

# TIDINGS!

Newsletter of the Catholic Health Association of Minnesota

JULY 2016

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

### September 13, 2016

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

### October 13, 2016

CHA-MN Annual Meeting  
Location TBD

## Sister Mary Madonna Ashton receives prestigious Women's History Month award

Sister Mary Madonna Ashton, CSJ was recently named a 2016 National Women's History Month Honoree by the National Women's History Project (NWHF). Mary Madonna, at age 92, is the oldest living recipient to be honored and only the second woman religious to be honored since the project began in 1980.

Sister Mary Madonna Ashton, CSJ, age 92, has an impressive Minnesota-based career in public and private service. A convert to Catholicism while in college, she majored in sociology and psychology. After receiving her Master of Social Work, she became a Sister of St. Joseph of Carondelet and began her career in medical social work (then a new field) at St. Joseph's Hospital in St. Paul, Minnesota. After obtaining a Master of Hospital Administration, she moved into administration at St. Mary's Hospital in Minneapolis where she ultimately served as president and CEO.

Shortly after resigning her CEO position, she was contacted by then Minnesota Governor elect Rudy Perpich who asked her to serve as Commissioner of Health. "There was a tremendous amount of opposition," recalls Sister Ashton. "I wasn't a doctor. It was the first time they appointed someone who was not a physician. I was the first woman appointed and on top of that, I'm a nun!" During consecutive terms totaling eight years, she helped tackle smoking and AIDS, becoming a highly respected and successful Commissioner of Health.

"Our original goal was to eliminate the sale of tobacco in Minnesota. We ended up outlawing smoking in public places, including hospitals, places of employment, and eventually, restaurants," explains Sister Ashton who had to take on the tobacco industry in what became a landmark legal fight. "I spent weeks with lawyers preparing for what



SR. MARY MADONNA ASHTON, CSJ, IN FRONT OF HER RELIGIOUS COMMUNITY'S CHAPEL IN ST. PAUL.

would become days of testimony and cross-examination on the stand." Ultimately the State won and smoking in public places and on public property in the State of Minnesota stopped. Sister Ashton is quick to note that major changes of this magnitude requires work from many organizations and individuals, but the State's success would start a nationwide movement. "We were also the first State in the Union to obtain money from the State legislature to address teen smoking," reflected Sister Ashton, "and as a result of the Department's efforts Northwest Airlines (now Delta) eliminated smoking on domestic flights and the Minnesota Twins baseball team stopped accepting tobacco ads at its stadium."

Another public health focus during her tenure was on AIDS. "When I took office, there were only four reported cases of AIDS in the state. I really didn't know what AIDS was, but I learned along with the community. Part of that learning was not only how the disease was transmitted, but where. As you can imagine, for a nun the concept of "bathhouses" was a bit of a shock. But as the epidemic took hold, and we came to realize the associated threat to community's blood supply, we had to act and fast." By the end of Sister Ashton's term, the bathhouses were closed and protections for the community's blood supply were in place.

After her term, she focused her energies on addressing a lack of healthcare for those living on the margins. "We came up with the idea of having neighborhood clinics for people who were uninsured and weren't eligible

**As I See It**

*Toby Pearson  
CHA-MN Executive Director*

**Session Closing Chaos: Special Session in the Wings?**

In the waning hours of the 2016 legislative session, lawmakers wrapped up a supplemental budget and tax bill, but failed to pass a comprehensive transportation package, a bonding bill, or a plan for implementing federal Real ID requirements. The breakdown came after hours of negotiations and lengthy floor sessions. The tax bill passed by the Legislature was ultimately pocket vetoed by Governor Mark Dayton on June 6.

**SUPPLEMENTAL BUDGET**

On June 1, Governor Dayton signed HF 2747, the supplemental appropriations bill for the 2016 Legislative Session, into law. While attention has focused on items that did not pass, including a bonding bill funding public building projects and a transportation package, some very positive things made it through the legislative process. There is still uncertainty whether the governor will call a special session to address the unresolved tax, bonding and transportation issues.



TOBY PEARSON

The budget bill conference committee approved an overall bottom line of \$182 million in supplemental spending for the biennium. The House had previously proposed just \$3.2 million in supplemental spending, compared to the Senate’s \$454.8 million. The bill provides funding for a wide range of programs, including \$25 million for prekindergarten, \$35 million for broadband expansion, and \$35 million for equity programs – all of which were priorities for Governor Dayton.

Recognizing that 2016 was scheduled to be a short legislative session with minimal new expenditures being added to last year’s biennial health and human services budget, the summary of 2016 changes is short, but includes some important initiatives:

**PASSAGE OF THE EXCELLENCE IN MENTAL HEALTH ACT**

The Excellence in Mental Health Act passed through, which was included in the final supplemental budget bill. This legislation will improve mental health and addiction treatment by creating a “one-stop-shop” model of certified community behavioral health clinics providing comprehensive, coordinated and integrated care for both adults and children. Minnesota is competing with 23 other states to be selected as one of eight states for this national demonstration project. Without the state’s funding, Minnesota’s selection would have been unlikely. The bill includes an initial \$188,000 for FY 2017 and \$8.433 million for FY 2018-2019.

**SESSION** *cont. on page 3*

**ASHTON** *cont. from page 1*

for government programs.” She suggested that her religious community, the Sisters of St. Joseph of Carondelet, use some funds from the sale of a previously sponsored health institution for this purpose. Sister Ashton used her impressive network of contacts to find a host of volunteer physicians, nurses and support personnel to staff what became St. Mary’s Health Clinics (SMHC). “We opened our first clinic in January of 1992. We thought it would be temporary.” National healthcare, she thought, would surely be just around the corner. By the time Sister Ashton retired in 2000, SMHC had 11 clinics throughout the Twin Cities. Even with the Affordable Healthcare Act (ACA or Obamacare), which was signed into law in 2010, there are still plenty of people who don’t qualify and need help. The nonprofit

continues serving those children, women, and men.

Sister Mary Madonna Ashton is now living with other retired Sisters at Carondelet Village in St. Paul. Her reach has been extensive. She has tirelessly used her gifts to care for the people of the Twin Cities and Minnesota. And, as Sisters of St. Joseph of Carondelet are called to do, she continues “moving always toward profound love of God and love of neighbor without distinction.”

She holds a BA from the College of St. Catherine (now St. Catherine University) and serves the University as a trustee emerita, an MSSW from St. Louis University and an MHA from the University of Minnesota. She received Honorary Doctorate of Humane Letters from the College of St. Catherine (1996), and Hamline University (1997). ■

Photo used with permission courtesy of the Sisters of St. Joseph of Carondelet, St. Paul Province archives.

**SESSION** *cont. from page 2***NEW FUNDING TO INCREASE CAPACITY AT COMMUNITY BEHAVIORAL HEALTH HOSPITALS (CBHHS)**

The supplemental appropriation bill includes funding to allow six of the state's CBHHS to operate at their full capacity by serving 16 patients each. These facilities have been operating at a 10-bed capacity. The bill provides an additional \$19.815 million in FY 2017 and \$47 million in FY 2018-2019.

**NEW FUNDING FOR COMPETENCY RESTORATION SERVICES**

One of the biggest challenges facing Minnesota's hospitals and health systems is the shortage of capacity at the Anoka Metro Regional Treatment Center (AMRTC). The appropriation bill includes \$6.754 million in FY 2017 and \$16.846 million in FY 2018-2019 to fund a stand-alone competency restoration program, which would allow for the transfer of patients from AMRTC who no longer need that level of service but who do need competency restoration services, to a new facility in St. Peter. This has the potential for AMRTC to treat approximately 20 more patients. While these provisions will not solve all the challenges with the delivery of mental health services, these supplemental appropriations will improve Minnesota's ability to address the growing mental health needs of our state.

**LONG TERM CARE:**

- Disappointing that for our home and community based waiver providers there was no rate increase for the home and community based services.
- Nursing Home Moratorium money was included.
- Elderly Waiver Data Collection provision was omitted.
- Re-Codification of Nursing Home Statutes.
- Technical Corrections to Value Based Reimbursement.

**OTHER ITEMS INCLUDED:**

- A 5 percent Medical Assistance rate increase for rural ambulance providers;
- Restoration of \$1.035 million in funding to the Greater Minnesota family medicine residency program, beginning in 2017 and ongoing. Increases MERC by \$1 million per year and ongoing;
- The MinnesotaCare program is preserved as is with current eligibility, in line with MHA's recommendation;
- \$4.8 million in FY 2017 and \$28 million in FY 2018-19 to allow a spouse to preserve their family's assets when their partner needs home- or community-based services provided through Medical Assistance;
- \$2.8 million in FY 2017 and \$3.8 million in FY 2018-19 to tribal governments to support their efforts to provide

culturally-responsive human services;

- \$2.5 million in FY 2016 and \$4.8 million in FY 2018-19 to prevent liens from being placed on older Minnesotans' estates when they enroll in Medical Assistance;
- \$20 million in FY 2018-19 for a 15 percent increase in payment rates to foster parents;
- \$188,000 in FY 2017 and \$8.4 million in FY 2018-19 to be invested in certified community behavioral health clinics, a proposal that may be matched with an additional \$15 million in federal dollars; and
- \$8.8 million in FY 2018-19 to support vulnerable youth through the Homeless Youth Act, school-linked mental health services and Safe Harbor for Sexually Exploited Youth.

Items Not Included: The bill did not include any of the proposals to seek approval from the federal government to change the way Minnesota manages our state's options for affordable public health insurance.

**Negative proposals** left out would have:

- Re-instituted asset testing for MinnesotaCare, placing an unnecessary, inefficient bureaucratic wall between more than 100,000 Minnesotans and affordable health insurance.
- Provided working Minnesotans eligible for MinnesotaCare with options for health plans that come with higher premiums and cost-sharing than MinnesotaCare.

**Constructive waiver proposals** denied would have:

- Re-established eligibility for Minnesotans earning 200 to 275 percent of the federal poverty guidelines, or \$24,000 to \$33,000 for a single adult. Minnesotans in this income range are nearly three times more likely to not have health insurance as Minnesotans with higher earnings. The cost of providing MinnesotaCare to these Minnesotans would likely be covered considerably or entirely by federal funding.
- Allowed access to MinnesotaCare for people earning more than 275 percent of federal poverty guidelines.
- Simplified health insurance enrollment processes for families with children eligible for Medical Assistance.

**COMPASSIONATE CARE ACT**

Legislation known as "The Compassionate Care Act" which would legalize Assisted Suicide was introduced in both the Senate and the House. It did receive a hearing in the Senate, where the Bill Author, Chris Eaton presented her bill. Ultimately, the legislation did not pass out of the committee, but it was a preview for the coming years as the discussion over assisted suicide will hit Minnesota. ■

By Betsy Taylor

## Researchers see promising advances in adult stem cell work

David Lauler Chair for Catholic Health Care Ethics in Georgetown University's Center for Clinical Bioethics. He is an associate professor in the oncology department of the Georgetown

Adult stem cell research, clinical trials and therapies are proliferating in the United States as scientists seek answers to fundamental questions including how to make adult stem cell therapies most effective and safe for patients.

Dr. Robin Smith, the president of a nonsectarian nonprofit focused on accelerating the development of cell therapies called the Stem for Life Foundation, said there are more than 5,300 adult stem cell studies worldwide listed on the National Institutes of Health's clinical trials.gov website exploring questions central to the development of cell therapies.

She said researchers investigating therapies using adult stem cells are studying how many cells are needed for effective treatment and the tissue type they're needed from; where they should be delivered to treat a specific disease or pathology; and when during a disease cycle the therapy should be given to achieve the intended result.

The Stem for Life Foundation co-created an international conference on regenerative medicine. Held at the Vatican, it recently convened for the third time, to support the advancement of adult stem cell therapies and other non-embryonic cellular therapies.

### REGENERATIVE POTENTIAL

Stem cells have unique regenerative abilities, and in many tissues, they have the ability to function as a repair system for the body. They are distinguished from other cell types by the fact that they are unspecialized cells capable of renewal through cell division and, under certain conditions, they can be induced to become tissue or organ-specific cells, according to the NIH.

Research related to stem cell therapies is being done on three different groups of cells. The first are adult stem cells, which are undifferentiated cells found among differentiated cells in a tissue or organ. According to the NIH, adult stem cells can renew themselves and can differentiate to yield "some or all of the major specialized cell types of the tissue or organ." The second type of cells being studied are cells induced to become stem cells — called induced pluripotent stem cells; and the third are embryonic stem cells.

The Catholic Church opposes embryonic stem cell research because the cells used originate from human embryos and the church's teaching is that any research that involves the direct, intentional destruction of human life should be prohibited, said Fr. Kevin FitzGerald, SJ, the Dr.

University Medical Center.

Loyola University Health System's Cardinal Bernardin Cancer Center in Maywood, Ill., is among several Catholic universities and research institutions, some with ties to Catholic health care systems, involved with adult stem cell research and clinical trials on new therapies. Loyola University Health System is part of Livonia, Mich.-based Trinity Health.

### TREATING CANCERS OF THE BLOOD

Dr. Patrick Stiff, director of the Cardinal Bernardin Cancer Center, leads research related to several aspects of bone marrow transplants — which rely on adult stem cells — as well as clinical trials on cord blood stem cell therapies. Adult hematopoietic stem cells, which are blood-forming cells from bone marrow, have been used in transplants for more than four decades. Stiff is among those working to improve survival rates of those with blood-related cancers using the latest cellular therapies.

Patients with leukemia, lymphoma and other blood cancers often receive high-dose chemotherapy and sometimes radiation to kill their cancer cells, but the treatments also kill healthy blood cells. To boost a patient's numbers of healthy blood cells, the patient may receive a transplant of bone marrow stem cells that develop into healthy new blood cells.

Umbilical cord blood stem cells are increasingly used when a patient needs a stem cell transplant but a matched donor to provide the cells cannot be identified.

The umbilical cord blood can be used in these therapies because a perfect match with a donor isn't required to prevent graft rejection and graft versus host disease, a potentially deadly complication. The umbilical cord blood is donated by parents of a newborn and frozen in a cord blood bank until it is needed. In one study led by Stiff, cord blood stem cells — which only consist of about an ounce of blood per donation — were stimulated in a laboratory to increase their numbers, creating about a 14-fold increase in the number of stem cells available for transplant. Cells created through this process were transplanted to 101 leukemia and lymphoma patients.

**STEM CELL** *cont. on page 5*



**STEM CELL** *cont. from page 4*

Those patients were compared to a historical control group of 295 people who had received stem cells from two separate cord blood donors each. It's common for an adult bone marrow transplant recipient to receive stem cells from cord blood from two newborns, because 1 ounce of blood from one umbilical cord is not usually enough for effective treatment in most adults, Stiff explained.

Researchers compared the efficacy of the new treatment with the increased numbers of cells to the established treatment using cord blood from two donors. The 100-day survival of the patients who received the cells stimulated into large numbers in the lab was 84 percent compared to a 100-day survival rate of 75 percent in the historical control group, according to a Loyola University Health System news release from late 2013.

Loyola said patients who received the greater numbers of cord blood cells stimulated in the laboratory were quicker to engraft, or make blood cells on their own, reducing their vulnerability to infections and bleeding.

Work to combat hemophilia

Dr. Carl Freter, interim director of Saint Louis University's Cancer Center and director of hematology and oncology for Saint Louis University's School of Medicine, described how researchers in one of two labs he runs are working with induced pluripotent stem cells derived from hemophiliac patients, where a mutated factor VIII gene is removed and replaced with the correct factor VIII gene. (A mutated factor VIII gene causes hemophilia, a hereditary genetic disorder in which a person's blood does not clot properly.) They are doing lab

research in the hopes that these types of genetically engineered cells can one day be transplanted back to patients. They are working to reprogram a patient's own cells to secrete factor VIII, allowing the hemophiliac patient's blood to clot normally. Freter thinks the promising research will continue to move forward into testing on animal models, with the hope that it will advance to clinical trials.

**SCIENTIFIC ADVANCES**

Doctors and researchers closely following adult stem cell research point to a number of areas where progress is being made. G. Ian Gallicano, an associate professor of

**STEM CELL** *cont. on page 6*

### Regenerative medicine conference at Vatican stresses access for all

**B**oth Pope Francis and Vice President Joe Biden called for work in the field of regenerative medicine to include a commitment to making the most effective therapies to fight cancer and other diseases available to all people. Both men spoke in Vatican City on April 29 as part of "The Third International Conference on the Progress of Regenerative Medicine and Its Cultural Impact."

The three-day event from April 28-30 was organized by the Vatican's Pontifical Council for Culture and the Stem for Life Foundation, a nonprofit working to accelerate the development of cell therapies. The conference brought together international leaders, researchers and families affected by illness to raise awareness of scientific advances in regenerative medicine, which is a branch of medicine focused on developing therapies to heal damaged tissue and organs and providing new treatments and cures for disease.

Pope Francis called for work in the field of regenerative medicine to include therapies for patients with rare diseases, to rely on research with unwavering attention to moral issues and to ensure access to care for all people. He said that,

taken collectively, rare diseases affect millions of people. "We are called to make known throughout the world the issue of rare diseases, to invest in appropriate education, to increase funds for research, and to promote necessary legislation as well as an economic paradigm shift," the pope said.

Biden, who heads the White House task force on cancer, told conferees that, for the first time in history, oncologists, immunologists, virologists, geneticists, and chemical and biological engineers are working across disciplines on cancer cures. "Coalitions of cancer organizations are aggregating genomics, patients' records, family histories and lifestyles (data) using super computers to find answers that we don't have right now."

Biden said leaders all over the world have asked the United States to collaborate on the fight against cancer. He called for greater global coordination to promote healthy lifestyles that reduce cancer risks and to reduce environmental factors that cause cancers.

Biden said more work must be done to increase patients' access to the most effective treatments, to share data, to speed medical advances and to make treatments affordable. "The best medicine and treatment can't belong only to the privileged and the powerful. It has to belong to everyone," he said in his remarks. ■

## STEM CELL *cont. from page 5*

developmental biology in Georgetown University's Department of Biochemistry, Molecular and Cellular Biology, said he thinks it's possible macular degeneration, a leading cause of vision loss in older adults, will be cured by stem cell therapies. Much of the research into cures for macular degeneration has relied on embryonic and induced pluripotent stem cells, he said. However, he thinks it's possible that, even if research was originally done elsewhere on embryonic cells, in time other types of human cells will be able to be reprogrammed for the same therapeutic effects.

Gallicano, who researches stem cell therapies, uses mouse embryonic stem cells to learn about the cells' properties, and then human adult stem cells or induced pluripotent cells to further his work. He's currently doing research related to diabetes, but didn't want to discuss his current work in detail, as it is the subject of a soon-to-be published paper.

Stem for Life's Smith, too, said adult stem cell therapies are showing promise in many areas, including revascularization, which is the ability to restore blood supply to parts of the body where it has been diminished by cardiovascular diseases, such as stroke or chronic limb ischemia, which is a severe artery obstruction that reduces blood flow to a person's extremities.

Adult stem cell research is going on outside of major academic centers, in settings like the John Paul II Medical Research Institute in Iowa City, Iowa, as well. Dr. Alan Moy, founder of the nonprofit, said the institute collects tissue or blood samples from patients with certain rare diseases to convert cells from the samples into induced pluripotent stems cells, which will include the genetic defect. From there, different drugs can be tested in the search for effective treatments. Moy said his team also is working on developing a universal induced pluripotent stem cell that would not grow abnormally and form tumors, as some stem cells do, and can be tolerated by patients without regard to their unique immune system, much like O-negative blood.

### DISCOVERIES CHANGE THE DEBATE

As scientific advances have been made related to adult stem cell research they've "changed the terrain of the debate," said Fr. FitzGerald. He pointed to the work of an international team led by researchers at the University of Bristol in England on Mogrify, a computational system that predicts how to create any

human cell type from any other human cell type. They believe the ability to produce numerous types of human cells using the system will lead to regenerative medicine breakthroughs, possibly bypassing the need to create induced pluripotent stem cells, and the possibility of creating a variety of new tissue therapies.

Julian Gough, bioinformatics professor at the University of Bristol, said in a statement earlier this year when their paper was published in Nature Genetics that Mogrify was used to test two new human cell conversions and succeeded at both the first time. "The ability to produce numerous types of human cells will lead directly to tissue therapies of all kinds, to treat conditions from arthritis to macular degeneration to heart disease. The fuller understanding, at the molecular level of cell production leading on from this, may allow us to grow whole organs from somebody's own cells," he said. ■

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## News & Notes

- **Our Lady of Peace** of St. Paul is celebrating its 75th year of service with a gala at the University of St. Thomas on October 30, 2016.
- **Benedictine Senior Living** at Steeple Pointe, Osseo; **Koda Living Community**, Owatonna; **Benedictine Court**, St. Peter; **St. Crispin Living Community**, **The Villa**, Red Wing; and **Garden House at St. Mary's**, Winsted, were each awarded the 2016 Bronze – Commitment to Quality Award by the AHCA/NCAL.
- Kirk Daudt, Speaker of the House, Minnesota House of Representatives, visited **Cerenity Senior Care – Humboldt**, St. Paul, earlier this year. Daudt visited at the invitation of **Mike Syltie**, Cerenity Humboldt administrator/CEO to discuss the positive impact of Senior Care Reform.
- **Saint Therese of Woodbury** recently opened its new facility, providing a full continuum of senior care, including independent senior apartments, assisted living and memory care apartments.
- **Villa St. Vincent**, Crookston, held a ribbon cutting in May to celebrate their new building entrance and the addition to their wellness center. CEO and Administrator Judy Hulst noted that their foundation raised a good portion of the funds needed for these developments.
- **Catholic Health Initiatives**, one of the nation's largest nonprofit health systems, recently celebrated its 20th anniversary this month with observances among employees at offices, hospitals and other health care facilities across the nation.

## St. Joseph's Medical Center creates allergen-free food preparation station

As the prevalence of food allergies continues to rise, especially among children, a Catholic hospital in Minnesota is confronting the problem head-on.

Essentia Health-St. Joseph's Medical Center in Brainerd, Minn., offers patients with food allergies peace of mind by preparing their meals in a separate area of the kitchen, complete with separate cutting boards, knives, utensils, pans, gloves, pot holders, aprons and toaster. Meals are delivered to patients on a separate cart.

"Food allergies are becoming a more and more prevalent issue in our patients," said Denise Cleveland, director of nutrition and environmental services at the hospital. "We as a team decided that we needed to be addressing this and providing the best and safest meals for our patients."

The kitchen prepares 150 to 200 meals a day and may only need to make three or four meals a week for patients and visitors at the special food station, which is set off from the rest of the kitchen and makes exclusive use of a purple cutting board, and food cart. Cleveland said some patients have true allergies while others express preferences for a

gluten-free diet or want to avoid certain foods.

Dr. Minto Porter, an allergy and asthma specialist for Essentia Health, said about 4 percent of adults and 6 to 8 percent of children have food allergies.

"While food allergies certainly garner more media attention in recent years, studies show that food allergies have been on the rise for decades," Porter added.

The Centers for Disease Control and Prevention reported an 18 percent increase in food allergies among children from 1997 to 2007 and a nearly 50 percent increase between 1997 and 2011.

"In addition, food allergies that children historically have outgrown at a young age, such as egg and milk, seem to be resolving more slowly," Porter said.

Eight foods — milk, eggs, peanuts, tree nuts, wheat, soy, fish and shellfish — account for 90 percent of all food-allergic reactions, according to the Virginia-based organization Food Allergy Research & Education.

"Allergic reactions to foods, even very small amounts, can be fatal and at this time our only treatment is avoidance," Porter said. "Since strict avoidance of one's allergens is key, this move on the part of Essentia Health is a critical step in protecting some of our most vulnerable patients."

Here's how the Essentia-St. Joseph's process works: When the cook receives a meal order that notes a specific food allergy, he stops production on the regular food line, takes off his apron and gloves and washes his hands. Then he puts on new gloves, a new apron and works only on the allergy station.

Cleveland estimated the cost of purchasing a separate stainless-steel work station and induction burner, along with other supplies, at between \$2,500 and \$3,000.

"I think health care is getting on board with really trying to address this in a different manner than in the past," she said. "We are trying to be very careful and conscientious about preparing food in the safest manner for our patients."

Nutrition assistant Tracy Roach, who sometimes delivers meals from the special allergy cart, said patients are "grateful that we even know they have allergies" and often surprised at the kitchen's special efforts.

"It really impresses them that we go out of the way for them," Roach added. "It's a big deal to the patients that do have allergies." ■

*"...This move on the part of Essentia Health is a critical step in protecting some of our most vulnerable patients."*

### New CHA-MN Board Members

**Thomas Thompson** from Regina Hospital in Hastings was recently appointed to the Catholic Health Association of Minnesota's Board of Directors. In November, Thompson accepted the position of Regina Hospital president; he had previously served as president & CEO of Samaritan Healthcare in Moses Lake, Washington.

Thompson is not new to the Minnesota health care market. Prior to his role in Washington, he was the Chief Executive Officer of St. Marys in Detroit Lakes. He successfully led day-to-day operations, care processes and strategy, while making more than \$80 million in facility additions and improvements. His hard work resulted in a nearly 50 percent growth in market share. Thompson has a bachelors degree from St. Johns University and a Masters of Public Health, Community Health Planning and Administration from St. Louis University.

**Rev. Brian Gutzman** also joins the Board of Directors for the Catholic Health Association of Minnesota. Rev. Gutmann provides spiritual care at St. Joseph's Hospital in St. Paul.

Congratulations to both Tom Thompson and Rev. Brian Gutzman on their recent appointments to the CHA-MN Board of Directors. ■



Catholic Health Association of Minnesota

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### What’s happening in your organization?

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