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IN THE CIRCUIT COURT OF THE STATE OF OREGON

FOR THE COUNTY OF MARION 24CV44248

OREGON HEART CENTER, P.C., a
domestic professional corporation,

Plaintiff,

v.

SALEM HEALTH HOSPITALS & CLINICS,
a nonprofit corporation; and CHERYL
WOLFE, an individual,

Defendants.

Case No. _____

COMPLAINT

**(Antitrust, Intentional Interference with
Economic Relations, Defamation)**

**(Not Subject to Mandatory Arbitration
– Prayer of \$15,000,000)**

Fee Authority: ORS 21.160(1)(e)

JURY TRIAL REQUESTED

Plaintiff Oregon Heart Center, P.C., (“OHC”) for its Complaint against Salem Health
Hospitals & Clinics (“Salem Health”) and Cheryl Wolfe (“Wolfe”) (collectively “Defendants”),
alleges as follows:

INTRODUCTION

1.

OHC is a cardiology clinic in Salem, Oregon owned and operated by independent
cardiologists who are guided by the immutable principles of patient health and wellness. OHC
has been forced to file this lawsuit to stop Salem Health’s ongoing campaign of exclusion and
intimidation that has caused and will continue to cause serious harm to both OHC and the Salem
healthcare community if left unchecked.

2.

For many years, Salem Health has operated the only hospital in Salem, has been the
city’s largest private employer, and has amassed an ever-growing roster of doctors, clinics, and
specialties. Apparently unhappy with its existing dominance of the health care market, Salem

1 Health is now trying to force OHC (and other independent cardiologists) into becoming part of
2 Salem Health or push them out of the market altogether.

3 3.

4 The reason for these actions is simple—less competition and increased profits for Salem
5 Health. Salem Health is motivated to try to push OHC out of business, because, according to
6 Salem Health, OHC does not refer a large enough number of surgical procedures to Salem
7 Health. If Salem Health is able to monopolize the cardiology market, it can ensure that it will
8 receive all of the cardiac surgical work as well. While good for Salem Health, this creates higher
9 costs and fewer choices in healthcare for people in the Salem area.¹

10 4.

11 Unable to compete fairly with OHC and others, Salem Health has resorted to intimidation
12 tactics, false information, and anticompetitive conduct in its effort to take over the market.

13 5.

14 Salem Health has spread false information about OHC to various members of the
15 healthcare community in Salem, claiming that OHC (a clinic of 12 providers) is intentionally
16 harming Salem Health, that OHC has acted greedily and fraudulently, and even that OHC caused
17 a Salem Health provider to take his own life. As Salem Health knows, there is no truth to these
18 statements. They are merely a tactic to try to alienate OHC from the Salem medical community
19 and further Salem Health’s attempt to expand its monopoly on hospital care to cover the practice
20 of cardiology.

21 6.

22 Salem Health has also taken other anticompetitive actions, including implementing
23 policies designed to discourage providers in its hospital from referring patients to OHC or other

24 ¹ See Boden S., CEOs Earn Big Bucks at Nonprofit Hospitals. But Does that Benefit
25 Patients, *Oregon Public Broadcasting / NPR* (8/19/24), available at
26 [https://www.npr.org/sections/shots-health-news/2024/08/19/nx-s1-5078495/nonprofit-hospitals-](https://www.npr.org/sections/shots-health-news/2024/08/19/nx-s1-5078495/nonprofit-hospitals-ceo-compensation-community-benefit-uninsured-mission-tax-exempt-management)
27 [ceo-compensation-community-benefit-uninsured-mission-tax-exempt-management](https://www.npr.org/sections/shots-health-news/2024/08/19/nx-s1-5078495/nonprofit-hospitals-ceo-compensation-community-benefit-uninsured-mission-tax-exempt-management) (quoting
Johns Hopkins professor explaining that continued consolidation in health care will “driv[e]
down competition and leav[e] patients with fewer choices and higher prices”).

1 independent cardiologists, actively soliciting patients in the hospital (when they are uniquely
2 vulnerable) to change doctors to Salem Health cardiologists, discontinuing OHC’s access to
3 Salem Health’s electronic medical records systems, and even going so far as to change the health
4 plan for its own employees to make OHC out of network so that its employees would have to pay
5 more for care if they wanted to keep their relationship with an OHC cardiologist. In one of its
6 latest actions, Salem Health removed all independent cardiologists with hospital privileges from
7 its website. Salem Health did not remove any other independent providers from the website.
8 These actions were taken at the same time that Salem Health was actively, but unsuccessfully,
9 attempting to acquire the other major independent cardiology clinic in Salem.

10 7.

11 In short, Salem Health and its CEO are using their power, their platform, and their voice
12 as the only hospital in Salem to intimidate, defame, and drive all business away from OHC in an
13 effort to monopolize cardiology care in Salem and increase profits without having to compete
14 with OHC and other independent cardiologists.

15 **PARTIES, JURISDICTION, AND VENUE**

16 8.

17 OHC is a professional corporation with a principal place of business in Marion County,
18 Oregon. It is the largest independent cardiology clinic in Salem and is focused on providing the
19 best possible treatment and outcomes for its patients through state-of-the-art treatments, deep
20 expertise, and collaboration with its patients’ other providers.

21 9.

22 Salem Health is a nonprofit organization with a principal place of business in Marion
23 County, Oregon. Salem Health operates the only hospital in Salem and is the largest private
24 employer in the city. Salem Health’s stated mission is to “improve the health and well-being of
25 the people and communities [they] serve,”² but in more recent years its focus has been on using
26

27

² Salem Health, About Salem Health, *available at* <https://salemhealth.org/about>.

1 both its size and its leverage as the only hospital system in the city to consolidate much of the
2 health care market in Salem.³

3 10.

4 On information and belief, Cheryl Wolfe is an individual residing in Marion County,
5 Oregon. She is the current CEO of Salem Health.

6 11.

7 Venue in this district is proper because Defendants reside in Marion County, and a
8 substantial portion of the events giving rise to this case occurred within the county.

9 **DEFENDANTS' WRONGFUL CONDUCT**

10 **A. OHC and Salem Health had coexisted in Salem for many years.**

11 12.

12 OHC and Salem Health had previously co-existed in the Salem area for years. OHC
13 cardiologists have long-served in important roles at the Salem Health hospital, including serving
14 on the medical executive committee, as section chiefs of cardiology, and in other leadership
15 roles.

16 13.

17 One of OHC's cardiologists was even Medical Director at the Salem Hospital Heart and
18 Vascular Institute.

19 14.

20 OHC doctors willingly filled these roles for the good of the Salem medical community.

21 15.

22 As part of their collective efforts to improve health outcomes, OHC and Salem Health
23 previously entered into an agreement for OHC cardiologists to have access to Salem Health's

24
25 ³ See, e.g., Salem Health Absorbs Hope Orthopedics, Salem Reporter, *available at*
26 <https://www.salemreporter.com/2023/10/18/salem-health-absorbs-hope-orthopedics/>; Salem
27 Health Hospitals & Clinics Buys WVP Medical Group's Six Primary Care Clinics, Statesman
Journal, *available at* <https://eu.statesmanjournal.com/story/news/2019/11/13/salem-health-hospitals-clinics-buys-wvp-medical-group-primary-care/4185333002/>.

1 electronic medical record system (“EMR”) to provide greater, real-time access sharing of patient
2 information and records between OHC and the hospital.

3 **B. OHC and Cascade Cardiology opened an ambulatory surgery center to**
4 **perform certain outpatient procedures and Salem Health begins trying to**
5 **push them out of the market.**

6 16.

7 In 2020, OHC, Salem Health, and Cascade Cardiology (the other independent cardiology
8 clinic in Salem), were in discussions to open a jointly owned ambulatory surgical center.
9 Ambulatory surgical centers are facilities where outpatient surgeries and similar procedures can
10 be performed. Studies have shown that these facilities are a lower-cost alternative to hospitals
11 and reduce time for outpatient procedures.⁴

12 17.

13 Because the ambulatory surgery center would directly compete with Salem Health’s
14 hospital for certain procedures, Salem Health demanded majority control of the center and was
15 not willing to negotiate on other terms. These terms were not feasible from a business
16 perspective for two smaller independent cardiology practices, and there were significant
17 concerns due to prior failed joint ventures with Salem Health. Otherwise, Salem Health
18 threatened, it would open its own cardiology group to weaken OHC and Cascade Cardiology’s
19 new surgical center. Salem Health providers told members of the medical staff for the new
20 surgery center that the Salem Health cardiology group would drive independent cardiology
21 practices out of town, and that OHC should get on board if they did not want that to happen.
22 When OHC and Cascade Cardiology refused to bow to its demands, Salem Health withdrew
23 from the project.

24 18.

25 OHC and Cascade Cardiology proceeded to open an ambulatory surgical center in 2022
26 without Salem Health.

27 ⁴ See Munnich, E. L., & Parente, S. T. (2014). Procedures take less time at ambulatory
surgery centers, keeping costs down and ability to meet demand up. Health affairs (Project
Hope), 33(5), 764–769, available at <https://doi.org/10.1377/hlthaff.2013.1281>.

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19.

As it had threatened, Salem Health then attempted to grow its own cardiology practice but was unsuccessful in pushing either OHC or Cascade Cardiology out of the market.

20.

After years of unsuccessfully trying to eliminate its competition, Salem Health has resorted to using its monopoly on hospital care and anticompetitive agreements with providers and insurers to try to drive OHC and other outside cardiologists out of the market or force them to capitulate to Salem Health’s attempts to take over their practice.

21.

Salem Health’s tactics have included:

- Pressuring providers at its hospital to refer patients to the Salem Health’s internal cardiologists. Salem Health actively tracks outside referrals, and its providers are discouraged from referring outside of Salem Health (and to OHC specifically) to the point that some providers have ceased referring to OHC entirely due to their fear of retribution.
- Setting up its EMR system to default referrals to Salem Health’s own cardiology group to make it more difficult for providers using that system to refer to independent physicians, including OHC.
- Allowing inpatient EMR orders for cardiology consults only for Salem Health cardiologists.
- Requiring hospitalists to refer all emergency room consults to Salem Health’s cardiology clinic instead of the “on call” cardiologist if the on call cardiologist is an independent doctor. This is inconsistent with years of practice and Salem Health’s prior agreements with the independent cardiologists that handle call at the hospital.
- Requiring hospitalists to actively solicit OHC’s patients in the hospital—where they are often seriously ill and vulnerable—to pressure them to switch their care to Salem Health cardiologists.
- Terminating OHC’s lease at a medical facility in Dallas, Oregon.
- Removing all independent cardiologists, including OHC cardiologists, from the hospital’s online list of providers. Independent physicians in other specialties remain

1 on the website. This creates the misimpression that only Salem Health’s cardiologists
2 have privileges or see patients at Salem Health’s hospital.

- 3 • Actively soliciting other clinics in Salem (and using its power as the only hospital
4 system in Salem) to push them to direct all cardiology referrals to Salem Health rather
5 than OHC or other independent cardiologists.
- 6 • Changing its contract with the insurance company for its employees to make OHC an
7 out-of-network provider subject to significantly higher out-of-pocket costs to drive
8 employees of Salem’s “largest private employer”⁵ to Salem Health cardiologists and
9 away from OHC.

10 22.

11 One of Salem Health’s recent attempts to force OHC to capitulate is by terminating a
12 contract between Salem Health and OHC that gave OHC the ability to connect to the Salem
13 Health EMR. Terminating this contract will make it even more difficult for physicians using
14 Salem Health’s EMR—including all providers (both Salem Health employees and independent
15 providers) practicing at the only hospital in Salem—to refer patients to OHC cardiologists and
16 will instead favor referrals to Salem Health’s own cardiologists. It will also harm patient care,
17 because there will no longer be seamless access between OHC’s records and those of Salem
18 Health’s hospital. In an emergency situation, where time is often a factor, any delay in sharing
19 health information drastically impacts patient care.

20 23.

21 Salem Health is taking these steps with the goal of taking over the two remaining
22 independent cardiology practices or running them out of business. It was repeatedly
23 demonstrated that intent, including for example, by seeking to acquire Cascade Cardiology’s
24 practice at the same time it was engaging in the anticompetitive actions set out above.

25 24.

26 Salem Health’s concerted actions to stifle competition and attempts to monopolize the
27 practice of cardiology are the exact type of injury that Oregon’s antitrust laws are designed to

⁵ See <https://salemhealth.org/about/salem-hospital-fast-facts>.

1 protect against. Lack of competition among physicians results in both substantially increased
2 costs and a drop in the quality of patient care.⁶

3 25.

4 There is also a significant risk that Salem Health will succeed in monopolizing the
5 practice of cardiology in Salem. As the only hospital system in Salem, and the city’s largest
6 private employer, it wields significant power in the market. Salem Health has used that power in
7 the past to force other clinics to capitulate to its demands. Allowing it to use its hospital
8 monopoly position unchecked creates a significant risk that it will succeed in expanding that
9 monopoly to include the practice of cardiology.

10 **C. As part of its efforts to push OHC out of the market, Salem Health and its
11 CEO, Cheryl Wolfe, are spreading misinformation about OHC.**

12 26.

13 As part of its efforts to stifle competition, Salem Health and Wolfe have used their
14 powerful voices in the Salem medical community to spread false information about OHC.

15 27.

16 Wolfe, in her capacity as CEO of Salem Health, recently sent a message through the
17 “Common Ground Listserv,” an email distribution list that reaches nearly everyone in the Salem
18 medical community, making false statements about OHC (“Common Ground Email”). This
19 email asserted that “OHC ha[d] demonstrated a persistent unwillingness to collaborate with
20 Salem Health,” “disparaged the quality of Salem Health and its physicians,” and “publicly
21 malign[ed] without a factual basis the quality of [its] surgeons and [its] CT program[.]” The
22 message went on to indicate that OHC had harmed the community by supposedly improperly
23 referring patients to cardiologists outside of Salem.

24
25 _____
26 ⁶ See Diagnosing the Problem: Exploring the Effects of Consolidation and
27 Anticompetitive Conduct in Health Care Markets, Statement of Prof. Martin Gaynor to the U.S.
House of Representatives Committee on the Judiciary Subcommittee on Antitrust, Commercial,
and Administrative Law, Mar. 7, 2019, at 11-14 (citing numerous studies).

1 28.

2 Prior to the Common Ground Email, OHC reached out to Salem Health to offer
3 collaboration and support for Salem Health’s cardiac surgery service line and the community.
4 Salem Health acknowledged receipt of the email and responded by sending the public Common
5 Ground Email, spreading false statements about OHC.

6 29.

7 Despite OHC having repeatedly offered to collaborate and address issues or gaps in
8 community care, Salem Health then falsely disparaged OHC again. In another email copying
9 third parties, Wolfe stated that OHC took deliberate actions to harm Salem Health and even
10 allegedly engaged in a calculated and deliberate sabotage of dedicated and excellent caregivers.
11 This is false.

12 30.

13 Salem Health has also told multiple providers in the Salem healthcare community that
14 OHC was greedy and fraudulent in its negotiations about the joint venture to create the
15 ambulatory surgery center.

16 31.

17 If all of this were not enough, Salem Health and Wolfe have even taken the shocking step
18 of telling others in the Salem healthcare community that OHC was responsible for the suicide of
19 a former Salem Health cardiothoracic surgeon—*i.e.*, suggesting that it is OHC’s fault that Salem
20 Health cannot adequately staff its cardiac surgery program and provide quality patient care.

21 32.

22 None of the above statements by Salem Health and Wolfe are true, as Salem Health well
23 knows.

24 33.

25 These false statements in the Common Ground Email have caused confusion with staff
26 and patients, who have understood these to mean that OHS does not refer to Salem Health
27 anymore and to be under the false belief that OHS does not support the wellbeing of the Salem

1 community, which has led to (among other things) cancelled appointments and procedures and
2 the loss of referrals.

3 34.

4 As alleged above, OHC and its doctors have consistently collaborated with Salem Health
5 over the years, holding positions on the medical executive committee, serving as section chiefs
6 of cardiology at the hospital, and serving in leadership roles at the Salem Hospital Heart and
7 Vascular Institute. OHC and its doctors repeatedly urged Salem Health to rebuild its
8 cardiothoracic surgery practice when it was diminished through resignations and the passing of
9 one of its surgeons. Even after facing Salem Health’s anticompetitive conduct and defamatory
10 statements, OHC reached out hoping to collaborate for the good of the Salem healthcare
11 community.

12 35.

13 Salem Health’s suggestion that OHC engaged in some improper conduct by sometimes
14 referring patients to hospitals in Portland or other markets is also false. As Salem Health knows,
15 it has lacked sufficient surgical staffing at various times, its cardiothoracic surgeons have
16 frequently declined cases, and one surgeon categorically refused to take referrals from OHC. In
17 any case, OHC has an obligation to make referrals for its patients based on the practicalities and
18 needs of each individual patient—not based on Salem Health’s desire to have first choice of all
19 surgical referrals.

20 36.

21 These false statements have caused patients and certain members of the community to
22 grow concerned and refuse to seek treatment or employment at OHC.

23 37.

24 Unfortunately, Salem Health has made it clear that its behavior is not about collaboration
25 or doing what is best for the Salem healthcare community. It is about one thing: ensuring that
26 surgical procedures are handled by Salem Health providers in Salem Health facilities to increase
27 profits. Since OHC has not bowed to Salem Health’s attempts to accomplish that through

1 intimidation, Salem Health is now seeking to accomplish it by suppressing competition,
2 monopolizing cardiology care in Salem, and falsely disparaging OHC.

3 **FIRST CLAIM FOR RELIEF**
4 **(Attempted Monopolization ORS §§ 646.730, 646.780 –**
5 **Against Salem Health)**

6 38.

7 OHC incorporates and realleges the preceding paragraphs as if fully set forth herein.

8 39.

9 Salem Health has a monopoly over hospital services in Salem. Since 2020, Salem Health
10 has also been engaged in the market for cardiology services.

11 40.

12 Salem Health is intentionally attempting to monopolize the market for cardiology
13 services in Salem by forcing OHC (and other independent cardiologists) to be acquired by Salem
14 Health or forced out of the market.

15 41.

16 Salem Health is attempting to monopolize the market through anticompetitive actions,
17 outlined above, that (if ultimately successful) would hurt competition for cardiology services,
18 increase patient cost, and negatively impact the standard of care.

19 42.

20 There is also a dangerous probability of success. As the largest private employer in
21 Salem and the holder of a monopoly over hospitalization services, Salem Health wields
22 significant power that it is using to take over the related cardiology market. That power
23 continues to grow as Salem Health acquires more and more of the healthcare market in Salem.

24 43.

25 By reason of the actions detailed in paragraphs 37 to 42 constituting a violation of ORS
26 §§ 646.730, 646.780, OHC (along with certain of its existing and prospective patients) have
27 sustained actual and consequential damages as a direct and proximate cause of Salem Health's

1 concerted, unlawful, and wrongful conduct in an amount to be proven at trial, totaling
2 \$10,000,000, plus prejudgment interest.

3 44.

4 OHC will also suffer irreparable harm for which damages will be inadequate to
5 compensate it, such that OHC is entitled to obtain preliminary and permanent injunctive relief to
6 prohibit Salem Health's monopoly of the Salem market for cardiology services and to enjoin
7 Salem Health from continuing the anticompetitive practices alleged above. Unless restrained
8 and enjoined, Salem Health will monopolize the Salem market for cardiology services to the
9 immediate and irreparable damage of OHC.

10 45.

11 Pursuant to ORS § 646.780(1)(a), OHC is entitled to an award of treble damages.

12 46.

13 Moreover, OHC is entitled to recover its costs of suit, including reasonable attorney fees.
14 OHC is entitled to recover attorney fees pursuant to ORS § 646.780(3)(a).

15 **SECOND CLAIM FOR RELIEF**

16 **(Unlawful Restraint of Trade ORS §§ 646.725, 646.780 –**
17 **Against Salem Health)**

18 47.

19 OHC incorporates and realleges the preceding paragraphs as if fully set forth herein.

20 48.

21 Salem Health has also engaged in a series of actions to unlawfully restrain trade under
22 ORS 646.725.

23 49.

24 As alleged above, Salem Health has arrangements with a variety of providers, its
25 insurance company, and other professionals, all designed to restrain trade and commerce by
26 driving customers away from OHC and, ultimately, try to drive OHC out of business.
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50.

The anticompetitive harm caused by these actions vastly outweighs any procompetitive effects. As alleged above, the type of vertical integration that Salem Health is attempting has been well documented to have negative effects on competition and outcomes and no actual procompetitive justification.

51.

Salem Health’s actions, as alleged above, constitute a violation of ORS § 646.725, and OHC (along with certain of its existing and prospective patients) has sustained actual and consequential damages as a direct and proximate cause of Salem Health’s concerted, unlawful, and wrongful conduct in an amount to be proven at trial, totaling \$10,000,000, plus prejudgment interest.

52.

OHC will also suffer irreparable harm for which damages will be inadequate to compensate it, such that OHC is entitled to obtain preliminary and permanent injunctive relief to prohibit Salem Health’s ongoing anticompetitive actions, and to enjoin Salem Health from continuing the anticompetitive practices alleged above. Unless restrained and enjoined, Salem Health will unlawfully restrain trade and commerce as to OHC to the immediate and irreparable damage of OHC.

53.

Pursuant to ORS § 646.780(1)(a), OHC is entitled to an award of treble damages.

54.

Moreover, OHC is entitled to recover its costs of suit, including reasonable attorney fees. OHC is entitled to recover attorney fees pursuant to ORS § 646.780(3)(a).

THIRD CLAIM FOR RELIEF
(Defamation – Against All Defendants)

55.

OHC incorporates and realleges the preceding paragraphs as if fully set forth herein.

1 56.

2 In a widely disseminated email newsletter sent by Wolfe under her Salem Health
3 signature through the Common Ground Listserv, Wolfe made statements that:

- 4 • “OHC has demonstrated a persistent unwillingness to collaborate with Salem Health”;
- 5 • “[OHC] disparaged the quality of Salem Health and its physicians”;
- 6 • “[OHC] publicly malign[ed] without a factual basis the quality of [Salem Health’s]
7 surgeons and [its] CT program”; and,
- 8 • Indicated that OHC has harmed the community through supposedly improper referral
9 of patients outside of Salem.

10 57.

11 In another email copying third parties from Cascade Cardiology, Wolfe stated that OHC
12 took “deliberate actions to harm Salem Health” and engaged in a “calculated and deliberate
13 sabotage of dedicated and excellent caregivers.”

14 58.

15 Further still, multiple providers reported to OHC that a Salem Health representative
16 stated that OHC’s proposal for the joint venture ambulatory surgical center was “greedy” and
17 “fraudulent.”

18 59.

19 Wolfe has told members of the Salem medical community that OHC was responsible for
20 the suicide of a cardiothoracic surgeon at Salem Health.

21 60.

22 These statements described above are false and imply a false assertion of objective facts.

23 61.

24 Defendants knew at the time that they made these statements that they were false, or
25 otherwise acted in reckless disregard to the falsehood.

26 62.

27 These statements were communicated to third parties about OHC.

1 63.

2 As a direct result of Defendants' defamatory statements, OHC has been harmed,
3 including by patients leaving OHC as a result of Defendants' statements and by diminishing
4 OHC's standing, respect, goodwill, and then confidence it has held in the Salem medical
5 community.

6 64.

7 Because the statements injured OHC in its business or profession, Defendants' statements
8 are defamatory per se and give rise to a presumption of damages.

9 65.

10 The statements have caused OHC damage and presumed damage to its reputation and
11 loss of business in an amount to be determined at trial, but which is alleged to be \$5,000,000,
12 plus prejudgment interest.

13 **FOURTH CLAIM FOR RELIEF**

14 **(Intentional Interference with Economic Relations – Against All Defendants)**

15 66.

16 OHC incorporates and realleges the preceding paragraphs as if fully set forth herein.

17 67.

18 OHC had established business relationships with patients as described above and a
19 process of referrals from providers within Salem Health.

20 68.

21 Defendants are independent of OHC.

22 69.

23 Defendants intentionally interfered with those relationships for the improper purpose of
24 increasing Salem Health's monopoly power and eroding the competitive abilities of OHC.

25 70.

26 These actions were effected with both an improper purpose and improper means. Salem
27 Health's actions were not a good faith attempt to compete in the market (or to meet its mission of
supporting the community), but rather for the purpose of intimidating and coercing OHC into

1 being acquired by Salem Health, or—at the very least—forcing OHC and its doctors to abandon
2 their independent judgment about where to refer cardiac surgeries and ultimately to monopolize
3 the practice of cardiology in Salem. Salem Health also acted through improper means as their
4 actions violate the Oregon antitrust statutes and constitute defamation as alleged above and
5 incorporated here by reference. In short, Salem Health has chosen intimidation and coercion
6 over competition on the merits.

7 71.

8 OHC was damaged as a result of Defendants' actions.

9 72.

10 These actions have caused OHC to lose patients and suffer damages in the amount of
11 \$5,000,000, plus prejudgment interest.

12 **PRAYER FOR RELIEF**

13 WHEREFORE, Plaintiff OHC prays for relief as follows:

14 A. On the First Claim for Relief (Attempted Monopolization), judgment to be
15 entered in favor of Plaintiff OHC against Defendant Salem Health for \$10,000,000 with treble
16 damages also awarded, plus interest continuing to accrue at the statutory rate and attorney fees
17 and costs. Further, permanently enjoining Salem Health from its various anticompetitive acts as
18 alleged above to prevent its attempt to monopolize the Salem Market for cardiology.

19 B. On the Second Claim for Relief (Unlawful Restraint of Trade), judgment to be
20 entered in favor of Plaintiff OHC against Defendant Salem Health for \$10,000,000 with treble
21 damages also awarded, plus interest continuing to accrue at the statutory rate and attorney fees
22 and costs. Further, preliminarily enjoining Salem Health from unlawfully restraining trade and
23 commerce as to OHC during the pendency of this action, and permanently enjoining Salem
24 Health from unlawfully restraining trade and commerce as alleged above.

25 C. On the Third Claim for Relief (Defamation), judgment to be entered in favor of
26 Plaintiff OHC against all Defendants for \$5,000,000, plus interest continuing to accrue at the
27 statutory rate.

1 D. On the Fourth Claim for Relief (Intentional Interference with Economic Relation),
2 judgment to be entered in favor of Plaintiff OHC against all Defendants for \$5,000,000, plus
3 interest continuing to accrue at the statutory rate.

4 E. Any other relief the Court deems just and proper.

5 DATED: September 11, 2024. MARKOWITZ HERBOLD PC

6
7 *s/ Stanton R. Gallegos*

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