

October 26, 2010

Ken Jendryka
Chairman, Hospital and Neighborhood Committee
617 North Kalamazoo
Marshall, MI 49068

Dear Mr. Jendryka,

I read with interest the article in the October 16 *Ad-Visor and Chronicle* about the Hospital and Neighborhood's fourth meeting, especially since I was not aware that there had been 3 previous meetings, that such meetings were open to the public, or that there were only 5 to go. That isn't much time to develop a "planned approach for the next 20 years," considering that hospital expansion has already been an issue for at least that long.

Several solutions have been presented and dismissed: Building a new hospital either on the same site or somewhere else is, of course, unreasonable. The so-called "master plan" seems a good idea, but apparently it can be flouted without consequences. Ms. Nager's suggestion that people "re-search newspapers from five years ago" is not going to happen, but I would propose a much easier alternative: talk to someone who has lived in Marshall for 5, 10, or 20 years, and ask them if the current situation reminds them of a similar or perhaps exactly the same problem with the hospital in the past.

Besides the lack of publicity, I believe there is a reason why so few people show up at such meetings and that is because many people in this town are just tired of fighting the same old battle and seeing the hospital win one step at a time. Ask a Marshall resident how many houses he can recall that used to be in the hospital's neighborhood or how many other houses they know of that the hospital has bought. I believe this may be what Ms. Hernden is referring to as "reasons for distrust." There is actually a certain amount of "communication" within the "community," but the hospital does not seem to be a part of either. Further, I believe that "informal coffees where they (the hospital) can give general statements about their plans without giving that could hurt their business transactions" would

border upon an affront. The hospital has "said one thing and done another" (Ms. Hernden). We can, if necessary, cite examples and instances to support this, but opposition to the hospital's latest expansion is not based on retribution for past actions but on the present and future consequences of its continuing spread into the adjacent neighborhood. There has been a policy of disinformation as well as withholding information, which Mr. Covert admits. Are you asking us to forget all that, to let bygones be bygones? Is that what you mean when you say, "You just have to draw a line in the sand and say, 'We're going to start here'?"

I apologize if you or anyone else has been misquoted or edited out of context in the article, but it sounds very much from this and other quotes that you may be directing the committee to be more "open-minded" than you may be. What I find most upsetting is the quote attributed to you in the article that "Change is going to happen whether we want it to or not. We have to accept it and deal with it and get our thoughts out to deal with it." If this statement had been attributed to Mr. Covert, it would have seemed more appropriate.

In answer to the time-worn rationalizations as to why someone might be so misguided as to oppose the hospital having its way, let me make some things clear:

1. In referring to "the hospital," I am referring to business-related decisions, not to the medical care it provides.
2. I do not hate the hospital; my family has used its facilities--inpatient, outpatient, etc.--for years, and we have contributed to its financial well-being. I see no reason to change that.
3. I do not want the hospital to close or move; either is unreasonable. The hospital is an asset, so no one has to debate that issue.

However, the disingenuousness with which the hospital has treated community members, who are also by the way its patients, has created distrust and dislike; once that cycle has begun, it is difficult to control, so now according to Mr. Covert, the hospital has been "burned." We all know how that feels.

Finally, one thing the hospital has done, I believe, successfully and voluntarily, has been to create a number of specialized offices and clinics around town: sleep center, physical therapy, dialysis center, etc. Buildings are not

moved or destroyed; parking and traffic are not centralized. This has worked in other towns, and Oaklawn itself has demonstrated that it can work here. There are certainly empty buildings and empty land all around town. There may be some financial advantages, fewer zoning problems, a greater visibility for the Oaklawn name, a more positive patient reaction than if everything is stuffed into and around one central building, and perhaps real appreciation and support from the community. Maybe if we have to think outside the box, we should think outside the footprint.

(By the way, why is it the "Hospital and Neighborhood Committee" and not the "Hospital and Community Committee"?)

Using your own words, Mr. Jendryka, change is going to happen. Considering how much the hospital has grown and how much it may continue to grow over the next 20 years, what about after that? Will it continue to absorb one block after another? Efforts from the community thus far have been marginally successful at slowing the expansion--not the growth--of the hospital. If we are ever to see what you call "the power of having everyone work on the same side," it is not going to happen by making the same decisions and mistakes over and over again.

It should come as no surprise that the hospital has a 20 year plan; it is just unfortunate that the community does not. We need to consider not just our own interests but our children's and grandchildren's. In 20 or more years, what will they think of the compromises we have made or of the reasons we have made them?

I am counting on your being open-minded enough to consider these ideas.

With regards,



Carol Lehmann
1110 Verona Rd
Marshall, MI 49068