

# TIDINGS!

Newsletter of the Catholic Health Association of Minnesota

August 2011

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

### June 3-5, 2012

2012 Catholic Health Assembly  
Philadelphia, PA  
FFI: [www.chausa.org](http://www.chausa.org)

### September 15, 2011

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

### November 3, 2011

CHA-MN Annual Meeting  
FFI: 651-503-2163

## "The Living Healing Mission of Jesus"

**"B**elieving 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"

The history of Catholic health care in Minnesota starts with some spectacular examples of fulfilling the healing mission of the Church. Consider some of these excerpts found within their respective stories:

### SAINT MARYS HOSPITAL ROCHESTER

After a devastating tornado ripped through Rochester in 1883, Mother Alfred Moes and the Sisters of Saint Francis proposed building a hospital to aid the sick and injured in Southern Minnesota — on the condition that William Worrall Mayo and his sons provide the medical service. They agreed, and in 1889 Saint Marys Hospital opened with 27 beds. It expanded continually over the years to meet the needs of the Mayo Clinic practice.



SR. FABIAN AND SR. CONSTANTINE IN SAINT MARYS OPERATING ROOM, 1893

## As I See It

Toby Pearson  
CHA-MN Executive Director

### BENEDICTINE HEALTH SYSTEM, DULUTH

In the late 1880s, Duluth, Minn., was a booming semi-wilderness community with shipping, mining and logging operations expanding rapidly. In February 1888, Mother Scholastica Kerst and her blood sister, Sister Alexia Kerst, led a small group of Benedictine Sisters from St. Joseph, Minn., to Duluth to establish St. Mary's Hospital. In 1892, Mother Scholastica established a new Duluth Benedictine community that assumed sponsorship of St. Mary's Hospital. From there, the Benedictine Sisters went on to launch a health care ministry that built hospitals across northern Minnesota and sponsored new facilities in other area communities.

### ST. JOSEPH HOSPITAL, ST. PAUL

On September 20, 1854, Bishop Cretin blessed the new 3 1/2-story stone hospital, located on the same ground where the present-day St. Joseph's still stands. "The hospital building was clean and orderly and boasted a bathroom on every floor. Private patients paid \$8 a week for their room, food, medicine and physician and nursing care, but these patients were in the minority. The average citizen preferred to remain at home when ill." (Sesquicentennial: 150 Years of Caring at St. Joseph Hospital)

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*This year's legislative session required our voice and commitment to mission during advocacy, and the results will test our adaptability to change for the future.*

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**Mission** cont. on page 2

**Mission** *cont. from page 1*

This year’s legislative session required our voice and commitment to mission during advocacy, and the results will test our adaptability to change for the future. Our voice to protect the most vulnerable and maintain the health care infrastructure was critical to re-examination of many proposals during the legislative session. In the world of partisan politics, we remained non-partisan, working with the best ideas from the Governor’s office as well as the House and Senate to craft a bill that reflects our priorities.

For CHA-MN, a statewide organization of providers of older adult services as well as acute care and clinical services, we examined the health and human services budget through our teachings and traditions and made it clear that health care for all is a community responsibility. This responsibility has two key aspects.

First, our community cannot be deemed whole or just if it does not shoulder its responsibility to provide health care. Second, our community is obligated to make sure

health care is available to all, even those who cannot pay. Because of this community obligation, we are compelled to promote policies that ensure that every person has access to health care.

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*The history of Catholic Health Care in Minnesota is a rich tradition of courage, resilience and adaptation.*

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During the shutdown and all of the legal battles, we partnered with many voices in trying to ensure Medicaid payments to providers, as well as support services such as background checks and nursing assistant registry remained functional. These efforts led to meetings with the Governor’s office as well as the Attorney General, in their preparations for the shutdown.



ST. JOSEPH HOSPITAL OPERATING ROOM, ST. PAUL, 1896



ST. SCHOLASTICA MONASTERY’S FIRST PRIORESS, MOTHER SCHOLASTICA KERST AND HER BLOOD SISTER, SISTER ALEXA KERST, OSB

In the final negotiated Health and Human Services bill, we can only say there were mixed results. The new budget cuts or delays millions of dollars in payments to hospitals, doctors and health plans. It also penalizes hospitals that don’t reduce the number of patients who reenter the hospital within 30 days of discharge. On the continuing care side, the bill includes items that sharply reduce services that help keep older and disabled people out of more expensive institutional care and cut payments to some families helping care for disabled relatives. For nursing homes the repeal of rebasing means the loss of payment reforms and 133 million in future payments; there were also many cuts to Continuing Care Grants that help keep people in their communities.

On the reform side, the bill promotes reforms to Minnesota care by giving vouchers to move about 7,200 lower-income adults (those making over 200% of federal poverty level) onto private health insurance. Several health-care pilot projects testing different ways to pay for care also were moved forward in the final bill, building on the work done by the health-care overhaul laws passed by the 2007 Legislature. Also, on financial reform side there was the prospective step of reducing the 2% provider tax, as well as future reductions to surcharges.

The history of Catholic Health Care in Minnesota is a rich tradition of courage, resilience and adaptation, around the backbone of commitment to fulfilling the healing mission of the Church. The results from this year’s legislative session will require our ongoing efforts to adapt to the changes without losing our mission. ■

## USCCB: HHS Mandate for Contraceptive and Abortifacient Drugs Violates Conscience Rights

**T**he U.S. Conference of Catholic Bishops (USCCB) sharply criticized a new HHS “preventive services” mandate requiring private health plans to cover female surgical sterilization and all drugs and devices approved by the FDA as contraceptives, including drugs which can attack a developing unborn child before and after implantation in the mother’s womb.

“Although this new rule gives the agency the discretion to authorize a ‘religious’ exemption, it is so narrow as to exclude most Catholic social service agencies and healthcare providers,” said Cardinal Daniel N. DiNardo, Archbishop of Galveston-Houston and chairman of the USCCB Committee on Pro-Life Activities.

“For example, under the new rule our institutions would be free to act in accord with Catholic teaching on life and procreation only if they were to stop hiring and serving non-Catholics,” Cardinal DiNardo continued. “Could the federal government possibly intend to pressure Catholic institutions to cease providing health care, education and charitable services to the general public? Health care reform should expand access to basic health care for all, not undermine that goal.”

“The Administration’s failure to create a meaningful conscience exemption to the preventive services mandate underscores the need for Congress to approve the Respect for Rights of Conscience Act,” the

Cardinal said. That bill (H.R. 1179), introduced by Reps. Jeff Fortenberry (R-NE) and Dan Boren (D-OK), would prevent mandates under the new health reform law from undermining rights of conscience.

Cardinal DiNardo added: “Catholics are not alone in conscientiously objecting to this mandate. The drugs that Americans would be forced to subsidize under the new rule include Ella, which was approved by the FDA as an ‘emergency contraceptive’ but can act like the abortion drug RU-486. It can abort an established pregnancy weeks after conception. The pro-life majority of Americans – Catholics and others – would be outraged to learn that their premiums must be used for this purpose.”

“HHS says the intent of its ‘preventive services’ mandate is to help ‘stop health problems before they start,’ said Cardinal DiNardo. “But pregnancy is not a disease, and children are not a ‘health problem’ – they are the next generation of Americans.”

“It’s now more vital than ever that Congress pass the Respect for Rights of Conscience Act to close the gaps in conscience protection in the new health care reform act, so employers and employees alike will have the freedom to choose health plans in accordance with their deeply held moral and religious beliefs.”

In a July 22 letter supporting the bill, Cardinal DiNardo wrote: “Those who sponsor, purchase and issue health plans should not be forced to violate their deeply held moral and religious convictions in order to take part in the health care system or provide for the needs of their families or their employees. To force such an unacceptable choice would be as much a threat to universal access to health care as it is to freedom of conscience.” ■

### CHA’s Response to the HHS

**T**he Catholic Health Association is both pleased and concerned by the U.S. Department of Health & Human Services’ (HHS) recent actions on preventive services for women.

We are delighted that health insurance coverage must include critical screening services without any cost-sharing. What to some may seem like small amounts as co-pays for mammograms, pap smears, etc., has proven to be an effective barrier to care for women who have low incomes.

Our hope is that eliminating this barrier will result in earlier diagnosis at a treatable stage of many diseases such as cancer and diabetes. We applaud this aspect of the recommendations of the Institute of Medicine and their affirmation by the Health Resources and Services Administration.

However, CHA is very concerned about the inadequacy of the conscience protections with respect to the coverage of contraception. As it stands, the language is not broad enough to protect our Catholic health providers. Catholic hospitals are a significant part of this nation’s health care, especially in the care of the most vulnerable. It is critical that we be allowed to serve our nation without compromising our conscience.

HHS is accepting comments on its definition of religious employer and has invited alternative definitions. We will be submitting written comments to HHS and will continue our dialogue with government officials on the essential need for adequate conscience protections.

We appreciate that the Administration does not intend to include abortifacient drugs as covered contraception. Our comments will address our concerns about the mechanism of action of certain FDA-approved contraceptive drugs. ■

## To Live Each Day with Dignity

José H. Gomez, Archbishop of Los Angeles

**T**he euthanasia movement in our country is gaining strength and momentum. The reasons for this are complicated, but at its root, this movement is driven by fears that many of us share. The fear of pain, suffering, and death. The fear that one day we might lose our mental capacity or bodily functions. The fear of becoming a burden on others. Or of being left alone to die in

some institution, hooked up to expensive machines.

With our American population getting older and people living longer, we are already starting to see economic pressures to ration health care among the elderly and the terminally ill. This, in a culture that already too much judges a person's "worth" on the basis of what the person can "produce" economically. So people are afraid. Their fears are legitimate and they need to be addressed.

But euthanasia advocates are exploiting these fears—in legislatures and courtrooms, in ad campaigns and in the popular media. They use deceptive language to present euthanasia as a humane solution for individuals and a sensible policy option for the common good of society. We need to be clear. What they call "death with dignity" means basically giving people the permission and the means to kill themselves by a lethal overdose of prescription drugs.

Euthanasia advocates want to answer people's fears by killing the person who is afraid. And if they succeed in their efforts to legalize physician-assisted suicide, they would effect a significant change in American society. Legalized euthanasia would involve doctors and nurses—healing professionals—in helping to kill people. It would lead to a society in which the government—in the name of maximizing health care resources—would essentially decide which lives are worthy of living, and which people would be better off dead.

Already in America, legalized abortion has made it "routine" for physicians to kill unborn children. About a million babies are killed this way each year. That is scandalous enough. We cannot now allow the killing of the elderly, terminally ill, and disabled people to become "routine" also.

That's why the U.S. Catholic Bishops have published a new statement on the euthanasia movement, "To Live Each Day with Dignity." It is a good statement of our moral principles and offers clear guidance on addressing the fears underlying this debate:

Respect for life does not demand that we attempt to prolong life by using medical treatments that are ineffective or unduly burdensome. Nor does it mean we should deprive suffering patients of needed pain medications out of a mis-

## USCCB Issues Policy Statement on Physician-Assisted Suicide

**T**he United States Conference of Catholic Bishops (USCCB) approved a policy statement on physician-assisted suicide at its Spring General Assembly in Seattle on June 16. The statement, *To Live Each Day with Dignity*, passed with a vote of 191-1. It marks the first time the full body of bishops has issued a statement devoted to this issue.

The full text of the statement is available online at [www.usccb.org/toliveeachday](http://www.usccb.org/toliveeachday), along with fact sheets and articles on the issue, relevant Church documents, and prayers for use with those who are ill.

The statement speaks of the hardships and fears of patients facing terminal illness and the importance of life-affirming palliative care. It cites the Church's concern for those who are tempted to commit suicide, its opposition to physician-assisted suicide, and the consistency of this stance with the principle of equal and inherent human rights and the ethical principles of the medical profession. ■

placed or exaggerated fear that they might have the side effect of shortening life. ...

Effective palliative care ... allows patients to devote their attention to the unfinished business of their lives, to arrive at a sense of peace with God, with loved ones, and with themselves. No one should dismiss this time as useless or meaningless. Learning how to face this last stage of our earthly lives is one of the most important and meaningful things each of us will do, and caregivers who help people through this process are also doing enormously important work.

Today, more and more people believe they only have one life to live. They think all they can hope for is contained between the span of years from their birth to their death. When there is no hope for any life beyond the grave, people live with a kind of hidden despair. That's one reason our society treats death and illness like enemies—to be feared and fought at all costs.

But Christians know the beautiful truth. That Jesus Christ rose from the dead and destroyed the power of death

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*Respect for life does not demand that we attempt to prolong life by using medical treatments that are ineffective or unduly burdensome.*

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By PAMELA SCHAEFFER

## CHA ASSEMBLY: Seizing the opportunity for reform, ministry works to meet challenges

Health reform presents the opportunity for Catholic health care to advance its mission of healing, CHA President and Chief Executive Officer Sr. Carol Keehan, DC, told the audience at the 2011 Catholic Health Assembly here. But she cautioned that the ministry's continuing advocacy efforts are needed to preserve the advances of the 2010 Patient Protection and Affordable Care Act.

More than 800 leaders from Catholic health care organizations across the U.S. gathered for the annual assembly June 5-7 in Atlanta. During the three-day conference, attendees considered the opportunities and challenges delivered by the new reform law.

In her address, Sr. Keehan said the health ministry, having met the challenge to get health care reform passed, is now challenged "to keep it passed, to roll it out in a manner that delivers its promise to the insured and 32 million of the uninsured" and to keep Medicare as a strong program. "We strongly supported health reform, even though we knew it would create some known and many more unknown challenges for us. We did this firmly committed to the church's teaching on the sanctity of life."

Sr. Keehan went on to note the numerous accomplishments of Catholic health care during the past year. "When it comes to tangible respect for life, Catholic health care is a great leader," she said. "For our members, respect for life demands concrete action. Programs for the unborn, especially the most vulnerable, those whose mothers live in poverty, or are mentally ill or addicted, proclaim how much we value life," she said.

Sr. Keehan's talk preceded a panel discussion addressing relationships between CHA and the United States Conference of Catholic Bishops. Those relations were strained last year during the debate and push to pass the Affordable Care Act — legislation opposed by the bishops. For the panel discussion, "Collaborating with the Church," Sr. Keehan was joined by four CHA board members: M. Colleen Scanlon, senior vice president of advocacy for Denver-based Catholic Health Initiatives; Anthony R. Tersigni, president and chief executive of Ascension Health, St. Louis, and immediate past chairman of the CHA board; Bishop Robert N. Lynch of St. Petersburg, Fla.; and Bishop Kevin W. Vann of Fort Worth, Texas, episcopal liaison between CHA and USCCB.

Scanlon said supporting passage of the Affordable Care Act had been among the board's most significant accomplishments during her term. "We should be proud of our contributions to its success," she said. At the same time, she said, the "misunderstandings, different interpreta-

tions, particularly around the adequacy of the prohibition on federal funding for abortion," had led to some painful times for the ministry.

As a result, she said, the board promised at the 2010 assembly and repeatedly during the past year "that we would work to try to build relationships that maybe had become fragmented or even potentially broken; that we would work with the United States Conference of Catholic Bishops to really move forward in a positive and constructive way, knowing that we were really about the same goals and the same ends."

Bishop Lynch said he is hopeful about relations between the two organizations because, despite a rocky go in the recent past, CHA and the USCCB remain in dialogue.



Sr. Keehan told the audience that almost immediately after the assembly the bishops and CHA were to have two important opportunities to fortify their bonds.

MEMBERS OF THE DISCUSSION PANEL WITH SR. CAROL KEEHAN, DC.  
PHOTO BY FRANK NIEMEIR  
© THE CATHOLIC HEALTH ASSOCIATION

During the U.S. Catholic bishops' meeting June 15-17 in Seattle, Sr. Keehan met with the group's health care task force. In her assembly address, Sr. Keehan said that this

**Assembly** cont. on page 6

## Mark Cairns Retirement from Madonna Living Community of Rochester

**A**fter 17 years of leading Madonna Towers of Rochester, and a total of 34 years in longterm care, Mark Cairns retired as CEO at the end of July 2011.

Cairns became administrator/CEO in July 1994 when Madonna Towers was owned by the Missionary Oblates of Mary Immaculate, St. Paul, Minn. On May 26, 1995, the Benedictine Health System assumed ownership. Cairns remembers difficult times for the facility then, struggling with low occupancy. Under BHS sponsorship and Cairns' leadership, Madonna Towers launched several initiatives. The second floor of the independent living Towers was converted to assisted living, sprinklers were installed throughout the building, and a chapel constructed for nursing care. Cairns fondly remembers challenging the pastoral care staff to raise \$100,000 to help fund the chapel construction. He gave them 10 days. They returned on deadline with \$100,000 in cash donations.

An addition to the nursing care facility created the first BHS facility to have all private rooms without any bed reductions. A million dollar contribution helped fund construction of a Memory Care facility. Madonna Meadows joined BHS and Cairns added its oversight to his organization. His team came up with a few creative solutions to make it financially viable. The campus continues its efforts to grow and meet the needs of the community adding six rooms onto the nursing care

### **Assembly** *cont. from page 5*

task force is becoming a subcommittee of the bishops' Committee on Doctrine, a sign of the bishops' growing recognition of the important role Catholic health care plays in the church. Sr. Keehan and the CHA board's executive committee were (also) to meet June 27 in New York with Archbishop Timothy Dolan of New York, president of the USCCB.

During the panel discussion at the assembly, both bishops on the panel praised Archbishop Dolan for his strong interest in healing the relationship between bishops and CHA and in developing stronger ties. Despite recent difficulties, "I do believe we can move beyond them" and "work together on the challenges," Bishop Vann said. "The archbishop himself has told me that." ■

(Reprinted with permission by the Catholic Health Association of the United States)

facility, and plans are in the works for a transitional care unit and a campus center to provide more services to the community.

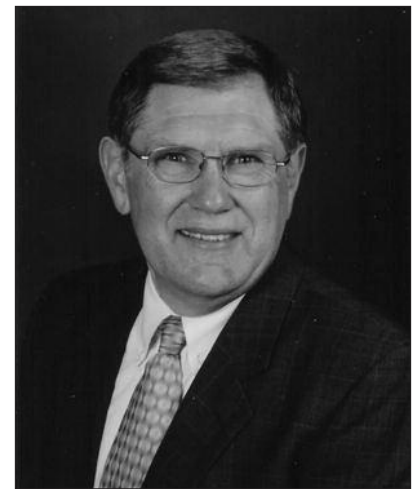
Cairns views himself as a life long learner. When he became interested in long term care administration, there was only a certification program. With support from noted long term care advocates at the

University of Minnesota, Ruth Stryker-Gordon and Ken Gordon, he helped create and then completed the long term care administration program which is now a part of the UM public health administration program. He is also a fellow in the American College of Health Care Executives, an honor usually held by acute care executives.

Mark embraces continuous quality improvement. This is reflected by his spearheading the initiative for his organization to apply and receive the AHCA Step III Quality award in 2009.

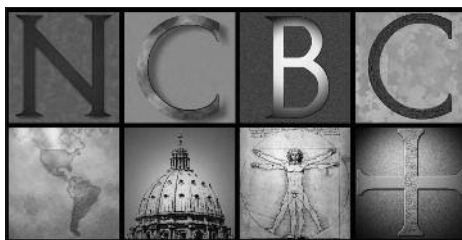
Mark has served on the board of MHHA (now Aging Services of Minnesota), has been an active member of the Rochester Area Chamber of Commerce and Rotary, a member of the Regulatory Committee of Care Providers of Minnesota, is on the Design Team of the Center for Integrated Health, Science, Education and Practices (CIHSEP), and is a Diplomate in the American College of Health Care Executives. He has been on the boards of PossAbilities (an organization that supports individuals with disabilities as active community participants), and the Catholic Health Association in Minnesota, serving on the Executive Committee for several years.

In retirement, Cairns and his wife plan to travel, do some volunteer work, spend more time woodcarving, and being with their 10 grandchildren. They are planning a trip to the Holy Land in 2012 with their son and daughter-in-law. CHA-MN extends congratulations to Mark on his accomplishments and thanks him for his dedication and commitment to the Benedictine health care ministry. ■



CAIRNS

## The National Catholic Bioethics Center



The National Catholic Bioethics Center (NCBC) established in 1972, conducts research, consultation, publishing and education to promote human dignity in health care and the life sciences, and derives its message directly from the teachings of the Catholic Church. The results of this research are available through their website ([www.ncbcenter.org](http://www.ncbcenter.org)) and their various educational and publishing activities, workshops and seminars.

In 1972 the Pope John XXIII Medical-Moral Research and Education Center was chartered in St. Louis, Missouri, as a not-for-profit corporation with the assistance of The Catholic Health Association (then known as the Catholic Hospital Association) and His Eminence John Cardinal Carberry. Father Albert Moraczewski, O.P., a theologian and scientist in the field of pharmacology, was chosen as the first President of the Center

In 1976 the Center began publication of *Ethics & Medics*, a monthly commentary on medical-moral issues, to keep health care professionals and other concerned individuals abreast of current trends in bioethics from a Catholic perspective. *Ethics & Medics* is distributed to over 16,000 individuals monthly.

Today, the NCBC is headquartered in Philadelphia and regularly provides consultative services to dioceses, Catholic health care institutions, investment firms, and other institutions who face issues affecting Catholic identity in professional practice. Institutional issues are related to the

faithful observance of the Ethical and Religious Directives for Catholic Health Care Services of the United States Conference of Catholic Bishops and may include resolving complex issues of cooperation in Catholic hospital mergers, acquisitions and

joint ventures. Many of these requests come from bishops, leaders in Catholic health care, policy makers across the country at the highest levels, as well as from offices of the Holy See. A majority of the United States dioceses are Diocesan Members of The National Catholic Bioethics Center.

The Center's most active ministry, is to individuals who regularly take advantage of their free email and telephone consultation services – including a 24/7 emergency service – when faced with difficult and pressing decisions regarding the medical care of loved ones. Staff ethicists receive over 1,000 such requests annually.

For information on these services please contact The NCBC at 215-877-2660 or visit [www.ncbcenter.org](http://www.ncbcenter.org). ■

### NCBC Consultative Issues with Institutions

- Cooperative and joint ventures between Catholic and non-Catholic partners
- Investors seeking advice regarding the development of their Socially Responsible Investment (SRI) policies
- Audits of Catholic hospitals and health care systems to ensure the faithful application of the Ethical and Religious Directives for Catholic Health Care Services

*When there is no hope for any life beyond the grave, people live with a kind of hidden despair.*

#### **Euthanasia** *cont. from page 4*

forever. That every human person has an infinite value in God's eyes. We must tell our society that our lives are more than biological. Our lives are also theological. We are creatures of body and soul, matter and spirit. We are created out of love to be in dialogue, in a relationship with God.

This relationship begins before we are conceived in the womb. It is not cancelled by illness, disability, or disease. As St. Paul taught us: Nothing can separate us from the love of Christ!

This is true even for the person who is no longer able to communicate. In the beautiful words of Blessed John Paul

II: "The loving gaze of God the Father still falls upon them, acknowledging them as his sons and daughters, especially in need of help."

We need to resist the euthanasia movement in our day. At the same time, we need to rededicate ourselves to building a culture of truth and mercy. We need to help our brothers and sisters who are sick and afraid—beginning with those in our own families.

With modern palliative treatments we can alleviate the pain they feel. We need to reassure them that we will be there for them spiritually and emotionally too. We need to send a signal to every one in our society. That this is a society that values every individual. That there will always be someone there to love them and care for them—even when they are no longer able to take care of themselves. ■

Article originally published in *First Things*, July 14, 2011.

**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](mailto: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. ■

## CHA-MN Releases Updated Website

**T**he Catholic Health Association of Minnesota recently released an updated website, found at [www.chamn.org](http://www.chamn.org). The new website provides access to lead stories affecting Catholic healthcare within Minnesota while also receiving updates on national issues being addressed through CHA at Washington, D.C.

Recognizing the critical need for prayer for all those within Catholic healthcare, the new website provides a simple portal to the Daily Scripture Readings and the Office of Readings, updated on a daily basis. Those within Catholic healthcare are invited to consider starting their important work each day, their apostolate, with a brief reading of Scripture or a meditation found on the website. ■

## SAVE THE DATE!

**CHA-MN ANNUAL MEETING  
NOVEMBER 3, 2011  
REGISTRATION INFORMATION FORTHCOMING**

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