

*Petaluma*  
HEALTH CARE  
DISTRICT

**MINUTES OF THE JUNE 28, 2016 SPECIAL MEETING OF THE  
PETALUMA HEALTH CARE DISTRICT BOARD OF DIRECTORS**

**CALL TO ORDER**

President Hempel called the meeting to order at 7:30 AM in the lobby conference room at 1425 N. McDowell Blvd.

**PRESENT**

Elece Hempel, President  
Robert Ostroff, MD, Vice President  
Josephine Thornton, M.A., Treasurer  
Fran Adams, RN, BSN, Secretary  
Joe Stern, Board Member at Large

**ALSO PRESENT**

Ramona Faith, CEO, PHCD  
Andrew Koblick, Controller, PHCD  
Ian Selden, Labor Representative for California Nurses Association  
Dr. David L. Smith, pediatrician

**MISSION AND VISION**

Director Ostroff read the mission and vision of the Petaluma Health Care District.

*The mission of the Petaluma Health Care District is to improve the health and well-being of our community through leadership, advocacy, support, partnerships and education.*

*Petaluma Health Care District envisions: A healthier community; a thriving hospital; local access to comprehensive health and wellness services for all.*

**CALL FOR CONFLICT**

President Hempel called for conflict. There was none.

**CONSENT CALENDAR**

**A motion was made by Director Stern to approve the June 16 minutes and the June 28, 2016 agenda which was seconded by Director Thornton. This motion was passed by a vote of 5 ayes (Directors: Hempel, Thornton, Adams, Stern, Ostroff) and 0 noes.**

## **PUBLIC COMMENTS**

Ian Selden, Labor Representative of California Nurses Association, presented a letter to the board and asked the board, as it moves forward with SJH in negotiations to continue operating PVH, not to restrict but rather to expand reproductive health care services for the residents of Petaluma. Mr. Selden's letter is included as an addendum to these minutes.

Dr. David L. Smith, pediatrician from Santa Rosa, spoke in support of women's reproductive rights and the availability of tubal ligations at PVH. Dr. Smith presented to the board a Los Angeles Times article from April 4, 2014 regarding Hoag Hospital and women's rights. This article is included as an addendum to these minutes.

## **BOARD COMMENTS**

Director Ostroff read Webster's Dictionary's definition of civil rights and civil liberties. He commented that reproductive rights, birth control, abortion and sterilizations are a civil rights and civil liberty issue. Director Ostroff expressed concern that patients might look to Kaiser and Sutter for additional services if they are directed there for those women's services which are not offered in Petaluma.

Director Adams referred to a Close to Home editorial from the Press Democrat, sharing that the SMART board had not looked at all the financial information that they should have. Director Adams followed that the PHCD board should be sure there is understanding of the hospital's financial information and the downward trends.

Director Thornton commented that the discussion illustrated the fact that as public officials, the board members are rarely faced with black and white decisions, but rather with deciding between difficult options. Director Thornton also suggested that in order to get a broader representation of views and feedback from the community, perhaps the board should do a community survey as well as public meetings.

## **ADJOURN TO CLOSED SESSION**

**President Hempel adjourned the meeting into closed session pursuant to:  
Government Code §54956.8 closed session; real property transaction; meeting with negotiator – 400  
North McDowell Blvd.; The Camden Group; Bouey and Black, LLP, Legal Counsel**

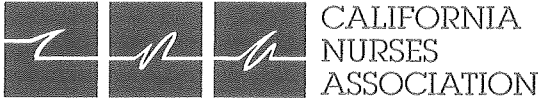
## **ADJOURN TO OPEN SESSION**

President Hempel adjourned the meeting into open session and reported that no action was taken in closed session.

## **ADJOURN**

President Hempel adjourned the meeting at 10:00 A.M.

Submitted by Fran Adams, Board Secretary



CALIFORNIA  
NURSES  
ASSOCIATION



National  
Nurses  
United

*A Voice for Nurses. A Vision for Healthcare.*

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June 28, 2016

Board of Directors  
Petaluma Valley Health Care District  
1360 N. McDowell Blvd, #103  
Petaluma, CA 94954

To the Board of Directors of the Petaluma Valley Health Care District:

The Petaluma Health Care District was created in order to improve the health and well-being of the local community and to insure local access to health services in Petaluma and its surrounding community. It is with this in mind that we implore the Board, as it moves forward with negotiations with the St. Joseph Health System (SJHS) to continue operating Petaluma Valley Hospital (PVH) after the current lease expires at the end of January 2017 not to restrict but, indeed, to expand reproductive health care for the residents of the Petaluma valley area, and in particular to ensure access to birth control and tubal ligation procedures for women.

PVH is a public asset and therefore should not be forced to adopt or follow the mores of any religious doctrine. CNA is informed and believes, however, that SJHS is seeking to impose some or all of the Ethical and Religious Directives (ERDs) promulgated by the United States Conference of Catholic Bishops as a condition of the transaction currently under negotiation, to prohibit PVH healthcare providers from performing tubal ligations following a cesarean-section delivery, and perhaps from providing other reproductive health services it currently provides.

According to the American College of Obstetricians and Gynecologists, tubal ligations after C-section is the "ideal time" to perform the procedure, "because of technical ease and convenience for the woman and physician." PVH's service area population is over fifty percent female, and its population of women who are child bearing age is expected to increase over the next five years. It is unconscionable that a California public healthcare district would even consider not providing a robust array of reproductive health options to this population.

We have previously raised our concerns about these issues with the California Attorney General in connection with her review of the merger of SJHS and PH&S. We have asked her to intervene, if necessary, to ensure that PVH patients not be deprived of comprehensive women's healthcare services. We now demand that the Board do everything in its power to ensure that our community gets access to the best healthcare possible-not just the best healthcare the U.S. Conference of Catholic Bishops wants us to have.

Respectfully,

A handwritten signature in black ink, appearing to read 'I. Selden'.

Ian Selden  
Labor Representative

## Hoag Hospital and womens rights: Kamala Harris extracts more pledges

April 04, 2014 | Michael Hiltzik

The underhanded way that women's reproductive rights were abridged in Orange County last year after the merger of Hoag Hospital in Newport Beach with the Catholic hospital chain St. Joseph Health System raised important issues for the community.

California Atty. Gen. Kamala Harris, who had originally blessed the merger, has addressed those issues, and it looks like she's taken some positive steps to protect women's reproductive services. An agreement between her office and Hoag unveiled Friday fixes some, though not all, the flaws in the merger deal.

First, some background. Even though OB/GYNs had been explicitly assured that the merger would bring about "no change" in women's health services at Hoag -- including no change in the availability of elective abortions -- Hoag management abruptly barred abortions last spring. That ban remains in place.

Hospital management claimed the reason it barred abortions had nothing to do with St. Joseph policies against them. Instead, it implied that Hoag physicians performed so few abortions that they couldn't meet the "requirement for clinical excellence" for the procedures. The medical staff disputed Hoag's statistics on the number of abortions performed, as well as the implication that they weren't up to the task. Evidence soon surfaced that Hoag indeed was responding to St. Joseph's "sensitivity" about abortions.

That raised concerns that the abortion ban was only the top of a slippery slope. Some feared other procedures at odds with Catholic doctrine would be barred, too, after a 10-year waiting period that Harris had mandated in her original approval terms. There were also questions about whether Hoag eventually would have to comply with other strictures in the Catholic Church's "ethical and religious directives for Catholic health care," or ERDs, including those affecting end-of-life provisions in Hoag patients' living wills.

The new agreement addresses these concerns. Hoag states explicitly that it will not be bound by ERDs in the future. That's a permanent commitment, and it covers any efforts by St. Joseph to impose the ERDs through a "statement of common values," the document through which St. Joseph imposed its abortion policy on Hoag last year.

The agreement also clarifies the murkiness of the ban on "direct abortions" -- a Catholic term, not a medical one, which includes, in some cases, even abortions that might threaten the life of the mother.

Some feared the ban might be construed to prevent the hospital treating women with a variety of miscarriages. It's now explicit that "imminent, incomplete, inevitable, and/or septic miscarriages" are not considered "direct abortions" and therefore can be managed at Hoag. The agreement also makes clear that Hoag can't interfere with physicians performing procedures in their private offices, even if those are located on Hoag's premises or in buildings Hoag owns.

Another provision extends the period, from 10 to 20 years, that Hoag is committed to maintaining women's reproductive services "at the same types and levels." That should help ensure the provision of these services at Hoag for the better part of a generation.

The new deal, then, preserves what was left of women's health services at Hoag after St. Joseph took it over. But it doesn't make the transparency and integrity of the Hoag and St. Joseph officials who concocted this merger any less questionable.

Hoag flatly misled its own medical staff about the consequences of the deal and may well have misled Harris, who had the authority to block it. Harris had heard "substantial allegations from members of the community about Hoag's statements during the approval process," according to Jill Habig, a special assistant attorney general. Some of these involved its claims about the prevalence of abortions.

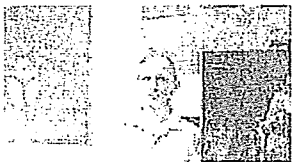
There were also complaints that Hoag wasn't complying with some of the conditions Harris laid down concerning the availability and accessibility of women's health services at the institution.

Harris' investigation of those allegations is effectively ended by this agreement, though her office will continue to monitor Hoag's compliance.

But in one sense, serious damage to women's rights still has been done. Abortions are legal in California, as they are nationwide. Because Harris approved this merger last year -- and allowed a Catholic hospital to impose its will on a Presbyterian partner to ban a legal procedure -- women's ability to obtain a full range of health services at one large, important community hospital has been permanently hobbled.

Reach me at @hiltzikm on Twitter, Facebook, Google+ or by email.

### MORE FROM MICHAEL HILTZIK



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