

SANTA FE COUNTY
SPECIAL JOINT MEETING
BOARD OF COUNTY COMMISSIONERS
AND
THE HEALTH POLICY & PLANNING COMMISSION
MINUTES - July 22, 2009

This special joint session of the Board of County Commissioners and the Health Policy and Planning Commission (HPPC) was called to order at approximately 1:35

Following the Pledge of Allegiance and State Pledge, roll was called and indicated a quorum of the Commission members.

Commissioners Present:

Commissioner Virginia Vigil
Commissioner Kathleen Holian
Commissioner Liz Stefanics

Commissioners Excused:

Commissioner Mike Anaya
Commissioner Harry Montoya

HPPC Members Present:

Larry Martinez
Arturo Gonzales, Ph.D
Terri Rodriguez [2:25 departure]
Rick Adesso
Jack White
John Cassidy [2:40 departure]
Louis Carlos
Frank Melio
Erika Campos
Beverly Russell
Valery Henderson [2:50 arrival]

HPPC Members Absent:

Melissa Manlove
Daniel T. Burke
Tanya Montoya
Lydia Zepeda-Jennings
Elizabeth Reynolds

V. INVOCATION

An invocation was given by Arturo Gonzales.

VI. APPROVAL OF THE AGENDA

Approval of the agenda was deferred pending the arrival of a quorum of HPPC members.

Those present introduced themselves and stated their affiliations.

VII. Statement of Purpose of the Meeting: Discussion and Questions Regarding the Relationship between Santa Fe County and CHRISTUS St. Vincent Regional Medical Center

DR. GONZALES: The purpose of this meeting, I want to go over why we're here this afternoon, and also some of the ground rules. We're here this afternoon as the Health Policy and Planning Commission to listen to public discussions and questions regarding the relationship between Santa Fe County and CHRISTUS St. Vincent Regional Medical Center, and we also have representatives from CHRISTUS St. Vincent Regional Medical Center here. To frame the discussion, a letter – the Health Policy and Planning Commission submitted a letter to the CEO of CHRISTUS St. Vincent Regional Medical Center, Mr. Alex Valdez. And we asked him to consider and prepare a written response which he has done and will present at some point in this meeting concerning some of the issues that were expressed at a previous Santa Fe Board of County Commission meeting. Those concerns centered around the inclusion of possible clauses in the physician contracts with CHRISTUS St. Vincent Regional Medical Center requiring individuals to comply with the doctrinal and moral traditions of the Roman Catholic Church.

As a result of that concern that was raised Commissioners Stefanics and Vigil requested that the Health Policy and Planning Commission have this open meeting in order to hear those concerns and to hear the responses of CHRISTUS St. Vincent Regional Medical Center. Some additional issues were added for today's meeting and were put in the letter to CEO/President Valdez, including that of the physician contracts. The additional information was a request for information on the role of SupportCo, specifically, whether SupportCo has assisted individuals, if so and how and whether it has a reporting mechanism for the public.

The next issue added was clarification on an issue raised by individuals about the possibility of being charged physician rates, MD rates, for services that have been provided by physician assistants, PAs. Tied in with that concern was the issue that it would be helpful to know if CHRISTUS St. Vincent Medical Center was considering replacing some of the physicians at the hospital with PAs. The last issue that was also raised was whether the board of directors of CHRISTUS St. Vincent Regional Medical Center, and that of SupportCo would consider opening their meetings to the public in terms of public meetings.

We asked Mr. Valdez to review these issues. He is here, and after we hear from the public we'll be able to give his responses. I want to be clear that as a Health Policy and Planning Commission we discussed this public meeting and I want it to be known that myself and the Commissioners feel that it is our intent to afford individuals, you from the public, some brief time and some opportunity to raise your concerns, to make your views known, to ask questions. It's our intent to do this in an orderly and civil fashion so that we can have a good exchange of information and meaningful discussion can occur. We as a commission will take notes on the issues raised and the answers provided and summarize those towards the end of the meeting. It is not our intent as a commission at today's meeting to take any action, but as a commission to follow up on what is presented today, and to see, as a commission, when we meet again, if there's any

recommendations that should be formally made to the Board of County Commissioners whom you have elected.

It is also our intent to limit the discussion to the issues that were raised in the letter, so we are not dealing with other issues at this meeting anyway, where people have not had a chance to consider and we are not prepared to deal with. So the issues will be focused on those issues that I read to you that were in the letter to CHRISTUS St. Vincent Regional Medical Center.

VIII. Ground Rules

DR. GONZALES: In terms of the ground rules on how we want to do this we'd ask that individuals who want to make a public comment or whatever that they would go to the podium when it time to do this, that they would identify themselves and then begin to address their concern or their question. We're going to try to limit these to between three and five minutes and my co-vice chair to my right, to your left will hit me on the side to say that the time is up or whatever. We'll try to be as respectful, etc.

So before we begin that I believe Commissioner Stefanics would like a minute or so.

COMMISSIONER STEFANICS: Thank you, Mr. Chair. I'll be very brief. I would like to thank the Health Policy and Planning Commission for hosting this special meeting. The Board of County Commissioners has a standing item on their agendas which is Matters of Public Concern, or Matters from the Public, but non-action item. So at a few of our meetings we did hear from members of the public concerning issues that they felt were still alive with CHRISTUS St. Vincent. Commissioner Vigil did suggest that the HPPC do set up this special meeting and I would like to thank you very much for that.

While the letter might identify some issues that you all would like to discuss with the hospital, the public brought forth many issues. So if they're not all dealt with today I'm sure we'll have to ask you to have another meeting. Thank you.

DR. GONZALES: So noted. Okay. We have stated the purpose of our meeting, the ground rules. Can I get a show of hands as to how many people are going to want to say something? Holy moly. Let's start then. Why don't we start from here and we'll go back that way. Yes, sir. Just go to the podium, identify yourself. Commissioners, if when these are presented and you have questions, you're free to ask those questions. Okay?

IX. Public Comment and Questions

WILLIAM GAGEN: My name is William Gagen. I am a resident of Santa Fe and both my wife and I are members of Compassion and Choices. My wife serves on the board of the local chapter. Compassion and Choices is a national non-profit organization with 50,000 members and supporters dedicated to improving care and expanding choice at the end of life. We do this through support, education and advocacy.

As the president of Compassion and Choices, Barbara Coombs Lee said recently, We dream of a time when all Americans can live and die as a free people, in dignity and according to their own values. I therefore am grateful to the members of the commission

for allowing us to voice our concerns about CHRISTUS at this meeting. As you know, there are 72 ethical and religious directives, known as ERDs, established by the United States Conference of Catholic Bishops that govern CHRISTUS' approach to providing healthcare. Given that CHRISTUS St. Vincent Regional Medical Center is a sole provider and the largest hospital in the area, and the only level 3 trauma centers in the state, we're all affected by the CHRISTUS St. Vincent merger, regardless of our personal religious convictions or affiliations.

I'm particularly concerned about ERD #5, which reads, and I quote, "Catholic healthcare services must adopt these directives as policy, require adherence to them, within the institution as a condition for medical privileges and employment, and provide appropriate instruction regarding the directives for administration, medical and nursing staff and other personnel." End of quote. This says to me that anyone employed by the hospital or seeking employment with the hospital must agree to adhere to the directives even if the directives are in direct opposition to their personally held beliefs.

This raises two concerns. The first is lack of freedom of individual healthcare providers who have no other hospital in the area in which to seek employment. If the healthcare provider wants to provide services to patients that are in contradiction with these directives, even if the services are perfectly legally and medically approved they may be prohibited from doing so. This limits freedom not only for healthcare providers for patients. Think of reproductive healthcare, end of life care and providing services to the gay, lesbian, bisexual, transsexual community.

The second concern that I have is with Santa Fe's ability to recruit the best healthcare personnel available. I for one would not want to work in a place where I was forced as a condition of employment to adhere to a set of religious directives that I do not agree with. State and federal laws, free from the influence of religion, should be the only directives that hospital personnel are required to adhere to. As we work towards building an inclusive community we need to consider whether we want a hospital that serves everyone, or one that only serves those who adhere to Catholic doctrine. This is a human rights issue for both healthcare providers and patients, and a recruiting issue. Thank you again for your attention.

DR. GONZALES: Thank you. I assume the commissioners are taking notes. Next.

ROBERT LAGACÉ: My name is Robert Lagacé. I'm a resident of Santa Fe and also a member of the board of directors of Compassion and Choices of Santa Fe. My comments will have a more direct relationship to a number of the ethical and religious directives, but I want to make a connection between some of the items that appear and this whole document about the directives.

Part 1 has to do with the social responsibility of Catholic healthcare directives. Item 5 in there in the introduction states, Within pluralistic society Catholic healthcare services will encounter requests for medical procedures contrary to the moral teachings of the church. Catholic healthcare does not offend the rights of individual conscience by refusing to provide or permit medical procedures that are judged morally wrong by the teaching authority of the church.

Well, that's very interesting. Some of these moral principles are either confusing or contradictory. Here we are in Section 3 of the ethical and religious directives which has to do with professional/patient relationship. Directive #24 reads as follows: "In

compliance with federal law the Catholic healthcare institution will make available to patients information about their rights under the laws of their state to make an advanced directive for their medical treatment.” And this is a very, very important document that is set forth by the state and we fill it out as individuals. It’s critical to your own end of life for you and your family.

The institution, however, will not honor an advanced directive that is contrary to Catholic teaching. If the advanced directive conflicts with Catholic teaching, an explanation should be provided as to why the directive cannot be honored. Well, to me, that’s contradictory to the item that I read to you before. And there are a number of confusing or contradictory issues that are involved in these moral principles. Thank you.

DR. GONZALES: Thank you. Any questions from the Commissioners? Thanks. Next. By the way, if there’s any written testimony, for example, that you want to submit to us, we’d be happy to take that also.

DR. LAURA CLARK: My name is Dr. Laura Clark and I am a cultural anthropologist and very, very concerned with issues relating to cultural diversity and also cultural/religious beliefs. I would just like to read to you out of the 72 Catholic directives, #59. This is a quote. “The free and informed judgment made by a competent, adult patient concerning the use or withdrawal of life-sustaining procedures should always be respected and normally complied with unless it is contrary to Catholic moral teachings.”

Now, I am not a Catholic. I am a Unitarian. But there are Muslims and there are Jews and there are umpteen other religious people who do not believe that salvation is the main purpose of a hospital. And it seems to me that the overriding purpose is not medical care but salvation, and redemptive suffering. And I don’t believe in redemptive suffering. I feel that with my own background and ability and logic and whatever have you, that I have the right to withdraw life-sustaining procedures even if they are not in conformity with the Catholic moral teachings.

I am very upset that this is my taxpayer money going to our only hospital here in Santa Fe. I really feel that everybody in Santa Fe should know what these 72 directives are, and my own doctor who has to go to the hospital is very upset about it too. Thank you.

DR. GONZALES: Thank you, Dr. Clark. Next.

DR. SANFORD CLARK: My name is Dr. Sanford Clark, and I have been a resident of Santa Fe for 30 years. And I have never been so distressed as I have lately when I have read the 72 directives which emanated from the Catholic bishops with respect to how the controls must be exercised in CHRISTUS St. Vincent. It made me realize that CHRISTUS St. Vincent, unlike most hospitals, is not primarily controlled by the medical profession that it’s controlled in the last analysis by the clergy of the Catholic Church. And this would be not necessarily consonant with the best medical care.

As an example, I’d like to quote to you a response to a question that was answered by this Holiness the Pope. The question was, When nutrition and hydration are being supplied by artificial means to a patient in a permanent vegetative state – remember that – a permanent vegetative state, may they be discontinued when competent physicians judge with moral certainty that the patient will never recover consciousness? That’s pretty obvious what that means. The response from the Pope was No. A patient in a permanent vegetative state is a person with fundamental human dignity and must therefore receive ordinary and proportionate care which includes in principle the

administration of water and food, even by artificial means. And this would mean in effect, that people who have no hope of ever becoming human beings as we would know them, with brains, must be kept alive as long as possible by artificial means.

This is just an example of many, many things. My main point is this. I am a taxpayer. I am supporting this institution. I don't like the whole idea of having to support an institution which will discourage procedures that I believe in and will encourage procedures which I consider to be foolish or nonsensical, and which the medical profession feels the same as I. And I would wonder whether or not the courts will eventually decide that this is an unconscionable act against the Constitution of the United States where all of us have religious freedom and none of us is required to support any religion which we do not subscribe to voluntarily. Thank you.

DR. GONZALES: Thank you, Dr. Clark. Commissioners and public, just an observation from my vantage point here. The issues being raised have – and we will continue to hear them. I'm not saying we're not going to hear them, but the issues raised have to do with the ERDs and the whole issue of the role of Catholicism in the medical area, etc. which is an issue certainly that we will hear and the concerns there, but I just want to remind the public that those were not the issues that we address in the letter to the CEO of St. Vincent's Regional Medical Center.

So I don't want to burst anyone's bubble but responses may not be forthcoming with regard to those particular issues, because we didn't raise those in the letter. But we will continue – I just wanted to make that observation. We will continue to hear the issues, okay? Okay, who's next? Is that okay with the rest of the commission? Do you understand what I'm saying? Okay. Thanks.

NORMAN BUDOW: I want to thank you for the opportunity to have public input on a very important issue. My name is Norman Budow. I have been living in Santa Fe since 1987 – my home has at least been there. I am a member also of Compassion and Choices, three different veterans' organizations, and Results, which deals with hunger and poverty in New Mexico.

My concern is this, and I'll relegate it to personal experience. In the early 1980s I was having a vacation with my wife in a foreign country. I made a call to home, the United States because I was having my nephew check on things back there in my home. My mother-in-law who was minding my home then, he said you've got to rush back the States now. Why? She fell down your steps and she hit her head on the stanchion and she is in effect completely a vegetable right now. She's in the hospital. Rush home.

Fortunately, I had a friend who was a reporter for the Mutual Broadcasting System [inaudible] He pulled strings to allow me to get home. I went home and the facts were as stated. She was indeed a vegetable. In the hospital, which by the way, it was not a Catholic hospital; it was [inaudible] hospital in a city of many hospitals. In any event, he said, Look, I can't tell you what to do. She is going to be a vegetable for as long as she lives. If it was my mom, I know what I would do. I would pull the machinery. I was so shocked; I was so horrified. So I was traumatized. What to do?

So I followed his advice and I did that. But what it did, it took an abstract issue for me and converted it into really, literally a concrete issue. And I had to deal with it, maybe not in a perfect way but the only way I could. And I followed the advice of the physician. So again, I want to thank you for the opportunity you gave me to talk about my personal experience. Thank you.

DR. GONZALES: Thank you, Norman. Thank you very much.

PAULINE LAGACÉ: I'm Pauline Lagacé and I realize that you aren't here necessarily to hear about practice at the hospital or the ERDs. But as Liz Stefanics said, there's a lot of public concern about more than the letter between the Commissioners and the hospital. And one of them is my concern, personal concern, that my advance directives will not be followed. Everyone wants a peaceful, easy death, little pain if possible. However, if you're in a hospital that advocates suffering as a means of redemption then you are not going to get the kind of pain management that makes you unconscious and slips you off into another world. Not easily. And that is a legal right of everybody to have pain medication that leads to unconsciousness and eventual death.

What disturbed me and made me – and I never talk in groups, because I have a terrible voice – is I got an email this morning and it said – let's see if I can find it here. I've been talking about ERD #61. I'll just sum it up. Oh, here it is. The email said, Hospitalists today have been told they should respond to patients' complaining of pain by reminding them of Christ's suffering. And it came from a reliable source. It looks like anyone could end up in a hospital, a prisoner at the end of life, a hospital supported by public money but providing medical care skewed primarily to serve the church values and not one's own. This is completely unnerving to someone who's approaching 80, and just plain wrong.

DR. GONZALES: Thank you, Pauline. The issues raised here of course are of concern to the entire community and to elected officials, not just our County Commissioners but also in the audience we have City Councilor Rosemary Romero from the City of Santa Fe. Councilor, would you stand and be recognized? Thank you for being here. Next please. Are we going along okay?

SARAH COOK: Thank you for the opportunity to speak. My name is Sarah Cook. I'm a retired attorney. I've only been in Santa Fe 12 years so knowing how long many of you have been here I am humbled by that, but I do have a point of view here and it does go to the ethical and religious directives of the Catholic Church. These are directives; they're not suggestions. And I don't know what was in your letter so I can't necessarily speak to SupportCo about which we know very little if anything. Any questions at public meetings have rather been dampened down. We don't know what SupportCo is. We know what it is on paper. We don't know what the budget is. We know nothing about SupportCo. The reason I bring that up for people in the audience is because SupportCo was to take care of these kinds of issues, where a patient could be treated by SupportCo outside the ethical and religious directives.

If this worked or if there was a SupportCo this might begin to address some of our concerns. But the directives are exactly that; they are directives, and every employee must, must respect them. And this is #9, ethical and religious directive #9. Employees of a Catholic healthcare institution must respect and uphold the religious – the religious – mission of the institution and adhere to these directives. They should maintain professional standards. We would expect that if this hospital. And promote the institution's commitment to human dignity.

That's wonderful. But it should be for all of us. We're a pluralistic, very diverse community and not just use one religion and apply those moral principles to all of us. But thank you very much. Appreciate it.

DR. GONZALES: Thank you, Sarah, and we'll try to take a look at SupportCo when – later in the meeting.

DAPHNE BANKS: Hi, I'm Daphne Banks from Santa Fe. I'm a licensed independent social worker in New Mexico, New York and New Jersey. If your 12 years is nothing or minimal, my third anniversary of being here will be November 5th. So mine is infinitesimal. But I have been a taxpayer in the United States. I've gone to school here. I've been brought up in the United States. I really trust and believe in the separation between religion and the Constitution of the United States of America.

I'm here because I'm appalled as a taxpayer at the amount of money, public money, that is going to these directives and to blatantly wipe out what I believe is the constitutional right of everyone in this room. Because I don't know that much about New Mexico I went to the Internet this morning. There are at least 60 other hospitals in this state. I'm going to suggest, as outrageous as that might be, but I'm going to say that \$9 to \$10 million to a hospital that sounds a lot like a private, Catholic hospital money to me, that's getting a lot of state and federal funding, because every penny Santa Fe County gives is matched by the feds. And that's a lot of money. And let's leave it at the \$10 mil. If you took half of that and made [inaudible] -- and medevacs so that those of us who do not want to be treated under the directives of the Catholic Church be immediately and medically and appropriately medevacked to any and all the other hospitals in this state that could take care of us without having to deal with the other aspects of what CHRISTUS supposedly agrees to.

In listening to the others, all I could think of was we're all human beings and we all change our minds, and I'm hoping that my outrageous directive to look at medevacking people who don't want to be part of a Catholic private hospital, basically, with funds that are taxpayer funds, will look at that. I also want to say thank you to the committee and thank you to Liz for really pushing for this meeting and this public meeting.

I'm part of the gay community. I had said that before. I am more concerned now that what if the Pope changes his mind about a lot of other things and they become new directives? Then what's everybody going to do? We're going to have to redo this? So I'd like people to think about the fact that many of us, as taxpayers, are looking at our tax dollars and really feeling – I personally feel that our tax dollars are going to a private, Catholic-run hospital. My feeling is let them run it on their own, but not with my tax dollars. Thank you.

DR. GONZALES: Thank you, Daphne.

JACK SULLIVAN: Mr. Chair, thank you for providing this opportunity this afternoon to discuss this very important subject. My name is Jack Sullivan. I'm a 35-year resident of Santa Fe County. For the past eight years ending just January 1st I've been a Santa Fe County Commission. And this issue not been new to us or to the Commission during that eight-year period I can assure you. And it was further exacerbated by the merger of CHRISTUS and St. Vincent Hospital. Let me just say that I agree with the individuals that have concerns that they've expressed today and I hope that the County Commission and the Health Policy and Planning Commission and that CHRISTUS St. Vincent will take this seriously and not blow it off.

Secondly, with regard to SVH SupportCo. I attended many of the public information meetings that St. Vincent Hospital arranged prior to the merger. We were led

to believe, and also in County Commission meetings that SVH SupportCo would be an actual medical mechanism for, as it were, circumventing the ERDs. I was skeptical of that and still am. What I've heard and very little has been made public, is that SVH SupportCo is simply a paper referral mechanism to refer people and perhaps provide some financial support should they need it for a number of procedures the hospital will not now provide, such as tubal ligations or any other female procedures that the currently – that the directives that they now work under do not support.

That is contrary to what we were led to believe prior to the merger, that there would be an active medical organization that would do these things, and that it would be seamless. I don't see that. I guess we'll hear a little bit later from Mr. Valdez who perhaps will provide us more information.

Finally, with regard to the hospital itself, I think what we're seeing here today with this large group in attendance at a Health Policy and Planning Commission meeting in the middle of the afternoon, not in the evening, is that there is a lack of transparency in St. Vincent Hospital. That lack of transparency was present prior to the merger; it is now even more severe after the merger. It is in fact a circling of the wagons to keep the public from knowing what is exactly going on inside the hospital.

What can be done about that? First and foremost we will need some change of attitude on the part of CHRISTUS St. Vincent. I'm hoping that that will happen. Secondly it will need some better accountability by CHRISTUS St. Vincent to the Santa Fe County Commission, which provides \$10 million a year to the hospital, which enables them in turn to get almost another \$30 million in federal funds. So this isn't a small decision. That transparency at a minimum needs to include opening up the board meetings to the public, with the exception of course executive issues, personnel issues, just as the Santa Fe County Commission handles those

We must have better interaction and communication with our sole community provider. This is not impossible. I can refer you, for example, to San Juan Regional Medical Center as an example of where this is done. Now, they do not open up their specific board meetings to the public but they have an advisory group of individuals, professionals, citizens, who have a substantial input into the operation of the hospital, as does the San Juan County Commission.

So there are mechanisms to do this. I think that these are issues that we can no longer sweep under the rug and that we can no longer deal with by full-page ads in the *New Mexican* that tell us that everything is up to date in Kansas City, but it's not. It's not gotten better in the eight years that I was on the County Commission. We we're spending – when I first because a County Commissioner approximately \$1.5 million a year in funds under the sole community provider program. In eight years that escalated to \$10 million.

DR. GONZALES: Jack, can you start to close up a little bit.

MR. SULLIVAN: So this is not an issue that is going to go away by virtue of just having this meeting. There needs to be an action plan following that, and I appreciate the Commissioners and everyone here focusing on that. Thank you very much.

DR. GONZALES: Thank you, Jack. And thank you for your past service on the Commission.

LYNN ROSEN: My name is Lynn Rosen. I'm a citizen/resident of Santa Fe County. And I find myself standing here today hoping that the inscription on the wall

behind you is not going to prove to be ironic to all of us. That we are here today in a setting which provides us the protection of property, religion, language, and inherent in all of that is exactly what you're talking about today. Others have spoken today about the constitutional, religious and medical issues that are involved in this discussion and would like to invite all of us to consider the economic issues in Santa Fe. If we are talking about continuing to attract people to Santa Fe County, not just to New Mexico, but continuing to attract people to Santa Fe County, people who will be able to contribute to our economy, contribute to our lives, not only the medical personnel that we would like to have available to us at a high quality medical center, but if we want to attract people here, people of all ages – young people who will start their families here, people who will bring businesses here, entrepreneurs who will develop their businesses here, then they need to be assured in ways that so far we have not been assured – they need to be assured that their medical care would be of the highest level.

That there is this turnout this afternoon, in the middle of an afternoon, some of us having canceled our clients, others of us having taken off, disappeared, out for a cup of coffee, I'll be back later. That there's this turnout in the middle of an afternoon is highly significant. This small amount of people, with the power of the Internet, telephones, the networks that have brought many of us here today, we can be a very powerful force from all sides against. Being against is not going to serve any of us well. We all have health issues. We all at some point unexpectedly we need medical care. We need to have a guarantee that that medical care will be of the highest medical standard, uninvolved with anybody's religious doctrine. We're taxpayers and throughout the history of this country taxpayers have been able to exert an enormous amount of pressure. We're here today standing up for our constitutional citizen rights to be protected, to have all of you, our elected representatives, to honor our needs, to honor the constitution and to be aware of the bottom line of what we the people, with our taxes, can do to affect the bottom line of the County budget, to affect the bottom line of this hospital. Thank you all very much for organizing this meeting. Thanks to all of you who've been involved in this process prior to now. We the people are pretty important and we the people can be a lot more powerful than we've had to be in the past. Thank you.

DR. GONZALES: Thank you, Lynn. Can I get just a sense of how many more people? Raise your hands. Okay. Just wanted to get an idea here. Yes, sir.

JAMES KLEBAU: I'm James Klebau. I've been a resident here for 14 years. I've been a US citizen all my life and I noticed an inscription high up on that wall. Equal justice under law. That's an important tradition we have, I think.

DR. GONZALES: Thank you, James.

REBECCA FRENKEL: Good afternoon. Thank you, especially to Commissioners Vigil, Stefanics and Holian for being here and for organizing this meeting. We appreciate it and for the time the members of the Health Policy and Planning Commission are taking from their other duties to be here.

I have some more specific questions and I think they relate to one of your items on the agenda. And this is sort of a follow-up to what Commissioner Sullivan had to say. It's getting a little more specific on the County and federal contribution of real dollars to the hospital. The first one is, and the figures I have are for the budget year 2009. During that year St. Vincent's expenses for taking care of 2,000 indigent patients was \$4.5 million. Now, that seems like a lot of money to take care of –

DR. GONZALES: Could you say that again, please.

MS. FRENKEL: 2,140 indigent cases and their expenses were \$4.5 million to do that. I'm wondering how do they define indigent care? Who defines it? Are these cases audited? How do we know exactly how our indigent fund moneys that are contributed through the County and through the sole community provider are used? That year they received \$32 million in real dollars, about \$10 million from Santa Fe County and \$20+ million from the state Medicaid fund. Sole community provider monies are monies through Medicaid, and I think we deserve to know how those monies are used and what is the criteria for using those. For that reason I think there should be an accounting by the County available to the citizens of Santa Fe as to where that money is used and how.

Secondly, and just to follow up a little bit on their billing for indigent care. It seems that during that budget year of July 2008 to July 2009 there was such a variation in their number of patients they cared for. For example, in August of 2008 they said they cared for 344 incidences of indigent care. In December 2008, zero were reported. In March of 2009 they reported they cared for 442 patients qualified for indigent care, and then in May of 2009, 96. That's quite a variation in the kind of care they give.

My last request is to you as members of the Health Policy and Planning Commission. The County depends on you to give them recommendations as to how monies should be used in support of your Health Department. In all honesty, a portion of the money, \$1.5 million, something like that, goes back to the money to help give money to La Familia, Presbyterian Medical Services, and others. I think that you as members of the Health Policy and Planning Commission who are either related to the hospital, either as members of the board or serving on hospital advisory commissions, or employees of the hospital, should recuse yourself from any discussion or voting for recommendations to the Board of County Commissioners. Thank you.

DR. GONZALES: Thank you.

DR. PATRICIA MURPHY: My name is Dr. Patricia Murphy. I find myself in the unfortunate situation of having been an expert witness in sexual harassment, domestic tort and priest abuse cases in this state. This gives me a rather jaundiced view of the Catholic Church as you can imagine, and I am a women's studies scholar and I see our situation as supporting institutionalized sexism, with this hospital which as a previous speaker pointed out is acting like a private Catholic hospital. And many of the directives that we've been addressing today are against women. The reproductive right is an obvious one, but I have a question. I would like to know how services in the hospital are being provided to sexual assault survivors, domestic violence survivors, and whether there is an established protocol for all healthcare providers at CHRISTUS.

In my work as the director of the Women's Center at the University of Toledo in Ohio we put together a program at the hospital and it went through every level of the hospital, from the emergency room to all hospital units to follow protocols. And training was provided for all staff, physicians and nurses. I think if you have not done this it needs to be done, because if you've been following the *New Mexican* you know that violence in our community is out of control and pandemic. Thank you.

DR. GONZALES: Thank you, Dr. Patricia Murphy.

DANA MIDDLETON: My name is Dana Middleton. I've lived in Santa Fe for 35 years. Good afternoon. Thank you for this opportunity to speak. I'm so glad

that there are people here that will recognize what NOW means, the National Organization for Women. I don't see any teenagers here and a lot of teenagers we try and recruit to the chapter in Santa Fe go, Huh? What's NOW? So, I'm also a member of Compassion and Choices and I'm very proud to be a member with the people in Santa Fe of Compassion and Choices. And I'm a long time member of the National Organization for Women. I'm very much concerned with issues regarding reproductive rights and I'm so glad the previous person talked about domestic violence and rape victims because in NOW we have policies and we are very concerned about the morning after pill. In regards to a rape situation that's imperative that happen. And there are many other issues that we feel are so important for women in our community.

I agree totally that this is a human rights issue, and that we really have to have our hospital and to me it's a question: It's public? Private? Is it private? Is it public? If it's public we have rights and we demand that the hospital will in fact respect these rights. We in the NOW chapter here will continue to follow this and you can be assured that our presence will be here continuously. Thank you so much.

DR. GONZALES: Thank you very much. I think we have probably have just three more speakers. Am I correct? Three, four? We want to get into some discussion. Two more? Okay. Go ahead.

JOAN KRALL: Hi. My name is Joan Krall, and I'm one of those full-page ads that former Commissioner, Mr. Sullivan spoke about. Some of you may also have seen me on television fly-fishing in an ad for St. Vincent's Hospital. In that ad I address the issues that I was treated very well by doctors, nurses, everyone. I was treated with great respect and so was my lesbian partner. We were considered to be patients there who deserved the same rights as everyone else and I'm glad that I was there.

I no longer feel that way and I'm very concerned that I'm in an ad that says that CHRISTUS St. Vincent is the greatest place to go if you need hospitalization because I don't believe that today. I've very concerned about the issues that are being addressed here. Thank you.

DR. NORMA KEARBY: I'm a short person, and I used to be an ear, nose and throat specialist. Can you hear me? My name is Dr. Norma Kearby. I practiced in New Orleans for more than 40 years. I did my training at Hotel Dieu Sisters Hospital and following that I did my residency at Charity Hospital. I was raised a Methodist and now I'm a Unitarian. I am interested in two particular things related here. One is reproductive rights because when I was at Charity Hospital in 1957 the only way that anyone had any control over reproductive rights to have borne eight live children, and then they might consider you for a hysterectomy.

I'm really sorry that things are not a lot better. I had assumed from what I had heard that reproductive rights would be maintained at St. Vincent's Hospital. I have a license to practice in New Mexico. I've had it since 1997 and it's good – I keep renewing it – it's good till 2010, but I just practice for free on people who talk to me it seems. I practice in New Orleans and still maintain a license there. I love being a physician. I am now concerned at age 78 with concerns of dying. I don't want to have to go to Albuquerque to feel safe when it gets to be the end of my time. I really appreciate the words I've heard from all of you and I hope that those of you who work at St. Vincent honor the fact that we are not all Catholic and we don't all believe in offering it up and suffering being a good thing.

Here's one more thing that occurred to me. I was sitting there thinking – I practiced at a Jewish hospital for the better part of my life. They never asked us to be sure and circumcise all the males before they left.

DR. GONZALES: Thank you, Doctor. Next. Is that it? Okay. Well, Commissioners, do you have any – we've heard from 17 individuals on a variety of issues. Is there anything that the Commissioners want to ask before we get CEO Alex Valdez' response?

LARRY MARTINEZ: Mr. Chair.

DR. GONZALES: Yes.

MR. MARTINEZ: I would just make a suggestion that it's probably a good time at this point to have the people from CHRISTUS St. Vincent Regional Medical Center respond to the issues that were addressed in the letter. I know a lot of the issues that were brought up by people were related directly or even indirectly to a lot of those issues so I think it would be a good opportunity right now to hear from CHRISTUS St. Vincent Regional Medical Center.

DR. GONZALES: We'll do that.

X. Statement from CHRISTUS St. Vincent Regional Medical Center

DR. GONZALES: President Valdez, would you please address the issues in the letter and if possible some of these other issues that have been raised. Thank you, Alex, for being here.

ALEX VALDEZ: Good afternoon. Can everyone hear me? Good afternoon, folks. I'm going to try to turn this around a little more so I can address you if you don't mind. Thank you. I apologize folks, but I want to be positioned to be able to talk to the public as best as I can. Good afternoon, folks. My name is Alex Valdez. I am CEO for CHRISTUS St. Vincent Regional Medical Center.

I want to start off by thanking all of you for coming out today. I think it's really important that as we continue to go through this transition of our healthcare system and our hospital that we have an opportunity to be able to be engaged with you and talk to you and address questions as you have raised this afternoon. So it's my intent to try to answer the questions that were asked this afternoon because for the most part so many of your questions pertained to the ethical and religious directives, and in particular the healthcare decisions that you've made and whether those healthcare decisions are going to be respected by our hospital. So I want to be able to address that, even though that was not one of the issues that were raised in the letter that was provided to me by the Health Policy and Planning Commission.

Hopefully, we'll be able to get through all of the questions that you've asked. Before I continue, however, I have a few thank yous and a few introductions to make if I may. First I'd like to thank the County Commission for asking the Health Policy and Planning Commission to have this meeting this afternoon. As we can tell and as we all know, there is significant interest in the continuing operation of our hospital, what the impact of this transition is, and the County Commissioners hear from you and they need to be able to figure out how best to respond to you, so they asked the HPPC to conduct this hearing and that enables us to come in and address these matters for you. So thank

you to the County Commission, and thanks to the Health Policy and Planning Commission.

I'd also like to if I may introduce members of the senior executive team who are with us this afternoon. These members are the senior executive team who work together with me on a day-to-day basis. They all had significant things to do this afternoon and I told them I want you to join me this afternoon so that you can join me in hearing what the concerns are of the public, so we can make sure that we are addressing those issues as best as possible, either this afternoon or as we continue in the future. So I'd like to introduce Bruce Tassin, who is our chief operations officer, Paul Generale, who is our chief financial officer, Todd Richardson, who is our regional information management executive – he's the IT guy, Dr. Kevin Garrett, who is our chief medical officer, Barbara Roe who is our vice president for human resources, Robert Brooke who is vice president for philanthropy. I also have Erika Campos, who's sitting up here of course who is our vice president for marketing, and did I miss anyone? Oh, John Brothers. I apologize, John. John is our vice president for mission.

That is my senior executive team and those are people that I would call on to help address any type of matters that we have.

My chief nurse executive Robin Talmadge was unable to join us this afternoon, so Cassandra Duran is here in her place. I'd also like to recognize Gail Williams, who is the president of 1199 at the hospital, our union, and thank her for being here also. I'd also like of course to introduce several of our board members. We have Dr. Dave Gunderson, who is chairman of our board, Al Robison, who is vice chairman of our board, and we also have Billy Feldman in the audience who is a member of our foundation. And I'm going to say a little bit more about these folks at the end of the meeting and about the role that the board of directors plays with us.

So I'm first going to try to get my water, if you don't mind, and then we'll go through the letter and the responses, and then address the other issues that you raised.

We also have Susan Rush who is in charge of spirituality in the audience with us.

The first question. The first question asked by the HPPC pertained to language that appeared in a draft contract that went out to our hospitals that spoke to compliance with the Roman Catholic Church and the ethical and religious directives. And in the question, they ask does that language still appear in our contracts? So I'd like to explain that if I may. As part of the transition – as part of the relationship with CHRISTUS Health we agreed that we would abide by the ethical and religious directives. We are in a partnership relationship. We are not a wholly owned hospital by CHRISTUS Health. We are the most unique relationship with CHRISTUS Health among the 43 hospitals that comprise part of their system. They sent out this letter – I'm sorry. The process that occurred pertaining to this language and the answer quite simply is that language does not appear in our final contracts that we are now providing to our physicians. So let me be clear with the HPPC and the County Commissioners that are here. That language does not appear in the final contracts that we are now providing to our physicians to be employed. And if I may I've got just a copy of the provision, the red line version [*Exhibit 1*] of that standard where the language appeared, and a copy indicating that it no longer exists there, [*Exhibit 2*] and I'm happy to make it part of the record if that's your desire.

DR. GONZALES: Thank you, Alex. We do.

MR. VALDEZ: The way that this occurred, the way that this occurred was that CHRISTUS Health provides legal services to us. They employ physicians throughout their system. They have an employment for physician template. They sent the template to us. We sent it in draft form to our physicians with the understanding that we were going to find out from them any number of issues within that draft template so that we could come out ourselves with one standard template for our organization. So it wasn't only an issue around the ethical and religious directives that we gave to our physicians that are employed by us an opportunity to comment throughout the entire draft.

By the time the press reported on this we already had agreement that that point would come out of our employment contract in final. So it is out of our employment contract in final now with our physicians. In a representation that we made in writing to Secretary Pam Hyde at the Human Services Department, we indicated to her that no physician employed by us would have to sign or enter into an employment agreement that would contain this type of language and that is the result of this effort.

I see a question and I don't know whether to take the question or just let me try to work through this.

DR. GONZALES: We can take questions if it's a brief question. Go ahead.

[Questions from the audience were made away from a microphone and were inaudible.]

MR. VALDEZ: That language does not appear in our final contract template that we have provided to our physicians that are going to be employed by us. I'm speaking about any physicians that are going – any physicians that have been employed by us, this language does not appear. We were in the process of trying to take 50 different employment contracts because we have in the recent past three years gone about employing about 50 physicians, and we wanted to position ourselves to have one contract, one template. And that's what we're working to at this point, is one template in a draft form of that template. This language appeared. That has been taken out, and I must say, when we indicated to CHRISTUS Health, their Legal Department that we would have to take this language out, CHRISTUS said, okay. Without argument. Without debate. Without reservation. They understood that we are a unique hospital within their system. They understood that and quickly supported that deletion. The challenge for us was when we had that decision made and there were a number of other items that we needed to bring out of that contract, we hadn't come out with the final version yet. We didn't come out with the final version until last week. The final version does not contain this language.

So that's my written response. The HPPC asked for written responses to this so that appears in my written response to the HPPC. Second question.

DR. GONZALES: Excuse me, Alex. Any questions from the Commissioners on that? Yes, Jack.

JACK WHITE: Will the question reappear in next year's contracts that are offered to employees?

MR. VALDEZ: This will not appear in this contract or any future contracts that we provide to our staff. Period.

DR. GONZALES: Thank you, Alex.

MR. VALDEZ: Second question. Asked for information on the role of St. Vincent's SupportCo. In the letter it said St. Vincent's SupportCo and in my answer I

corrected it by indicating it is known as SVH SupportCo. Specifically, whether SVH SupportCo has assisted persons and whether it has a reporting mechanism for the public. Mr. Al Robison is the chairman of SVH SupportCo and if he authorizes me, pursuant to the letter, I'll be happy to go and answer. Okay. Very good. I needed to make sure that I could get his authorization even in the answer because this is a separate corporate entity. SVH SupportCo is a separate corporate entity. It is a not-for-profit 501 (c) (3) entity whose sole person, according to its articles of incorporation are to support the mission and the purpose of St. Vincent Hospital. It was formed pre-closing with CHRISTUS so that it could receive the funding from CHRISTUS to support SVH SupportCo. And so that it could also provide a vehicle by which it could handle the accounting for procedures that would be done in the hospital that would not be permitted pursuant to the ethical and religious directives but for which we are able to provide in our hospital as a result of our agreement with CHRISTUS Health as approved by the archbishop.

So let me explain what that means. As it pertains to sterilizations in our hospital, to date, since closing with CHRISTUS Health we have performed 148 sterilizations in our hospital, during C-sections as we well as vaginal birth of course. We have performed 148 sterilizations. As we indicated, as we indicated when we were going through this discussion, we would be able to provide sterilizations in our hospital. SVH SupportCo has the responsibility to assure that the accounting is done in a way that CHRISTUS Health does not have any revenue generated toward it or any expense of the operation or that it incur any of the expense. The archbishop approved this carve-out and I have to say that to date it has worked in our hospital without interruption. I would hope that for members of the public that have gone through those procedures in our hospital they would concur. I would hope that physicians in our community who have provided those births in our hospital would also concur.

For elective tubals, strictly elective sterilizations, most of those have been done on an outpatient basis for a number of years, meaning that most of them have not been done in hospitals anyway. Most of them have been done on an outpatient basis. Pre-closing, we knew that Physicians Plaza of Santa Fe and the obstetricians that were practicing at Physicians Plaza of Santa Fe, 90 percent of their activity at Physicians Plaza of Santa Fe was exactly that, elective sterilizations. SVH SupportCo has prepared a brochure and has sent it out to physicians throughout the community, and I know I have a copy of it here someplace [*Exhibit 3*] to at least put up in the air and show you. They've prepared a brochure and they've provided it to physicians in the community, indicating to physicians in the community that if they have a patient who wants to go through an elective sterilization, and if they cannot afford that sterilization, it can be provided for them at Physicians Plaza of Santa Fe and SVH SupportCo will incur the financial obligation of providing that.

The question is have they done so? Have they provided financial obligation? Yes. They got that brochure out I would say about four months ago, and it probably takes more education of physicians. It probably takes more communication with physicians. We are one year into this transition, but it will provide the financial obligation and backup for that. Yes, sir. Question.

[Inaudible question]

MR. VALDEZ: Thank you so much for you question, sir.

DR. GONZALES: The question is, having removed the clause, why is there a need for something like this?

MR. VALDEZ: Because the hospital has to comply with the ethical and religious directives in terms of the procedures that are performed there. We had to develop a carve-out and have it agreed to in order to enable those services to continue to be provided and yet not be – and yet not compromise CHRISTUS Health and have the approval of the archbishop. And for our hospital in our community I have to say that up to now this relationship has worked out in uninterrupted fashion for this provision.

[Inaudible question from the audience]

MR. VALDEZ: No, no, no.

DR. GONZALES: Alex, if I could bring you back on that. One of the questions was St. Vincent's, how do they implement the protocol for victims of sexual assault, domestic violence and that kind of thing? And answer that with respect to –

MR. VALDEZ: Yes, I can. I was planning on getting to the letter and then running through the list of questions, but I can answer that and I will say, pursuant to our agreement with CHRISTUS Health, pursuant to our agreement with CHRISTUS Health, there have been no changes to the services that are delivered or provided to victims of sexual assault or domestic violence in our hospital. I will also say that what is generally referred to as the morning after pill, that in our emergency department that continues to be distributed, so there is no break in that service being provided, and I will also say that pursuant to all of our agreements with CHRISTUS Health – and this language does continue to appear in our employment agreement with our physicians, it indicates that there is nothing that will come between the consultation and advice between a patient and their physician. And I will also say that in our same contracts there is provision indicating that we will follow and abide by all federal, state and local laws, so in our provisions following state law we follow, and I believe it's called the Family Planning Act of 1973, if I'm correct, and that appears in our documentation.

[Inaudible question from the audience]

MR. VALDEZ: The connection is that we are affiliated with the Catholic organization. That is the connection, and we needed to make sure that we could establish a relationship with the Catholic organization that would enable us to continue to provide service to the vast segment of our population as unencumbered and as uninterrupted as possible, and yet be able to go forward with our relationship with CHRISTUS Health. So we had several conversations with the archbishop, even before we ever announced that we were talking to CHRISTUS Health to make sure that we could work through what is a very delicate but important relationship for continued healthcare in our community, and Archbishop Sheehan agreed with the terms of this, and that enabled us to go forward. Let's remember and let's recall that SVH, that CHRISTUS Health – I'm sorry – that St. Vincent Hospital talked to approximately 11 different organizations that we could find an affiliation with. And in that conversation, in those conversations we found ourselves at the point where we were limited to two. One was a not-for-profit faith-based religious hospital system, CHRISTUS Health, and the other was a for-profit system.

The biggest challenge for our board was the consideration of whether it would go with a faith-based entity or whether it would go with a for-profit entity. And our board decided it would go with a not-for-profit faith-based entity. Another challenge for our board was who would allow us to have shared governance, rather than transferring

governance to our hospital strictly to an outside entity, who would allow us to retain policy making shared governance here in Santa Fe. And CHRISTUS Health did and I think those were the two pivotal issues that worked in our direction.

[Inaudible question from the audience]

MR. VALDEZ: That's correct. I would say that our board of directors is appointed, 50 percent from SVH SupportCo and 50 percent from CHRISTUS Health. And that the vast majority of our board today are residents of Santa Fe County.

All right, so I think I've – oh, the second part of the question, question number two, whether it has a reporting mechanism for the public. It does not have a formal reporting mechanism for the public, but as just indicated, I was able to stand here and indicate to you how many tubal ligations, for instance, have been performed at CHRISTUS St. Vincent Regional Medical Center with the support of SVH SupportCo, over that time. So though there's no formal reporting mechanism we are pleased to be able to share that type of information with all of you.

I'd also like to recognize Caroline Burnett who is with us also. She's chairperson of our Bioethics Committee.

DR. GONZALES: Alex, if I may question – Commissioners if you have any questions – I have one. The dollars that St. Vincent's SupportCo has, revenue, are those strictly dollars from CHRISTUS Healthcare? Is that their revenue base or does any of the match, whatever, of the County – how is that handled? Is it handled through SupportCo or anything like that or how does that happen?

MR. VALDEZ: If I may, I think I can answer and if I can't please of course feel free, Mr. Chair. But the revenues that comprise SVH SupportCo include the investments that St. Vincent's Hospital used to have, as well as the contribution that came from CHRISTUS Health, as well as some earned income in a limited amount. I think those are the three buckets of income for SVH SupportCo. None of our dollars from CHRISTUS St. Vincent Regional Medical Center flows to SVH SupportCo. SVH SupportCo as a member organization, as I indicated at the start, exists to support us, CHRISTUS St. Vincent Regional Medical Center.

DR. GONZALES: Commissioner Martinez.

MR. MARTINEZ: Alex, I do have a question also. I appreciate the fact that you were able to report on some of the services that SVH SupportCo has provided. Is it the intention to make available periodic progress reports in terms of the services that are provided, rather than just sort of an ad hoc response to a question that has come up with respect to the services that are provided? Is that something we can look forward to as being made a matter of routine?

MR. VALDEZ: Which entity are you speaking about?

MR. MARTINEZ: I'm talking about SVH SupportCo services.

MR. VALDEZ: Okay. That's a question that you better refer to Al.

AL ROBISON: SVH SupportCo has a women's service panel. It consists of three medical professionals in our community and it has a board member who is a liaison with that committee. That committee is responsible for ensuring that we, SupportCo, properly adhere to the services that we're attempting to provide. We have not yet talked about how they might, on a periodic basis report to the public. I know they would entertain that; I certainly would entertain that. I would say that their budget is

fairly large and this is a very active, very well qualified committee of community doctors who are looking over our shoulder in that regard.

DR. GONZALES: Al, you had indicated that your committee would be probably willing or whatever, reporting. Could you get back to the Health Policy and Planning Commission with that as to whether – because I think that might be one of the recommendations that come out of here?

MR. ROBISON: Certainly we will keep you informed. We have no difficulty with that. The difficulty that we have is the privacy of the individuals, as you're well aware.

DR. GONZALES: Of course. We wouldn't want –

MR. ROBISON: We're very careful about that kind of data.

DR. GONZALES: We're talking about information in the aggregate, I think, not individual information.

MR. ROBISON: We would be pleased to report back to you as we move forward.

DR. GONZALES: Yes, ma'am.

[Inaudible question from the audience]

MR. ROBISON: I might quarrel a little bit with paper. I think we're very strong financially. We intentionally do not want to be a medical provider, but we do want to ensure using our financial strength, that any of the services that women require in this community are available, and if the women can't pay then our role is to help subsidize that. We are a totally independent – I'm non-Catholic. We have nothing to do with the Catholic system. So our mission in the documents that set up the merger with CHRISTUS is that we are to try to ensure the provision – not to provide – but to ensure the provision of services that may have been available in the community will continue to be available after the merger. To date we have been very successful. I know of no case where anyone has complained that they have now not been able to get a service in the county that they might have gotten before hand. So we're going to continue to keep that as our goal, 100 percent, of making sure that we assist in the providing. Thank you for helping.

[Inaudible question from the audience]

MR. ROBISON: Those issues we have not addressed at this point.

MR. VALDEZ: I didn't hear the question.

DR. GONZALES: Could you repeat the question again? Would St. Vincent's pay for terminal sedation? I think the question is how does SupportCo relate to the ERDs with regard to advance directives.

MR. VALDEZ: Okay. Let me go ahead and move to that question. And that wasn't asked in the formal questions I received but let me go ahead and answer your questions and your concerns around advanced directives. And let me be as clear as I can be regarding that. I'm not here to debate language that appears in the ethical and religious directives. Didn't bring the document with me. I'm going to speak to our agreements with CHRISTUS Health, and I'm going to speak to this issue in terms of how we operate in our hospital.

First – and I have a couple of gentlemen here who have worked for CHRISTUS Health so they can even discuss issues around the advanced directives and how they are dealt with solely within CHRISTUS Health if you desire. But let me start off with the

following. First, in all of our agreements with CHRISTUS Health we indicated that we would follow State law. State law has provisions for the Healthcare Decisions Act. The Healthcare Decisions Act in State law provides for the establishment of advanced directives. We will follow State law, and if you come into our hospital with an advanced directive we will follow – if you come into our hospital with an advance directive that of course complies with State law we will follow your advanced directive. Period. If you come into our hospital with an advanced directive that is in compliance with State law we will follow your advanced directive.

So on that point, let me offer a few things. First of all, please get an advanced directive done if you don't already have one done. Second, please make sure that it complies with State law. Now, I know that that can be challenging. I know State law can be challenging. But we as a hospital have to follow State law, and State law prohibits mercy killing and assisted suicide. I know that some of you may have a different opinion about that, and I respect your opinion. You can have a different opinion about that. I appreciate that. But we don't have a choice. We have to follow State law in that regard.

So for those that – so if it rises to the level of a concern over mercy killing or assisted suicide, that is not a prohibited practice in New Mexico and we have to follow state law. [sic] I just read an article in a magazine about a couple out of Britain who had to travel to another country in order to bring about the termination of their life in an assisted fashion. And I know that this is a controversial today and it's only going to become more controversial going forward. I understand that. But for our purposes we have to follow State law.

So make sure you have your advanced directive in that fashion so we can comply with it.

DR. GONZALES: So we've got about three or four questions.

MR. VALDEZ: Next point regarding our compliance in our hospital, there is one area that is a little challenging is that we have to figure out how we can have a copy of your advanced directive. You may not bring it with you. We need to have it. We need to figure out some mechanism by which we can develop a repository of advanced directives for people so that we will have them on record. You may come in via ambulance and you may not have your advanced directive with you. I've asked John Brothers to take that issue on around how we might be able to become a repository for these advanced directives.

Another issue that's arisen is an advanced directive - and John, you may have to help me – in a nursing home.

JOHN BROTHERS: [from audience] A DNR.

MR. VALDEZ: A DNR in a nursing home, and whether the DNR will be respected or followed in the hospital. And I have to say, no. You're going to have to have a new DNR established in the hospital by a physician order. So this is somewhat of a complex topic and Mr. Brother has already conducted some public forums on this and we want to continue to conduct public forums on this for your education and your edification. Yes, ma'am.

[Inaudible question from the audience]

DR. GONZALES: So we're okay there. Commissioner Stefanics.

MR. VALDEZ: Given that point, I'd like to ask either Bruce or John to come up if you don't mind and maybe have a little discussion around end of life and how

those matters are handled in our hospital. John Brothers has recently instituted a palliative care program in our hospital also that is meeting with significant family support.

DR. GONZALES: Liz, did you want to ask a question. And Alex, you might put this in the mix to consider. You mentioned something about a repository about advanced directives or DNRs, but if we get to electronic records that are actually going to be shared among providers or institutions, we're going to have to have new law around that, but this might be the entity that you could start. You all are going to become electronic, and you all might become a repository electronically that could be transferred when patients are transferred. So we might think about that as a positive step.

MR. VALDEZ: I see Todd Richardson's head moving up and down. Excellent suggestion, Commissioner Stefanics. We'll be happy to follow up on that. John.

MR. BROTHERS: My name is John Brothers and I have been with CHRISTUS Health for 25 years. I am a social worker by background. I have worked with many, many, many people with end of life decisions helping them arrive at the decision that's best for them. In no way do we, as an institution, push what we believe or what the institution believes off on that individual. We respect the rights of the individual and we work with them to help them arrive at that decision.

Alex mentioned that we have a palliative care program at our hospital. Palliative care is designed to care for people at the end of life. It's designed to help people arrive at decisions that they want to make. It's not designed for us to push any other person's wishes; it's designed to help them arrive at the decision that's best for them. We have an individual that is here that is working with us in that program. She is trained by Dame Ciceley Saunders from London, England at the Kings College of Medicine in palliative care. That is where palliative care began. So we are very fortunate to have her here working with us and establishing a program that respects the rights of each individual.

My work in healthcare in the past 25 years as a social worker has been to work with families and I can tell you that there are times that families struggle with the decisions they have to make. So our responsibility is to help that family arrive at the decision that's best for that patient. Yes.

[Inaudible question from the audience]

MR. BROTHERS: We will not put you to sleep to die. That is not what we do. We do provide sedation to people who are in pain, and we ensure that they do not experience pain. If the sedation to keep them free from pain causes them to die then the intent is to keep them free from pain, not to kill them. And we do keep people free from pain.

[Inaudible question from the audience]

MR. BROTHERS: When you say "put to sleep" what do you mean?

[Inaudible question from the audience]

MR. BROTHERS: Okay. If the food and water is providing you no benefit, then no, we will not provide that. To you.

MR. MARTINEZ: Could I ask one question, either for John or for Alex. The term that was used previously was terminal sedation. Is that against New Mexico State law, to administer terminal sedation?

DR. GONZALES: Let's move on now to the other two questions. Thank you, John.

MR. VALDEZ: Regarding issues around end of life and the Healthcare Decisions Act and those matters, I know there will continue to be concern about this in perpetuity. I don't expect my words or John's words to bring closure to your concern. Let me suggest that what we do on this point is we continue our conversation. I'm happy to continue the conversation with all of you on these points. I'm happy to hear any issues that any of you may have on these points or if you've heard of anyone in our hospital that has had an issue, I am very happy to hear about it.

I too received that email and I was really – I was very much taken aback at what was offered up in that email in terms of our hospitalists and redemptive suffering and things of that nature, and let me suggest that there may be any number of communications taking place that can help you to form your thoughts on certain issues. And it may cause significant concern for you over the quality and caliber of service that you would receive in our hospital. All I can ask you to do is to feel free to contact me or contact Arturo Gonzales and I'm happy to give you our numbers and things so that we can answer these questions for you privately, or answer them for you publicly. We're happy to answer them any which way we can.

DR. GONZALES: Alex, I would prefer that you have them contact Arturo Delgado rather than Arturo Gonzales.

MR. VALDEZ: Oh, I'm sorry.

DR. GONZALES: But I'd be happy to help.

MR. VALDEZ: What's important for us – I'm coming off script –

DR. GONZALES: Can you go to the third question now?

MR. VALDEZ: What is important for us is that members of our community understand that this hospital is here to serve all of you, regardless of your race, color, creed, national origin, sexual preference – regardless of any of that, we are here to serve all of you. And that there are some issues that are significant to many of you that are difficult and complicated for us to be able to provide, but we have worked as wisely as we can work, with SVH SupportCo and other providers in the community, to see that to the greatest extent possible our community is unencumbered in the delivery of care that they receive. We've worked so hard in bringing about this relationship so that we could solidify the future of our hospital for years to come, and we will continue to work with you to make sure that we can address as many of those issues as possible. Yes, sir.

[Inaudible question from the audience]

MR. VALDEZ: That was a good first. In response to your first question, we do have a handout for all of you that we're happy to distribute now that will answer some of those questions for you and refer to for reference. *[Exhibit 4]*

[Inaudible question from the audience]

MR. VALDEZ: I appreciate that question and that's the last question in the letter, and I'm happy to move to that question also. If I may I'd like to submit the brochure from SVH SupportCo and make it part of the record for the Commission's review as well as for the HPPC review.

DR. GONZALES: Thank you, Alex.

MR. VALDEZ: There were two more questions. I apologize. The third question is one relating to reimbursement rates or payment to physicians and the concern

is if I'm seen by a PA am I going to get charged physician rates and things of that nature, so let me try to be as clear as I can here. Patients will be charged for services in accordance with the service that was provided. The rate is based on the service and not the provider. The third party payers, who are your insurance companies, the third party payers then look at the provider number and will automatically reduce the rate based on who provided the service. This is standard, national billing methodology. As to our patients who are self-pay and meet our charity policy, we provide discounted rates for those services.

There was a second part of the question from Commissioner Stefanics, interest in whether we are considering replacing some of the physicians with PAs. This is my response: We currently employ a number of mid-level providers including physician assistants and will continue to do so as we seek to enhance our services and improve the efficiency of our physicians. It is our intent to continue to improve the quality of service provided to patients in our hospital system by assuring that each patient in our hospital is treated and seen by a physician daily, and supported by the services of mid-level providers. So I hope that answers that question, Commissioner Stefanics.

COMMISSIONER STEFANICS: Mr. Chair.

DR. GONZALES: Yes.

COMMISSIONER STEFANICS: For the record I just want to indicate that I do support mid-levels, nurse practitioners and physician assistants. I think they have a very important role in healthcare. I don't wish to see anything erode our physician base at the hospital since we are having an issue statewide and nationwide with internal medicine, general practitioners, etc. But I do want to make public that I certainly support the mid-levels.

[Inaudible question from the audience]

MR. VALDEZ: I'm going to applaud. Thank you.

[Inaudible question from the audience]

MR. VALDEZ: Let me see if I can understand this. Excuse me. Let me see if I can answer some of this. First, first, St. Vincent Hospital was established in 1865 by the Sisters of Charity. For the most part and for the longest period of time in the history of our country healthcare was delivered in faith-based hospitals. We remained a faith-based hospital until approximately 1977. We've gone through approximately 30 years of non-affiliation and we have returned to being faith-based. One of the reasons why CHRISTUS St. Vincent Health appealed to us the way that it appealed to us is because of an absolute commitment to the term service. Unconditionally. Unconditionally service to all. Because of an absolute commitment to a sense of values, that we hoped we shared with them when we were looking at them.

I've now worked in the system of CHRISTUS Health in CHRISTUS St. Vincent Regional Medical Center for over a year now and I sit there and I look to see, is this organization known as CHRISTUS Health practicing the type of values that I as a resident of north central New Mexico for my life would want to bring my mother to for her care? And I have been 100 percent convinced that they live a sense of values that I view to be the sense of values that I want to have. And that's why it is so easy for me to stand here in front of all of you today, and address these issues that you've raised. Because I personally feel 100 percent committed and confident that we are going to get the caliber of service that we need for all of us.

Are there some issues there that are a little complicated and a little complex for us to have to work through? Most definitely. Have we done, I believe, a good job in trying to work through them? Yes. We are not – we are a healthcare institution in the first instance. Our mission is to provide excellent, compassionate healthcare to the patients that we serve. That is our mission. Our vision is to provide exceptional medicine, extraordinary care to every person and every family member that we serve. We're committed to that.

CHRISTUS Health, when we formed our relationship, asked us to include the following phrase in our mission, and that "our healing ministry is". Our healing ministry is. I ask all of you to go to your dictionaries and look at the term ministry. And what you will find as the first definition for the term ministry, it means service. Our healing service is.

So I don't know if that's answered your question but we are in the business of healthcare. We are not in the business of conversion.

DR. GONZALES: Okay, I think one last thing here. One last thing here. Go ahead.

[Inaudible question from the audience]

MR. VALDEZ: I will repeat myself, and I apologize for this, every person, regardless of their religious belief or no religious belief will receive services, the highest quality of services in our hospital. Period. Period. Third question, so I discussed the issue or rates.

DR. GONZALES: Now, just public meetings.

MR. VALDEZ: Fourth. Your final question asks whether the board of directors of CHRISTUS St. Vincent Regional Medical Center and that of SVH SupportCo would consider opening up their meetings to the public. And I'm going to ask you to give me the opportunity to read through my answer on this point. Both CHRISTUS St. Vincent Regional Medical Center and SVH SupportCo are private, not-for-profit corporations that are not subject to the Open Meetings Act of the state of New Mexico. Public entities are subject to the Open Meetings Act; we are a private entity, we are not. St. Vincent's Hospital has been in service since 1865 and has never been a public entity or held open-doored meetings. It is important to keep meetings closed because of the strategic, long-range business planning and confidential nature of our deliberations.

Regardless of preference, we exist in a competitive environment. Our deliberations must remain confidential. Even UNM Hospital, which is a public entity, even UNM Hospital is able to close its meeting while strategic and long-range business plans or trade secrets are discussed. This resulted from an exception that was worked into the Open Meetings Act because UNM Hospital was challenged because of the competitive environment in which we exist. They needed to figure out how they could get an exception. The State Legislature in its wisdom agreed, and in a document that is published by the Office of the Attorney General it indicates these exceptions for UNM Hospital, a public entity.

It is also well established case law in New Mexico, and this is found in the case of *Memorial Medical Center v. Tatsch Construction*, that if under the totality of circumstances a private corporation conducts itself as a public entity it may be found to be deemed a public entity and therefore subject to a number of laws applicable to governmental entities. Conducting our board meetings as public meetings may position

us as a public entity, clearly a position we are not. With this said, however, we are prepared to discuss any number of community events and forums where we participate where we may continue to participate to seek information and to educate and to inform, so that we can assure ourselves that we are addressing the needs of our community.

In addition, I also want to mention that our hospital board of directors is comprised almost entirely of members of our community, where they live and work. They are members of our community and exercise their decision making in the best interest of our health system that serves our community.

So that's my written response and I have copies of the letter [Exhibit 5] and I'm going to provide it to the County Commission and the HPPC here, because those are my answers to their questions directly. If I may I'd like to go through, and I think I hit and have addressed many of the questions that were asked because so many of them pertained to the ethical and religious directives, the Healthcare Decisions Act. Yes, ma'am

[Inaudible question from the audience]

MR. VALDEZ: That's correct. I'm not prepared to answer that question. If Cassandra is prepared to answer that question, I'll ask her to. If not, we will take your question down, get your name and number and respond back to you.

CASSANDRA DURAN: Hi, my name's Cassandra Duran and I'm going to respond in the best way that I can, because I wasn't prepared for that, but this question has come up a couple of times and I've heard it a few different ways. Domestic violence, abuse, sexual assault, or folks who come to us with that in relationship to emergency contraception as well. So I'm going to tell you what I know to be true.

If these folks come to us they generally come to us through the emergency room department, right? That's where we see them first. We have a program called the SANE program and that is set up entirely for that, with very thoughtful protocols, processes and respectful interrelationships between the hospital and the New Mexico Department of Health. It's a program I helped develop when I was at the Department of Health so I'm familiar with it from that end. But I've also been on the other end of implementing it at the hospital.

The nurses who deal with these folks – it's a forensic program so they're very good at what they do, and when one of those folks comes to us in the emergency room department we get a SANE nurse to them immediately. And those are very highly confidential services, but they're also very intuitive. They work with those folks immediately, both to provide the safety and security, the confidentiality, and then to prepare that person for the next step in forensics.

In relationship to Plan B, every emergency room department continues in the State of New Mexico to provide Plan B, that is perceived as or termed emergency contraception. So yes, we do that. Do I feel like these folks get what they need when they're there? Absolutely. More often than not we know when they're there, the administrative staff, and many of us are very instrumental in getting those SANE nurses there as quick as we can. Very confidential services.

Those would be the protocols or the ways that we would know that everyone is treated the same, but clearly those nurses work for the department and contract with us and they're highly qualified to do that work.

DR. GONZALES: Thank you.

MR. VALDEZ: I hope that answered your question, and if it didn't, we'll circle back around with you and make sure we get it answered. All right.

Going through the list of questions, pain management, of course we continue to provide pain management. And CHRISTUS Health, in terms of looking at the quality indicators, understands the significance of pain management. On a monthly basis, on a monthly basis we find ourselves reporting to CHRISTUS Health how well we are doing in managing the pain of patients. So of course that continues. Once again, I want to indicate that I too read that email and I was offended at that email and its distribution and all I want to suggest is that anytime any of you have questions, you make sure you talk to us because we don't want to see our public unduly and unrationally and unresponsibly put into a state of fear.

DR. GONZALES: I think that's it, Alex. I don't want you to make up any more questions.

MR. VALDEZ: I would like to address one matter, if I may, and that pertains to the financing of this hospital. The County provides approximately \$9.5 million to the State of New Mexico that we are then able to leverage with federal dollar for purposes of providing services to the uninsured and the indigent in our community. I can't speak to the numbers that were presented here. I do think they point out one thing for us and as late as April or May of this year I indicated to the County Commission at the Indigent Fund meeting, Indigent Board meeting, that we need to get together and review the reporting mechanism that we have around the indigent fund dollars that we receive so that we can make sure we have a meeting of the minds in terms of what that reporting is to look like, and I'm making that offer again, of course. So we come up with a better means by which to report that.

But I want to point out, that dollar and its purpose is to compensate St. Vincent Hospital for services that it provides to the indigent and the uninsured in our community. And last year, in our community benefit report, which we can also provide to you, after you took into account the amount of dollar that we received from sole community provider funding, we still had an amount of approximately \$24 million in uncompensated and undercompensated care that was provided to residents of north central New Mexico. So I appreciate the way in which this issue is discussed, but I want to point out, it goes to compensate us for the delivery of service. I'd also like to point out that in the Indigent Fund Act, in its purpose section of the Indigent Fund Act, it states the purpose of Indigent Hospital and County Healthcare Act is to recognize that the individual county of this state is the responsible agency for the hospital care or the provision of health care to indigent patients domiciled in that county. And then it has further verbiage there.

So it's important to point out that the Indigent Hospital and County Healthcare Act imposes the responsibilities on county governments to either provide the service or pay for the service that is rendered to indigent patients. We are most fortunate in this state that we are able to take the taxpayer dollar that goes to the County for this purpose and leverage it with federal dollar, so that we can enhance the amount of dollar that we bring into our community for this purpose in the delivery of that care. The question for us is, what if that dollar were to leave? And this concerns me now under healthcare reform. What if that dollar were to leave? How would we fund this hospital? And I can tell you there will be budgets cut like we have never seen, and there will be service that will not be provided to people in this community if that occurs.

Part of our funding also goes to Santa Fe County for the delivery of a number of services that find themselves as the obligation of Santa Fe County. And if I can I'd like to find the list of that to refer you to. Emergency medical services – Santa Fe County receives a contribution from CHRISTUS St. Vincent Regional Medical Center, this year in the amount of \$2.4 million. Indigent primary care funding, so we provide funding to Santa Fe County to be able to assist other counties in their provision of services. The amount there, \$1.9 million. Medical care for residents in custody – in order to assist Santa Fe County with the payment of healthcare who are in our County jail: \$3.3 million. Coordination of health and human services, \$240,000. Maternity and child healthcare, \$180,000. And when I get through our budget of expenditures that go from CHRISTUS St. Vincent Regional Medical Center to the County for a number of these obligations, that amount is \$10.1 million.

In addition to that, through other programs that we fund with resource that we have, there's an additional \$2.022 million, totaling \$12.165 million. My point quite simply is that the County has a statutory responsibility to provide for the indigent care for the members of its community. It does that; it fulfills that mission. Thank you, Santa Fe County. It fulfills that mission by sending this money to the federal government that then comes back to our hospital. It reimburses us for those services. And in addition, St. Vincent Hospital to assist through a contribution to Santa Fe County in the provision of a number of their services.

We are, between Santa Fe County and CHRISTUS St. Vincent Regional Medical Center, joined at the hip. We are joined at the hip. This is a very critical and important relationship for our community and I think it's important for all of us to understand the significance of that relationship. Mr. Chair, thank you.

DR. GONZALES: Thank you, President Valdez for your eloquent remarks, for the thorough overview of the relationship between CHRISTUS Health and St. Vincent's. Ladies and gentlemen. We had planned this meeting to go until 4:00 and we're right on target for 4:00. As President Valdez mentioned, he does have copies of his responses that are available to you, as well as the printout that he has concerning the relationship between the county and CHRISTUS St. Vincent Regional Medical Center. I just wanted to let you know that the Health Policy and Planning Commission meets once a month on the first Friday of the month, and those are public, open meetings, and they're posted in the newspaper. St. Vincent's Regional Medical Center and CHRISTUS are on this commission and they make a regular report to the Commission, so that is one avenue for you, to attend those meetings and to keep up to date with what's going on as this relationship begins to develop.

I want to thank the County Commissioners, Virginia Vigil and Liz Stefanics and Commissioner Katherine Holian. Thank you for asking us to conduct this meeting. I hope that it was beneficial to you as Commissioners in your planning. I hope it was beneficial to the public. I want to thank you for your professionalism, for your patience, for listening and speaking your views. I want to thank my fellow commissioners for being here also. We will have a summary of these proceedings as we meet and we'll make those available to you, the public, through the County, and without further ado I'll just say have a good evening and the proceedings in this meeting are concluded. Thank you.

XII. ADJOURNMENT

This meeting was declared adjourned at 4:00 p.m.

Approved by:

Virginia Vigil, Commissioner

ATTEST TO:

VALERIE ESPINOZA
SANTA FE COUNTY CLERK

Respectfully submitted:

Karen Farrell, Wordswork
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