

# TIDINGS!

Newsletter of the Catholic Health Association of Minnesota

FEBRUARY 2015

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

**April 9, 2015**

CHA-MN Board of Directors  
Carondelet Center, St. Paul  
FFI: 651-503-2163

**June 7-9, 2015**

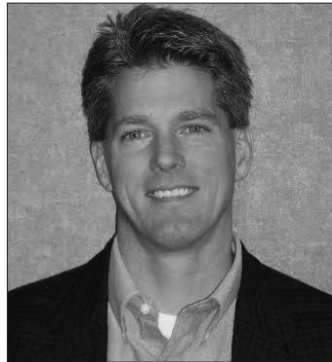
2015 Catholic Health Assembly  
Washington Marriott  
Wardman Park  
FFI: [www.chausa.org](http://www.chausa.org)

## CHA-USA 100th Anniversary

As Pope Francis recently said “We who are Christians, members of God’s family, are called to go out to the needy and to serve them.” The Catholic Health Association is one of those organizations whose purpose is to live that statement. In 2015, CHA USA celebrates the 100th anniversary

of its founding as the voluntary membership association of Catholic health ministry organizations.

Throughout its history, the Catholic Health Association has grown and changed as its members have adapted to the needs of their communities. For all of its 100 years, CHA USA has raised a *passionate voice*



TOBY PEARSON

for *compassionate care*. For more on CHA USA and their 100 year timeline you can go to their website at: <http://www.chausa.org/centennial/timeline>

## LEGISLATIVE PRIORITIES

The five values that relate Catholic health care to the Church’s justice tradition are: human dignity, care for the poor, common good, responsible stewardship and rights of conscience. Two of these values, **human dignity** and **the common good**, are the very foundation of Catholic social teaching. And those two values are actually two complementary aspects of the Catholic understanding of human nature.

First and foremost, “Catholic health-care ministry is rooted in a commitment to promote and defend human dignity; this is the foundation of its concern to respect the sacredness of every human life from the moment of conception until death.”

The common good, as the Church has taught in many places, is an aspect of human flourishing. The Second Vatican Council, for example, explained that the common good is the sum total of those conditions needed for the

## As I See It

Toby Pearson  
CHA-MN Executive  
Director

flourishing of individual persons and the groups that they are part of.

From these two pivotal values, the guidelines derive three other principles of our social-justice tradition and apply them to health care: *care for the poor, responsible stewardship and the rights of conscience*.

In 2015 Legislative Action, the Catholic Health Association of Minnesota will again provide a voice to issues such as: Health Care Disparities, Health Care coverage for those left uncovered, Health Care for the undocumented. We will also give our voice to the need to invest in health care system from Hospitals to Clinics to Long-term Care, reminding legislators to reflect on the principles as they make their budget decisions.

## LEGISLATIVE OUTLOOK

On a practical note, this year’s session will feature much debate regarding the projected surplus. The actual amount will be determined by the February forecast, which comes out at the end of February. It is anticipated that the surplus will increase from the \$1B November projection, and there are a variety of guesses to the final amount. The major interests which are competing for the money include: Transportation, Education, Tax Cuts, and Health and Human Services. With different budget priorities, and ways to pay for them expressed by the Governor, the Democratic Senate and the Republican House, it is anticipated that this year will have a lot of negotiation before they arrive at their final budget. It is often said that the legislative session is a Marathon, not a sprint, and currently the end of May adjournment looks simultaneously 26.2 miles and 400 meters away, depending on where you stand. ■

## CHA Members Assist in Rebuilding Haiti Hospital

CHA president and chief executive officer Sr. Carol Keehan, DC, gave the following remarks at the dedication ceremony for the rebuilt St. Francis de Sales Hospital January 15, 2015, in Port-au-Prince, Haiti.

**"T**his is a celebration and a milestone for the members of the Catholic Health Association of the United States. Our members are U.S. health care organizations who share with St. Francis de Sales Hospital the commitment to continuing Jesus' mission of caring for and healing the sick and injured, the young and the aged, expectant mothers and newborn babies, and particularly, those who are poor and in great need.

"I am so proud and so grateful to the CHA-member organizations who responded to CRS's initial emergency request for funds immediately after the earthquake devastated this beautiful country and then donated more than \$10 million to Catholic Relief Services for the rebuilding of this

hospital and the strengthening of health care for the people of Haiti. It is heartwarming to know that, in their generosity, they have played so significant a role in rebuilding St. Francis de Sales as a modern teaching hospital.

"I was honored to be present in Rome last Saturday at a Vatican conference on

Haiti. In his message to us at the conference, the Holy Father told us that the rebuilding of this country rests on three solid pillars: the human person, ecclesial communion, and the local church. It is obvious that the partnership between the Haitian church and U.S. Catholic health care—represented by our members' great generosity to this rebuilding project—is a wonderful example of the communion Pope Francis spoke of.

"I cannot resist saying a special word to the doctors and nurses and others who will staff this hospital and especially to the medical and nursing students who are its future. I wear the pin of the University of Notre Dame of Haiti in solidarity with you. You have a great opportunity for health care, the Church and your dear country.

"A Catholic hospital is not just a facility that gives the right medication or does surgery correctly. It is that and so much more--it must be a place where people feel their dignity

as children of God is always respected whether they are rich or poor, young or old, born or unborn, any religion or political party. This respect is at the heart of the Catholic identity of a hospital.

"In a country where there has been so much physical and emotional trauma, what a gift this can be. You have a facility worthy of their dignity. You will be the ones who provide the care and respect worthy of children of God.

"CHA and its members are grateful to the Archdiocese of Port-au-Prince for the opportunity to be partners with the local church in

advancing the health ministry here in Port-au-Prince. We have sought to be true partners, sharing our expertise as well as our financial support, but also learning from our friends here in Haiti.

"Across the United States, Catholic hospitals participate in the evangelizing ministry of the Catholic Church, living as signs of God's grace at work in our world today. Likewise, this new St. Francis de Sales Hospital is now a sign of God's love and grace to the people of Port-au-Prince and all of Haiti. This is truly a blessed day for which we give thanks to God." ■



SR. CAROL KEEHAN, GREETING CARDINAL CHIBLY LANGLOIS



THE NEW ST. FRANCIS DE SALES HOSPITAL IN PORT-AU-PRINCE

*A Catholic hospital is not just a facility that gives the right medication or does surgery correctly*

## The CDF's "Principles for Collaboration" and the ERD

by Fr. Tom Knoblach

In its November 2014 meeting, the United States Conference of Catholic Bishops agreed to undertake a review of Part Six of the *Ethical and Religious Directives for Catholic Health Care Services* (ERD). This review of Part Six, "Forming New Partnerships with Health Care Organizations and Providers," is a response to a February 17, 2014 document from Rome's Congregation for the Doctrine of the Faith, "Some Principles for Collaboration with Non-Catholic Entities in the Provision of Health Care Services." Although not an official "responsum" to a USCCB inquiry about a specific arrangement, these "Principles" discuss the traditional "principles governing cooperation" – the topic of the Appendix that was removed in the transition from the fourth to the fifth editions of the ERD – relative to potential partnerships in health care.

The 2014 CDF "Principles" document summarizes the received teaching on cooperation and applies it to the complexities of the evolving organization of health care in 17 points. The CDF does not explicitly cite earlier teaching or particular authors, and leaves application of the principles to bishops involved in specific discussions. While it is a general restatement of what is already found in Part Six, several highlights are noteworthy.

First, the Principles reinforce the fact that cooperation with non-Catholic partners, while it calls for strict vigilance and persevering commitment to Catholic identity, is not prohibited. It is becoming increasingly common, and may at times be necessary rather than sacrificing a Catholic presence entirely.

Second, they address the complex reality of corporate decisions: institutions are run by individual persons with moral responsibility, but they may exercise that responsibility collectively as board members, administrative teams, etc. Decision-makers are each morally responsible for their par-

ticipation and cannot hide behind a corporate act; responsibility is relative to authority to set policy.

Third, they note that financial profit or even financial stability are not sufficient reasons to cooperate in immoral activities. However, the very survival of a Catholic institution may constitute sufficiently grave pressure for mediate material cooperation; this judgment of local circumstances belongs to the bishop.

Fourth, the possibility of scandal – misleading an objective, reasonable observer as to what is permitted by Catholic moral teaching – is emphasized. This danger, which can reach far beyond the immediate circumstances, must be taken seriously.

Fifth, the Principles discuss various unacceptable cooperative arrangements. Generally, these involve the knowing and intentional creation of conditions that in some way place morally prohibited activities under the control of Catholic governance. While partnerships with others that perform such activities may be countenanced for serious reasons, firewalls must be maintained. The Catholic entity may not provide space, governance, management, personnel, supplies, equipment, or financial or other resources to enable the prohibited actions; it may not profit from them, even indirectly, or create arrangements that permit them. Assessing the adequacy of such separations falls to the bishop where the headquar-

ters of the Catholic entity are located, in cooperation with other bishops where the entity operates if necessary.

A committee of the USCCB will be reviewing these Principles against the current statements of Part Six and recommend any needed changes for the consideration of the bishops. This work will likely take some months, but the goal is always to maintain the unique contribution of Catholic witness in the complex and shifting world of contemporary health care.

For more background, see [www.chausa.org/docs/default-source/hceusa/cdf-principles-for-collaboration.pdf](http://www.chausa.org/docs/default-source/hceusa/cdf-principles-for-collaboration.pdf). ■

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

– Preamble,  
Ethical and Religious Directives for Catholic  
Health Care Services



## *Apostolic Letter from Pope Francis:* **World Day of the Sick on February 11, 2015.**

*Dear Brothers and Sisters,*

On this, the twenty-third World Day of the Sick, begun by Saint John Paul II, I turn to all of you who are burdened by illness and are united in various ways to the flesh of the suffering Christ, as well as to you, professionals and volunteers in the field of health care.

This year's theme invites us to reflect on a phrase from the Book of Job: "I was eyes to the blind, and feet to the lame" (Job 29:15). I would like to consider this phrase from the perspective of "*sapientia cordis*" – the wisdom of the heart.

1. This "wisdom" is no theoretical, abstract knowledge, the product of reasoning. Rather, it is, as Saint James describes it in his Letter, "pure, then peaceable, gentle, open to reason, full of mercy and good fruits, without uncertainty or insincerity" (3:17). It is a way of seeing things infused by the Holy Spirit in the minds and the hearts of those who are sensitive to the sufferings of their brothers and sisters and who can see in them the image of God. So let us take up the prayer of the Psalmist: "Teach us to number our days that we may gain a heart of wisdom" (Ps 90:12). This "*sapientia cordis*", which is a gift of God, is a compendium of the fruits of the World Day of the Sick.
2. Wisdom of the heart means serving our brothers and sisters. Job's words: "I was eyes to the blind, and feet to the lame", point to the service which this just man, who enjoyed a certain authority and a position of importance amongst the elders of his city, offered to those in need. His moral grandeur found expression in the help he gave to the poor who sought his help and in his care for orphans and widows (Job 29:12-13).

Today too, how many Christians show, not by their words but by lives rooted in a genuine faith, that they are "eyes to the blind" and "feet to the lame"! They are close to the sick in need of constant care and help in washing, dressing and eating. This service, especially when it is protracted, can become tiring and burdensome. It is relatively easy to help someone for a few days but it is difficult to look after a person for months or even years, in some cases when he or she is no longer capable of expressing gratitude. And yet, what a great path of sanctification this is! In those difficult moments we can rely in a special way on the closeness of the Lord, and we become

a special means of support for the Church's mission.

3. Wisdom of the heart means being with our brothers and sisters. Time spent with the sick is holy time. It is a way of praising God who conforms us to the image of his Son, who "came not to be served but to serve, and to give his life as a ransom for many" (Mt 20:28). Jesus himself said: "I am among you as one who serves" (Lk 22:27).

With lively faith let us ask the Holy Spirit to grant us the grace to appreciate the value of our often unspoken willingness to spend time with these sisters and brothers who, thanks to our closeness and affection, feel more loved and comforted. How great a lie, on the other hand, lurks behind certain phrases which so insist on the importance of "quality of life" that they make people think that lives affected by grave illness are not worth living!

4. Wisdom of the heart means going forth from ourselves towards our brothers and sisters. Occasionally our world forgets the special value of time spent at the bedside of the sick, since we are in such a rush; caught up as we are in a frenzy of doing, of producing, we forget about giving ourselves freely, taking care of others, being responsible for others. Behind this attitude there is often a lukewarm faith which has forgotten the Lord's words: "You did it unto me" (Mt 25:40).

For this reason, I would like once again to stress "the absolute priority of 'going forth from ourselves toward our brothers and sisters' as one of the two great commandments which ground every moral norm and as the clearest sign for discerning spiritual growth in response to God's completely free gift" (Evangelii Gaudium, 179). The missionary nature of the Church is the wellspring of an "effective charity and a compassion which understands, assists and promotes" (ibid).

5. Wisdom of the heart means showing solidarity with our brothers and sisters while not judging them. Charity takes time. Time to care for the sick and time to visit them. Time to be at their side like Job's friends: "And they sat with him on the ground seven days and seven nights, and no one spoke a word to him, for they saw that his suffering was very great" (Job 2:13). Yet Job's friends harboured a judgement against him: they thought that Job's misfortune was a punishment from God for his sins. True charity is a sharing which does not judge, which does not demand the conversion of others; it is free of that false humility which, deep down, seeks praise and is self-satisfied about whatever good it does.

**Pope Francis** *cont. on page 5*

**Pope Francis** *cont. from page 4*

Job's experience of suffering finds its genuine response only in the cross of Jesus, the supreme act of God's solidarity with us, completely free and abounding in mercy. This response of love to the drama of human pain, especially innocent suffering, remains for ever impressed on the body of the risen Christ; his glorious wounds are a scandal for faith but also the proof of faith (cf. Homily for the Canonization of John XXIII and John Paul II, 27 April 2014).

Even when illness, loneliness and inability make it hard for us to reach out to others, the experience of suffering can become a privileged means of transmitting grace and a source for gaining and growing in sapientia cordis. We come to understand how Job, at the end of his experience, could say to God: "I had heard of you by the hearing of the ear, but now my eye sees you" (42:5).

People immersed in the mystery of suffering and pain, when they accept these in faith, can themselves become living witnesses of a faith capable of embracing suffering, even without being able to understand its full meaning.

6. I entrust this World Day of the Sick to the maternal protection of Mary, who conceived and gave birth to Wisdom incarnate: Jesus Christ, our Lord.

O Mary, Seat of Wisdom, intercede as our Mother for all the sick and for those who care for them! Grant that, through our service of our suffering neighbours, and through the experience of suffering itself, we may receive and cultivate true wisdom of heart!

With this prayer for all of you, I impart my Apostolic Blessing.

From the Vatican, 3 December 2014

Memorial of Saint Francis Xavier ■

## CHA-MN Welcomes New Board Members

**L**ee Larson from the Benedictine Health System (BHS) takes the reigns as the new President of the Catholic Health Association of Minnesota. Lee has over 28 years of health care administrative experience. most recently as BHS vice president of innovations and administrator/CEO of St. Gertrude's Health and Rehabilitation Center in Shakopee.

Newly elected Board members include:



from Western Governors University, and a certificate in Long Term Care Administration from Concordia College, Moorhead.

## Board Update



### Laura Rose Paradis, St. Joseph Hospital, St. Paul

Laura holds a Masters degree in Theology from St. Catherine's University. She started her hospital chaplaincy work at Regions Hospital, and has been with St. Joseph's Hospital/HealthEast System for the past ten

years. She currently works on the Chemical Dependency Unit and assist on the Mental Unit of the hospital providing leadership in spirituality groups, grief counseling, fourth and fifth step work, as well as providing ministry of presence and prayer.

### Diana Vance-Bryan, Catholic Charities, St. Paul & Minneapolis

Diana current serves a Senior Vice President and Chief Administrative Officer at Catholic Charities. She has been a registered nurse, a lawyer both in private practice and as general counsel for several major health care companies, and most recently Executive Vice President and Chief Operating Officer for Universal Hospital Services, which is a major medical equipment solutions provider. Diana received a Nursing degree and a Juris Doctorate both from University of Iowa. ■



### Ty Erickson, Regina Hospital, Hastings

Ty Erickson is currently the President of Allina Health Regina Hospital; he has been with Regina since 2011. Ty will soon be starting a new position as Senior Vice President – Regional Practice with Essentia Health in Duluth. With an MHA and MBA

from Saint Louis University, Ty has served in administrative health care leadership positions in Oregon, Minnesota and Wisconsin.

### Mark Noble, Benedictine Health System

Since 2011, Mark has served as Administrator/CEO for Madonna Communities in Rochester overseeing two campuses. Lead. For 23 years he served Luther Manor Communities in Dubuque. He holds an MBA with a health care emphasis



## Affordable Care Act News

### Minnesota's adult uninsured rate falls to lowest level yet

The Minnesota Department of Health estimates that 135,000 adults ages 18 to 64 years gained coverage between 2013 and 2014 after implementation of key Affordable Care Act provisions, including the expansion of Medical Assistance and the implementation of MNsure and health care market reforms. This represents the lowest rate of uninsured measured for this population in Minnesota.

Minnesota's uninsured rate for adults, excluding seniors 65 and older, was 6.7 percent in September 2014, according to Health Reform Monitoring Survey – Minnesota, a Minnesota component of a national survey. This is down from an estimated 10.7 percent in 2013, based on a similar study, the Minnesota Health Access Survey.

The results released today are consistent with the June 2014 study of the early impacts of the Affordable Care Act in Minnesota which estimated a statewide uninsurance rate of 4.9 percent across all age groups, although the two studies cannot be directly compared. The study released today includes only non-elderly adults ages 18 to 64, and excludes children and those older than 65.

Minnesota's uninsured rate for adults was lower than the national rate of about 12.4 percent found by the national Health Reform Monitoring Survey for the same time-period. While the rates were constructed using slightly different methodology, Minnesota continues to have a higher percentage of the population covered than the nation as a whole. ■

#### Satisfaction with Health Insurance among Insured Minnesota (Age 18-64) - 2014

Satisfaction	Overall	Private	Public
Range of health care services	79.0%	82.2%	70.3%
Choice of providers	83.3%	85.5%	77.5%
Ability to get specialist care	79.6%	79.9%	78.8%
Premium	58.3%	53.8%	70.4%
Copayments	59.0%	55.6%	68.1%
Deductible	66.3%	65.9%	67.3%
Protection against high medical bills	80.3%	81.9%	75.9%
Quality of care available	51.8%	50.6%	55.1%

### US Supreme Court to review additional case surrounding ACA

The US Supreme Court has agreed to review the legal challenge in *King v Burwell* (most likely hearing the case in March 2015) and to decide whether or not the Obama Administration is improperly providing tax subsidies to consumers who purchase insurance through the Federal Exchanges (in more than 30 states). This will mark the third time that the US Supreme Court will hear litigation focusing on the Affordable Care Act (ACA), and casts a cloud on the tax subsidies issues as the second round of open enrollment for insurance through the Exchanges is set to begin.

In 2012, the US Supreme Court upheld the constitutionality of the ACA; but also found the Medicaid expansion provision unconstitutionally coercive to the states, leaving Medicaid expansion optional for the states. Then earlier this year, the Court carved out an exception for providing contraceptive coverage for employers who object for religious reasons. Now, in agreeing to hear *King v Burwell*, the US Supreme Court will review the lower court (US Court of Appeals for the Fourth Circuit) decision that upheld the subsidies for the Federal Exchanges. Recall that on the same day that the Fourth Circuit released its decision, a panel of the US Court of Appeals for the District of Columbia (DC) Circuit struck down the subsidies. The full DC Circuit was poised to reconsider this matter in December; but now pending the US Supreme Court review, this action has been put on hold. Depending on how the US Supreme Court rules on this matter, their final decision could seriously dismantle the ACA. ■

### Local Decision on ACA

A federal judge in Minneapolis ruled recently that the owner of Hastings Ford and Hastings Chrysler Center does not have to pay for health insurance coverage for certain contraceptives such as Plan B, ella emergency contraceptive and certain kinds of IUDs. The ruling by U.S. District Judge Paul Magnuson is the latest in a string of decisions involving family-owned businesses that have sued to become exempt from a portion of the federal Affordable Care Act because of their religious beliefs. The lawsuits followed a decision in June by the U.S. Supreme Court that said that requiring Hobby Lobby and other small companies to pay for contraception violated a federal law protecting religious freedom. ■



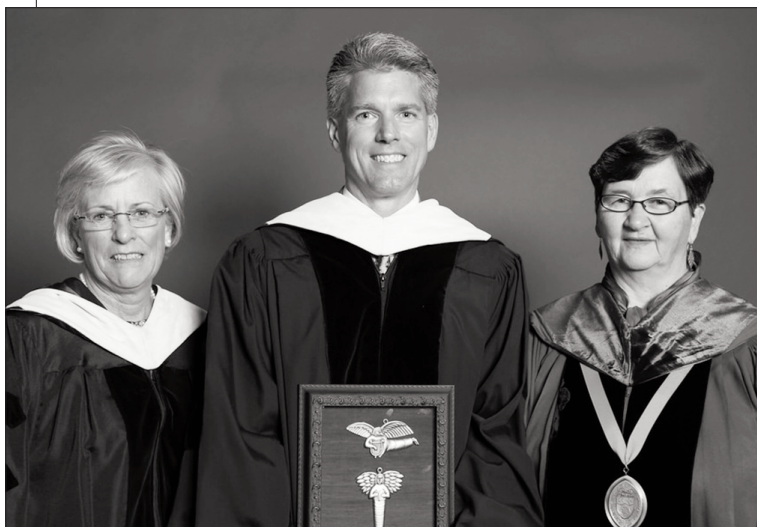
## NEWS and NOTES

- **Richard J. "Dick" Wager** began his new duties as senior vice president, operations/chief operating officer for the **Benedictine Health System** in January. Newly appointed CHA-MN President, **Lee Larson**, also started his new responsibilities as senior vice president, community engagement and innovation; Larson will also serve as president/CEO of the Benedictine Health System Foundation.
- **St. Benedict's Senior Community** received an award for their Intergenerational Program with Clearview Elementary school. The Community Partnership Award recognizes the efforts of a Care Providers of Minnesota member to create a partnership with a community group or organization that is outside of the care profession, which improves the quality of life for residents and tenants.
- The American Health Care Association and National Center for Assisted Living (AHCA/NCAL) recently announced that **Madonna Towers** of Rochester achieved the highest tier of their Quality Initiatives.
- Press Ganey Associates, Inc., has awarded Duluth-based **Benedictine Health System** with the 2014 Press Ganey Guardian of Excellence Award. The Guardian of Excellence Award recognizes top-performing organizations that consistently achieved the 95 percentile of performance in employee engagement.
- **CentraCare Heart & Vascular Center at St. Cloud** Hospital was named one of the nation's 50 Top Cardiovascular Hospitals® by Truven Health Analytics, a leading health care data company.

- **Regina Hospital, Hastings** just broke ground on a brand new \$11.5 million Emergency Department, front entrance, outpatient registration area and imaging services (CT/MRI/x-ray) space.
- **Kenneth D. Holmen, M.D.**, became the new President and Chief Executive Officer of **CentraCare Health** in January, replacing Dr. Terry Pladson. Dr. Holmen had been Vice President of Physician Strategies and Business Development for HealthPartners, headquartered in Bloomington, Minn., since 2004. During that time, he also was Chief Medical Officer and Vice President for Medical Affairs – Regions Hospital.
- After more than four years of service as President at **Regina Hospital, Ty Erickson** will be moving into the role of Senior Vice President – Regional Practice, East Region with **Essentia Health** in Duluth, MN at the end of February 2015. During his tenure with Allina Health, Ty successfully helped facilitate the integration of Regina Hospital into the Allina Health system.
- **David C. Herman, MD**, has stepped into his new role as chief executive officer for **Essentia Health** replacing Peter E. Person, emeritus CEO, who is assisting with the transition. Dr. Herman comes to Essentia from Vidant Health, an integrated health system in eastern North Carolina. There, he most recently served as president and chief executive officer, overseeing an organization with eight hospitals, 70 clinics, 12,000 employees and \$1.5 billion in net operating revenues.



- **Curatio**, an apostolate of Catholic health care professionals in the Archdiocese of St. Paul and Minneapolis will be celebrating Mass on Saturday, February 14 with Bishop Lee Piche at St. John the Baptist Church in New Brighton in recognition of the 23rd World Day of the Sick. Curatio will also host a Lenten half-day retreat, "Christian Witness to Spiritual Suffering" for health care professionals on February 28, 2015. Visit [www.curatioapostolate.com](http://www.curatioapostolate.com) for more information. ■



KAREN RAUENHORST, TOBY PEARSON AND ANDREA J. LEE, IHM, AT 2014 ST. CATHERINE UNIVERSITY COMMENCEMENT



Catholic Health Association of Minnesota

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## What's happening in your organization?

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Ask your public relations or communications director  
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from our  
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