

**BOARD OF DIRECTORS  
REGULAR MEETING  
Thursday, August 27, 2009**

The Board of Directors of the Peninsula Health Care District was called to order for Regular Session on Thursday, August 27, at 17:50 hours, at 621 Magnolia Avenue, Millbrae, California.

**ROLL CALL:** On roll call there were present: Dr. Dan Ullyot, Chair, Vice-Chair Rick Navarro, Helen Galligan, Secretary (via teleconference from Weehawken, NJ), Dr. Don Newman, Past Chair, and Dr. Cappel, Director.

**Also present** were: Cheryl A. Fama, Chief Executive Officer, Colin J. Coffey, General Legal Counsel, and Jan Matejcek, District Administrative Assistant.

**CONSENT CALENDAR:** The Consent Calendar consisting of the minutes for the June 25, 2009 Regular Meeting, the July 23, 2009 Closed Session, the audited financial statements of June 30, 2009, and the unaudited financial statement for July 31, 2009 was presented.

**It was moved by Director Navarro, seconded by Director Newman, and unanimously passed to approve the Consent Calendar as presented.**

**COMMUNITY EDUCATION:** MPHS Quarterly Report, by Bob Merwin, CEO Mr. Merwin distributed copies of his presentation; [A copy is appended to and made part of these minutes.] Areas covered included:

- New building update
- Financial performance year to date
- Acute Rehab move to accommodate Behavioral Health at Mills campus. Reasons for this decision are:
  - Behavioral health does not require a seismically compliant building since the patients are ambulatory; acute rehab does require such a building.
  - The costs to make Mills compliant and/or to relocate into the new building would be prohibitive at this time.
  - The Sutter Health capital freeze is also a factor.

He stated that there is the potential to relocate; however that would be dependent on two factors: philanthropy and the agreement by the Palo Alto Medical Clinic to refer patients in order to make it a viable program.

**Chair Ullyot** opened the meeting to the public and asked that questions be limited to two minutes.

**Ruth Jacobs** reminded Mr. Merwin that MPHS agreed to pay for transport for patient transfers from Peninsula acute care to Mills acute rehab and asked if that is still

happening. Mr. Merwin responded no. They had been doing that, but it is against Medicare regulations and therefore, with regret, MPHS had to stop the practice. She then asked if “we are giving away too much to Sutter” to which he responded that the community just got \$618M from Sutter so he did not agree.

**Bryan Perkins, Representative for Congresswoman Speier** opened by noting that MPHS’ plan to relocate some rehab services to the 1609 Trousdale facility was new information that they were not aware of when the letter he was about to present was written and agreed to bring that information back to Congresswoman Speier. He then stated that, based on what had been reported, he was submitting a letter against the planned closure of the Acute Rehab Unit at Mills. At **Chair Ullyot’s** request, Mr. Perkins read the letter. [The letter is appended to and made part of these minutes.]

**Robert Telfer, MD, MPHS staff neurologist**, stated that he has been practicing in this community for 37 years and knows the Mills program to be the best asset to neurological care in the community. He noted that if the closure is predicated on the cost for seismic retrofits for Mills, perhaps efforts should be made to push back on this State regulation and seek a variance to allow it to remain where it is. **Mr. Merwin** responded that there is not enough space at Mills due to the relocation of Behavioral Health and the State’s seismic law is still slated to go into effect January 1, 2013. **Dr. Telfer** asked why it would be only \$11M to put the Center into the new building as compared to Mills when both need to comply with seismic regulations. **Mr. Merwin** responded that the new building will meet seismic regulations; the \$11M would be to accommodate Acute Rehab into the new facility. **Dr. Telfer** then asked why this has become a sudden issue since it has been known for a long time that Chemical Dependency would be moving to Mills. **Mr. Merwin** said that the decision to move Behavioral Health to Mills was made about 6-9 months ago to free up capacity for more medical/surgical beds in the new hospital. Originally, at the request of Acute Rehab leadership, it was never planned to move Acute Rehab to the new hospital. The situation now is due to the need to relocate Behavioral Health.

**John Rosenman, MD, MPHS Chief of Surgery** requested the opportunity to read a letter that he sent to the MPHS Board of Directors. [Letter is appended to and made part of these minutes.] The focus of the letter was the lack of input sought by MPHS leadership from the medical staff about such an important clinical service decision. He also commented on the history and track record of quality care provided by the Acute Rehab Unit, having experienced it personally after his son was injured. **Dr. Ullyot** clarified with Dr. Rosenman that the letter was addressed to the MPHS Board and had already been sent; he then stated that it would become a part of the District Board’s record.

**Terry Huebner** reported that originally Acute Rehab was going to move to Peninsula Hospital and \$2M of the tax payers’ money was given to MPHS for this, but it never happened. Her efforts to get that money returned were unsuccessful; she was told that it could not be done due to the language in the lease agreement. Where did that money go? She asked if any consideration was given to using 1720 El Camino for Acute Rehab, and

then asked if any thought was given to the increased financial burden placed on patients that would now have to pay for transportation from Peninsula to Davies in San Francisco. In conclusion she stated that she talks to many community seniors and they are thinking they may need to go to another hospital. **Mr. Merwin** responded the \$2M was part of \$11M that the District gave in 1995 for infrastructure – plumbing, electrical, that type of thing. That was when the Rehab leadership wanted to remain at Mills, the money was used for that purpose and all that was discussed with the District Board. 1720 El Camino cannot be used; it is a medical office building and a completely different structure. From 1995-2000, MPHS paid for ambulance transportation from Peninsula to Mills until legal counsel advised that such a practice was illegal and it had to be stopped. **Ruth Jacobs** asked for clarification – if a 90-year old patient had hip surgery would they be transported to Davies – to which **Mr. Merwin** responded “maybe, if that is their choice”. He noted that it is an additional 20 minute drive.

**Dan Andersen** reminded Mr. Merwin that he guaranteed, during the recent agreement discussions, that no services would leave this community. **Mr. Merwin** responded the guarantee was that no “significant” service would leave. “Significant” is defined as 4% of net operating income and Acute Rehab comes nowhere near that. **Mr. Andersen** stated that, in his opinion, Acute Rehab is a necessary service; it is currently provided and now it is being moved it out of the community. **Mr. Merwin** noted that Stanford Medical Center just moved its acute rehabilitation service to Valley Medical Center in Santa Clara.

**[Inaudible], RN, MPHS Acute Rehab** spoke about the quality of the program and services and how important it is to the patients’ recovery to have family in close proximity and able to be an active part of their treatment and daily activities. **Mr. Merwin** responded that he had no desire to make this decision, but there is not the money or the time to do anything else. **Ms. Jacobs** asked how much money is needed. **Mr. Merwin** responded \$11M to put the service on one of the empty floors in the new building.

**Luciana Kincer, RN, MPHS** commented on talk at past meetings about using the shelled out space when it was reported that the Fitness Center was not going in, folks asked what it would take to put it into the new building. You said, “If you want it, you can pay for it” - **Mr. Merwin** interjected that he never said that and members of the audience voiced disagreement. He added that neither, the Acute Rehab or the Fitness Center were ever planned for the new building. **Ms. Kincer** continued, if folks donate money and target it for Acute Rehab, how will they know that it will be used for that purpose? **Mr. Merwin** said any designated donation cannot be legally used for anything else. If a decision was made not to do something for which donations were accepted, the money would be given back. **Ms. Kincer** then asked – if money were given there still would be no guarantee that it would be used for Acute Rehab. **Mr. Merwin** responded that MPHS would not accept donations if it did not plan to do a project. She commented that his statement suggests that he is not planning to do it even if he got the money. He responded that he was saying just the opposite and went on to add that he wished they

could have known 10 years ago when planning decisions were being made about some of the realities of today. He gave as an example patient average lengths of stay. Ten years ago they were projected to be 3.8 days; today they are still running 5.6-5.8 days. That has created acute care capacity concerns which necessitated moving Behavioral Health which necessitated the Acute Rehab decision.

**Genel Morgan, RN, MPHS** reminded Mr. Merwin that when the move of OB from Mills to Peninsula was being planned, the nurses said there would not be enough beds. The service was moved and shortly after there were not enough beds. When the new hospital was being planned, nurses could have told the planners that the length of stay was not going down, but up, from their bedside experience and the nature of the patients they were treating. The nurses were not listened to and now there are not enough beds. She reported on several friends and church members who have had loved ones in the Acute Rehab Unit and they commented on how important it was that they could go and feed their loved ones twice a day. We can plan all we want, but things happen in healthcare every day, those of us providing the care everyday know that unplanned things will always happen, so it is critical that the people that know about patient care, like Dr. Rosenman said, be involved from the beginning. Planners need to listen. We are now behind the eight ball and it is reported to us as a done deal.

**Chair Ulyot** stated that he wanted to wrap up this part of the agenda and asked if **Dr. Aftonomos, Medical Director, MPHS Acute Rehabilitation Services**, wished to address the Board. While he was proceeding to the microphone, **Chair Ulyot** told the audience that the District Board has agreements with MPHS to maintain “core services”; Acute Rehab is not one of these services. He also noted the trend in healthcare delivery for regionalization of some specialty services, such as Trauma. He asked Dr. Aftonomos to enlighten the audience on the regionalization trends, local needs, and other program information.

**Dr. Aftonomos** opened by stating that the Acute Rehab Service is a vital component of MPHS. No one wanted to see it leave the county. Given the option of moving the program to CPMC in San Francisco, it was determined to keep it locally in some modified form until the money becomes available to move it into the new building – that is the goal.

Acute Rehab has evolved due to Medicare regulations and has certain distinguishing characteristics:

- Patients must be able to tolerate a minimum of three hours of therapy, five days a week,
- Care must be provided by a multidisciplinary team of medical, nursing, and therapy professionals,
- The Program must come under the medical supervision of rehabilitation specialists.

The proposed program criteria will require the patient to tolerate a minimum of two hours of therapy, five days a week. There will still be a core of rehabilitation professionals, multidisciplinary team, and rehab physician supervision.

The 80% cited as the number of current patients that could be accommodated in the new program was actually his earlier estimate. After reviewing the recent patient population, more likely the majority, if not 100%, of those coming out of the hospital could be admitted. The new program will actually expand the population eligible for admission. Currently, 50% of referrals are rejected because the patients cannot tolerate the intensity of the therapy or do not need the intensity. The new program criteria will be less restrictive. There will be some that would do much better at an acute facility such as the CPMC Davies facility. He also noted that if patients go to San Francisco, they would be transferred back to MPHS for Outpatient follow up therapies.

Overall, there is more to gain than lose in this proposal. He sees this as a practical, viable alternative that maintains the MPHS rehab presence in the community. MPHS will continue to provide the specialized care and will remain the only such facility in the community to do so. All other county Skilled Nursing Facilities are geared to medical/surgical care; none have what is being proposed.

**Chair Ulyot** asked how many beds there are now. **Dr. Aftonomos** responded 20 beds with an average daily census of 10-12 patients. 1609 Trousdale has the capacity for 20 beds, but regulations do not require a SNF to declare a bed's utilization which will allow flexibility.

**Chair Ulyot** asked if rehab patients currently go elsewhere and **Dr. Aftonomos** responded in the affirmative adding that the program has never accepted spinal cord injuries. These cases routinely go to Santa Clara Valley, CPMC, or St. Mary's.

**Director Cappel** asked how busy the CPMC/Davies unit was. **Dr. Aftonomos** responded the program has 48 beds and, 2-3 weeks ago were nearly full. They average 30 patients; it is a very strong program.

**Director Cappel** asked the annual MPHS admission number; **Dr. Aftonomos** responded 200-250 per year. **Director Cappel** clarified that it suggests about 50 patients/year could require transfer. **Dr. Aftonomos** responded probably less than that and stated that every patient currently on the Unit could be treated in the program as proposed. He noted that, in the past, the team has resisted this proposed program, but he has determined that the program as proposed could accommodate every patient discharged from the hospital.

**Director Cappel** asked if currently only about 50% of referrals get admitted, where does the other 50% go? **Dr. Aftonomos** responded convalescent facilities and home.

There being no further comments or questions, **Chair Ulyot** thanked Dr. Aftonomos, Mr. Merwin and everyone for their presentations.

**ORAL COMMUNICATIONS:**

**Chair Ullyot** opened the meeting to public comments on District items not on this meeting's agenda and reminded the audience of the three-minute time limit.

**Pat Giorni** asked the Board and MPHS to please consider naming one of the meditation gardens planned for the new hospital after Susan Smith to honor her 20 years of service to the District and hospital. In Mr. Merwin's absence, Carrie Owen-Pleitz, MPHS Chief Operating Officer, agreed to take back the request. **Chair Ullyot** stated that the Board would warmly associate itself with that recommendation.

**Tina Spooner-Whyte, MPHS employee** noted that MPHS is a certified Stroke Center and stated that it makes no sense not to have an ARC available for stroke patients. She also noted that, if patients do not get the same level of intensive therapy in the proposed program, in fact their length of stay in the SNF will go up and their ability to reach their potential compromised. She ended by saying that it should not be Behavioral Health *or* Acute Rehab, it should both.

**Patricia Scanlon Lane, RN** stated that she has been an MPHS employee for more than 30 years and she is committed to nursing as she has always wanted to be a nurse. She questioned the future availability of space at Mills for Recovery Inn, noting that if so much space is needed for Behavioral Health that it requires moving ARC out, will there be any space left for overnight stays for post-surgery patients?

**Sharon Tobin, MPHS ICU RN** spoke to further urge the Board to oppose the closure of the ARC. As an ICU nurse, she has witnessed patients coming in and then proceeding to TCU, Med/Surg, the ARC and then home. She has seen the excellent results of this full continuum of care; she has seen patients come back into the ICU to thank the staff, patients who they thought would never make it. There is a huge difference between acute and sub-acute care and it is a travesty to propose a subacute unit given the aging of the population we serve and the importance of family to the recovery of these patients. Please oppose.

**Chair Ullyot** commented that the Board is delighted with the turnout at this meeting. He stated that Directors often have to clarify for friends in the community that the District *is not* the hospital. The Board was surprised by the suddenness of the announcement; in fact, he heard first from Genel Morgan. He supported Dr. Rosenman's comment that Administration needs to listen to its nurses and physicians and was happy that MPHS Administration was present to hear loud and clear from the staff and public. It is hoped that by facilitating this forum, some of these issues can be understood and taken into consideration going forward.

**Kurt Kruger, community educator** for 45 years, introduced himself as an advocate for his wife who was just discharged from the ARC the previous Saturday. He shared her three experiences – first post stroke when she went to the ARC, second post-hip surgery when she went home, and third when she went back to the ARC after the second hip

surgery. The service was fantastic; the community feel of the environment, and the focus of the team on the individual's care plan were unbelievable. As an educator, "sub" is a bad word. The convenience of the ARC to the family is also very important. His wife's recovery was much better after the second surgery because of her attitude which he attributed to the ARC program and people. He then shared a picture of his wife up and walking.

**Kathy [Inaudible], wife of a former ARC patient** shared her experience. Her husband was discharged from Sequoia Hospital where they were told nothing could be done and to contact hospice. They did not accept that and got him into the ARC. Within three weeks he was walking and he came home. Three years later, he had a stroke and could not walk and was readmitted to the ARC. And again he is walking. They are very appreciative of the ARC staff and what they can do for patients and she feels badly if such a service will not be there for other San Mateo County families when they need such care.

## **NEW BUSINESS**

### **CalPERS Pension Proposal**

**Chair Ullyot** reported that this item has to do with the Board's intention to provide pension benefits for its employees. He cited the Closed Session that occurred just prior to this meeting in which the Directors and Mr. Dubois went over all the details and costs. He then called upon David Dubois, Senior Pension Actuary for CalPERS, to address the Board.

**Mr. Dubois** stated that the reason he was present was the outcome of the Governor's 2006 Pension Commission recommendation that an actuary be present anytime a public board is making a significant benefit decision. The plan under consideration is a 2% at 60 plan, one of the lower plans offered, that recognizes previous service and provides a 3% cost of living adjustment. The District would contribute 15.94% of payroll annually; employees would contribute 7%. This rate would last until June 30, 2012. There may be adjustments during that period due to changes in staffing and/or payroll costs. That concluded his comments.

**Chair Ullyot**, hearing no questions, called for a motion to approve the resolution found in the distributed Board materials: Resolution 2009-09, "Resolution of Intention to Approve a Contract Between the Board of Administration, California Public Employees' Retirement System and the Board of Directors, Peninsula Health Care District.

**It was moved by Director Newman, Seconded by Director Navarro, and passed unanimously to approve Resolution 2009-09, Resolution of Intention To Approve a Contract between CalPERS and the District, as presented.**

**Chair Ullyot** thanked Mr. Dubois for his attendance and comments.

### **2009 Audit**

**Chair Ullyot** introduced **Tom Brewer**, from Vavrinek, Trine, Day & Co., LLP, to present the 2009 Audit. **Mr. Brewer** opened by acknowledging the late hour and so made his remarks brief. He extended an offer to the Directors to meet individually to go over anything at whatever level of detail, at anytime they would like. He then called attention to the separate letter that was directed to the Board that speaks about the quality aspects of the audit rather than the numbers. The letter is required as part of the new suite of standards and is intended to identify any management issues. As stated in the letter, they found no problems. He then commented on the hospitable, cooperative, and prompt response by the staff, as well as, the District's attorney – highlighting the fast turnaround provided by Archer Norris. He stated that the Audit Report is a “clean opinion” without adjustments. At the end of the numbers part of the report is a review of internal controls and no exceptions were found. He stated that Sue Smith's resignation and subsequent death was a huge loss for the District and he is pleased to say that Ms. Fama has managed things without a loss of momentum. Sue did a wonderful job of transitioning.

**Chair Ullyot** thanked Mr. Brewer for his report and, there being no questions or public comment, he called for a motion.

**It was moved by Director Cappel, seconded by Director Navarro, and unanimously approved to accept the 2009 Audit as presented.**

**Ms. Fama** noted for the public that the approved minutes and audit will be available on the website by the end of the next day.

### **COMMITTEE REPORTS**

#### **Review of Committees:**

**Chair Ullyot** reported that the committees and membership have been reformatted to accommodate the District's focus and the new Director; the three committees are Long Term Planning, Sutter Oversight, and Community Health Investment. He noted that some of the new committee members were in the audience. He introduced **Genel Morgan** who will serve on the Sutter Oversight Committee. **Ms. Fama** introduced **Chris Corwin**, a new member and **Terry Jackson**, a continuing member, of the Community Health Investment Committee. She also noted that **Steve Parker**, a new member of this committee had been present, but due to a personal commitment, had to leave about 6:30 PM and could not be introduced at this time. **Chair Ullyot** called attention to the committee member “Bio's” included in the packet calling them an “all star cast”. He noted that recruitment is not complete.

#### **Long Term Planning Report – Chair Ullyot: No Report**

#### **Sutter Oversight – Director Newman: No Report**

[**Chair Ullyot** noted that the Building Committee and the Mitigation Panel did not meet in August.]

**Community Health Investment, Director Galligan:**

**MD Recruitment – Director Galligan** and Ms Fama met with Dr. Kimberly Dalal, an oncology surgeon looking to join Dr. Bruce Allen’s practice. She has a distinguished background, having graduated from Harvard, John Hopkins and now finishing up her tour of duty in the Air Force. She will be deployed to Afghanistan this November and hopes to join the practice next September. Like Dr. Allen, **Director Galligan** found her to be very personable and skilled. The District has offered a home loan to help recruit her practice for this community.

**RN Loan Forgiveness – Director Galligan** reported that an out-of-cycle request from an MPHS employee enrolled in the CSM program was processed and granted. She received \$2000 under the District’s program.

**Chair Ulyot** wanted to underscore the superb qualities of Dr. Dalal and encourage our efforts to get her. He reported that the District’s offer includes a low interest home loan and a low interest forgivable home loan. He then asked if the funds were budgeted for this year. **Director Galligan** responded that we have set aside money in the past for MD recruitment, and then asked Ms. Fama to comment. **Ms. Fama** responded that, since that line item had not been used in the last three years, there was no MD Recruitment line item in the new budget. It is her understanding that this loan, the amount and structure being consistent with existing District policy, would come out of the Community Grants budget. If it is determined through the Community Health Investment Committee work that additional funds for grants are warranted, a recommendation would come back to the Board to increase the grant line item in this year’s budget. **Director Newman** stated that when we see someone of Dr. Dalal’s caliber and quality, we should ignore budget restraints. The District should be about community service and in cases like this, we should do it.

**Public Comment:**

**Pat Giorni** noted that, given the turnout for Acute Rehab, it seems like the new Sutter Oversight Committee has its first agenda item. First there was no room for the Cardiac Fitness Center, then the SNF is moved out and into a separate building, and now the Acute Rehab is closed – What is going to stay in the new hospital? Given the new, restructured relationship, these are exactly the issues the new committee should be discussing and she is excited to be serving and looks forward to the first meeting. She then asked if the letter from Senator Yee was received; if not, she will obtain a copy for the Board’s record as he expressed the same sentiment as Congresswoman Speier about the proposed Acute Rehab closure.

**CEO REPORT**

**Real estate - 1875 Trousdale:** 7/23/09 Closed Session action authorized Ms. Fama to revise current lease agreement with MPHS to increase District allotment for tenant improvements by \$300,000 and then amortize repayment, with interest, over the life of

the lease. Original plan was to open the Cardiac Fitness Center in March 2009; it is now slated for April 2010.

**Healthy Families Funding:** The State budget cut funding of this program by nearly 50%, potentially impacting >3000 District residents. A briefing was included in the Board packet. No action was requested at this time.

**Public Comment:**

**Ruth Jacobs** expressed concerns about District funds going to feed children and support other community programs when programs like Acute Rehab cannot stay open in our new hospital for the lack of funds. She referenced \$10M the District gave, but does not know where that went. She does not see a sheet that explains this. **Ms. Fama** responded that she would be happy to meet with Ms. Jacobs and go over any and all financial reports to help provide clarity on this for Ms. Jacobs. She added that the \$11M that Mr. Merwin referenced dated back to 1995. Since the new agreement, the District has not provided any money to the hospital outside of the community grants program to which MPHS applies for funding through the grants process like all others. The District's money since 2007 has gone to establishing and running the office, community grants, property development (1875 Trousdale), and the Board designated cash reserves.

**CEO REPORT (continued)**

**Community Outreach Activity-Millbrae Annual Street Festival:** There will be a District booth to increase visibility, distribute health information, collaborate with community partners, and support local community organizations. Directors are encouraged to wear their District apparel and spend some time meeting the public.

**CEO Quarterly Performance Report-** A summary of actions and accomplishments relative to the Board-approved performance goals was included in the packet for review. Ms. Fama highlighted two areas: there has been no progress on identifying "new" program ideas as community need is focused on maintaining existing safety net needs; and the proposed series of lectures with gubernatorial candidates has been tabled.

**Community Outreach Activities** – This routine report was distributed in the packet; there were no questions or comments.

**Community Fund Raising Events** – A summary of non-profit fund raising activities was distributed and Director interest in participating was solicited. It was noted that the District is a sponsor for the Strides for Life, Shelter Network, and Community Gatepath events.

**NEW BUSINESS**

**Election of Board Treasurer**

**Chair Ulyot** noted that since Sue Smith's resignation, the Board has been without a Treasurer. He then opened the meeting to nominations. **Director Navarro** nominated Larry Cappel and **Director Galligan** seconded the nomination. **Chair Ulyot** asked if there were other nominations. Hearing none he asked **Director Cappel** if he was prepared to accept and he responded affirmatively.

**It was moved, seconded and unanimously passed to appoint Larry Cappel as the District's Treasurer.**

**Proposal to move October Meeting date**

**Chair Ullyot** stated that the proposal to change the October Regular Meeting of the Board from the 4<sup>th</sup> to the 5<sup>th</sup> Thursday was occasioned by a seminar in San Diego. **Ms. Fama** added that it is a California Special Districts Association program that will focus on Finance for elected officials and agency managers.

**It was moved by Director Newman, seconded by Director Navarro, and approved unanimously to change the October Regular Meeting from October 22 to October 29.**

**Ms. Fama** noted that the meeting location will still be the Burlingame City Hall chambers; this has been confirmed.

**CORRESPONDENCE:**

**Ms. Fama** commented on two items. "L", a letter from the San Mateo County Treasurer's Report, that reports the Pooled Fund earned only 1% in July; and "O", a letter from the county Controller's Office that reports the District's tax revenues for 2010 will go up 2%.

**ADJOURNMENT:**

**Chair Ullyot**, referencing Mr. Brewer's earlier remarks about Sue Smith, acknowledged that the District misses Sue's presence and spirit, and expressed the love and respect every member had for her.

**ADJOURNMENT: The meeting was adjourned by Chair Ullyot at 19:21 hours, in memory and honor of Susan S. Smith.**

Submitted by \_\_\_\_\_  
**Cheryl A. Fama, CEO**

Approved by: \_\_\_\_\_  
**Helen C. Galligan, Board Secretary**

Approved by: \_\_\_\_\_  
**Daniel J. Ullyot, Board Chair**