently owns the 2 closest hospitals to Streator. Because of this, OSF doesn't have a need for a hospital in Streator. Streatorites, all 20,000 of us, will be forced to use an OSF owned hospital, both of which are over 30 minutes away. I'm an Economics graduate from ISU. I know a monopoly when I see one.

To the board: I implore you to think of the people of Streator when you make your decision. We have not been dealt a fair hand. If plans remain as they are, I believe people will suffer. Streator needs and deserves a properly managed and adequately staffed hospital. HSHS will say that Streator doesn't need a hospital. That our community can't support a hospital. They'll try to prove it by saying that admissions are down. The reality is this: Streatorites didn't get a chance to support our hospital. The numbers from HSHS don't tell the truth. The lack of doctors and services has forced people to go elsewhere - most of the time, coincidentally or not, to OSF hospitals. To finish, I'll ask this: Is mismanagement a justifiable reason to take away a community's healthcare system?

## A Teachable Lesson in Civics

Good Morning –

Today I stand before you as a living Civic lesson – to myself, my students and to my community. I am here today to speak to the boards to keep our beloved St. Mary's Hospital open – and the future it has with our community. The three civic lessons concerning our Hospital that I would like you to take from my public comments are as follows:

Civic

1<sup>st</sup> – Speech - We have a civic right as citizens to speak our conscience, freedom of speech; I choose to exercise that right today. Will one voice make a difference will one vote sway what seems like a done deal. That's what I have to believe in a democratic system on Civics. ~~Why have we not had town meetings on the closing of St. Mary's before the midnight hour? Was this a political ploy? Why Streator? Are we not just as important as other communities that the OSF brand? What about our contributions – they matter.~~

*Thank all the work on our behalf of Keeping  
The E.R. in Streator as well as other Services*

2<sup>nd</sup> – Civic Virtue

Virtue as defined as the cultivation of conformity to a standard of right, a beneficial quality of merit. *change technology*  
Civic Virtue is the concept that I teach to these students, our future!! These 26 students who represent approximately 4,000 students in the Streator land area from Pre-schools, head start, public and private schools, and community college students - which have a stake in our community, and a right to have a hospital in their home town! We encourage them to go to college get their education and degrees and to come back home and help build up Streator with strong traditional values, just like the Civic Virtue of The Hospital Sisters of St. Francis founded St. Mary's Hospital in Streator in 1887. The Sisters who –over 128 years ago - took on the mission ministry of caring for the ill in this community a virtue that they held near and dear to their hearts. We need to continue that mission legacy with a Hospital that will remain open for the Good People of Streator to care for the medical needs of this community. *- what ever that may be,*

Their Virtue leads to Our Community Investment?

3<sup>rd</sup> – Civic Investment

– Mission, Core, and Vision – - I encourage you to look at St. Mary's in a different light by thinking outside the box for keeping a hospital here. I ask you to use your own Civic Investment for the future of

a hospital in a setting like Streator. Many of our towns founding fathers and mothers ~~who you passed on the way into town, who are in our surrounding cemeteries,~~ invested in the vision and the mission of the Sisters to build a hospital here in Streator, they gave contributions for three years in fundraising drives, like that of are United Way, school children with their penny marches to help raise funds, you will not find a more giving community, a more supporting community and a spirit of volunteerism than the people of Streator. That is what I teach to my students at SHS, ownership and be vested in the city of Streator. Use this transaction in a positive light of investment. I encourage you keep the hospital open, ~~with only 3 hospital in the whole county if St. Mary's closes is not conducive to Civic investment, nor to the 22,000 people who live in the greater Streator land area.~~ The winter weather can be very harsh here in Streator and route 23 either north or south is impassable and how are we to get our love ones to the Hospital when time is of the essence. This is a major concern for me and for my students. Use your vast investment opportunities, strategic planning methods to make St. Mary a beacon in health care world- for others to follow – investing in our community will not only help your mission as a hospital to continue the mission of the sister 's who worked so diligently for the good of people of Streator but as a prototype for other Hospital to follow, by keeping St. Mary's open you have a chance to not only rejuvenate an institution but to take it into a vast new direction for the others to follow, i.e., meaning healthcare. Let's use what is here and make it better, let's not knock down but rather build up and take St. Mary's to new heights - *and*

#### VISION

St. Mary's Hospital is focused on the future—a future that will allow us to continue the mission by serving the needs of our community, by your civic investment (OSF) to bring not only new people to our community but also allowing our young people to come back to pay homage to a community that supported them and build a better future for our community.

Good morning. My name is E.J. Flanigan and I oppose the proposed closure of St Mary's Hospital.

A year ago, OSF began sponsorship of a hospital in Mendota, IL - a city of more than 7,000 people in LaSalle County with demographics very similar to Streator. OSF chose to keep it an inpatient facility despite several nearby hospitals. Meanwhile, Streator faces the proposal to close its hospital - forcing more than 20,000 people residing in the 61364 Zip code to travel 19 miles to the nearest hospital.

Recent newspaper reports stated that the funds from the Friends of St. Mary's Hospital are in excess of 2.7 million dollars and will remain with OSF's Foundation for use in Streator. Perhaps these funds, as well as funds that will be used to build a new outpatient facility, could be used to fund programs to recruit physicians to Streator and thereby support the necessary hospital admissions and services.

Economic development is challenging in Illinois and we need our hospital to remain viable. Our officials are working in many ways including: supporting a trade show featuring Streator-made products to interested organizations, marketing our Enterprise Zone and Tax Increment Financing district while pursuing new TIF districts, and reaching out to start-up businesses with a site obtained for a business incubator. We need our hospital to entice businesses to this community.

Streator has a well maintained hospital that needs effective management to serve this community into the future. Minutes matter in the health care of our citizens and Streator needs to keep a hospital.

The citizens of Streator and the surrounding communities that have supported St. Mary's Hospital over its 128 year history will continue to support this hospital. Thank you for your consideration of keeping this hospital open.

A handwritten signature in black ink that reads "E J Flanigan". The signature is written in a cursive style with a large, sweeping flourish at the end.



To whom it may concern:

My name is Brad Fierce and I am the Administrator of Parker Nursing and Rehabilitation in Streator, IL. I would like to voice my support for the plan that HSHS and OSF have developed to ensure continuity of healthcare in Streator. I truly believe that OSF has made a commitment to the community. I believe that OSF wants to return hospitalized people back to our community to receive post-acute / rehab care here in Streator. Not only will this allow my facility to continue to operate and employ community members, but it will also be immensely valuable for the patients to return to their community to be back with friends and family. I understand that Streator is a somewhat rural community and I believe this is the best solution for continuity of healthcare. I have been speaking with OSF and on ways to coordinate care for our residents and have complete confidence in this plan moving forward. OSF has been very reassuring and open about this process. I would also like to add that I find the values between OSF and HSHS to be aligned, ensuring a strong sense of continuity between these 2 providers. I am very optimistic about this process and transition.

Sincerely,

A handwritten signature in black ink, appearing to read 'Brad Fierce', written in a cursive style.

Brad Fierce, LNHA

Good morning. My name is Mary Starmann-Harrison and I serve as the President and CEO of Hospital Sisters Health System.

Our decision to seek the discontinuation of services at HSHS St. Mary's Hospital was a difficult one and one that was made after much discernment.

It was a decision that was reached after looking at how to best ensure that residents in Streator continue to have access to high quality health care services in the long term.

In today's health care environment, and going forward, patients are increasingly receiving care not in the hospital, but in an outpatient setting, their physician's office or their home.

We've witnessed this trend away from inpatient care to outpatient care for many years at HSHS St. Mary's Hospital.

As a result, HSHS and health care providers across the country are constantly evaluating how to best deliver the right care, in the right setting, at the right time.

Within that context, we looked at what will be the best health care delivery model for Streator in the future.

At HSHS, we've focused on what we call our Care Integration strategy. 2

This strategy is about aligning all the touchpoints that a patient encounters when dealing with injury or illness so their care is highly coordinated, easily accessible and affordable.

When care is highly coordinated, patient outcomes improve and costs go down.

Because St. Mary's is two hours away from the nearest HSHS hospital, St. John's in Springfield, we have found it challenging to integrate care in this community with the rest of our system.

Proximity matters in delivering highly effective health care services and St. Mary's lack of proximity to HSHS tertiary hospitals and physician specialists has prevented us from fully implementing our Care Integration strategy in this community.

Because of this challenge, we looked at who is best able to deliver highly coordinated, cost effective care in this community.

We concluded that OSF Healthcare is in the best position to carry on the Hospital Sisters' legacy of healing in this community.

We believe OSF can offer residents here robust outpatient services and access to primary care and physician specialists due to Streator's proximity to OSF's network of services in this region.

OSF is a leader in health care services in this region, and has the resources to provide this community with high quality and highly coordinated care.

We also wanted to transition health care services to an organization that shares our healthcare values and has a long track record of caring for patients in the area.

I know that many Streator residents will question whether the change from an inpatient hospital to a robust outpatient model is the best course.

I firmly believe, and the Hospital Sisters believe, that this collaboration is what's best for Streator going forward.

So in summary, HSHS believes the community will benefit from having OSF deliver health care services here due to their robust network of physicians and facilities located in close proximity to Streator.

With the Board's approval of our Certificate of Exemption, we expect the transition of health care services from HSHS to OSF will formally occur on January 4, 2016.

Thank you.

**October 29, 2015 Remarks by Sister Maureen O'Connor, Provincial Superior  
Public Hearing on HSHS St. Mary's Hospital, Streator, IL**

Good morning. I am Sister Maureen O'Connor, Provincial Superior of the Hospital Sisters of St. Francis.

On behalf of the Sisters, I affirm the decision to discontinue our health care ministry in Streator and transition many of the services we provide to OSF HealthCare. This was not an easy decision.

Our founding Sisters arrived in Streator in 1887, and through the support of the community, they founded St. Mary's Hospital. Through the intervening years, our healthcare ministry has evolved to ensure that the care of the patient was always the priority.

The people of Streator and the surrounding communities have taken great pride in St. Mary's Hospital and we are profoundly grateful for their generosity, dedication, and commitment to our mission. The physicians, colleagues, volunteers, and Sisters who served at St. Mary's throughout its history, and who continue to serve today, have been the common thread of our Franciscan healthcare ministry – bringing Christ's healing presence to those in need. Together, we have seen the face of Christ in each person who came to St. Mary's for care.

On a personal note, it was 45 years ago that I arrived at St. Mary's to serve as a pediatric nurse – St. Mary's was my first assignment after graduating from Marillac College. I lived and served in this community for three years and cherish fond memories. So as you can imagine, I am filled with nostalgia as I stand before you asking you to approve our plans to hand over our healing ministry to another Franciscan health care provider.

We firmly believe that OSF HealthCare is in the best position to lead this healthcare ministry into the future so that the health care needs of the residents are met over the long term. OSF HealthCare has a very strong presence in this area. Through their extensive network of hospitals, physician clinics, and outpatient services, they are well positioned to deliver highly integrated, high quality, cost-effective care to residents in this community.

As Mary stated in her remarks, our network of health care services is centered two hours southwest of here and so it is difficult to deliver highly integrated health care services for Streator residents.

In summary, our decision to transition services to OSF HealthCare was made to ensure health care will be available here well into the future. I ask that you support our application to close St. Mary's Hospital so that OSF HealthCare can assume our mission and provide quality coordinated care for the residents in this area.

Thank you.

My name is Sister Judith Ann Duvall. I am the chairperson of OSF HealthCare System. I'm honored to speak with you today in support of the HSHS application, which is project number E-017-15.

There is a strong bridge between the care HSHS has long provided Streator and the care that OSF will provide. That bridge is our mutual recognition of and commitment to the sanctity of human life expressed in our service to God's people.

Both HSHS and OSF recognize that each and every person has a right to be cared for and to receive the care they need close to home. Both groups have blessed the communities they have served for more than 100 years with a commitment to the sick and the poor. Like HSHS, OSF brings the healing ministry of Christ and His Church to the whole person, body, mind and spirit, with compassionate competence.

Because OSF shares this dedication, I have complete faith and confidence that this proposal is what is best for the residents of Streator.

I speak on behalf of The Sisters of the Third Order of St. Francis when I say that we look forward to collaborating with the community to provide outpatient and other services in Streator with a focus on meeting the physical, emotional and spiritual needs of its people.

I close using the greeting St. Francis of Assisi often used: Pax et bonum. Peace and all good to you. Thank you.



**Illinois Health Facilities and Services Review Board  
E-017-15 Public Hearing October 29, 2015**

Good morning. My name is Dr. David Gorenz and I am the Regional Chief Executive Officer at OSF HealthCare. I'm pleased to speak in support of HSHS' application, known to you as project number E-017-15, which would allow OSF to develop a new healthcare system for residents of Streator.

One thing we have been very mindful of throughout the transition process has been meeting the unique needs of the Streator community. That's why OSF will offer Streator residents a new integrated system that provides the right care, at the right place and at the right time.

We all know that health care is changing. Many medical procedures that once required a hospital stay can now be performed on an outpatient basis, saving patients time and money. OSF's plan for healthcare in Streator will reflect that fact, with a new state-of-the-art outpatient center providing high-quality services, such as specialty physician clinics, mammography, imaging, laboratory, rehabilitation and pending promising legislation, emergency care.

With primary and specialty care physicians available locally, and access to imperative care services nearby provided through the integrated OSF network, Streator residents will be able to receive the medical attention they need close to home.

We look forward to building on the strong HSHS healthcare foundation and providing healthcare that's right for Streator.

Thank you for your time, and for considering a yes vote.

David L. Gorenz, M.D.  
Regional CEO, I-80 Region

**Illinois Health Facilities and Services Review Board  
E-017-15 Public Hearing October 29, 2015**

My name is Michelle Conger, and I am Senior Vice President and Chief Strategy Officer of OSF HealthCare. I'm speaking today in support of project number E-017-15 submitted by Hospital Sisters Health System.

As with any healthcare transition, such as the one that will soon take place in Streator, it has been very important to OSF to focus on employees and how they are managing through this transition. Our employees are the lifeblood of the OSF Healthcare System and we know that HSHS shares that reverence for its employees.

I am happy to say that OSF has taken tremendous efforts to ensure that HSHS employees are aware of the many opportunities to bring their expertise to OSF. OSF has provided bonuses for HSHS employees, waived benefit waiting periods and has already made offers to nearly 100 HSHS employees.

OSF is not buying St. Mary's Hospital, but rather is continuing service in its place. This important distinction furthers OSF's goal of keeping HSHS employees and families in Streator, and creating a new system of care that focuses on creating healthier communities. OSF, in partnership with the City of Streator, is developing an innovative, technology focused, sustainable healthcare delivery system that will serve as a model for other rural communities throughout the U.S.

We will continue to work with HSHS employees to identify opportunities for them with OSF and further our collaboration with Streator residents to build a healthy community.

Thank you.

**Dan McCormack Remarks – HFSRB Public Hearing  
October 29, 2015 – Streator, IL**

Good morning, my name is Dan McCormack and I serve as president of the Hospital Sisters of St. Francis Foundation.

I'm here to briefly explain our plans to transfer funds raised for HSHS St. Mary's Hospital to OSF Healthcare for use here in Streator.

St. Mary's Hospital has enjoyed generous philanthropic support from this community over the years and currently there is approximately \$2.7 million in accumulated assets in St. Mary's Foundation fund.

With the upcoming transition of health care services from HSHS to OSF, the value of those assets will be transferred to the OSF Healthcare Foundation when our agreement is finalized.

We have notified St. Mary's donors that the money they donated in the past to St. Mary's will continue to benefit the Streator community.

Under the terms of our agreement with OSF, the OSF Healthcare Foundation has committed to use the transferred funds solely to support health care services provided by OSF here in Streator.

Where the funds are restricted to a specific purpose, the OSF Healthcare Foundation will recognize the gift restrictions that have been placed by donors.

Thank you for the opportunity to share this information with you this morning.

**John Flanders remarks  
HFSRB Public Hearing  
October 29, 2015**

Good morning, my name is John Flanders. I serve as the President and CEO of HSHS St. Mary's Hospital.

I want to provide some additional details regarding our transition agreement with OSF.

If our application to discontinue services at St. Mary's is approved, we will donate all existing St. Mary's Hospital facilities in Streator to OSF Healthcare.

OSF will use existing St. Mary's Hospital facilities to deliver outpatient services while they build a new ambulatory care center, which is expected to take a couple of years to complete.

The services that OSF will provide to the community will include imaging, laboratory, rehabilitation, specialty physician clinics, and mammography.

*Primary care*  
HSHS and OSF are also seeking legislation that would give the Health Facilities and Services Review Board the authority to issue a license for a Freestanding Emergency Center.

If that legislation is enacted, OSF would seek a license to operate a 24/7 emergency department in Streator.

A 24/7 Emergency Department operated by OSF in this community would help ensure uninterrupted continuity of healthcare to Streator residents.

HSHS is also working closely with OSF to ensure our employees have opportunities to work for OSF.

Our colleagues are currently applying for and filling numerous Streator-based positions with OSF HealthCare as well as other OSF Healthcare facilities in a variety of professional and non-professional fields.

Every effort will be made to maintain jobs in the Streator community.

We have also been meeting with OSF, and will continue to meet with them, to discuss how best to make the transition as seamless as possible.

If our application is approved, we plan to cease inpatient services at St. Mary's just before 7 a.m. on January 4.

OSF would then assume responsibility for all outpatient services at St. Mary's.

*OSF = potential area  
28 physicians  
in the past  
as per =  
OSF recruited  
3 more  
in my town  
(7) these physicians  
remain in  
this community*

They would maintain outpatient services in the current hospital building until a new ambulatory center is built and opened in Streator.

After the new facility opens, the community will be engaged on how to best repurpose the existing campus. If the campus cannot be repurposed, OSF will deconstruct the building and restore the property.

While change is never easy, I firmly believe this collaboration is the best option for Streator going forward.

We believe having OSF provide robust, ambulatory health care services as part of a highly integrated delivery system that includes physicians practicing across this region makes the most sense for the future of health care in Streator.

Thank you.

**Illinois Health Facilities and Services Review Board  
E-017-15 Public Hearing October 29, 2015  
Amy Spears, campus marketing and community relations  
Heritage Health and Evergreen Place**

Change is inevitable. Change can be good and change can be bad. We will not necessarily be the judge of that in this case. Heritage & Evergreen will, however, be team players. We will work with OSF and any other healthcare entity that offers services in the best interest of the community. At the Heritage & Evergreen campus, we are very sad to lose our local hospital. We have an amazing relationship with them. It will have an effect on our business from a local standpoint. We want the public to know that we will do our best to avoid any negative effects. We stand ready and willing for any transitions that need to occur. We support the community no matter what the outcome.

**Illinois Health Facilities and Services Review Board  
E-017-15 Public Hearing October 29, 2015**

My name is Jack Dzuris and I am the Streator Area Chamber of Commerce Executive Director. I also serve as the chairman of HSHS St. Mary's Foundation Board. I am here today to express my support for HSHS' application.

In my role as Chamber Executive Director, I know hospitals provide a strong foundation for economic growth. OSF HealthCare's new state-of-the-art outpatient center would create new jobs and attract further investment from others who recognize the promise Streator presents.

As the chairman of HSHS St. Mary's Foundation, I have seen how communities can benefit from the philanthropic outreach that a hospital can provide. I know firsthand that hospitals and businesses can work together to build a strong community.

HSHS and OSF have identified a shift in the health care system. Treatments that were once costly inpatient procedures can now be performed on an outpatient basis. The decision to provide Streator with a care center that reflects these changes is good for the health of Streator residents and good for the health of Streator's economy.

I respectfully ask the Board to approve HSHS' application.

Thank you.

**Peter Mannix Remarks – HFSRB public hearing**  
October 29, 2015

Good morning, my name is Peter Mannix and I serve as the HSHS Vice President for Strategy Development and Implementation.

In my role at HSHS, I'm tasked with looking at data and trends in health care, and planning for the future.

Throughout my career in health care, I've witnessed remarkable changes in how health care is delivered.

In most cases, the changes have been positive for patients.

Advances in medical technology, new clinical protocols and new care delivery models are allowing people to live longer and healthier lives.

Procedures that a decade ago may have required an overnight hospital stay are now completed in the morning and the patient is home by the afternoon.

As Mary mentioned a few minutes ago, there is a trend away from inpatient care to outpatient care.

We've witnessed this for many years at HSHS St. Mary's Hospital.

Ten years ago, in 2005, there were nearly 3,500 inpatient admissions at St. Mary's.

Last year, St. Mary's had 1,300 inpatient admissions, or roughly half the admissions from just a decade ago.

*2 of 10 admissions require stretcher -- 22% M&M share*  
Meanwhile, outpatient visits have been on the rise.

In 2005, St. Mary's had about 71,000 outpatient visits. Last year, that number was over 120,000.

Today, more than 75 percent of patient care encounters at St. Mary's is outpatient.

So as we looked at the best model for health care in the future for this community, we determined that the robust physician services and ambulatory care sites that OSF currently offers in this region best meets the needs of patients today and into the future.

*We believe this model will work in St. Mary's*  
Thank you for the opportunity to share this information with you.