From: Colleen Burns
To: DPH.HFSRB

Subject: [External] Fwd: Opposition of CON Project #25-013

Date: Thursday, October 30, 2025 4:31:40 PM

Hi, I didn't see this get posted yet?

----- Forwarded message -----

From: Colleen Burns < colleenburns 710@gmail.com>

Date: Mon, Oct 27, 2025 at 7:53 AM

Subject: Re: Opposition of CON Project #25-013 To: Schmidt, Hans < Hans.Schmidt@specialtycare.net >

Thank you so much!! This is excellent!!!

On Mon, Oct 27, 2025 at 6:58 AM Schmidt, Hans < Hans.Schmidt@specialtycare.net > wrote: Dear Chairwoman,

My name is Hans Schmidt. I am the chief Cardiac Perfusionist at a prominent hospital system in Chicago. I was born and raised in Ottawa, and it will always be considered my home. My father is still in Ottawa, and has been there for 45 years.

I am writing today because I strongly oppose CON Project #25-013, "Discontinuation of ICU and OB Services at OSF Saint Elizabeth Medical Center". The talking points that OSF representatives are using as justifications for closing the ICU and Labor and Delivery services in Ottawa aren't backed by any actual science, research, or data.

Actual science, research, and data have proven that there is a significant association between time to ICU admission and survival rates, especially for certain conditions such as cardiac, respiratory, or sepsis. I can tell you from years of experience working hospitals all over the Midwest that soon after OSF closes the ICU, the equipment that was used in that ICU will be shipped away. These items include equipment like ventilators and other life saving devices. So when the day comes that they actually need those things in Ottawa, they won't even have them. Instead, the hospital will put a tremendous strain on EMS to get these patients from Ottawa to the Peru hospital, which will have no space for these patients.

When it comes to closing Labor and Delivery services at a hospital in a community the size of Ottawa, things get even more concerning. The actual science, research, and data have proven time and again that being further

away from a labor and delivery hospital is associated with a higher risk of poor infant AND maternal outcomes, including higher mortality rates, particularly in settings with limited access to care. This is because increased travel time can lead to complications like stillbirth or infant death, and distance is linked to other factors like reduced access to routine and emergency obstetric care. And rural areas such as Ottawa already have consistently higher infant mortality rates than urban areas. So now we are compounding problems, increasing risks to newborns and their mothers. Again, these are the undisputed facts backed by actual science, research, and data.

Cutting women's healthcare services is a slippery slope. This is only the beginning. They will close their Labor and Delivery, and wait for people to get used to it. Then community members start to believe that this is the standard of healthcare. Eventually the hospital will start taking away other women's services, little by little, until it becomes so normalized that people don't even think about it when it happens. And I would be quite nervous of any new virtual mode of Labor and Deliver healthcare that OSF is boasting that they are going to be the first in the nation to do. Why has no one else nationwide done this? And we are going to allow our female community members to be the lab rats for this experiment?

Make no mistake, the decision OSF has made to close their ICU and Labor and Delivery services at St Elizabeth in Ottawa isn't a quality of healthcare decision backed by any real science, research, or data. This is a decision based on making money and increasing profit, and it's ridiculous.

I urge you, for the sake of the community members of Ottawa, please do not allow this to happen. Please deny CON Project #25-013, "Discontinuation of ICU and OB Services at OSF Saint Elizabeth Medical Center".

Thank you, Hans Schmidt, CCP, LP

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