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ILLINOIS HEALTH FACILITIES
AND SERVICES REVIEW BOARD

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PROJECT 14-032 ST. BERNARD)

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HOSPITAL AMBULATORY CARE)

CENTER/PHYSICIANS OFFICE)

8

BUILDING)

)

9

PUBLIC HEARING PURSUANT TO)

20 ILCS 3960)

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11 Public Hearing in Chicago, Illinois.

12

Met pursuant to notice on September 15, 2014,

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before HEARING OFFICER RICHARD SEWELL

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1 HEARING OFFICER SEWELL: Good evening, everyone.
2 My name is Richard Sewell, and I'm a hearing officer
3 for the Illinois Health Facilities and Services Review
4 Board; and present with me today is Catherine Clarke
5 who's on the staff of the Facilities Board. On behalf
6 of the Board, I want to thank you for attending this
7 Public Hearing for the St. Bernard Hospital Ambulatory
8 care Center/Physicians Office Building.

9 Now, as per the rules of the Illinois Health
10 Facilities and Services Review Board, I'd like to read
11 the previously published legal notice into the record.
12 It's a Notice of Public Hearing and Written Comment:
13 In accordance with the requirements of the Illinois
14 Health Facilities Planning Act, notice is given of
15 receipt to establish a Medical Office Building on the
16 campus of an existing acute care hospital.
17 Project 14-032, St. Bernard Hospital Ambulatory Care
18 Center/Physicians Office Building Chicago. The
19 Applicant is St. Bernard Hospital, and the Applicant
20 proposes to construct a 70,267 Gross Square Foot
21 medical office building on the campus of St. Bernard
22 Hospital located at 326 West 64th Street in Chicago.
23 The project cost is \$33,208,571.

24 A Public Hearing will take place pursuant to
25 20 ILCS 3960. The hearing scheduled for Monday,

1 September 15, 2014, at 4:30 p.m. and sign-in for the
2 hearing will be conducted from 4:00 o'clock till
3 4:30 p.m. It will be held at the 7th District Police
4 Station, Community Room, 1438 West 63rd Street,
5 Chicago, Illinois 60636.

6 The Public Hearing will be conducted by
7 staff of the Health Facilities and Services Review
8 Board pursuant to the Illinois Health Facilities
9 Planning Act. The hearing is open to the public and
10 will afford an opportunity for parties with interest to
11 present written and/or verbal comment relevant to the
12 project. All allegations or assertions should be
13 relevant to the meeting for the proposed project and be
14 supported by two copies of documentation or materials
15 that are printed or typed on paper, size 8 and a half
16 by 11 inches. Consideration by the State Board has
17 been tentatively scheduled for the October 7, 2014
18 State Board Meeting.

19 Now, as previously stated, this Public
20 Hearing is conducted by staff of Illinois Health
21 Facilities and Services Review Board pursuant to the
22 Illinois Health Facilities Planning Act. The hearing
23 is open to the public and affords an opportunity for
24 parties with interest in the project to present written
25 and/or verbal comment relevant to the project.

1 Now, please note that in order to ensure
2 that the Health Facilities and Services Review Board
3 public hearings protect the privacy and maintain the
4 confidentiality of an individual's health information,
5 covered entities, as defined by the Health Insurance
6 Portability and Accountability Act of 1996, such as
7 hospital providers, health plans, and health care
8 clearinghouses, submitting oral or written testimony
9 that disclose protected health information of
10 individuals shall have a valid written authorization
11 from that individual. The authorization shall allow
12 the covered entity to share the individual's protected
13 health information at this hearing.

14 If you have not yet signed in, please see
15 Ms. Clarke.

16 Those of you that have prepared text of your
17 testimony, please note that you may submit the written
18 text only which will be entered into today's record and
19 made available to all Board Members prior to
20 October 7th Board meeting.

21 I ask that you please limit your testimony
22 to two minutes. I will call participants in numerical
23 order. And prior to beginning their remarks, please
24 clearly state and spell your full name. After you have
25 concluded your remarks, if you have copies, please

1 provide those to me as well as your completed sign-in
2 sheet. Thank you.

3 We'll start our proceedings with a
4 representative from St. Bernard Hospital.

5 MR. CAMPBELL: Good afternoon. My name is Ronald
6 Campbell; R O N A L D, Campbell, C A M P B E L L.

7 Good afternoon, my name is Ronald Campbell.
8 I'm vice president of coordination of care at
9 St. Bernard Hospital, the safety net hospital that has
10 served the South Side of Chicago for 110 years. Since
11 our founding, we have upheld our mission to provide
12 quality health care to anyone in need, including the
13 poor and powerless. We serve higher numbers of
14 indigent and uninsured patients than most hospitals,
15 regardless of their ability to pay for services. In
16 doing so, we have not only improved access to health
17 care, but have become an important economic engine
18 providing employment to many thousands of local
19 residents over the years.

20 Begun in 1904, and expanded over the years,
21 our current facilities were primarily developed to
22 accommodate inpatient care. While our existing
23 professional building houses physicians and some
24 specialty clinics, these offices require additional
25 space to meet demands for outpatient care. As the care

1 delivery model continues to shift from inpatient to
2 ambulatory care, especially under the Affordable Care
3 Act, we find our current outpatient facilities to be
4 inadequate to support our current patient population.
5 We propose to develop a three-story ambulatory care and
6 physician office building at the northwest corner of
7 our hospital campus. The facilities will have
8 approximately 70,000 square feet of space and
9 accommodate an outpatient pharmacy and diagnostic
10 imaging, noninvasive cardiology, and physical therapy
11 services. Select hospital responsive clinics such as
12 walk-in clinic, our prenatal women's wellness clinic,
13 and special clinics will be relocated to this facility
14 as well as a number of physician offices.

15 The community in which St. Bernard is
16 located suffers from not only health disparities, but
17 from a lack of access to quality health care. The
18 residents of Englewood face numerous challenges in
19 managing chronic conditions as a result of higher rates
20 of poverty, lack of education, and urban blight. Our
21 proposed Ambulatory Care Center is very support to
22 improving the health care outcomes of the population
23 and to bring needed and new employment opportunities to
24 the community.

25 In addition, the site where the building is

1 to be located has been vacant for more than 30 years.
2 St. Bernard has devoted a great deal of planning and
3 resources to alleviating blight in the neighborhood.
4 Real estate development and economic growth are rare in
5 Englewood, and the Ambulatory Care Center is very much
6 needed.

7 Lastly, I have worked in the community for
8 more than 30 years. During that time, St. Bernard has
9 grown in response to the needs of the community by
10 actively working with our community partners. I cannot
11 understate the importance of continuing to develop
12 health care services that are desperately needed on the
13 south side. I ask that you approve St. Bernard
14 Hospital CON for the Ambulatory Care Center. Thank you
15 for the opportunity to speak.

16 HEARING OFFICER SEWELL: Thank you.

17 MS. CLARKE: Next would be 1.

18 MR. GUNN: Good afternoon, everyone. My name is
19 Perry Gunn, P E R R Y, G U N N.

20 I'm here today on behalf of Teamwork
21 Englewood. Teamwork Englewood is pleased to support --
22 to submit a statement in support of the Ambulatory Care
23 Center that is being proposed on the campus of
24 St. Bernard Hospital at the corner of 63rd Street and
25 Stewart Avenue. We believe the health of our community

1 depends on ensuring the approval of the new Ambulatory
2 Care Center without delay so that neighborhood
3 residents will have access to a range of important
4 outpatient services that are currently limited because
5 of space and capacity issues.

6 Teamwork Englewood has been at the forefront
7 of building a strong community since we were founded in
8 2003. As community organizers focused on safety,
9 health, and education, Teamwork Englewood continues to
10 bring together neighborhood stakeholders and residents
11 to improve the quality of life. Since many of our
12 clients use St. Bernard Hospital for health care
13 services, we feel that a new facility can offer
14 benefits to everyone.

15 A high quality ambulatory care center can
16 serve the needs of many underserved residents in
17 Englewood that typically rely on the emergency room for
18 primary health care services. It can offer expanded
19 outpatient services while at the same time being a
20 viable alternative to the emergency room. This new
21 70,000 square foot facility will bring new jobs to our
22 community and since we work with job seekers, we
23 certainly will welcome that opportunity.

24 St. Bernard plays a critical role in the
25 health care of Englewood and south side communities.

1 More than 80 percent of the patients are Medicaid or
2 Medicare mostly coming from low income households.
3 This community needs a new facility like this and
4 Teamwork Englewood is in support of this new facility.
5 Thank you.

6 MS. CLARKE: Number 2.

7 MS. JONES: Good afternoon. My name is Evelyn
8 Jones, E V E L Y N, J O N E S.

9 I would like to thank you for allowing me to
10 speak. I would like to thank the Board for being at
11 this hearing today. I am the vice president of Nursing
12 Services at St. Bernard Hospital where I have worked
13 for more than 30 years. In addition to my regular
14 duties, I serve as a director of the hospital's
15 Prenatal Women's Wellness Clinic. Founded in 2010, the
16 Clinic was established to combat the high rates of
17 infant and maternal health problems during and after
18 pregnancy for women in Chicago's South Side. We have
19 steadily grown and now see more than 1,200 women in our
20 program, and I'm happy to say we've delivered many
21 healthy babies. We have now outgrown our current
22 space, and we need larger quarters to better serve the
23 increasing numbers of women who come to us for care
24 during their pregnancy. It is for that reason I would
25 like you to support St. Bernard CON.

1 Not only has the Women's Wellness Clinic
2 outgrown its space, but other programs also. We need
3 additional space to accommodate our newly insured
4 people who receive coverage from the Affordable Care
5 Act. The Affordable Care Act is not merely an
6 insurance plan, but its intent is to provide better
7 health outcomes by developing systems which will keep
8 healthy people out of the hospital. In order to
9 address the needs of population we serve, St. Bernard
10 Hospital has opened many new clinics, and our data
11 shows that these are much needed in our community.

12 We recently opened a specialty clinic
13 offering care for chronic health conditions such as
14 asthma for pediatric and adult patients, diabetes,
15 women's health, surgery, and cardiac care. Most of
16 these clinics only operate one day a week as we rotate
17 them through the same space on various days of the
18 week. Additionally, we have added an MRI to our campus
19 and we expect to move that to the new center. The
20 space provided in the new building will facilitate
21 better service to care for our patients.

22 MS. CLARKE: Please conclude your comments.

23 MS. JONES: In addition, we feel that this would
24 be a much needed space and much needed building for our
25 community; therefore, I ask you to please approve the

1 CON. Thank you.

2 MS. CLARKE: Number 3 has already spoke, so we're
3 on No. 4, please.

4 MR. FULTON: Glen Fulton, G L E N, F U L T O N.

5 Good afternoon. My name is Glen Fulton.
6 I'm the executive director of the Greater Englewood
7 Community Development Corporation and I am a resident
8 of Englewood. My father bought a home in 1958. It's
9 located on South Harvard Avenue, two blocks from St.
10 Bernard Hospital. Five years ago, my father passed
11 away. He had a vision that our home would be a legacy
12 home, which means when I have met my final destination,
13 my children and their children will continue to reside
14 here. What this signifies is that I see promise for my
15 family and other families in Englewood and I want to
16 ensure that this promise is delivered.

17 Why we need this project? Residents on the
18 South Side have the highest cases of diabetes, heart
19 disease, pediatric, obesity, breast and colorectal
20 cancer, yet there is no facility that can accommodate
21 our needs. These health care needs are leading the
22 South Side in cause of death. We need the new
23 Ambulatory Center to save the lives of the people in
24 our community. We need to focus on these specific
25 health care needs and have a strategically located

1 facility like the St. Bernard Ambulatory Center.
2 Additionally, the new Ambulatory Center will address
3 women's health care needs. This is critical to a
4 community that does not have these types of services
5 that are often in other communities.

6 St. Bernard has served our community all of
7 my life and has been the institution in my parents'
8 lives since they moved to our community. One of the
9 reasons my parents moved to this area is because of its
10 proximity. This hospital saved my father's life on
11 several occasions with his heart disease. It also had
12 saved my mother's life due to the same illness. When I
13 was nine years old, I was hit by a car in front of our
14 home as I walked across the street with my father. I
15 was knocked unconscious and woke up at St. Bernard.
16 They told my father that if I had not come to that
17 particular hospital, I would have died. St. Bernard
18 saved my life.

19 As our community continues to grow from an
20 economic standpoint, we need to have the current
21 services this great institution can provide and the new
22 services that will be bringing to our community. It
23 will make our community strong, Englewood is on the
24 rise, and our history is base. If this delays, it
25 stops our progress. While other communities are being

1 built and are growing, there are groups that debate our
2 future. Many of these groups do not even live in the
3 community. The penalty of loss in the delay of this
4 facility will result in the additional loss of lives of
5 people who have the need for these services and now for
6 those who potentially need those services in the
7 future. I ask that this council allow the building of
8 the St. Bernard Ambulatory Care Center be built in the
9 best interest of this community. I pray that this
10 council votes to move forward.

11 MS. CLARKE: Thank you.

12 Number 5, please.

13 MR. LIGGINS: My name is Earl Liggins, E A R L,
14 L I G G I N S.

15 I'm an employee of St. Bernard and here on
16 behalf of SEIU, the union. The Englewood community
17 needs the health services and the jobs this project
18 will bring. We want to ensure this project will not
19 just make jobs, but jobs with decent pay, good wages,
20 for the community of Englewood. We believe it's
21 essential that front-line health care workers have a
22 voice with their employers in order to achieve high
23 quality care. St. Bernard Hospital employees have a
24 union which guarantees that a voice and a contract can
25 negotiate fair wages and fair benefits. The workers in

1 this project deserve nothing less. Our support for
2 this project or this plan is conditional upon ensuring
3 that jobs for the community and a voice for health care
4 workers.

5 In summation, we want decent living wages,
6 we want to prioritize health care hiring from within
7 the community, and the employees that's going to be
8 working there need a voice that will help make the
9 decision that will affect them and the patients. Thank
10 you.

11 MS. CLARKE: We'll have No. 6 come to the podium,
12 please.

13 MR. GREGG: My name is Timothy Gregg,
14 T I M O T H Y, G R E G G.

15 I'm an architect with 27 years of experience
16 and an owner of a firm that primarily designs health
17 care facilities. My company has worked with clients
18 throughout the state of Illinois that require -- This
19 is the first time that I have actually written a letter
20 in support of a project. In the months that we've been
21 working with St. Bernard, I've seen and heard
22 remarkable things with how care is delivered in a true
23 urban community setting. We do a lot of work with
24 storied hospitals including University of Chicago, Rush
25 University Medical Center, Loyola University Medical

1 Center, Northwestern Memorial Health Care, Alexian
2 Brothers Medical Center, Elmhurst Hospital, but none
3 are more deserving than St. Bernard.

4 As a hospital, St. Bernard tends to the
5 lives of the residents of the Englewood neighborhood.
6 Many of the patients do not have primary care
7 physicians, nor the means to pay for the services.
8 Many end up in the emergency room in an acute situation
9 because of a chronic condition or a simple medical need
10 has gone without being addressed and become
11 challenging. Statistically, patients who have the
12 means to go elsewhere have gone back to the medical
13 centers of downtown Chicago, leaving the community
14 rather than seeking treatment locally, leaving
15 St. Bernard with the sickest of the sick. At its best,
16 the Affordable Care Act seeks to provide better medical
17 care in all communities managing not only specific
18 occurrences of disease but rather the overall life of a
19 patient population. In order to do that, the hospital
20 needs to engage their constituency with more primary
21 care physicians and better interaction between those
22 physicians and the broader specialist referral system.
23 They need basic tools that allow for diagnostic
24 treatment of their outpatient population in a setting
25 that's not encumbered by scheduling between inpatient

1 procedures. This community has enormous need for
2 quality health care. The patient population has a
3 variety of chronic conditions that endemic of an inner
4 city neighborhood. We see a lot of multi-generational
5 support structure that has aging parents and
6 grandparents along with young couples of child-bearing
7 years and young children within the same household.
8 With that comes unique demands on all levels of the
9 health care spectrum. Chronic conditions such as can
10 hypertension, diabetes, heart disease, depression,
11 dementia to women's wellness, prenatal care and
12 pediatrics.

13 St. Bernard has enormous outreach program
14 with the neighborhood health family goes to school
15 providing basic physicals required for education,
16 vaccinations and dental exams. Their remarkable dental
17 clinic that serves special needs children from the
18 neighborhood, but also from as far away as East
19 St. Louis and Southern Illinois. In fact, they just
20 received the Wisdom Tooth Award from outstanding
21 service from the Illinois Dental Foundation this month.

22 MS. CLARKE: Please conclude.

23 MR. GREGG: I'm in support of the new Ambulatory
24 Care Building/Physician office for St. Bernard
25 Hospital.

1 MS. CLARKE: Thank you.

2 Number 7, please.

3 PASTOR ST. JOHN CHISUM: Good evening. God bless
4 you all. I am Pastor St. John Chisum, pastor of Gifts
5 From God Ministry Church. That's S T, J O H N,
6 C H I S U M. Also I'm the co-chairman of the Pastors
7 of Englewood. I'm here this afternoon to offer my
8 unequivocal support to St. Bernard Hospital. As a
9 resident, I have been part of the experience of that
10 hospital. They are a great community partner. I would
11 like to say to Chuck and to Charles and also Diane, I
12 want to use this opportunity to put a challenge on the
13 table that I know you would accept, that is, as you
14 well know, unemployment and jobs are very important to
15 our community. Even before it's built, I'd like for
16 you to be a solution to that by making sure that
17 contractors and subcontractors are required to hire
18 from the neighborhood community as a requisite for
19 receiving the contracts. It's a new concept, and I
20 want you to consider it.

21 I also wanted to say this: I have a
22 personal relationship with St. Bernard Hospital. Chuck
23 helped build my home, and I live in Englewood. And he
24 was very, very supportive in that. Also St. Bernard
25 Hospital added about seven months to my mother's life

1 in the emergency room, and I feel that this Ambulatory
2 Care Center is only an addition to the great work
3 they're doing. I support them unequivocally and I
4 believe that this will be a great benefit to our
5 community. Please support St. Bernard Hospital. Thank
6 you.

7 MS. CLARKE: Number 8.

8 MR. URBASZEWSKI: My name is Brian Urbaszewski,
9 B R I A N, U R B A S Z E W S K I.

10 I'm the director of Environmental Health
11 Programs for Respiratory Health Association. We were
12 founded in Chicago in 1906. We work on promoting
13 healthy lungs and fight lung disease, and that includes
14 working to reduce exposure to air pollution.

15 Englewood is a neighborhood that continues
16 to see a great number of challenges, undoubtedly. One
17 of the challenges remains the growth in asthma and the
18 challenge of managing the disease. In 2011, the U.S.
19 Centers for Disease Control documented a 50 percent
20 increase in asthma prevalence for African-American
21 children nationally that occurred in less than a
22 decade. We went from 1 in 9 to 1 in 6.
23 African-Americans are also still three times more
24 likely to die from asthma than any other population
25 group.

1 Unfortunately, diesel exhaust is a
2 significant source of air pollution and people are
3 exposed in the Englewood area. The Interstate cuts
4 through the area, there are freight yards, and there's
5 immense amounts of truck traffic. The air pollution is
6 a trigger for asthma. It can exacerbate other lung
7 diseases such as COPD. Two years ago the World Health
8 Organization declared diesel exhaust as a carcinogenic
9 to humans. The fine particles found in diesel exhaust
10 also contribute to heart attacks, strokes, and
11 premature deaths.

12 Yet the technology to nearly eliminate this
13 pollutant from diesel engine exhaust is commercially
14 available today. In fact, it's the industry standard
15 for new diesel engines and devices are commercially
16 available that can be used on older engines to reach --
17 achieve similar results. We have been involved in
18 effort to reduce diesel exhaust locally including with
19 the Norfolk Southern rail yard expansion, having
20 successfully worked to pass City of Chicago and Cook
21 County ordinances to promote the use of newer or
22 retrofit diesel engines that have soot pollution
23 controls in their own contracts.

24 But as the first rule in medicine is "do no
25 harm," we are now asking you to take similar action to

1 reduce diesel exhaust emissions for this project.
2 Solutions exist to ensure that the construction of a
3 new facility does not harm patient, staff, or the
4 surrounding neighborhood through added diesel
5 pollution. We ask this particularly in light of the
6 chronic health threats faced by the population
7 St. Bernard serves. If hospitals will not take
8 precautions to ensure harm is avoided, who will? Given
9 the availability of clean diesel construction equipment
10 and add on pollution controls, we suggest the following
11 action be taken: St. Bernard Hospital only utilize
12 heavy duty diesel equipment that achieves EPA Tier 4
13 emission standards, or the modified equivalent, during
14 the construction period.

15 MS. CLARKE: Can you please conclude?

16 MR. URBASZEWSKI: Yes, I have two more.

17 Use only Tier 4 generators, or the modified
18 equivalent, for any construction activity; and put into
19 place a strict no-idling policy for all construction
20 equipment trucks while on the site.

21 I hope the Board will consider this of
22 increase of diesel pollution as it considers approval
23 of this request. Thank you very much.

24 MS. CLARKE: Number 9, please.

25 MR. JOHNSON: Good afternoon. My name is Seth

1 Johnson, S E T H, J O H N S O N.

2 Thank you St. Bernard Hospital and to
3 Illinois Health Facilities and Services Review Board
4 for holding this hearing today. My name is Seth
5 Johnson. I'm a policy advocate with Environmental Law
6 and Policy Center. ELPC has been around for 21 years
7 in the Midwest advocating for clean air, clean water,
8 and clean transportation.

9 Today I'm here to talk about a key
10 contributor to air pollution and lung disease, diesel
11 pollution. Diesel pollution, whether it's from trucks,
12 trains, or construction equipment is dangerous and we
13 believe needs to be addressed in the proposal from
14 St. Bernard Hospital.

15 Diesel powered vehicles and heavy equipment
16 emit thousands tons of pollution in Illinois every
17 year. Diesel exhaust is toxic and contains more than
18 40 air contaminants, ozone-forming compounds, and fine
19 particulate matter, soot. Exposure to fine particulate
20 alone is cause for concerns as it contributes to asthma
21 attacks, heart attacks, lung cancer, strokes, and
22 premature death.

23 The problem of diesel pollution is
24 especially severe here in Chicago. According to the
25 Clean Air Task Force, Chicago ranks in the

1 95th percentile for metropolitan areas with the worst
2 health impacts from diesel pollution. Englewood is not
3 exempt from high levels of diesel pollution. In fact,
4 diesel pollution is higher here than in most other
5 parts of the City.

6 As a result of, we believe that it is
7 imperative that St. Bernard Hospital address diesel
8 pollution during the upcoming construction of the
9 outpatient center. People think of hospitals as a
10 place where they can go to get better; yet if
11 St. Bernard does not address pollution from this
12 construction, they will be adding to the health
13 problems in the neighborhood, not improving it.

14 Recently, we requested a meeting with
15 St. Bernard Hospital to discuss the options to address
16 diesel pollution from construction. For the sake of
17 time, I'll briefly lay out the requests ELPC has for
18 the hospital construction. We request that, one,
19 St. Bernard Hospital only utilize heavy diesel
20 equipment that meets U.S. EPA Tier 4 requirements or
21 its equivalent retrofit pollution controls for the
22 duration of the construction; second, St. Bernard
23 Hospital only use Tier 4 generators or those retrofits
24 with equivalent pollution controls for any
25 construction; and third, that St. Bernard Hospital put

1 into place a strict no-idling policy for all
2 construction equipment while onsite.

3 We hope that the Board will take into
4 account the increase of diesel pollution as it
5 considers going forward with the approval of this
6 request. We at the Environmental Law and Policy Center
7 hope that the Board will consider approving the
8 proposal with a modification including a portion
9 addressing the increased diesel pollution that will
10 come from a project this large. Thank you for your
11 time.

12 MS. CLARKE: Number 10.

13 MR. JONES: I'm John Paul Jones, J O H N, P A U L,
14 J O N E S.

15 I'm president of the Sustainable Englewood
16 Initiatives. It's a grass-root organization that works
17 to ensure environmental improvements, quality of life
18 enhancements, social and economic justice. We are
19 happy that you are here with the State Facilities Board
20 to review the application presented today by
21 St. Bernard Hospital to build an outpatient care
22 center. This project is certainly important
23 significant because we recognize the importance of
24 health care, we recognize the need for having good
25 strong partners who are eager to help combat -- help

1 disparities, a partner that is eager to ensure quality
2 of care, but also a party that supports to help the
3 aging. It's our hope that St. Bernard will move with
4 great significant care to moving through a strategy --
5 It brings about models for how the African-American
6 community can combat health disparities. You heard
7 today from St. Bernard staff about their years of
8 service in different categories of care. It's our
9 greatest hope that that level of care will go forward
10 with new models of how we can together combat
11 disparities. I recognize for a number of years
12 St. Bernard has been disengaged in a host of
13 conversations regarding asthma, diabetes, heart
14 disease, cancer. A host of critical conversation has
15 gone on in Englewood for a number of years; St. Bernard
16 had no presence. We hope that this facility will
17 provide a whole new platform with how we can engage
18 together with strategies that can ensure that our
19 community help the aging can occur and then we can save
20 lives together. We hope that St. Bernard will use this
21 facility and then private contributions to add even
22 more value to how we can ensure that local residents
23 and students can have access to health care
24 opportunities and they can have access to the
25 preventive care strategies that has not been afforded

1 to many residents. We also ask that St. Bernard begin
2 to work towards that prior to the October 7th State
3 hearing is actually held. It is our hope that
4 St. Bernard will work towards working with the
5 community and our faith-based organizational
6 partners --

7 MS. CLARKE: Please conclude your comments.

8 MR. JONES: -- towards a good neighborhood
9 agreement that will look more broadly into the
10 partnerships that are necessary to ensure to help the
11 aging in their district, partnership that looks at the
12 job opportunities, and the friendships that we can
13 establish, but also more so a partnership towards --

14 MS. CLARKE: Please conclude.

15 MR. JONES: Thank you so much.

16 MR. CLARKE: Number 11, please.

17 MR. NEWMAN: Good afternoon. My name is Kenneth
18 Newman, K E N N E T H, N E W M A N.

19 I'm a native of the South Side. I'm
20 involved in sports, a 42-year background in soccer. I
21 am involved in a lot of other sports and I've been
22 involved in major athletic events like World Cup and
23 Pan American Games.

24 Athletic facilities across the city of
25 Chicago are way outdated, especially for the Chicago

1 Public Schools and the Chicago Park District. I
2 personally sit on the Jackson Park Advisory Council and
3 I have from the past seven other advisory councils and
4 actually sat on the park's commission when I lived in
5 Florida.

6 The track at Englewood High School has been
7 in disrepair for approximately seven years. I urge
8 St. Bernard Hospital to become a possible partner with
9 CPS and other local neighborhood organizations like
10 Sustainable Englewood, et cetera, local banks, who --
11 and everyone could contribute to repairing this track,
12 which could possibly be used by St. Bernard patients to
13 get healthy when they're in the hospital.

14 The need for numerous new athletic
15 facilities to accommodate students and residents of the
16 city of Chicago is a really, really urgent issue. And
17 I have spoken to other park districts, I have spoken
18 with people at Chicago Public Schools and in front of
19 the Public Building Commission. My interest in this is
20 strictly to make the community better. When people see
21 that a community has got good athletic facilities, they
22 want to live in that community. Repairing this track
23 across the street from your hospital would be a very,
24 very great opportunity for St. Bernard and the rest of
25 the community to show that they want to remain and they

1 want to make the community better.

2 I've already mentioned this to Chicago
3 Public Schools. They are interested. Even though
4 Englewood High School is presently Urban Prep, it's a
5 charter school, the land belongs to CPS and repairing
6 the track will maybe it better for the entire
7 community. Thank you.

8 MS. CLARKE: Number 12.

9 MR. ELLIS: Good evening. My name is John Ellis,
10 and I have lived in Englewood continuously since 1988
11 at my home, 517 West Englewood Avenue. I am pleased to
12 report that I am retired, longer than I expected,
13 although I am still an ordained minister and will be
14 happy to present any proofs requested. I apologize --
15 No, actually -- because I just came from my -- so about
16 25 percent is mums and pots, and it's quite a job. You
17 have to dig a whole, bring gallons of water,
18 Miracle-Gro, get the kids coordinated. It's a big job
19 and time went by.

20 I'm going to spare everyone here. I am
21 opposed. I do not believe that St. Bernard Hospital
22 has either the moral standing nor the competence to run
23 an ambulatory health care center. I believe one might
24 even be necessary, but I don't think at the present
25 configuration that it be done; therefore, I'm going to

1 give a written commentary to Ms. Clarke and discuss
2 that afterwards as to how to effect the changes.

3 Thank you and good evening.

4 MS. CLARKE: Thank you very much.

5 MR. SEWELL: Is there anyone who wishes to testify
6 and has not had the opportunity? Hearing none.

7 Is there anyone who has already testified
8 wish to provide additional testimony? Hearing none.

9 Please note that this project is tentatively
10 scheduled for consideration by the Illinois Health
11 Facilities and Services Review Board at its October 7th
12 meeting. The meeting will be held in Bolingbrook,
13 Illinois, at the Bolingbrook Golf Club located at
14 2001 Rodeo Drive. Please refer to the Illinois Health
15 Facilities and Services Review Board website at
16 www.hfsrb.illinois.gov, G O V, for more details of
17 possible agenda changes. So I ask that you please
18 prepare to take note of the following task and dates.
19 The deadline to submit signed written copy pertaining
20 to this project is 9:00 a.m., September 17th. The
21 State Board staff report will be posted at
22 www.hfsrb.illinois.gov/sars.hpn on September 23rd. The
23 deadline to submit written responses to the State Board
24 staff is 9:00 a.m., September 29th. Written comments
25 and responses should be sent to the Illinois Health

1 Facilities and Services Review Board, Attention
2 Courtney Avery, C O U R T N E Y, last name Avery,
3 A V E R Y, administrator, 525 West Jefferson Street,
4 Second Floor, Springfield, Illinois 62761.

5 Any questions?

6 UNKNOWN SPEAKER: Could you repeat that website?

7 MR. SEWELL: The website for keeping up with the
8 possibility of agenda changes www.hfsrb.illinois.gov.
9 Now, the website for where you can review the State
10 Board staff report is www.hfsrb.illinois.gov/sars.hpn.

11 Other questions?

12 PASTOR ST. JOHN CHISUM: Yes. Thank you for
13 having the hearing today. Thank you.

14 MR. SEWELL: You're welcome.

15 Okay. Hearing that there are no additional
16 questions or comments, I deem this public hearing
17 adjourned. Thank you for your participation.

18 (Which were all the proceedings had
19 in the above-entitled cause.)

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1 STATE OF ILLINOIS)
) SS
2 COUNTY OF COOK)

3

4 Lisa M. Walas, being first duly sworn, on
5 oath says that she is a Certified Shorthand Reporter
6 doing business in the City of Chicago, County of Cook
7 and the State of Illinois;

8 That she reported in shorthand the
9 proceedings had at the foregoing public hearing;

10 And that the foregoing is a true and correct
11 transcript of her shorthand notes so taken as aforesaid
12 and contains all the proceedings had at the said public
13 hearing.

14

Lisa M. Walas

15

LISA M. WALAS, CSR

16

17

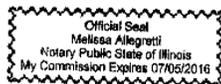
18

19 C.S.R. No. 084-3787

20 SUBSCRIBED AND SWORN TO
21 before me this 17th day of
22 September, A.D., 2014.

22

Melissa Allegretti



23

NOTARY PUBLIC

24

25

<p style="text-align: center;">A</p> <p>ability 5:15 above-entitled 29:19 accept 17:13 access 5:16 6:17 8:3 24:23,24 accommodate 5:22 6:9 10:3 11:20 26:15 account 23:4 Accountability 4:6 achieve 13:22 19:17 achieves 20:12 Act 2:14 3:9,22 4:6 6:3 10:5,5 15:16 action 19:25 20:11 actively 7:10 activity 20:18 acute 2:16 15:8 add 20:10 24:21 added 10:18 17:25 20:4 adding 22:12 addition 6:25 9:13 10:23 18:2 additional 5:24 10:3 13:4 28:8 29:15 Additionally 10:18 12:2 address 10:9 12:2 22:7,11,15 addressed 15:10 21:13 addressing 23:9 adjourned 29:17 administrator 29:3 adult 10:14 advisory 26:2,3 advocate 21:5 advocating 21:7</p>	<p>affect 14:9 afford 3:10 Affordable 6:2 10:4,5 15:16 afforded 24:25 affords 3:23 aforsaid 30:11 African-Ameri... 18:20 24:5 African-Ameri... 18:23 afternoon 5:5,7 7:18 9:7 11:5 17:7 20:25 25:17 agenda 28:17 29:8 aging 16:5 24:3 24:19 25:11 ago 11:10 19:7 agreement 25:9 air 18:14 19:2,5 21:7,10,18,25 Alexian 15:1 allegations 3:12 alleviating 7:3 allow 4:11 13:7 15:23 allowing 9:9 alternative 8:20 ambulatory 1:7 2:7,17 6:2,5,21 7:5,14,22 8:1 8:15 11:23 12:1 12:2 13:8 16:23 18:1 27:23 American 25:23 amounts 19:5 and/or 3:11,25 apologize 27:14 Applicant 2:19 2:19 application 23:20 approval 8:1 20:22 23:5 approve 7:13</p>	<p>10:25 approving 23:7 approximately 6:8 26:7 architect 14:15 area 12:9 19:3,4 areas 22:1 asking 19:25 assertions 3:12 Association 18:11 asthma 10:14 18:17,20,24 19:6 21:20 24:13 athletic 25:22,24 26:14,21 attacks 19:10 21:21,21 attending 2:6 Attention 29:1 authorization 4:10,11 availability 20:9 available 4:19 19:14,16 Avenue 7:25 11:9 27:11 Avery 29:2,2 avoided 20:8 Award 16:20 a.m 28:20,24</p> <hr/> <p style="text-align: center;">B</p> <p>B 5:6 18:9,9 babies 9:21 back 15:12 background 25:20 banks 26:10 base 12:24 basic 15:23 16:15 beginning 4:23 Begun 5:20 behalf 2:5 7:20 13:16 believe 7:25</p>	<p>13:20 18:4 21:13 22:6 27:21,23 belongs 27:5 benefit 18:4 benefits 8:14 13:25 Bernard 1:6 2:7 2:17,19,21 5:4 5:9 6:15 7:2,8 7:13,24 8:12,24 9:12,25 10:9 11:10 12:1,6,15 12:17 13:8,15 13:23 14:21 15:3,4,15 16:13 16:24 17:8,22 17:24 18:5 20:7 20:11 21:2,14 22:7,11,15,19 22:22,25 23:21 24:3,7,12,15,20 25:1,4 26:8,12 26:24 27:21 best 13:9 15:15 better 9:22 10:6 10:21 15:16,21 22:10 26:20 27:1,6 big 27:18 bless 17:3 blight 6:20 7:3 blocks 11:9 Board 1:4 2:4,5,6 2:10 3:8,16,18 3:21 4:2,19,20 9:10 20:21 21:3 23:3,7,19 28:11 28:15,21,23 29:1,10 Bolingbrook 28:12,13 bought 11:8 breast 11:19 Brian 18:8 briefly 22:17 bring 6:23 8:10</p>	<p>8:21 13:18 27:17 bringing 12:22 brings 24:5 broader 15:22 broadly 25:9 Brothers 15:2 build 17:23 23:21 building 1:8 2:8 2:15,18,21 5:23 6:6,25 8:7 10:20,24 13:7 26:19 Building/Physi... 16:24 built 13:1,8 17:15 business 30:6</p> <hr/> <p style="text-align: center;">C</p> <p>C 5:6 17:6 29:2 call 4:22 Campbell 5:5,6,6 5:7 campus 2:16,21 6:7 7:23 10:18 cancer 11:20 21:21 24:14 capacity 8:5 car 12:13 carcinogenic 19:8 cardiac 10:15 cardiology 6:10 care 1:7 2:8,16 2:17 4:7 5:8,12 5:17,22,25,25 6:2,2,5,17,21 6:22 7:5,12,14 7:22 8:2,12,15 8:18,25 9:23 10:4,5,13,15,21 11:21,25 12:3 13:8,21,23 14:3 14:6,17,22 15:1 15:6,16,17,21</p>
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