

TIDINGS!

Newsletter of the Catholic Health Association of Minnesota

December 2010

Shifting Political Landscape



MARK DAYTON, GOVERNOR-ELECT

Minnesota now has a better idea of who will be in leadership and what issues they will be facing. As to leadership, it became official when Republican Representative Tom Emmer conceded, that Democrat Mark Dayton became the Governor-Elect. This gives us the line-up of Republicans holding the Senate (Amy Koch as the first female Senate Majority Leader) and the House (Speaker Kurt Zellars) – along with Democratic Governor Mark Dayton. This lineup is a complete flip from a Republican Governor and a Democratically controlled Legislature.

As to the issues before our new leadership, it has come into focus when the State budget forecast was released at a \$6.2B shortfall. The main task for the new governor and incoming legislature will be to solve this ominous deficit recently projected for the 2012-13 Biennium.

Although the Legislature is required to balance the budget based on the February 2011 forecast, the preliminary projections demonstrate what challenges will be faced in the coming session. This initial \$6.2B deficit is \$593M worse than previous estimates. The only good news that recently surfaced was a nearly \$400 million positive projection for the remainder of the FY2010-11; this means there will not be any further unallotments or shorter term borrowing by the state in the coming session.

As I See It

*Toby Pearson
CHA-MN Executive
Director*

The struggles that we will face in light of the deficit and the new leadership structure will make our voices even more critical going forward. We remain committed to our core values - to promote and defend human dignity, to care for poor and vulnerable persons, to act on behalf of justice, to attend to the whole person, to promote the common good, and to be good stewards of resources. To use these principles to inform and to guide the officials as they set the budget, make cuts, and evaluate the need for more revenue, is as important as ever.

It is easy to simply focus on politics and the year-to-year swings of balancing budgets, but we must also look out and recognize that our mission transcends these practical realities. It is because of our belief in the worth and dignity of the human person that the Catholic Health Association of Minnesota embraces and supports the healing mission of Christ.

This healing mission extends beyond politics and payment schemes; it is bigger than budgets and bottom lines. It is the call to be a vibrant presence in enhancing the health of communities and access to quality care for everyone, with special attention to those who are underserved and most vulnerable. It is the synergy that is created by principles in action and advocacy that makes the Catholic Health Association a unique and critical voice amongst the plethora of voices at the Capitol.

If you have any particular questions or concerns during the upcoming Legislative session, please contact me at any time at 651-503-2163 or chamntoby@aol.com. ■

Believing in the worth and dignity of the human person made in the image and likeness of God, the Catholic Health Association-Minnesota assists its members to fulfill the healing mission of the Church.

Mark Your Calendar

February 11, 2011
World Day of the Sick

February 17, 2011
JRLC Day on the Hill
MN State Capitol
FFI: 651.503.2163

February 17, 2011
CHAMN Board of Directors Meeting
FFI: 651.503.2163

June 5-7, 2011
Catholic Health Assembly
Hyatt, Atlanta, GA
FFI: www.chausa.org

Annual Membership Meeting

National Perspectives on Health Care Reform

Support and further improvement were the consistent themes regarding the 2010 Patient Protection and Affordable Care Act (PPACA) at the recent CHA-MN Annual Membership Meeting. Members gathered on November 11th at St. Patrick’s Church in Edina to hear three national experts discuss the healthcare reform act and current issues facing Catholic health facilities.

Michael Rodgers, senior vice president of advocacy and public policy for the Catholic Health Association (CHA) presented a compelling overview of the need for healthcare reform, what is currently contained in the PPACA, and future policies and implications of the act.

Senator David Durenberger, provided an insider’s view of the history of healthcare reform over the past few decades giving his wholehearted support to the current plan which he referred to as ‘historic and comprehensive’. Rev. Thomas Nairns, senior director of ethics for the CHA



MICHAEL RODGERS, SENATOR DAVID DURENBERGER AND REV. THOMAS NAIRNS

addressed moral issues related to the act, the excommunication of a Catholic hospital administrator, and the recently approved ‘day-after’ pill. Rodgers identified six major criteria for CHA’s assessment and support for the PPACA which included: 1) insuring healthcare availability for everyone, 2) an emphasis on prevention and healthcare literacy, 3) a fair approach in financing, 4) a focus on transparency and a consensus driven model, 5) a patient-centered plan coordinated and integrated across the full spectrum of life, and 6) a focus on providing the highest quality of care. Underlying these criteria was the need for any proposal to be consistent with the core principles of Catholic social teaching, founded on a commitment to human dignity and common good.

CHA remains firmly convinced that there is no direct federal funding for abortion within the PPACA. Rodgers addressed the differences CHA and the Conference of Bishops had on the final vote of support stating that based on their analysis, there is no disagreement with the bishops on moral concerns regarding the provision of abortion and the bishop’s role in serving as the teaching authority of the Church – but CHA did have disagreements with the bishop’s interpretation of the legislation. Nairn recognized the indirect subsidy of abortion within the plan, but saw this as an unavoidable compromise.



SENATOR DAVID DURENBERGER



MICHAEL RODGERS WITH BENEDICTINE HEALTH SYSTEM CEO, DALE THOMPSON

Durenberger spoke about the necessity of a plan that provides universal coverage recognizing the importance of everyone being able to make healthy choices for themselves and their families on an equal level. “You’re not ever going to lower the cost (of healthcare) until you get universal coverage,” he stated. He also emphasized the need for any reform to reward health, acknowledging that every other nation besides the United States has made a commitment to health.

Nairn acknowledged that one of the controversial parts of the act was the mandating of insurance. He explained that if pre-existing conditions didn’t prevent an individual from being insured, then many people would only get insurance when they actually became sick. Thus, the program only works if everyone is required to have insurance.

Both Rodgers and Durenberger spoke about the uphill battle the PPACA faces as many in America have turned negative on the general concept of the act. Rodgers pointed out, though, that on a micro-level when people are asked about their support for some of the core principles of the reform act (i.e pre-existing conditions, small business access to tax credits, expanding medicare, etc.), there is widespread support.

Durenberger spoke to skeptics, “We already as taxpayers finance 46% of all healthcare, it is disingenuous for any-

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Meeting *cont. from page 2*

body to suggest we shouldn't have a role in how this money is spent. "A repeal will be very challenging... but we are likely to see a lot of efforts to delay implementation," stated Rodgers. Durenberger encouraged everyone to look beyond the process of how we actually got to this point, but to simply focus on improving the Act so that it continues to move forward. He exhorted Catholic health organizations to help improve the Act, so that it doesn't get defeated. ■

REV. THOMAS NAIRNS, CHA-MN PRESIDENT
BRET REUTER, MCC INTERIM EXECUTIVE DIRECTOR
FR. DAVID MCCAULEY

CHA Ethicist Encourages Hospitals to Avoid New Day-After Pill

"A woman having a right to protect herself against inception is a four hundred year old moral tradition within the Church," stated Rev. Thomas Nairn, at the CHA-MN Annual Membership meeting in November. But after close examination of the newly approved 'day-after' pill commercially referred to as Ella, the CHA strongly advises hospitals to avoid its usage.

Nairn discussed a recent article by Sandra Reznik, MD from CHA's Health Progress where she examines new data

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

- Directive 36,

Ethical and Religious Directives for Catholic Health Services

regarding the actual mechanics and effectiveness of Plan B. Citing that it takes five days for a fertilized egg to move to the uterus, she claims the Plan B appears to be ineffective after 48-72 hours - well before the embryo enters the uterus, leaving new questions as to whether Plan B is simply an anti-ovulant or an abortifacient as has been widely stated within the Church.

The serious problem with the newly approved Ella is that it actually works as an anti-ovulant for five full days (120 hours). Therefore, while the mechanism of action is still being studied, it leaves very little doubt that Ella is an abortifacient. For this reason, the CHA is strongly advising hospitals not to use the drug.

CHA fears that if Ella is named the standard of care, conscience protection will become a critical issue for Catholic hospitals. Nairn states, "we would want conscience protection so that we are viewed as being very caring for our patients... as Plan B is not an inferior product for the first 48 hours." ■

New Rules Require Equal Visitation Rights For All Patients

Earlier this year, President Obama called on the Department of Health and Human Services (HHS) to create new rules for Medicare and Medicaid hospitals that would allow patients the right to choose their own visitors during a hospital stay. They were asked to develop rules that would prohibit hospitals from denying visitation privileges on the basis of race, color, national origin, religion, sex, sexual orientation, gender identity, or disability. Recently, the

Visitation *cont. on page 8*

[Excerpts from a presentation to Catholic health-care professionals at the University of St. Thomas in Houston, Texas in March 2010]

Each of you here today belongs to that long tradition of Catholic witness in health care. What you do continues Christ's work in the world. Your care for the sick is a sign of God's Kingdom, a sign that God is still with us. That's the backdrop for our discussion today. It's important because the current national debate over health-care reform has brought us to a crossroads. We face big economic and philosophical questions about the viability of the Catholic health-care ministry. But I want to talk about the one question that undergirds all the others. That's the question of your Catholic identity and your mission: *Who are you?* And what does it really mean to be a Catholic health-care professional?

To get our bearings, I want to borrow from the thought of the late Herbert Ratner. Ratner was a Catholic and a family practice doctor who devoted his life to questions of medical ethics. In the mid-1930s, he was picked by Robert Maynard Hutchins to teach in the pioneering "great books" curriculum at the University of Chicago. Ratner also taught on a medical school faculty and served as a local public health official. Until

his death in 1997, he also edited a small but influential medical journal called *Child & Family*.

Who are you? And what does it really mean to be a Catholic health-care professional?

Dr. Ratner knew the pressures of medical work firsthand. He also believed in the nobility of the medical profession. He came of age during the Second World War, when a generation of medical professionals in Germany allowed

themselves to become servants of Nazi genocide, eugenics and human experimentation. Ratner actively promoted the World Medical Association's restatement of the Hippocratic Oath in the wake of the Nuremberg trials. He did it for a reason. He felt as early as the mid-1960s that American medicine – at its own friendly pace and in its own very different way – was on a similar path.

Ratner believed that the ancient Hippocratic Oath sworn by physicians for 2,500 years offered another path. It could serve as a cornerstone for the identity of persons work-

CATHOLIC IDENTITY:

Health-care Reform and the Future of the Catholic Health-care Vocation

Most Rev. Charles J. Chaput, O.F.M. Cap.,
the Catholic Archbishop of Denver

ing in health care. It could be a shield from what he called bullying by the state, "the dehumanization of society and the brutalization of medicine."

Unfortunately, the original oath is rarely used these days. Louis Lasagna rewrote and arguably softened it in 1964. We should also remember that while the original oath barred physicians from helping with abortions – in fact, the oath specifically *rejects* medical aid for abortions and physician-assisted suicide -- some

sources suggest that Hippocrates himself may have invented surgical tools to perform abortions. Abortion, of course, was common in the pre-Christian world.

But that doesn't change the importance of Dr. Ratner's passion for the oath. The original Hippocratic Oath is still deeply compelling. It defines health care as a field where practitioners admit the higher authority of God, and strive for purity and holiness of life. It defines your health-care mission in this way: to help the sick to the best of your ability and judgment, and to never intentionally do harm to a patient. That's your mandate, whether you're a doctor, nurse, pastoral care worker, or administrator. Your purpose is to serve the life and health of the human person; to help and protect; *to do no harm*.

The common ground that links Christian revelation with the founding philosophy of medicine is exactly this: the sanctity of the human person. Unfortunately, we live in a time when both of those simple words – "human" and "person" – have disputed meanings, and the idea of the "sanctity" of human life is sometimes seen as little more than romantic poetry. And this cultural confusion, fueled by trends in our science and technology, is magnified in the current debates over health-care reform...

Now how does all this relate to the very practical topic of our time together today: health-care reform and the future of the Catholic health-care ministry? I'll answer with a few simple facts.

First, while access to decent health care may not seem like a "right" to some people in the same sense as our rights to life, liberty and the pursuit of happiness – reasonable people might reasonably disagree about that -- the Church does see it as a right. At a minimum, it certainly is the duty of a just

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Vocation *cont. from page 4*

society. If we see ourselves as a civilized people, then we have an obligation to serve the basic medical needs of all people, including the poor, the elderly and the disabled to the best of our ability. This is why America's bishops have pressed so hard for national health-care reform for so many decades. And they continue to do so.

Second, a government role in ensuring basic health care for all citizens and immigrants can be very legitimate and even required. Americans have always had a prudent wariness toward government and expanding state power – for good reasons, as we've just seen. But that doesn't justify excluding government from helping to solve chronic problems when no other solutions work.

Third, the principle of subsidiarity reminds us that problems should be solved as locally as possible.

Fourth, no national health-care plan can be morally legitimate if it allows, even indirectly, for the killing of the unborn, or discriminatory policies and pressures against the elderly, the infirm and the disabled. Protecting the unborn child and serving the poor are not unrelated issues. They flow from exactly the same Christian duty to work for social justice.

Fifth, ...whether we get good health-care reform or not, legislative and judicial attacks on Catholic health care will not go away, and could easily get worse. If our nation's abortion lobby and "family planning" interests have their way, ultimately hospitals and other health-care providers will be mandated by law to provide abortions, sterilizations, and a range of other so-called "reproductive services" the Catholic community sees as deeply wrong. And many other pressing issues like physician-assisted suicide and new developments in biotechnology will raise very difficult moral questions in the years ahead.

So what do you need to do as Catholic health-care professionals in the face of these challenges?

The first thing all of us need to do – and I mean bishops, priests, deacons, religious, mothers and fathers, mechanics, lawyers, shopkeepers, business executives and doctors – is to ask God for the gift of honesty. We need to examine our hearts with real candor. And we need to ask ourselves how "Catholic" we really want to be. If the answer is "pretty much" or "sort of" or "on my own terms" – then we need to stop fooling ourselves, for our own sake and for the sake of the people around us who really do believe. There's no more room in American life for easy or tepid faith.

This has consequences. If you're a doctor or ethicist or hospital administrator or system executive working in Catholic health care, and in good conscience you cannot sup-

port Catholic teaching or cannot apply it with an honest will – then you need to follow your conscience. The Church respects that. Obedience to conscience is the road to integrity. But conscience, as Newman once said, has rights because it has duties. One of those duties is honesty. It may be time to ask whether a different place to live your vocation, outside Catholic health care, is also the more honest place for your personal convictions. What really can't work is staying within Catholic health care and not respecting its religious and moral principles with all your skill, and all your heart.

If on the other hand, you're one of the many in Catholic health care – too many to count, starting with the people in this room – who see the Church and her teachings as the ministry of Jesus himself, and seek God in your vocation, and see the face of Christ in the suffering persons you help; then *you are what the soul of the Catholic health-care vocation has always been about.*

The recognition of human dignity, which you serve every day in your work, is at the heart of the 2,000 year-old Catholic tradition of medical ethics. It's at the heart of the American bishops' *Ethical and Religious*

Directives for Catholic Health

Care Services, the ERDs. They're easy to find on the internet. Read them. Study them. Talk about them with your colleagues. And then *live by them*. These directives offer practical, real-world moral guidance for your daily work. But they're much more than a listing of ethical "dos" and "don'ts." They provide you with a spirituality and a wisdom based on the example of Jesus Christ, the teachings of the natural law, and the truth of the human person as created in the image and likeness of God.

The Holy See's "Charter for Health Care Workers" tells us that "Health care is a ministerial instrument of God's outpouring love for the suffering person; and, at the same time, it is an act of love of God, shown in the loving care for the person." In God's plan, you have a beautiful and demanding vocation. God asks you to be servants of life and guardians of human dignity through your healing and care of others. It's a noble calling, and it's threatened by trends in our society which are magnified in the current debate over health-care reform.

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Finances Force St. Mary's Home Closure

St. Mary's Home, a Catholic-affiliated senior housing facility in St. Paul, will close at the end of the year due to financial challenges, its parent organization, Franciscan Health Community, announced Oct. 20.

Franciscan Health Community will assist the Highland Park nursing home's 70 residents in relocating, said Joe Stanislav, FHC president and CEO. The organization also will provide outplacement and job counseling services to approximately 150 employees whose positions will be eliminated, he said. The facility is set to close Dec. 31.

Franciscan Health Community's Adult Day Services and Southwest Area Meals programs also will be eliminated Nov. 30 due to shared staff and facilities with St. Mary's Home. Approximately 80 clients will be affected.

"This was an extremely difficult decision to make, but the current model of care is no longer viable given changes in health care funding combined with the costly improvements needed to our 74-year-old facility," Stanislav said. He cited as the primary reason for the closure a federal fire code mandate that would have required the installation of an elevator and sprinkler system and other updates to the facility totaling an estimated \$2 million to \$3 million.

In addition, Stanislav said, nursing homes across the country are experiencing severe economic challenges due to reductions in Medicaid and Medicare funding, state aid and the growing trend to provide more home-based services. "This past year, we had 0 percent increase [in government funding]," Stanislav said.

Toby Pearson, executive director of Catholic Health Association-Minnesota, said if the state continues to cut or freeze reimbursement rates for nursing homes, more will likely close. Some have responded by adding long-term care and other services to provide a more financially stable "continuum of care," he added.

Ed Martini, chair of Franciscan Health Community's board of directors, said in a press release that the organization is working to develop "a new model . . . that will better meet the health care needs of today." "For the last few years," Stanislav said, "we've focused more and more on end of life care with our home care hospice and taking over sponsorship of Our Lady of Good Counsel Home [in St. Paul]. So our focus

is turned there at least in the near term, and we're working as a board to get a longer term vision." "However, we're totally committed to the remaining projects at this point, and we're going to still be here," he added.

Since 1936, Franciscan Health Community has provided housing and health care services to help seniors live as independently as possible. The organization is a participating affiliate of Catholic Senior Services, the outreach program created by the Archdiocese of St. Paul and Minneapolis to meet the growing need for quality senior housing and services. It is a member of the Catholic Health Association, Aging Services of Minnesota and the American Association of Homes and Services for the Aging. ■

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CHAPEL AT ST. MARY'S HOME

Vocation *cont. from page 5*

Have courage. Trust in God. Speak up and defend your Catholic faith with your medical colleagues. Commit yourself to good and moral medicine. Get involved and fight hard for the conscience rights of your fellow Catholics and their institutions. Remember the Hippocratic Oath. Dedicate yourselves again to being truly Christian and deeply Catholic health-care professionals.

You and I and all of us – we're disciples first. That's why you gave your heart and all your talent to this extraordinary vocation in the first place. Remember that as you go home today. Use up your lives for the glory of God and the dignity of your patients. You walk in the footsteps of the Healer of humanity and Redeemer of history. In healing the sick, proclaim his Kingdom with the witness of your lives. ■

Essentia Health Breaks Ground on New Baxter Facility

Essentia Health in Brainerd broke ground recently to mark the start of the construction for their new facility located on Isle Drive in Baxter. The 44,000 square foot Baxter clinic will house teams of family medicine, urgent care, children's care, and women's care, along with ancillary services for laboratory, imaging, physical therapy, and pharmacy.

Leading the project team is Bill Palmer, Essentia Health – Brainerd Clinic Administrator, and Pat Delong, Essentia Health – St. Joseph Medical Center's Chief Nursing Officer. They explained that planning actually began 8 years ago with the purchase of the 40 acre site. At that time, they knew that the healthcare facility could eventually better serve the community by providing an easily accessible location in Baxter. With the addition of over 60 physicians and advanced practice providers over the past three years, Essentia Health now



BAXTER GROUNDBREAKING CEREMONY: WILLIAM POTVIN, DR. PETER DUNPHY, CHARLES ALBRECHT, DR. DAVID BORAN AND THOMAS PRUSAK

has a significant need for additional clinic space, which makes the vision of a Baxter facility able to be realized.

Bill Palmer acknowledged CEO, Thomas Prusak, and the Boards of Directors, chaired by Bill Potvin, Chuck Albrecht, and Dr. Peter Dunphy, for their foresight in the purchase of the 40 acre site 8 years ago in the early planning for the clinic.

“Their commitment to serving our patients and families with high quality care in accessible locations close to our patients’ homes has been evident in our clinics, not only in Brainerd, but also in the surrounding communities.

The groundbreaking concluded with a blessing by Karen DuBord, Pastoral Care Director at Essentia in Brainerd. In accordance with St. Joseph's Benedictine tradition, a blessed medal of St. Benedict was also placed in the ground to provide for the safety of all the workers on the project. ■

News & Notes

- The first state-mandated report on **Quality of Medical Care in Minnesota** shows that clinics and hospitals vary dramatically in

how well they treat patients. The report, which was two years in the making, gives consumers an inside look at how 520 individual clinics and 133 hospitals performed on a series of quality measures. The full report can be found at the MDH website, www.health.state.mn.us.

- Jim Forsting, Behavioral Health Services co-director for **St. Cloud Hospital**, was honored with a lifetime achievement award by the Minnesota Association of Resources for Recovery and Chemical Health (MARRCH) Oct. 26 during the 41st annual MARRCH conference in St. Paul.
- **Senator David Durenberger's** regular *Commentary* on current health policy issues can be found on the website of The National Institute of Health Policy's – www.nihp.com
- **CentraCare Health Foundation** recently announced gifts totaling \$10.6 million from local benefactors, employees and physicians, as it publicly launched its Caring for Generations capital campaign. The campaign aims to raise

\$21.7 million to help fund the \$225 million, 360,000-square-foot addition to St. Cloud Hospital's southeast side.

- After 58 years of service, Benedictine Sister Catherine McInnis is retiring from **Queen of Peace Hospital in New Prague**. She first worked at hospitals in St. Cloud, Minn., and Ogden, Utah, but Sister Catherine's most significant impact on health care began in January of 1952, when she was appointed as one of the eight Benedictine nuns who would start Queen of Peace Hospital.
- **Villa St. Vincent**, a Benedictine Health System co-sponsored organization, is in the news. The Dec. 15 edition of Catholic Health World includes a feature story about how the residents are contributing their efforts to brighten the Christmases of others in need.
- **HealthEast Clinics**, are recent winners of HealthPartners, *Partners in Excellence (PIE) 2009-2010 Award*. In addition to the *2010 Excellence in Patient Care Award* from the Studer Group for outstanding patient care. HealthEast Same-Day Surgery Centers at **St. Joseph's Hospital**, Midway Surgery Center and Woodwinds Health Campus were recognized by the Studer Group. ■

Updates from our membership...

... **W**hat's happening in your organization. Please send your news to Toby Pearson, CHA-MN executive director. Telephone: (651) 503-2163;

e-mail: tpearson@chamn.org. Ask your public relations or communications director to put us on the news release list: CHA-MN, P.O. Box 65217, St. Paul, MN 55165. ■

Visitation *cont. from page 3*

Centers for Medicare & Medicaid Services (CMS) has issued that rule – a rule that will let patients decide whom they want by their bedside when they are sick – and that includes a visitor who is a same-sex domestic partner.

The new rules:

- * Require hospitals to explain to all patients their right to choose who may visit them during their inpatient stay, regardless of whether the visitor is a family member, a spouse, a domestic partner (including a same-sex domestic partner), or other type of visitor, as well as their right to withdraw such consent to visitation at any time.
- Require hospitals have written policies and procedures detailing patients' visitation rights, as well as the circumstances under which the hospitals may restrict patient access to visitors based on reasonable clinical needs.
- Specify that all visitors chosen by the patient must be able to enjoy "full and equal" visitation privileges consistent with the wishes of the patient.
- Update the Conditions of Participation (CoPs), which are the health and safety standards all Medicare- and Medicaid-participating hospitals and critical access hospitals must meet, and are applicable to all patients of those hospitals regardless of payer source.

The rules will be effective January 18, 2011. ■

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