

ONEIDA COUNTY PLANNING and DEVELOPMENT COMMITTEE
JUNE 14, 2017
COUNTY BOARD ROOM – 2ND FLOOR
ONEIDA COUNTY COURTHOUSE
RHINELANDER, WI 54501

Members present: Scott Holewinski, Billy Fried, Mike Timmons, Dave Hintz and Jack Sorensen

Members absent: None

Department staff present: Karl Jennrich, Zoning Director; Pete Wegner, Assistant Director; Kathy Ray, Land Use Specialist; and Julie Petraitis, Program Assistant

Other county staff present: Mike Fugle, Assistant Corporation Counsel

Guests present: See sign in sheet.

Call to order.

Chairman Scott Holewinski called the meeting to order at 8:45 a.m., in accordance with the Wisconsin Open Meeting Law.

Approve the agenda.

Motion by Jack Sorensen, second by Dave Hintz to approve the amended agenda. With all members present voting “aye”, the motion carried.

Public comments: **Tom Handrick spoke.**

Ray Selk property located at 225 St. Germain Street, further described as: Hazelhurst Land Co., Add. Lot 1 Blk 3, Section 14, T39N, R6E, PIN MI 3434, Town of Minocqua. Oneida County permits 1600717 and 1600715. The committee will be discussing a violation of the Oneida County Zoning and Shoreland Protection Ordinance and the zoning permits.

Pete Wegner stated that this was on the agenda so the owner could explain what happened at the site. Land disturbance outside the

Motion by Billy Fried, second by Dave Hintz to direct Staff to work with the landowner on a mitigation plan to resolve the land disturbance outside the 28’ area with the Planning and Zoning Director to authorize the agreement. With all members present voting “aye”, the motion carried.

Motion by Jack Sorensen, second by Dave Hintz to direct the Zoning Director to negotiate the monetary settlement portion of the violation and bring that back to the committee for approval. With all members present voting “aye”, the motion carried.

It is anticipated that the committee may meet in closed session pursuant to Wisconsin Statutes, Section 19.85 (1)(g), conferring with legal counsel concerning strategy to be adopted by the governmental body with respect to litigation in which it is or is likely to become involved. A roll call vote will be taken to go into closed session.

a. Violations of Section 9.94(A) (2)(d)((2)) – Outside view corridor, Section 9.95 (A)(1) – Land Disturbance outside view corridor and 9.82(C) – Failure to comply with permit requirements in the Town of Minocqua.

The committee did not go into closed session.

A roll call vote will be taken to return to open session. **None**

Announcement of any action taken in closed session. **None**

9:25 AM – 5 Minute Break

Discuss/act on conditional use permit application by Marshfield Clinic Inc. to construct a hospital addition to the existing Marshfield Clinic building and helipad located at 9601 Townline Road further described as part of the NW NW and NE NW, Section 11, T39N, R6E, PIN MI 2173, Town of Minocqua, Oneida County.

General Standards for Approval of CUP

No application for a CUP shall be approved or conditionally approved, unless the Committee finds that the following standards are fulfilled:

Standard #1 – The establishment, maintenance or operation of the conditional use will not be detrimental to or endanger the public health, safety, morals, comfort or general welfare.

Billy Fried: This is one that I think has been the big cloud as far as consideration the emotions from the public and all that. Everyone has different perspectives on how broad they want to take it. Health care, and it has been said before, is a very emotional issue for the consumer, for the professionals in the business, etc. For me being in Minocqua I know people on both sides, so it is very emotional that way as well as these are all good people. It is unfortunate that the national, federal, the world concern with health care and how to manage it and how to get it working properly is coming into our own backyard where it is a very contentious issue. As was said at the public hearing, if this moves forward or doesn't move forward health care is changing and the model of what worked ten, fifteen, twenty, years ago isn't working in today's world. I think, as far as condition #1, be it if this is done or not things are changing. Hopefully entities are taking their models to try to provide the services that are needed in today's challenges and will allow them to have these services so I think it could be for the better. If you are arguing that it cannot be, what is the difference if the hospital is across the street or if the facility is done across the street or ten miles down the road? I mean, if something is done ten miles down the road, because supposedly they are looking at opportunities elsewhere, that could be a concern in the environment. I believe the condition can be met. It will not affect the general welfare.

Dave Hintz: The bottom line, I believe, condition #1 is met by the proposal. There is no guarantee's in anything. Some people have asked will you guarantee if a service is discontinued in one place will you guarantee you will pick it up. Will you guarantee you will always offer the same level of service the same spectrum of services and there is no guarantee's. We have to live with that. My opinion, I think condition #1 has been met. Some people say that it is the responsibility of the applicant to prove their proposal will not have a negative impact on the community. That is impossible to do. There is a risk with proposing anything. I am part owner of the hardware store in Three Lakes. We did not require a CUP for that because it was a long, existing business but I cannot promise that five years from now a terrorist does not buy nails from the hardware store, put it in a bomb, and blow something up. It is impossible to predict what may happen. Using good judgement I feel it will have a positive impact on the community and therefore I feel that condition #1 has been met. It will create 60 to 75 new jobs. They will be spending \$30 million dollars to develop the expansion in Oneida County, which I think is all positive.

Scott Holewinski: What I did is I sat down and I went through all the information that was submitted so I am just going to read what I prepared last night and go through my thing on this. On the application the applicant stated public health, safety, morals, comfort and general welfare will be enhanced by the addition of a hospital to the Marshfield Clinic Minocqua Center Campus. It will provide state of the art healthcare, lower health care costs and provide choices for the citizens of Oneida County.

Under B, they wrote: Marshfield Clinic (which is item two on the general standards) does not believe that this project will diminish the value and enjoyment of adjacent properties in any way. There are two distinct areas that abut the property – the highway commercial zone to the south and the residential zone to the north. The project will be built in the southern portion of the campus and will focus its entrances and ambulance traffic to the south, utilizing the controlled intersection of State Highway 70 as access to the campus. It will likely have a positive impact on the Highway commercial area (both economically for existing business and possible spurring additional businesses). With the focus of the facility to the south, we do not expect any detrimental impacts to the northern residential area. No additional driveways are added, minor additional traffic (if any) will utilize Townline Road and this building will be mostly shielded by the existing building.

Nothing in the answers in the application to General Standards A and B gave any evidence supporting data or statistics to prove that it met standard A or B or could be met with conditions.

I question minor additional traffic since they are doubling the footprint of the facility and their statement that the building will be mostly shielded by the existing building is nothing like the onsite proved to be from the residential area.

We asked for more question to be submitted on May 3, 2017 to clarify what was said in their application and at the public hearing.

Question 5: how does your proposal fulfill standard one of the general standards of approval? On page 2 through 7 of their May 17, 2017 answers, they start out by explaining previous approvals of some of the same parts of their application, as precedent to approve their application and spent most of their answer on what Howard Young Medical Center approval was and that was a reason to approve theirs.

They go on to talk about the air heliport and mainly talk about the comparison between the two hospitals and no time on the whole question giving no evidence supporting data or statistics to prove that it met all of the parts of standard #1.

They do offer to pull the heliport and amend their cup only if it is the only issue that would preclude the committee from approving the CUP.

Then the balance of their answer is giving the committee their legal advice as to why we should approve their Conditional Use Permit.

Again, related to General Standard 1 and 2 they did not, in my opinion, supply sufficient evidence supporting data or statistics to prove that it met these two standards.

Again, where submitted on May 31, 2017 questions and again, in my opinion, they did not supply enough documentation to prove that they met General Standard 1 with sufficient evidence supporting data or statistics to prove that.

A lot of the concerns by the public with regards to road traffic travel, water table issues, heliport could be met with conditions.

They did not supply enough documentation about competition for emergency departments and hospitals in a rural market and how that could impact or not impact the public health, safety, morals, comfort or general welfare of our zoning area which is the entire County and the impact for the good or bad that approving this CUP could have had on the total area of health care currently being supplied by Howard Young Health Care.

At the public hearing, there was a Dr. David Argue, an economist who specialized in health care economics. He taught health care economics to graduate students. He had been researching and consulting in this field for twenty-five years, including on the issue of competition between hospitals and physician-owned facilities.

He says, on page 82 of the Brow and Jones reporting document, introducing Marshfield Clinic's hospital into this community is likely to result in harmful effects for the health care in the community. I think that is true. Notwithstanding that, competition in health care is a good thing.

After reading the public hearing's testimony of Dr. David Argue, pages 81 through 103 of the Brown and Jones reporting, along with public input of 151 in opposition and 101 in favor of listening and reading of all those comments with Marshfield Clinic not supplying sufficient evidence, supporting data or statistics to prove general standard one (1) was met. I say general standard number 1 (#1) was not met.

Jack Sorensen: First, I agree with everything you said there but along the way, I would like to thank both Marshfield Clinic and Howard Young for their cooperation in dealing with this committee. I would also like to comment that I had the experience of the professionals, the Doctor's, the Physicians, the Nurses in both places and I do not see this in any way, shape, or form as who has the best. They both have extremely good Doctor's. Somewhere along the line, a comment was made that Howard Young sends people all of thirty (30) miles down to Rhinelander. I just had to go see a specialist at the Marshfield Clinic in Weston. That is a lot further than thirty miles. When we talk about the national issues on health care and everything one of the biggest concerns seems to be trying to control expenses. I do not see the benefit of spending thirty-five million dollars on a facility, literally adjacent to an existing facility that has everything that is needed for the community. The Northwoods has a huge population that descends on us in the summertime and then disappears in November, most of that disappears in September and the locals disappear in November and what is left is not nearly what we see in the populated summer. There was at one point in time an opportunity for Marshfield and Howard Young to do a joint campus, from what I have been told. Looking back historically in Rhinelander, we had two clinics. The Bump and the Schiek Clinics that at one time they did merge the two clinics. Then they built a facility adjacent to the existing hospital on the south side with a closed common entryway to the two places. They

worked together, and in my opinion did a marvelous job until they decided to expand the south campus, bought up two city blocks, and a light went on along the way and wow, this is not going to work. After disrupting all of that, they built the new existing facility, which is really quite, quite nice. It seems the older I get the more time I spend there. In my opinion, this duplication of services is not required, is not healthy for the community and in general does not meet standard number one (1).

Mike Timmons: I guess I will reflect back on Jack's statement. Yes, thank both Marshfield and Howard Young for cooperating throughout this whole process. Obviously, I have been to both facilities, family has etc. As of May 15, through the County News, The National Association of Counties that we all get from the Counties Association, a direct quote: "A hospital's success is foremost a function of its demographics" said Louis CEO of Hometown Health LLC. "It takes about forty thousand people in a community to support a rural hospital without any subsidies. That is a big population that we do not have. To have two hospitals in our general backyard be it anywhere in the Lakeland area that is a major concern of mine. The other part of the public health safety end of it is recruitment of staff completely. Grab the local paper and recruitments everybody is looking for nurses, doctors, cleaning people, everything. I do not know if we would have the numbers of people to support what Dave said, I think you said 65 people in your comment. Our local paper is full of want ads and I mean the quality, I am not sure if we would have the staff to facilitate both facilities. I personally think, unless some condition could come out of somewhere that I cannot foresee I cannot see how we could say number one would pass.

Scott Holewinski: At this time, we will take any discussion. First of all I'd like to say that I've, in the last couple years, I've had surgery done by Marshfield Clinic and I've had surgery done by Howard Young, the Rhinelander facility, and both facilities and the Doctor's and the nurses and everybody are excellent. I do not think you could sit back and say this one is better than the other one. I think both company's do a good job in taking care of their customers that come in there, their patients. Any further discussion?

Billy Fried: Yes, I have a couple things on what you guys presented. Again, I think the argument comes, how broad are you going to take this? If you want to take it broad about duplication of services, and that was the most common with the public input, duplication of services. This is a conditional use permit. It is not for us to say there are too many gas stations, too many hospitals. You are going into the health care, which you know you are going to negatively impact this or that. The way things are right now is not working. Insurances are going to guide patients to where they can go and what Doctors are allowed to do. You can take recruitment as an issue. Can we recruit enough for two hospitals? That could be, I do not know where that is our committee's role. But there is always an argument on the other side. I heard the comment that the environment right now is not conducive to drawing the professionals we need in this area. I thought one of the arguments for doing this was to create and stabilize the environment to attract the staff that we need up here. Again, no matter what if this passes or not I still may be sent to Marshfield, I still may be sent to Wausau, I still may be sent to Rhinelander depending on what procedures I want what insurance I have. But look outside these hospitals. There is these Surgical Centers popping up, Dialysis places popping up. For almost any procedure; x-rays, MRI's all over. Again, the landscape of health care is changing. I think it's important, before we start saying we aren't going to do it it's going to affect the healthcare in our area, healthcare is being affected by a lot of forces outside of what we are

considering today. I think it is important that we get back to “it’s a conditional use permit and forty years ago we would have loved the opportunity, ‘oh, someone else wants to build a hospital.’ What if it was the Mayo Clinic? Would we be saying no to them? I just want to make sure. You are arguments are good but I think they are getting too broad and you are not considering that I think things can be flipped with that. The relationship, when Marshfield first got here was a whole different environment and different entities working together than the environment or the entities that are trying to work together today. I would encourage you to reconsider your thoughts on condition number one.

Mike Timmons: Just to rebut, personally I don’t care if it is Howard Young, Marshfield, Aspirus, whatever the player is when somebody is sick, injured whatever they don’t care where they’re going. It is me and whoever me may be in this room. That is the part and if the recruitment end of it and that over choice, if you will of having too many varieties, are we going to have the qualified people at a give and take equally at the same time so they aren’t confusing. That is where my thought process is. Personally, I have been to all of them. Fortunately, for me, unfortunately for the people that are involved here; I do not Doc with them. Mine is through Aspirus, so I am outside of this picture for my heart issue so as I said it is nothing personal and it is the recruitment end of making sure that we have staff here and I do not feel, looking at our Lakeland Times and other papers and news media we have the staff to get this accomplished.

Billy Fried: But is that our role to make that determination that we do not have...

Mike Timmons: It is public safety, Bill. That is all I am saying.

Billy Fried: And this is good, it is a tough thing especially we are both up there but I always come back “who’s to say”? Again, as we have gone through this process we probably got punch drunk from all the meetings and the comments and at night you hear the comments in your head and you think about it at night. There seems to be two sides. Part of the argument could be this will create a better health care environment. The other side, as your presenting, is it is not. But I do not know where we are the ones to say.

Jack Sorensen: This seems to be de JA vu. We were here, what, fifteen (15) months ago. Back then, it was a nursing facility now it is the nursing facility on steroids. The same issues are coming up. Redundancy on services, which was one of the things that, number one, went on to the Board of Adjustment and they sustained it. We are not to number two yet but they also sustained that one. That vote was four (4) to one (1); I was the one (1). They sustained me. We are in the same loop that we were fifteen (15) months ago, Billy. The arguments are amazingly the same. The net result of this is going to be the next step up. The next step after that, Circuit Court. And how far it goes after that we do not know. There is a rumor out there that there is land being looked at up in Arbor Vitae. We have all heard it. So if the net result is “no” here is Arbor Vitae the next place where they are going to go through this amount of due diligence? Not to be critical, but I think this Committee does an awful lot of due diligence that some of the Town’s that have sent stuff to us don’t even begin to reach that level and in the context we’re talking about I guess I’m referring to Minocqua and their Board. I just feel we are arguing the same issues a second time. It appears that the same results are going to be here. I will, again, thank Marshfield and Howard Young for their responses to us. The fact that we may agree or disagree I have the greatest respect for the teams, the

Doctors on both sides and their legal teams and everything else. You are very, very professional and I thank you for that. I will reiterate again, you are physicians and nurses and professional staff are, on both cases, outstanding. But again Billy, we were here fifteen (15) months ago and I am hearing a lot of the same stuff.

Billy Fried: I do not disagree. I mean the permit is different but the arguments are very similar. I just wanted to comment about the Town kicking it up, specifically in this case. I think the Town of Minocqua does a lot of diligence with its Planning Commission and its Town Board. Their wishes are to have it. This is one of the most developable properties in the Town because city water is there. It is not the swamp area like over by Wal-Mart. This is good buildable property for commercial real estate. As was said by one of our Town Board Supervisors at the Town of Minocqua hearing the Town of Minocqua felt it was not their position to pick winners or losers. This is a good project; it is a good project for Minocqua. It meets the requirements of the CUP. They did their diligence with reviewing and sent it here with a recommendation for approval with a condition of the berm being addressed and the traffic flow, I believe. I just wanted, for the record, to clarify. I think they did do their diligence and they would like to see approval.

Scott Holewinski: Dave, you have been waiting.

Dave Hintz: No, no. I do have a few comments. Many of the arguments are exactly the same as they were fifteen (15) months ago and I think fifteen (15) months ago, as well as today; we get a little bit off track. The question is is it appropriate land use and I think that is what we should be deciding. Is this proposal appropriate land use for what wants to be done and I think the answer is clearly yes? We use arguments about 'well we may not be able to hire sixty or seventy-five people in the area'. I think that argument is irrelevant. Both of these companies, organizations, Marshfield Clinic as well as Howard Young – Ascension are large businesses. Competitive businesses, as competitive as any other business I have dealt with. The argument has been made, by Howard Young, as I would if I were their business that this new business wanting to come in and expand is bad for the community. I think that is wrong. I think it will help the community by creating competition. Right now and this happened to me twice over the last two and a half years; I have insurance with Etna and my wife is a cancer survivor so depends heavily on medical care. Twice, from Etna, during the last two and half years got a letter that Howard Young and their providers are no long part of the network. Howard Young worked with me on that and eventually they were back in the network. When I called Etna to do this, they said 'well give me your zip code and your address'. The three closest hospitals to me in Three Lakes Howard Young, Eagle River and Rhinelander are all controlled by the same company, which some people describe as a monopoly. We are refusing to let a legitimate company expand that has been doing business in our area for a number of years and doing very well. I have been treated at Marshfield Clinic as well. We are saying 'no you can't expand'. I think that is an issue. I think they should be allowed to expand. I think it is an appropriate land use. The related issues we talk about hiring. I think it will be good that if jobs go out where 60 to 75 professional type jobs. I think that is all good. I think competition is good. It makes people better. It makes people improve their services. I think all of those side arguments are all positive arguments. Health care is probably the most complex issue in the Country right now or one of them. The US spends per person, on average, \$10, 334 on health care. It is big business. It is a lot of money being spent with no clear direction. If you go to the hospital now and no longer is it Dr. Jones making the rounds, a Hospitalist sees you while you are

in the hospital. It interesting, I think at Howard Young most of those Hospitalist's are really employed by Marshfield Clinic, which makes it, it is not a unique model but it is certainly not a typical model of the health care industry now. There are stories of how that got started years ago that Howard Young would not allow Marshfield a closer connection. I do not know if that back history is true or not. Health care must be allowed to move forward, must be allowed to compete, must be allowed to, in a legal way I think we are trying to prevent them from expanding and offer services to our Community a choice. I think that is a significant mistake. Ascension tried to paint Marshfield as a big business. Ascension is about twenty times the size of Marshfield, if I got my numbers right. They are a very significant business. They are run like a business and they make decisions based upon economics, which services are profitable and which are not. They are both charitable organizations and have this charitable type of mission but they all make their decisions based upon business. Ascension cannot guarantee that they will not want to sell Howard Young a year from now or shut the doors on the Eagle River Hospital. None of those promises can be made. Getting back to the point, I think we are a mistake by denying Marshfield Clinic permission to expand their business. They have been doing a good job for the Community and they want to do more in the community. They want to hire some people and they want to invest some money. I think by us saying no we are making a fundamental mistake.

Scott Holewinski: My comment is, as I researched and read through everything I look at Howard Young at the level of service they were and I kept saying they were a level three trauma center and I think Marshfield Clinic point out that they are no longer a level three trauma center. I did not know that. I do not know what level they are right now. We have a high level of health care in our area for a rural area, the way it sits right now. By taking and creating another hospital and splitting up the amount of people that go to two different hospitals, I think will impact the public health of this area and especially at the level that we have. As far as profitability, when I talk about Economist he about twenty pages of it and I only read one item out of there but he went to exactly what you said and he talked about having one company supplying the Doctors and one supplying the Hospital and how well that works and things like that. When I based my decision, it was based on everything the Economist said in his part because he actually gave situations and explained things in there. I see it as if this is approved that there will be a decline in health care as we see it today. I do not think it will be cheaper, I do not think it will be...it may be better for knee surgeries and hip surgeries and all the profitable things but I do not think it will be good for all the odd things that come up as far as detox and emergency care and trauma center type things. I think that will go away on us. That is why I am basing my decision on that.

Billy Fried: I just want to comment because you keep bringing up this Economist. One question you should have asked him was 'if Marshfield doesn't get this CUP and their Corporate Office decides to pull back on services what does it do to...how does that affect?' Again, I talked about you can look at both sides of the issue and a lot of your decision you said was based on the Economist who was hired by Howard Young. I just want you to reconsider that and second, again, it comes to these services. We do not know where it is going and I do not think our decision today is going to improve the detox or hurt the detox. It is going to be dictated by funding, it's going to be dictated by Insurance Companies there's all these other elements and if we truly want to understand the health care business I recommend we go to Tahiti for a year and a half with a computer and we start getting educated on it because there is no way in even the two or three

months and what really in the big picture is a small volume of stuff. Are we educated to make decisions about how these services and level one, two and three?

Scott Holewinski: And just to clarify what Billy said I did not base my opinion just on the Economist. I based it on the 151, and I read every one of them that were against it and the 101 that turned it in in favor of it. I based it on the questions that were asked and everything that happened at the public hearing. It was not just the Economist that went into this, just to clarify.

Billy Fried: And you were very thorough and I respect that.

Scott Holewinski: Any further discussion?

Billy Fried: Is there any way to change either of your three minds? Because the way it stands, if you are set in that position this discussion is over, isn't it?

Scott Holewinski: We are going to take a vote.

Jack Sorensen: Billy, that is what happened last time and the Board of Adjustment sustained the three of us and then sustained me by myself. You talk about, yeah we are five individuals and we all have our personal experiences, we have all had our personal medical experiences. I have had extremely good ones at; I will call it Ministry I keep trying to figure out who owns what. I have had extremely good, some the technical people I have had to see at Marshfield. I do not dispute the professionalism; I do not dispute your good arguments. When we talk free enterprise, I do not put medical services in the same bay as a gas station or a hamburger place flipping hamburgers.

Billy Fried: I wish

Jack Sorensen: The reality is Billy, we will make a decision here but it is going upstairs. It is going up to the next level. Although the last time it did not go to the circuit court it may very well go this time and then even more brilliant people can decide what is going on.

Billy Fried: I wish I could make a motion to make you arbitrator to bring these facilities and staff together. I bet you could put together a model that would...

Jack Sorensen: I am not Donald Trump, I am not a negotiator.

Scott Holewinski: Any further discussion. All right, we will take a vote on item #1. If it meets or if it could be met with conditions.

Jack Sorensen: No.

Mike Timmons: No.

Billy Fried: Yes, it has been met.

Dave Hintz: Yes

Scott Holewinski: No.

Three Nay two Aye

Billy Fried: Can I ask for a reconsideration of the vote and those that feel it has not been met tell me why. I would like to discuss why you think it cannot be met with conditions.

Scott Holewinski: Each one of said through each one in the first time, Billy.

Billy Fried: Okay, but I understand you are saying it has not been met but I am wondering

Jack Sorensen: You can move reconsideration and I

Billy Fried: I just want to have discussion on it. I want to move for reconsider.

Jack Sorensen: Are you moving, parliamentary procedure, you are correct the motion to reconsider there would have to be a second and then a vote on your motion to reconsider. But I bet it does not go down three to two.

Billy Fried: I want to have discussion about it.

Scott Holewinski: Billy we had the discussion

Billy Fried: **Motion to reconsider.**

Scott Holewinski: We have a motion, is there a second?

Dave Hintz: **I will second the motion.**

Scott Holewinski: We have a motion and a second to reconsider. I think that is undebatable, right.

Mike Fugle: I believe you need to vote on the motion to reconsider.

Scott Holewinski: Without discussing.

Dave Hintz: You cannot without any debate.

Mike Fugle: Right, because you are actually voting whether or not you are going to have debate.

Scott Holewinski: Right, without debating.

Billy Fried: "Aye"

Dave Hintz: "Aye"

Scott Holewinski: "Nay"

Jack Sorensen: "Nay"

Mike Timmons: Gotta go against you, "aye".

Billy Fried: Thank you. I just wanted to ask so those that feel it hasn't met number one, there is no conditions that you can think of that would make it meet condition one.

Scott Holewinski: Not on this one.

Billy Fried: That is why I wanted to make sure. You feel there is no conditions that would allow

Scott Holewinski: I even stated that in my presentation that I thought there could be conditions for everything here. If item number one was on here, there would be a condition for everything and this would pass.

Billy Fried: There is no condition, Jack that would allow you to feel.

Mike Timmons: I have thought long and hard to try to figure out how it could pass. I said it does not matter to myself or whoever the “me” is in this room. We want to make sure there is adequate public health and safety.

Billy Fried: Okay. That is why I wanted to reconsider because I did not know if there was a condition that might be able to be put in place.

Scott Holewinski: Billy, we talked about the high water table. That would not have affected this one. There could have been a condition. The heliport, the berm could have been made bigger. There was all ways to make this work. This is the only one that I was stuck on and kept and that is my opinion. It will endanger.

Dave Hintz: It will endanger the public safety and health.

Scott Holewinski: Because of the level of service that we have right now, I do not believe we will have the emergency care that we have right now. I believe we will have real competition in the profitable surgeries but we will not and everything that is unprofitable will go away and we will have to travel long distance for that health care.

Mike Timmons: I spoke to Peter

Dave Hintz: Let me take that logic a bit further. So, it means that if we allow it the profitable business would go to Marshfield and then Howard Young would lose that profitable business and would no longer be able to afford the other services

Scott Holewinski: The unprofitable ones and those would have to go away.

Dave Hintz: So they need to keep these profitable services to support these non-profitable services.

Scott Holewinski: That is part of it. Also, they say they are going to pick up sixty to seventy new positions at their place but I’m wondering how many we’re going to lose at the other one when this all loses; whether they go over to this one or what that is going to affect in the area as far as employment.

Dave Hintz: So you would feel the same way if it was a CUP for a new paper mill, that the new paper mill would hire the best employees away from the current paper mill.

Scott Holewinski: No, I would look at the paper mill different than this one.

Jack Sorensen: It is back to the argument that we are dealing with, health care services. We are dealing with a paper mill. We are not dealing with McDonalds. We are not dealing with Kwik Trip. I put medical services way above everything else. I again will reiterate if everybody wants a hospital down the street all that is going to do is continually cost more and more and more and more to all of us. That is where it comes from. One way or another the people on the street are the people paying for it. You can talk about insurance companies; they are out to make a profit. Where does the profit come from? The people on the street.

Mike Timmons: If we had our year around population based within the next couple of weeks, we may be able to sustain all these hospitals. But 40,000 people, I believe this is a very well; National Association of Counties publication, I believe the people they are quoting in here would be pretty reputable. I did talk to Rusk County, with their County owned hospital and they have now gone to mostly transfer out on most things. The County Chairman is whom I spoke to on that one.

Billy Fried: The only reason we bring in a gas station or a paper mill in the argument is when you start talking about profitability. Both entities, profit and non-profit whatever they have business models to succeed. The environment for health care is changing. There is circumstances where Ascension has sent people to facilities outside of Woodruff that could be done in Woodruff, and I am guessing, I am theorizing I do not know for sure, but they are just trying to do what is best for their model and for their entity. So, the people on the street are going to pay no matter what. No matter what we do today, no matter what is done tomorrow. The costs are going to rise, we dictate by the insurance company or our employer where we can go and we are going to be paying. Now, there is a lot of frustration and emotion as we have seen through this whole process and it is very frustrating and a helpless feeling when you are sick or you do not know what is wrong with you or a loved one. There is also no better feeling than when you have a professional take care of a loved one or yourself in those circumstances. I think that's, we are all attached to the health care community and it is hard. The points are a good discussion to be on a cable TV show about health care. The reason I wanted to reconsider was if there was a condition to rest, some of your concerns I think that is what is best for our community of leaving options open. Again, you see dialysis places. All these things are popping up and they will continue to pop up. There is a highly regarded Doctor from our area that is going to have a symposium or something here about alternative options in health care and health insurance. I just feel, number one you are really broad and getting out of our league. I think we are actually serving our community best by giving those that want to try different models the opportunity. Howard Young has hopefully has sustainability. It has been mentioned that they would move forward no matter what happens here today. They have good community support through their Foundation. They have a good support with their expenses of up to two-million dollars to support it so that entity should be able to survive more than anyone else in this market. That is not part of the argument I just bring it in because we talk about profitability.

Mike Timmons: Either one of the two in the debate on this and it's strictly Marshfield Clinic's doing this and that is where I said it doesn't matter whatever initial on the front door of the building the 40,000 people, the substantial taking care of it, the staffing; our staffing levels have changed in

the last fifteen months around here because of cooperation and recruitment. That's a fact. If we have more deterrence of here or here there is a possibility within that 40,000 people are we are going to have five, six hospitals. How high are we going to go? Our next hospital we might as well call is going to be Wausau or Marshfield because there is not going to be quality staff anywhere if we keep spreading out so thin. That is where my main concern is. Personally, everybody in this room should be looking at their own self

Billy Fried: I get worried that we theorize this is what's going to happen if this does because I could say the same thing even if we allow them to do it there are people of the opinion that there's going to be all these satellite's; they're going to feed you to a main hub like airports. I think, honestly, I think Wausau is going to be a hub for a lot of us outlying areas in the future no matter what we do today.

Jack Sorensen: It already is, Billy.

Billy Fried: I know but here you're using the argument that

Jack Sorensen: I had to go Weston to find one specialist that I had to deal with. It was not even, I had to go to Weston to meet and the thing is I walked in there and he already had all of my blood tests. I walked in there and sat with a nurse that did the exact same thing a nurse in Rhinelander would have done and I talked to the specialist for ten minutes got a pat on the back and said go on your way. Duh. At this point in time, we are being redundant. We have taken a vote, let us move on.

Dave Hintz: And I respect that. I think we are getting redundant. I think we have made our arguments, respectfully made them and I appreciate that, and listened to each other I believe. I am ready to move on, also.

Scott Holewinski: Me too. The only other comment is Marshfield Clinic, in their last set of questions, said in there that there was no guarantees that they could get for any of those type of concerns. There was no way that they could document, but it was up to them to document item 1 and not a condition but would have gave me information to sway my vote.

Jack Sorensen: Let us move on, Mr. Chairman.

Dave Hintz: Everyone did a good job, Marshfield and Ascension of providing us with appropriate material. I do not want to criticize either of them.

Mike Fugle: I think you should have a motion to deny the reconsideration because the motion for reconsideration really was to have a new vote.

Scott Holewinski: So we need to make a motion to deny the reconsideration.

Billy Fried: We could just vote.

Mike Fugle: Or you could vote again on this.

Scott Holewinski: Let us just vote on it. Okay, so we are going to vote on item number one again.

Vote: Billy Fried, “aye”; Dave Hintz, “aye”; Scott Holewinski, “nay”; Jack Sorensen, “nay”; and Mike Timmons, “nay”. Okay, three (3) to two (2). Deny.

Let us move on to item two (2), Karl.

2. The uses, values and enjoyment of neighboring property shall not be substantially impaired or diminished by the establishment, maintenance or operation of the conditional use.

Vote: Meets with Conditions, Billy Fried “aye”; Dave Hintz, “aye”; Scott Holewinski, “aye”; Jack Sorensen, “aye”; and Mike Timmons, “aye”. Five to zero. Approve.

3. The proposed conditional use is compatible with the use of adjacent land and any adopted local plans for the area.

Vote: Meets with conditions: Mike Timmons, “aye”; Jack Sorensen, “aye”; Scott Holewinski, “aye”; Dave Hintz, “aye”; and Billy Fried, “aye”. Five to zero. Approve.

4. The establishment of the conditional use will not impede the normal and orderly development and improvement of the surrounding property for uses permitted in the district.

Vote: Meets: Mike Timmons, “nay”; Billy Fried, “aye”; Dave Hintz, “aye”; Scott Holewinski, “aye”; Jack Sorensen, and “nay”. Three to two. Approve.

5. Adequate utilities, access roads, drainage and other necessary site improvements have been or will be provided for the conditional use.

Vote: Meets with conditions: Billy Fried, “aye”; Dave Hintz, “aye”; Scott Holewinski, “aye”; Jack Sorensen, “aye”; and Mike Timmons, “aye”. Five to zero. Approve.

6. Adequate measures have been or will be taken to provide ingress and egress so as to minimize traffic congestion in the public streets.

Vote: Meets with conditions: Dave Hintz, “aye”; Scott Holewinski, “aye”; Jack Sorensen, “aye”; Mike Timmons, “aye”; and Billy Fried, “aye”. Five to zero. Approve.

7. The conditional use shall conform to all applicable regulations of the district in which it is located.

Vote: Meets the condition: Dave Hintz, “aye”; Scott Holewinski, “aye”; Jack Sorensen, “aye”; Mike Timmons, “aye”; and Billy Fried, “aye”. Five to zero. Approve.

8. The conditional use does not violate shoreland or floodplain regulations governing the site.

Vote: Meets the condition: Scott Holewinski, “aye”; Jack Sorensen, “aye”; Mike Timmons, “aye”; Billy Fried, “aye”; and Dave Hintz, “aye”. Five to zero. Approve.

9. Adequate measures have been or will be taken to prevent and control water pollution, including sedimentation, erosion and runoff.

Vote: Meets with conditions: Billy Fried, “aye”; Dave Hintz, “aye”; Scott Holewinski, “aye”; Jack Sorensen, “aye”; and Mike Timmons, “aye”. Five to zero. Approve.

Motion by Scott Holewinski, second by Jack Sorensen to deny the Conditional Use Permit of Marshfield Clinic as not all nine standards of approval have been met. On roll call vote: Scott, “aye”; Jack, “aye”; Mike, “aye”; Billy, “nay”; and Dave, “nay”. Three to two. Denied.

Refunds. None

Line item transfers, purchase orders, and bills. None

Approve future meeting dates: **June 21 and July 5, 2017.**

Public comments. None

Future agenda items. As discussed.

Adjourn.

10:55 a.m. There being no further matters to lawfully come before the Committee, a motion was made by Mike Timmons, second by Jack Sorensen to adjourn the meeting. With all members present voting “aye”, the motion carried.

Chairman Scott Holewinski

Karl Jennrich
Planning & Zoning Director