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Transcript of Public Hearing

Date: January 12, 2021

Case: Mercy Care Center (Chicago) (Project #20-042)

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ILLINOIS DEPARTMENT OF PUBLIC HEALTH
HEALTH FACILITIES AND SERVICES REVIEW BOARD
BEFORE HEARING OFFICER COURTNEY AVERY

In Re: :
Public Comments Regarding :
Application for Permit to :
Establish Ambulatory Care : Project No. 20-042
and Diagnostic Center, :
Trinity Health Corporation. :

HEARING in accordance with requirements of the
Illinois Health Facilities Planning Act
Conducted Virtually
Tuesday, January 12, 2021
10:01 a.m.

Job No.: 343876
Pages: 1 - 69
Reported by: Joanne E. Ely, CSR, RPR

1 Hearing conducted virtually.

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7 Pursuant to agreement, before Joanne E. Ely, a
8 Certified Shorthand Reporter, and a Notary Public
9 in and for the State of Illinois.

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1 PRESENT:

2 ILLINOIS HEALTH FACILITIES AND SERVICES

3 REVIEW BOARD,

4 COURTNEY AVERY, Public Hearing Officer

5 MICHAEL CONSTANTINO, Senior Reviewer

6 ANN GUILD, Compliance Manager

7 GEORGE ROATE, Public Hearing Officer

8 APRIL SIMMONS, General Counsel, Public
9 Hearing Officer

10 525 West Jefferson Street

11 Second Floor

12 Springfield, IL 62761

13 217.782.3516

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1 P R O C E E D I N G S

2 HEARING OFFICER AVERY: Good morning. I
3 am Courtney Avery, the Administrator and Hearing
4 Officer for the Illinois Health Facilities and
5 Services Review Board. Also present today are Ann
6 Guild, Mike Constantino, April Simmons, and George
7 Roate.

8 On behalf of HFSRB, thank you for
9 attending today's proceeding pertaining to the
10 certificate of need application submitted by
11 Trinity Health seeking to establish an outpatient
12 ambulatory care/diagnostic imaging facility in
13 13,389 gross square feet of space, located at 3753
14 South Cottage Grove Avenue in Chicago.

15 As per the rules of the Illinois Health
16 Planning Act, the previously published legal
17 notice -- Notice of Review and Opportunity for
18 Public Hearing and Written Comment will be
19 submitted to the court reporter for inclusion in
20 today's record.

21 At this time, I'm not going to read the
22 legal notice, but it will be submitted verbatim
23 into the record.

24 Please note that in order to ensure that

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

15 Those of you who have prewritten -- I need
16 to grab my glasses. Sorry.

17 Those of who you have prepared text of
18 your testimony, please note that you may submit --
19 sorry about that. My computer is doing all kinds
20 of crazy things. You may submit the written text
21 via electronic mail at DPH.HFSRB.PublicHearings
22 @illinois.gov, which will be entered into today's
23 record and made available for all HFSRB members
24 prior to the January 26th meeting.

1 I ask that you please be patient.

2 Everyone will be given an opportunity to provide
3 testimony. When I call your name, I will unmute
4 your microphone. Should you have any questions,
5 please send a message to me in the chat box.

6 At this time, I ask that you limit your
7 testimony to three minutes. Prior to beginning
8 your remarks, clearly state and spell your full
9 name.

10 Okay. We'll start off today's proceedings
11 with John Capasso, a representative from Trinity
12 Health. Let me find John.

13 MR. MITCHELL: Just a second. Let me
14 reclaim the host from you, and then I can give it
15 to April.

16 HEARING OFFICER AVERY: Thank you. I'm
17 having some technology issues. I'll work on
18 those, and then April can --

19 MR. MITCHELL: Okay. April now has the
20 hosting privileges.

21 HEARING OFFICER AVERY: Okay.

22 MR. CAPASSO: Good morning this is John
23 Capasso. Can you hear me?

24 HEARING OFFICER AVERY: Yes, John. Please

1 proceed with your comments.

2 MR. CAPASSO: Okay. Thank you, Courtney.

3 HEARING OFFICER AVERY: Thank you.

4 MR. CAPASSO: I thank the Board for the
5 opportunity to testify at this public hearing. My
6 name is John Capasso, and the spelling is C-a --
7 John is J-o-h-n. Capasso is C-a-p-a-s-s-o, and I
8 serve as an executive vice president at Trinity
9 Health.

10 I'm here to share with you our vision for
11 the Mercy Care Center, an outpatient center that
12 will be located in the heart of Bronzeville on the
13 south side of Chicago. This outpatient center
14 will address the community's need for preventative
15 care in order to reduce hospitalizations by
16 diagnosing and treating chronic illnesses in our
17 local residents before they manifest into more
18 serious conditions.

19 Central to our mission at Trinity Health
20 is a commitment to provide care for the neediest
21 among us. When other hospitals in the area have
22 closed, they simply shut their doors. This is not
23 the way we take care of our community. We are
24 diligent in providing high quality healthcare to

1 millions of patients in underserved communities
2 across the country, and we also have a moral duty
3 to be fiscally responsible so we can continue to
4 serve those in need.

5 The \$4 million monthly operating losses we
6 are currently incurring at Mercy Hospital are not
7 sustainable, but we believe we can offer the care
8 the community currently lacks and strengthen the
9 health of patients on the south side.

10 We know that this new outpatient center
11 will not be profitable. We are estimating that
12 the Mercy Care Center will lose approximately \$2
13 million per year, but it's the right thing to do
14 to continue our mission. Rather than walk away
15 and close the doors, we are going to open a new
16 door to prevention and urgent care needed in our
17 community.

18 Among the challenges that drove us to
19 discontinue services at Mercy Hospital were
20 changes and trends in healthcare that demand
21 greater access to the kind of preventative and
22 diagnostic care that will allow patients to avoid
23 hospital visits.

24 The need also presents itself with the

1 disparate outcomes in health we see among patients
2 on the south side with a higher incidence of
3 chronic conditions that require greater access to
4 outpatient care that many patients on the south
5 side today travel outside of their service area to
6 receive.

7 The Mercy Care Center was born of a desire
8 that decreased those disparate outcomes in health
9 for the south side patients and provide the care
10 patients need when they need it, where they need
11 it.

12 The new center will provide care to 65,000
13 patients a year and offer three major components:
14 No. 1, diagnostic testing, including CT scans,
15 MRI, X-ray, ultrasound, mammography, bone
16 densitometry with the designation and licensing as
17 an independent diagnostic treatment facility being
18 sought; No. 2, urgent care; and No. 3, care
19 coordination to connect patients with specialty
20 providers, develop care plans, and facilitate
21 access to community services.

22 Mercy Care Center will offer
23 cost-effective walk-in urgent care for minor
24 injuries, treatment of chronic illness, and

1 everyday illnesses, colds, and flus. It will be
2 equipped with point-of-care testing for flu,
3 strep, RSV, and mono.

4 It is known in the industry that upwards
5 of 40 percent of emergency patients are better
6 cared for in an urgent care setting like the Mercy
7 Care Center, where they can receive faster care in
8 a convenient neighborhood location.

9 Our research and consultant studies have
10 proven that there is a lack of urgent care,
11 diagnostics, and care coordination to help
12 residents get the referrals they need for
13 specialty care in our community. It's our goal to
14 make these changes in a care delivery system on
15 the south side.

16 The Mercy Care Center will also offer jobs
17 to some of the displaced colleagues from Mercy
18 Hospital. It will be built by contractors who are
19 women and minority-owned businesses.

20 Finally, we have formed a diverse board
21 for the Mercy Care Center to ensure that we have
22 appropriate representation for the communities we
23 serve with oversight of this facility.

24 While the way, we at Trinity offer care on

1 the south side will look different in '21 than it
2 did in 2020, we remain steadfast in our commitment
3 to providing the care the community needs. We
4 urge your support for our transformation plan to
5 open the Mercy Care Center on Chicago's South
6 Side.

7 Thank you.

8 HEARING OFFICER AVERY: Thank you.

9 Okay. Next we have Jessica Simpson, and,
10 Jessica, I read your note in the chat box.
11 Unfortunately, the rules do not allow for the
12 reading of statements on behalf of someone else.
13 So I will unmute you shortly.

14 Jessica, please start your remarks. Thank
15 you.

16 MS. SIMPSON: Thank you, Ms. Avery.

17 Good morning. My name is Jessica Simpson,
18 and I'm a second-year medical student at Loyola
19 University, Chicago, Stritch School of Medicine.
20 I am the founder and president of the White Coats
21 for Black Lives chapter at Loyola, and I'm a
22 former public health advisor at CDC.

23 In July 2020, I was invited to attend
24 Trinity Health Racism is a Public Health Crisis

1 webinar, and I was impressed with the presentation
2 led by the CEO of Trinity. He talked about the
3 importance of addressing racism in all forms.

4 At the end of July, I was shocked to find
5 out that that same CEO was planning to close Mercy
6 Hospital, thereby creating a 5 mile gap in access
7 to healthcare in Chicago's south side.

8 The closure of Mercy Hospital is a social
9 justice and racial justice issue. Because
10 Bronzeville, where Mercy Hospital is located, is a
11 predominantly black and brown community. The
12 issue at hand is access to healthcare. The Office
13 of Disease Prevention and Health Promotion defines
14 access to health services as the timely use of
15 personal health services to achieve the best
16 health outcomes.

17 This includes gaining entry into the
18 healthcare system through health insurance
19 coverage. While at Mercy Hospital, it is a safety
20 net hospital. That means it delivers a
21 significant level of both healthcare and
22 health-related services to people who are
23 uninsured, on Medicaid, and other vulnerable
24 populations.

1 Access to healthcare services also
2 includes geographic availability. Some of the
3 patients at Mercy Hospital walk to the hospital in
4 order to receive care. This will no longer be an
5 option if the hospital closes and an urgent care
6 center opens. An urgent care center does not
7 replace a hospital. If someone is sick and having
8 a heart attack, they cannot walk 5 miles to get to
9 the next hospital.

10 And finally, access to health services
11 includes finding a healthcare provider who the
12 patient trusts. As medical students, we are
13 taught that getting a good history and physical is
14 paramount to diagnosis, treatment, and health
15 outcomes. In order to get a good history, one
16 must build trust with their patients. Closing the
17 hospital would sever current patient/provider
18 relationships, leaving patients with the burden of
19 finding a new provider that they trust.

20 The misappropriation of funds at Trinity
21 Health should not fall on the people living in
22 Bronzeville. This falls on the rightful shoulders
23 of the CEO at Trinity Health. It is his
24 responsibility to appropriately manage the

1 hospital and to keep its doors open. It is his
2 responsibility to find a solution or to offer up
3 the hospital for a buyer in order for the next
4 person to appropriately manage the hospital.

5 If the CEO fails to sell the hospital,
6 then the task falls to the health -- I'm sorry --
7 then the task falls to the Illinois State governor
8 and other state legislators to force the sale of
9 the hospital. That is their job. That's why
10 their constituents elected them, to serve the
11 people.

12 This is a clear issue of profit over
13 people. This is clearly a public health crisis,
14 and it is clearly an example of systematic racism.

15 Today I strongly encourage the Illinois
16 Health Facilities and Services Review Board to
17 deny Trinity Health's request to open a Mercy Care
18 urgent center. Furthermore, I strongly encourage
19 Governor J.B. Pritzker and other state legislators
20 to be a champion for their Bronzeville
21 constituents and to force the sale of Mercy
22 Hospital.

23 By doing so, they will decrease the risk
24 of exacerbating current health disparities in

1 Bronzeville. Think of the people living in
2 Bronzeville when you make your decision today.

3 Thank you for listening, and thank you for
4 your time.

5 HEARING OFFICER AVERY: Thank you,
6 Ms. Simpson, and you can send Dr. Endzel's
7 information via e-mail, and it will be included in
8 today's record.

9 MS. SIMPSON: Okay. Thank you, Ms. Avery,
10 will do.

11 HEARING OFFICER AVERY: Thank you, please
12 hold everyone. The next speaker will be Anita
13 Allen.

14 MS. ALLEN: -- the director of perinatal
15 services at Mercy Hospital.

16 HEARING OFFICER AVERY: Ms. Allen, start
17 your remarks again. I had to unmute you.

18 MS. ALLEN: Okay.

19 HEARING OFFICER AVERY: Thank you.

20 MS. ALLEN: My name is Anita Allen. I
21 have had the pleasure of serving as the director
22 of perinatal services at Mercy Hospital. I am now
23 honored to serve on the board of the Mercy Care
24 Center, where I will be able to continue my

1 personal commitment to providing care to those in
2 underserved communities.

3 For the past several years, I've watched
4 two trends emerge at the same time. I've seen the
5 challenges Mercy and other safety net hospitals
6 have faced as the cost to provide care grow while
7 patient volume and reimbursement decline. This
8 has, of course, created a completely unsustainable
9 environment for hospitals like Mercy.

10 At the same time, I've seen something more
11 encouraging, which is that advancements in
12 medicine have made it possible to do far more in
13 an outpatient setting than has ever been done
14 before. Procedures that used to require an
15 overnight stay in a hospital can now be done in a
16 matter of hours in an outpatient setting.

17 With the Mercy Care Center, we're able to
18 combine these two trends to create a positive and
19 lasting outcome for the community we serve. While
20 most systems opt to close their doors for good if
21 they are unable to make ends meet, Trinity Health
22 is making a commitment to continue to live its
23 mission to care for the poor and the underserved,
24 knowing this center will likely not create profit

1 but will be able to provide care for up to 65,000
2 patients on the south side every year.

3 I urge the Board to approve this
4 application to help create a new model for how
5 compassionate healthcare systems can transform
6 care to meet the needs of the patient while
7 recognizing the reality of healthcare financing
8 today.

9 Thank you for your time.

10 HEARING OFFICER AVERY: Thank you.

11 Next speaker is Amy Catania. Amy, are you
12 there?

13 MS. CATANIA: Yes, I am. Thank you,
14 Ms. Avery.

15 HEARING OFFICER AVERY: You're welcome.

16 MS. CATANIA: My name is Amy Catania, and
17 that's spelled A-m-y C-a-t-a-n-i-a.

18 I called in today once again to speak as a
19 member of the community that has lived in the
20 Mercy Hospital neighborhood, volunteered at Mercy,
21 and currently has loved ones who have been served
22 by Mercy Hospital for decades and whose care will
23 be discontinued with the closing of Mercy
24 Hospital.

1 I was born there. I grew up two blocks
2 south of there, and, as I say, have family members
3 who have received care there for decades. I did
4 walk to Mercy for care and walked to Mercy to
5 visit loved ones.

6 I have had -- also as a doula, a labor
7 doula, I have been privileged to help clients give
8 birth at Mercy. I have also had the joy and the
9 confidence in Mercy to help clients who have given
10 birth in the neighborhood at home to know that
11 Mercy was there in the event of a transfer from a
12 home birth to Mercy Hospital.

13 I have actually had the experience of
14 assisting clients who have actually needed to do
15 that transfer to Mercy Hospital. And we know that
16 when a home birth transfer, a planned home birth
17 with a certified nurse midwife is in need of a
18 hospital transfer, that minutes matter.

19 We also know that in Chicago, black women
20 are six times more likely to die of
21 pregnancy-related causes, and that we are in the
22 middle of a maternal health crisis, and that an
23 urgent care center, such as the one that is
24 proposed today, will not address those needs in

1 any adequate fashion.

2 I appreciate that the financial situation
3 is dire. The systematic racism that plagues Mercy
4 Hospital plagues the entire neighborhood. I grew
5 up there, and I saw it day in and day out. At the
6 same time this proposal for this outpatient urgent
7 care clinic is just inadequate when by its own
8 admission, 70 percent of admissions came through
9 the ER to the hospital.

10 So I urge the Board to please deny the
11 request of Trinity to open this urgent care center
12 and to work with the governor to explore other
13 options for buyers who will be able to keep the
14 hospital open.

15 Thank you very much.

16 HEARING OFFICER AVERY: Thank you for your
17 comments.

18 MS. CATANIA: You're welcome.

19 HEARING OFFICER AVERY: Next, we have Tyra
20 Tomlin.

21 MS. TOMLIN: Good morning, Ms. Avery. Can
22 you hear me?

23 HEARING OFFICER AVERY: Yes, we can.

24 MS. TOMLIN: Great. Tyra Tomlin, that's

1 my name, and it is T-y-r-a T-o-m-l-i-n. And I am
2 a director currently at Trinity Health.

3 My name is Tyra Tomlin, and I'm honored to
4 serve on the board of the Mercy Care Center where
5 I will be able to continue my personal commitment
6 to providing care to those in underserved
7 communities. For the past several years, I have
8 served as the corporate director of operations at
9 Trinity Health where one of the hospitals I have
10 supported has been Mercy.

11 In this time, I've watched two trends
12 emerge at the same time. I have seen the
13 challenges Mercy and other safety net hospitals
14 have faced as the cost to provide care grow while
15 patient volume and reimbursements decline. This
16 has, of course, created a completely unsustainable
17 environment for hospitals like Mercy.

18 At the same time, I have seen something
19 more encouraging, which is that advancements in
20 medicine have made it possible to do far more in
21 outpatient settings than has ever been done
22 before. Procedures that used to require an
23 overnight stay in a hospital can now be done in a
24 matter of hours in an outpatient setting. With

1 the Mercy Care Center, we're able to combine these
2 two trends to create a positive and lasting
3 outcome for the community we serve.

4 While most systems opt to close their
5 doors for good if they are unable to make ends
6 meet, Trinity Health is making a commitment to
7 continue living its mission to care for the poor
8 and underserved. Knowing this center will likely
9 not create profits but will be able to provide
10 care for up to 65,000 patients on the south side
11 every year.

12 I urge the Board to approve this
13 application to help create a new model for how
14 compassionate healthcare systems should transform
15 care to meet the needs of patients while
16 recognizing the realities of healthcare financing
17 today.

18 And I thank you for listening.

19 HEARING OFFICER AVERY: Thank you.

20 Next is Alderman Sophia King. Please
21 begin your comment.

22 MS. KING: Can you hear me?

23 HEARING OFFICER AVERY: We can.

24 MS. KING: Thank you very much for

1 allowing me to speak here today. I come here --
2 first of all, my name is Sophia King, S-o-p-h-i-a
3 K-i-n-g. I am the alderman of the 4th Ward where
4 this proposed new model of care exists, but I come
5 here speaking on behalf of a number of electeds:
6 Commissioner Bill Lowry, Representative Lamont
7 Robinson, Senator Mattie Hunter, Alderman Pat
8 Dowell, Alderman Jeanette Taylor, Representative
9 Theresa Mah.

10 We are totally against this proposal
11 dressed as a new model of care. I am happy that a
12 Board member saw through this so-called new model
13 of care when Trinity spoke to try and close Mercy
14 weeks ago. From my understanding, this new model
15 of care will not have any doctors; and after
16 clinicians take images, they will just refer
17 patients to other hospitals and doctors.

18 What people don't already know is that
19 this spot is already a clinic, and it has
20 basically preventative care that serves thousands
21 of patients a year. They are decimating it. They
22 are pulling doctors away from it. They are
23 searching for new jobs, and so they are decimating
24 preventative care already.

1 What's already fundamentally wrong with
2 this proposal is that they have not asked the
3 community what they need. They have not presented
4 anything to my office, to any of the other
5 electeds. They have not held any community
6 meetings. They have not asked the community what
7 they need and what they want.

8 Trinity was handed Mercy in great
9 financial -- in a great financial position. They
10 admitted this themselves. And for years, for
11 several years, they operated Mercy at a profit.
12 And then for the last seven years, they operated
13 at a deficit with the same CEO, and I'm not sure
14 why, if you're not doing well, you don't change
15 your management. You do that all the time in
16 situations like this. And then this last year,
17 miraculously they operated at a profit.

18 And now, they're asking us can they --
19 after not, you know, operating Mercy well, you
20 know, can they now decimate another clinic that
21 was doing well and then presenting this new model
22 of care as transformative when really all it is is
23 an X-ray office that will be run by clinicians,
24 not doctors, and then handing them off to who

1 knows where because it's going to be a
2 referral-type clinic.

3 So I am totally, you know, against, along
4 with all of those other elected officials, of
5 this, you know, new model of care that they're
6 talking about which is really going backwards and
7 not forward.

8 And I hope that the Board will continue to
9 look at Trinity and what they're offering because
10 during the last presentation that they made, they
11 made a lot of assertions that weren't true; and so
12 I hope you will look under the hood and see what's
13 going on truly is that they are choosing profit
14 over patients and over people. Because I think
15 they are just trying to take Mercy and the
16 property, and they think they're going to get
17 profit from that in the long run and not caring
18 about the community or the people that make up the
19 community.

20 I am -- you know, continue to be
21 astonished by what they're doing in the middle of
22 a pandemic and by what they continue to do,
23 disrespecting the community by not even talking to
24 the community about what their needs are and

1 trying to meet their needs.

2 And so, again, I am totally against this
3 proposal. So thank you to the Board for letting
4 me speak today.

5 HEARING OFFICER AVERY: Thank you,
6 Alderman.

7 Next up is Ryan McGraw. Ryan, please
8 begin your comments.

9 MR. MCGRAW: Yes. Thank you very much for
10 allowing me to testify today. My name is Ryan
11 McGraw, R-y-a-n M-c-G-r-a-w.

12 I am a healthcare community organizer at
13 Access Living in Chicago. Even though Mercy
14 Health Center may be a needed resource to
15 residents, it would not actually replace Mercy
16 Hospital, which offers an emergency room and many
17 specialty care clinics.

18 Trinity Health is a multi-billion-dollar
19 organization that understands that closing Mercy
20 would negatively affect south side residents.
21 However, they are placing profits over the need of
22 the community -- in this vulnerable south side
23 community.

24 80 percent of those that Mercy serves are

1 economically challenged, underserved,
2 underprivileged, and not insured. Many in this
3 population are disabled on Medicaid or Medicare.
4 Being a safety net hospital, Mercy serves all of
5 these populations without question.

6 People with disabilities, which make up a
7 great number of Mercy Hospital patients, are at
8 greater risk of health disparity and secondary
9 conditions. Specialty clinics such as the
10 diabetes treatment center, heart and vascular
11 center, pain management center, and rehabilitation
12 and therapy program offer a wide range of services
13 to people living with disabilities and other
14 chronic conditions.

15 So Mercy Care Center, which would offer
16 urgent care and diagnostic testing, would not do
17 anything to address this loss in care. Closing
18 Mercy Hospital would create a healthcare desert in
19 a community that already suffers from a lack of
20 healthcare resources, especially when it comes to
21 specialty care and the emergency medicine, that
22 the diagnostic testing and the urgent care of
23 Mercy Health Center would not replace.

24 There were over 50,000 patient visits to

1 Mercy Hospital's ER in 2019. For patients with
2 disabilities, accessing healthcare is not as
3 simple as boarding transportation to easily travel
4 to receive necessary healthcare. Accessible
5 transportation can take hours or even days to
6 arrange and use. Therefore, getting to another
7 hospital several miles away poses a real barrier
8 to Medicare.

9 Further, these barriers increase time to
10 treatment during medical emergencies, especially
11 for those who are disabled or elderly. This
12 results in poor medical outcomes. The Mercy Care
13 Center that is proposed does not offer a solution
14 to this.

15 Thank you very much.

16 HEARING OFFICER AVERY: Thank you,
17 Mr. McGraw, appreciate your comments.

18 Next we have Carla on behalf -- oh, from
19 Senator Hunter's office.

20 You're listed as Senator Hunter, but
21 please state your name.

22 MS. CARMOUCHE-ROGERS: Can you hear me?

23 HEARING OFFICER AVERY: We can.

24 MS. CARMOUCHE-ROGERS: Okay. Good

1 morning. I am Carla Carmouche Rogers. That's
2 Carla, C-a-r-l-a, Carmouche, C-a-r-m-o-u-c-h-e,
3 Rogers, R-o-g-e-r-s, Chicago district
4 administrator to Illinois State Senator Mattie
5 Hunter of the 3rd Legislative District.

6 Good morning, Members of the Board.
7 Senator Hunter and I are currently in Springfield
8 where she is building on important legislative
9 matters; but as the senator for Mercy's
10 legislative district, we want to make sure that we
11 can relay this message and that we are -- the
12 senator and I are advocating for what we believe
13 is best for our constituents.

14 We thank you for voting against the
15 closure of Mercy Hospital last month, and today we
16 urge you to vote against replacing Mercy Hospital
17 with an outpatient urgent care clinic. As the
18 COVID-19 pandemic continues and is bound to have
19 lasting effects on our communities, it is vital
20 that the residents she represents have access to
21 emergency affordable care. We cannot afford to
22 risk the lives of residents by closing Mercy.

23 An outpatient clinic is not the best
24 solution for city residents, and we are confident

1 that we can negotiate something that better
2 benefits our community. As has been stated
3 before, Trinity Health should relinquish ownership
4 of Mercy Hospital and put it in the hands of
5 owners who care and seek the community's best
6 interest.

7 Our residents deserve better, and we can
8 give them that given more time. Please vote
9 against replacing Mercy with this urgent care
10 clinic.

11 Thank you.

12 HEARING OFFICER AVERY: Thank you.

13 Christine Pao is next. Christine, are you
14 able to hear us? Christine.

15 MS. PAO: Can you hear me?

16 HEARING OFFICER AVERY: We can.

17 MS. PAO: Hi, my name is -- hang on. I'm
18 in the room with someone else. I need to move.

19 Hi, I am Christine Pao, C-h-r-i-s-t-i-n-e,
20 P, as in Peter, -a-o, and thanks very much for
21 taking my testimony this morning.

22 I have read the application from Trinity
23 Health, and it seems to me like this project is
24 specifically designed not to fall under the

1 regulation of the ILHA and the review board. So
2 maybe --

3 HEARING OFFICER AVERY: I'm sorry to
4 interrupt you, Christine. You need to get a
5 little further away from the other person. We're
6 still getting the background, please.

7 MS. PAO: Is this better?

8 HEARING OFFICER AVERY: Yes, it is. Thank
9 you. You may proceed, Christine.

10 We'll come back to Christine.

11 Ben, and I'll spell the last name,
12 S-a-i-y-a-s-o-m-b-a-t.

13 MR. SAIYASOMBAT: Good morning. Are you
14 able to hear me?

15 HEARING OFFICER AVERY: Yes.

16 MR. SAIYASOMBAT: Thank you very much.

17 Hello, everybody. My name is Dr. Ben
18 Saiyasombat. That's B-e-n S-a-i-y-a-s-o-m-b-a-t.
19 I'm one of the doctors who has worked in the Mercy
20 emergency room and ICU. I'm here once again to
21 voice my opposition to the hospital's closure.

22 So at this point, it's been said time and
23 time again, Trinity's plan to replace Mercy
24 Hospital with a care center doesn't make any

1 sense. You can't say that you're prioritizing
2 better access to healthcare while at the same time
3 want to get rid of your safety net. You can't say
4 that what you really care about is preventing
5 disease in people and then turn around and say
6 that you want to close a hospital.

7 And for all this talk of prevention and
8 outpatient care and continuity, the Mercy Care
9 Center only really has an urgent care center and a
10 referral center. For those who aren't familiar,
11 an urgent care deals with complaints like
12 earaches, cuts, colds, toe pain.

13 They're not going to know things like how
14 your blood pressure has been doing, what your
15 sugar has been like for the past weeks, how you're
16 supposed to adjust the dosages on your cholesterol
17 or heart medicine. These are the things that
18 actually matter when it comes to prevention of
19 chronic disease, and these things are taken care
20 of by a primary care doctor who knows you, who has
21 been taking care of you for a while. These are
22 the doctors that we need, but these doctors are
23 not going to exist at the Mercy Care Center.

24 What the Mercy Care Center will have is a

1 referral center where they can say we can send you
2 to see these types of doctors, but it's not going
3 to be here. And this center is supposed to
4 replace a hospital which already provides
5 preventative outpatient care and more. It's
6 supposed to be the one place where the community
7 gets all of their healthcare needs and their
8 access to care, and I just don't see how that's
9 going to work.

10 Furthermore, the care center is expected
11 to be completed around September of 2021, but the
12 hospital closure is planned for May while we're
13 still in the middle of a pandemic. So in light of
14 these concerns, the Board voted against Trinity's
15 application in December and rightly so.

16 Not only is Trinity's plan fundamentally
17 flawed, but the issues that were brought up during
18 the Board meeting, and there were multiple of
19 them, they're not simple fixes that you can just
20 stick a Band-Aid on and have it be resolved in a
21 couple of months. It's definitely not going to be
22 fixed by the planned closure date of May.

23 Despite this, essentially, immediately
24 following the Board's decision on December 15th,

1 Trinity issued a memo to its employees indicating
2 that they remain dedicated to their plan to close
3 the hospital down by May and hope to appeal to the
4 Board again this month in January.

5 So who else is there left to convince?
6 The patients, community groups, state reps,
7 aldermen, everybody has been fighting for months
8 saying that they want and need this hospital. The
9 State Board has voted against its closure.
10 Governor Pritzker himself has written a letter in
11 favor of keeping the hospital open. The only ones
12 who want to close down Mercy are Trinity Health.

13 And I believe at this point they've
14 declared quite transparently that with or without
15 the Board's approval, they plan on moving forward
16 with their original plan and committing all their
17 efforts toward the hospital's closure. This is
18 unfortunately the trajectory that we are headed
19 towards in the next few months if nothing changes.

20 A huge part of what makes the hospital
21 what it is is its support staff, the nurses, the
22 techs, as well as the residency teaching programs
23 who staff the inpatient, the surgery, as well as
24 the OB services. By saying that Trinity is

1 continuing to close Mercy, they're trying to force
2 out these groups that make up the backbone of the
3 hospital's workforce; and unfortunately, if things
4 keep going the way they're going, inevitably they
5 will succeed.

6 They have no contingency plan for actually
7 keeping the hospital open or operational. If
8 there's going to be any change, any hope at all,
9 or any sale that's going to happen, it has to
10 occur soon, and it has to be acted on
11 definitively. Otherwise, we are in very real
12 danger of losing Mercy Hospital, and that cannot
13 be allowed to happen.

14 Thank you very much for your time today.

15 HEARING OFFICER AVERY: Thank you.

16 Okay. Christine, are you there? Give her
17 a minute. Christine Pao, are you there? Okay.
18 Hold on.

19 William Gentry, please proceed with your
20 comments.

21 MR. GENTRY: Yes. Hello, my name is
22 William Gentry, G-e-n-t-r-y, first name William.
23 I'm a patient care tech and EMT at Christ
24 Hospital. Good morning, everyone. Hello.

1 HEARING OFFICER AVERY: Please proceed.

2 MR. GENTRY: Can you hear me?

3 HEARING OFFICER AVERY: Yes, we can hear
4 you.

5 MR. GENTRY: Okay. Well, I'm against the
6 closing of the hospital, and it seems that this
7 has come down to a matter of dollars and cents.
8 You're going to open up a care center that you say
9 that is going to take a loss of 2 million, and
10 then you're closing down a hospital because it's
11 not profitable.

12 The bottom line is why are you in our
13 community closing down our hospital that these
14 people need. Mercy has been a part of that south
15 side Bronzeville forever, and these people have
16 gotten used to that and walking to their hospital
17 and getting the care that they need, and then you
18 want to shut it down.

19 For what purpose? I mean, you know, I
20 work at Christ Hospital as it is, and you're
21 cutting off people's lifeline to get themselves
22 taken care of, and it's all about greed. That's
23 the only thing -- and in these times, in pandemic
24 times, why would you shut down a hospital?

1 Thank you guys for listening. I really
2 appreciate it.

3 HEARING OFFICER AVERY: Thank you. We
4 appreciate your time.

5 Christine.

6 MS. PAO: Hi.

7 HEARING OFFICER AVERY: Okay. Great.
8 Thank you.

9 MS. PAO: Spell my name again?

10 HEARING OFFICER AVERY: Yes, please.

11 MS. PAO: Christine, C-h-r-i-s-t-i-n-e,
12 Pao, P, as in Peter, -a-o. Thanks for the chance
13 to speak to the Board.

14 I am opposed to the Mercy Care Center. I
15 read the application from Trinity Health, and it
16 seems like the project is specifically designed
17 not for the needs of the community but so that it
18 won't be regulated by the IHLA or the Review
19 Board; and they are doing that by making it
20 completely unaffiliated with any other hospital or
21 healthcare system, by only investing a certain
22 amount of money underneath the \$14 million cap,
23 and only providing unregulated services.

24 I mean, I'm a layperson, but it seems

1 to me they just want to build something but they
2 haven't -- they don't actually care what the
3 community needs but by not -- by escaping
4 regulation, it also means that they are not
5 providing most of the services that are going to
6 be lost with the closing of Mercy Hospital.

7 Mercy Hospital emergency room alone serves
8 57,000 patients, and they're going to replace that
9 with an urgent care center that can handle 12,000
10 patients? So this care center doesn't even
11 replace the emergency room, much less inpatient
12 care, emergency care, no primary care, no
13 specialist care.

14 I'm very concerned that this new --
15 quote/unquote, "new care center" is displacing an
16 existing outpatient clinic that provides primary
17 and specialist care to families and seniors in the
18 Bronzeville neighborhood. The application didn't
19 say how many visits are provided by the existing
20 outpatient center, whether they're simply
21 eliminating those services or if they're being
22 relocated.

23 The community should not have to lose
24 access to primary and specialist care, long-term

1 relationships with physicians and providers for an
2 urgent care center. This doesn't make any sense.
3 This is not transformation of healthcare.

4 By continuing to implement its plan to
5 shut down Mercy Hospital and all of its services,
6 inpatient and outpatient, Trinity Health is
7 showing it does not have the health and well-being
8 of the community as its concern. It has broken
9 the bond of trust that is essential to the
10 relationship between patient and care providers.

11 They haven't consulted with the community
12 on its needs or its actual usage of services for
13 either the closure or for the new care center.
14 They are not fit to offer healthcare services to
15 the near south side.

16 Thank you.

17 HEARING OFFICER AVERY: Thank you, too.

18 Okay. I have unmuted callers. Is there a
19 Heather Willis that's using the phone as a call-in
20 user? Heather Willis -- or Will. I'm sorry.
21 Heather Will.

22 Okay. I'll move on to the next one,
23 Randall Butler. If Randall Butler is on the call,
24 please raise your hand in case you're under

1 another name.

2 Okay. We'll move on to Noah Stieglitz.

3 I'm unmuting you. Please begin your comments.

4 MR. STIEGLITZ: Okay. Yeah. So, hi, my
5 name is Noah, and that's N-o-a-h S-t-i-e-g-l-i-t-z,
6 and I live in the Mercy area, and I'm here to
7 speak in opposition to the opening of this new
8 clinic.

9 You know what Bronzeville and the
10 surrounding communities that rely on Mercy need is
11 a hospital, not a clinic; and this clinic is part
12 of Trinity's smoke and mirrors to try and justify
13 the closure of Mercy Hospital. There is no way of
14 getting around that the opening of this clinic is
15 tied to Trinity's effort so close Mercy Hospital.
16 This project is not a transformation. It's a
17 radical reduction of services and care in a
18 community that has already had a hospital closed,
19 Michael Reese, and has no other hospitals nearby.

20 This proposed clinic would have 10 percent
21 of the patient volume of Mercy Hospital with no
22 inpatient care, no ER, no primary specialist care.
23 Where will people go if they suffer a heart
24 attack, a stroke, or have to deliver a baby? Like

1 increasingly on the south side of Chicago, it's
2 farther and farther away and, like, this has
3 contributed -- you know, like, we see the impact
4 of this.

5 At this point, Trinity has shown that they
6 can't be trusted to run healthcare facilities
7 anywhere, but especially in vulnerable communities
8 and neighborhoods. They have threatened to close
9 Mercy in defiance of the Board's decision and have
10 displayed their disregard for Bronzeville's
11 community. They have not seriously consulted with
12 the community, and they don't care about their
13 needs.

14 We want Trinity to sell Mercy to a more
15 responsible owner, but our priority is that care
16 continues at Mercy Hospital. If Trinity, a
17 multi-billion-dollar corporation, really is
18 struggling to pay their bills, let them focus on
19 continuing care at Mercy Hospital instead of
20 opening up new clinics in the same service area.

21 So I urge you to vote no on their
22 application to open up this clinic.

23 Thanks.

24 HEARING OFFICER AVERY: Thank you for your

1 comment.

2 Okay. Hold on one second. I'm searching
3 for Allauna Landheart. If you are on, please
4 raise your hand. Allauna, you are on. Can you
5 raise your hand, or maybe you're a caller.

6 Okay. I don't see -- oh, it's under a
7 different name. Okay. Please begin.

8 MS. LANDHEART: Okay. Sorry about that.
9 Yes, my name is Allauna, and I am against the
10 proposal. This is not -- can you hear me?

11 HEARING OFFICER AVERY: Allauna, can you
12 please state your full name because we have one
13 last name on the sign-in sheet and a different
14 last name on the --

15 MS. LANDHEART: Yes. My name is Allauna
16 Landheart, A-l-l-a-u-n-a.

17 HEARING OFFICER AVERY: Okay. Thank you.
18 Please begin your remarks.

19 MS. LANDHEART: Yes, I am against the
20 proposal. I am a member of the Bronzeville
21 community, and the proposal is a continued
22 disservice -- or would be a disservice to my
23 community.

24 This is not a community decision. There

1 hasn't been any community discussion, and that's
2 because Trinity does not care about the community
3 and our buy-in. Bronzeville is my community, and
4 Mercy is my hospital.

5 I urge you all to vote against this
6 radical proposal to close our hospital and replace
7 it with an inadequate mode of healthcare.

8 Thank you.

9 THE REPORTER: Could you spell your last
10 name, please.

11 MS. LANDHEART: L-a-n-d-h-e-a-r-t.

12 HEARING OFFICER AVERY: Thank you.

13 Let me find Debra Weaver.

14 Debra Weaver, if you're on under a
15 different name, please raise your hand.

16 I've unmuted call-in users 10, 12, 5, 7,
17 and 9. Are one of you Debra Weaver?

18 Okay. Thank you. Hold on. Let me get
19 the next person. Debra had to leave.

20 Okay. I'm searching for Glenda Lott. If
21 you are on, please raise your hand. Okay. Glenda
22 is not with us either. Thank you whoever is
23 sending me the text messages.

24 We'll go now to Jocelyn Wilcox. Thank

1 you. Jocelyn, are you there? I've unmuted you.

2 MS. WILCOX: Hello, can you hear me?

3 HEARING OFFICER AVERY: Yes.

4 MS. WILCOX: Okay. Hi, my name is Jocelyn
5 Wilcox, J-o-c-e-l-y-n W-i-l-c-o-x, and I'm here to
6 speak in opposition to opening the new clinic. As
7 a -- sorry -- I have a little bit of anxiety.

8 As a future mother in the community who
9 will need services and a hospital to take care of
10 my future children and to give birth, to have a
11 hospital closing, one of the few hospitals in the
12 city that has those services available, would be
13 very hard for me to get my needs met and the needs
14 of my children met.

15 So I would urge you not to allow them to
16 open this clinic which will not meet the needs
17 that I'm going to have in the near future and will
18 not meet the needs of so many other community
19 members as you heard throughout this call.

20 So please, don't allow them to open this
21 clinic because they've been -- and also as you
22 see, they've been so transparent about how it's
23 just to be able to allow them to close the
24 hospital. I don't want to see them open the

1 clinic because I know that they're just using that
2 as an excuse to close the hospital, which has so
3 many more services beyond that, that can't meet
4 the needs that the community has.

5 So thank you for your time.

6 HEARING OFFICER AVERY: Thank you for your
7 time, ma'am.

8 I'm searching for Novak. If you're on,
9 please raise your hand.

10 Okay. Keisha Liddell, please begin your
11 comments.

12 MS. LIDDELL: Hello. My name is Keisha
13 Liddell, K-e-i-s-h-a L-i-d-d-e-l-l.

14 I am a lifelong south sider but a two-year
15 Bronzeville community member, and one of the main
16 reasons that I chose to live in this neighborhood
17 was the opportunity of accessibility, not only to
18 food and other services, but also healthcare
19 services provided at Mercy Hospital.

20 I had a recent incident where I needed to
21 have an out-of-town loved one rush to the
22 hospital, and Mercy was one of the only places
23 that offered me a warm welcome, great customer
24 service, and were attentive to not only my needs

1 as someone who was waiting on a loved but also the
2 person who was being serviced.

3 I was able to witness healthcare providers
4 at Mercy interact with people that they saw
5 regularly and recognized them and treat them as
6 the community members that they are. It was
7 something that was very comforting to see and
8 reassuring to know, that I was in a place where
9 people were not afraid to, obviously, do their job
10 but also to have a warm connection with community
11 members, where it's often hard to see that
12 sometimes.

13 Additionally, another reason why I chose
14 to go to Mercy, to take my loved one there was,
15 one, because it was close, which was very
16 convenient. As a young adult who is navigating
17 life by themselves, it was comforting to know that
18 I had a reliable place that would have adequate
19 resources and give me the adequate attention
20 needed to be able to be serviced properly.

21 It's also affordable, and as I said
22 before, offered me great comfort with customer
23 service, where I have experienced less pleasant
24 experiences with other hospitals I have called in

1 the area.

2 Lastly, I wanted to say that usually with
3 urgent care, my experience has been -- I found
4 that the resources or the needs that -- my needs
5 were not being met fully at urgent care centers.
6 I've been to a number of them for smaller things
7 or bigger things, but I usually always ended up
8 going to a hospital like Mercy to get the care
9 that I felt, like, I needed to address my issues.

10 Which furthers my point that Mercy often
11 offers this community, like you said before, a
12 safety net and a place to feel welcome and well
13 taken care of, especially when it's hard as a
14 young adult finding healthcare and keeping
15 healthcare, especially having access to primary
16 and specialist care. So not only young
17 individuals like myself but for families and for
18 seniors in the Bronzeville area.

19 So I urge you all to please vote against
20 opening this clinic and to allow the community to
21 be heard and to keep places open like Mercy where
22 community members like myself rely on places like
23 Mercy to provide critical healthcare services to
24 our community.

1 Thank you.

2 HEARING OFFICER AVERY: Thank you for your
3 comment, Ms. Liddell.

4 I've unmuted callers 10, 12 and 9. If
5 you would like the opportunity to speak, please
6 say so.

7 Okay. Is Dr. John Picken on the line? If
8 so, raise your hand.

9 Thank you. Please begin your comment.

10 MR. PICKEN: My name is John, J-o-h-n,
11 Picken, P, as in Paul, -i-c-k-e-n, as in normal.

12 I have been an obstetrician at Mercy
13 Hospital for 51 years; and we not only train
14 residents in OB-GYNE, but we serve a community
15 where over 80 percent of our pregnancies are high
16 risk. This means both the mother and for baby.

17 And this is an essential service; and if
18 Mercy closes, there is no hospital capable of
19 picking this up in the area, not with the volume
20 that we use. We used to have 3,000 deliveries a
21 year. We're down to close to 2,000 now because of
22 the nationwide drop in the birth rate. But this
23 is still 2,000 patients who have nowhere to go
24 otherwise, especially with the high-risk

1 categories that they are in.

2 The second thing is whether or not this
3 not un-new unit, but replacement unit at Cottage
4 where Mercy was operating an outpatient center for
5 four, five, or six years, I think, with an urgent
6 care center has no effect whatsoever on reducing
7 the harm that is done if Mercy closes. So in our
8 future board meetings when we are discussing Mercy
9 as a whole, we have to remember that.

10 Our residency programs and medical school
11 programs not only train them in medicine, they
12 train them in how to care for underprivileged,
13 underserved patients. Patients who have been in
14 revolving door situations where they come to a
15 doctor that they never knew or saw before, give
16 their symptoms, have a diagnosis, go out with a
17 prescription, and they're in the street wondering
18 what happened and what do I have and what does it
19 mean? Is it dangerous? What do I do next? And
20 that's not the kind of care that these patients
21 need.

22 So regardless of what the decision is
23 today about the Cottage Grove site, the issue in
24 future meetings will have to be Mercy itself, the

1 hospital itself. And that is a life-and-death
2 situation for pregnant woman in the south side of
3 Chicago.

4 Thank you.

5 HEARING OFFICER AVERY: Thank you for your
6 comment.

7 Next is Latonya Jefferies, I do not see
8 you listed. If I've overlooked you, please raise
9 your hand.

10 Okay. Next we'll go with David
11 Schusteric. David, please begin speaking and
12 spell your name and pronounce it correctly for the
13 court reporter. Thank you.

14 MR. SCHUSTERIC: Sure. Good morning. I
15 would like to begin by thanking the committee for
16 allowing me to speak today. My name is David
17 Schusteric. It's spelled S, as in Sam, -c-h-u-s,
18 as in Sam, -t-e-r-i-c?

19 I'm here today as a supporter of the
20 community in opposition to the Mercy Care Center.
21 As a hospital manager experienced in the field, I
22 can tell you firsthand this is not the correct
23 direction for the south side of Chicago. If
24 anything, it's embarrassing and despicable that

1 colleagues in my field think that this is the best
2 they can do.

3 The American Journal of Managed Care
4 defines fragmentation as the systematic
5 misalignment of incentives or lack of coordination
6 that spawn inefficient allocation of resources or
7 harm to patients. In other words, fragmented care
8 arises when different healthcare providers or
9 organizations do not effectively work together.

10 Fragmented care can be a health hazard.
11 Prescribing different types of medications without
12 coordination causes serious health and economic
13 risk. Research has shown that the number of
14 unwanted hospitalizations and patients with
15 inadequate care coordination is higher than
16 patients who have the coordination.

17 Trinity Health is bidding to shut down our
18 hospital which predominantly serves the most
19 vulnerable patients by masking it with a
20 fragmented plan of a care center. After reading
21 the applicant's application, this plan barely even
22 functions as a clinic. To be honest, it's
23 repulsive that Trinity thinks this care center is
24 a healthier option than a hospital for the

1 community.

2 Based on the floor plan provided to the
3 State in the application, the care center doesn't
4 even have a casting room. This means urgent care
5 center -- this means the urgent care center can't
6 even handle simple bone breaks or fractures which
7 most urgent care facilities are equipped to
8 handle. The floor plan also lacks a lab to
9 process basic labs and blood work, which means
10 testing will have to be referred out, delaying
11 results, and the correct care for patients.

12 Trinity doesn't even plan to have
13 physicians on-site at the facility. This means
14 basic health services will be farmed out through
15 their care coordination to other clinics within
16 the community which are already struggling.

17 This also does not follow the medical
18 standard of continuity of care. By opening the
19 Mercy Care Center, Trinity is claiming they're
20 going to lose \$3 million annually as if they're
21 saving the community and need an award. In
22 reality, it's just a sham clinic.

23 The south side of Chicago doesn't need
24 fewer services. They need more, which this State

1 Board has already detailed in the staff report.
2 This very Board has acknowledged that the A0-3
3 planning area would need 36 ICU beds if Mercy
4 Hospital were to close. Closing Mercy's emergency
5 room would leave patients traveling over 5 miles
6 for emergency services, which can be life or
7 death. There would be absolutely no physical
8 rehabilitation beds in the A0-3 planning area.

9 This plan is not for the greater good of
10 the community. A study published by the American
11 Journal of Managed Care found that consequences of
12 a fragmented care model often lead to unmet social
13 needs, conflicting medications, and incorrect
14 diagnosis. Most of the patients who are affected
15 by fragmented care coordination were populations
16 that were already at risk for chronic illness and
17 had an array of unmet social need.

18 The same study found that at-risk patients
19 whom experience a high percentage of gaps in care
20 coordination had higher rates of ambulatory care
21 sensitivity and hospitalizations than patients who
22 experienced a lower percentage of gaps in care
23 coordination.

24 Shutting down Mercy Hospital will only

1 amplify these imbalances by increasing a
2 healthcare desert to a community already suffering
3 from a healthcare injustice and would simply be
4 inhumane.

5 Trinity isn't eliminating community
6 barriers but contributing to the problem.
7 Patients can barely make it to their current
8 appointments. Having them shift from one clinic
9 to another isn't going to help. Today you have
10 the opportunity to be part of the solution, not
11 part of the problem. Everyone deserves affordable
12 healthcare and continuity of care close to home.

13 Trinity claims that this changes need for
14 the better of the community. In Trinity's
15 testimony to the State, they admitted they never
16 consulted with the community about opening the
17 care center. If this plan were to move forward,
18 the patients would agonize in magnitudes for
19 generations to come.

20 Regardless of Trinity including the
21 community in this project, the community has
22 spoken loud and clear that they are against the
23 closure of Mercy Hospital and moving to open the
24 care center. The one reason Trinity is opening a

1 care center is because they walked into a
2 seven-year lease at Oakwood Shores, which is the
3 facility this clinic is going to go into.

4 The remaining other properties can be sold
5 off for profit. This clearly shows Trinity cares
6 more about their profit and saving their own ass
7 over their patients' well-being. What happens
8 after their seven-year lease expires? Will the
9 clinic continue? Will the patients need to suffer
10 again and find services elsewhere if the clinic
11 closes? What is the true motive behind Trinity's
12 fractured healthcare plan?

13 On top of all of this, in 2016, Trinity
14 attempted to open up a care center in another
15 state, and it failed, resulting in the closure of
16 the facility by 2019. This is not about serving
17 the community or their mission, but about
18 corporate self-indulgence. At the end of FY20,
19 Trinity reported an operating revenue of 18.8
20 billion and only had a reported loss of 2.4 from
21 the previous year.

22 Trinity can afford to keep Mercy Hospital
23 open, or they can get the hell out of the way and
24 allow the State to allow their buyer to take over.

1 In the State Board meeting on December 15th,
2 Governor Pritzker's office confirmed they are
3 securing funding to keep Mercy open; however,
4 Trinity is not coming to the table. State Rep
5 Lamont Robinson has confirmed that he has a
6 potential buyer; however, Trinity is not coming to
7 the table.

8 Trinity Health stated they had interested
9 buyers but refused to give the names of who the
10 potential buyers were to the Review Board.
11 Trinity also claimed that one buyer had no
12 experience operating a hospital, and Trinity
13 refused to continue. However, you can easily hire
14 consultants to help operate a hospital, just as
15 Trinity has in the past.

16 Trinity needs to negotiate and stop
17 pushing their sham agenda. If you allow Trinity
18 to open the care center, you're allowing them to
19 have another move in chess. Do not allow them to
20 make moves that go against what the community
21 needs, what the community wants, and what you know
22 is wrong.

23 You have the power to stop healthcare
24 fragmentation from increasing. Under the oath

1 that each of you took, follow your heart and
2 prevent Trinity from damaging the south side of
3 Chicago.

4 In closing, please reject Trinity's plan
5 to close Mercy Hospital and reject their plan to
6 open the Mercy Care Center. The community does
7 not need a fragmented and fractured care center.
8 The community needs a full-service hospital to
9 care for them. The community needs a health
10 system willing to follow their own mission.

11 Thank you for your time.

12 HEARING OFFICER AVERY: Thank you for your
13 comment.

14 Okay. I did a quick scan of those that
15 are registered compared to those that are on, and
16 I don't seem to have a match. So anyone that
17 wants to speak, please raise your hand. If you
18 have already spoken, please lower your hand.

19 Okay. Amy, you've been unmuted. Please
20 begin your comments.

21 MS. ORTEGA: My name is Amy Ortega. It's
22 A-m-y O-r-t-e-g-a. I have been a doula in Chicago
23 for 10 years offering prenatal labor and
24 postpartum support.

1 I have seen the spectrum of provider
2 interactions with patients and can attest to the
3 midwifery model of care which Mercy Hospital
4 offers. It's one of the hospitals in Chicago that
5 still offers midwifery care when other programs
6 have been shut down.

7 Currently, I'm a nurse at UIC in their
8 neuro ICU; and my concern, in addition to closing
9 the maternal center in Chicago, it's also closing
10 ICU beds during a pandemic. This would be
11 detrimental in a good year, but we're in a
12 pandemic currently, and so I think that compounds
13 the problems, not only for Chicago but for Trinity
14 Health. They should be ashamed of themselves.

15 So from the testimony I've heard so far,
16 the rationales for closing Mercy Hospital are
17 translucent and steeped in profits over people.
18 Mercy's own website states that they are, quote,
19 "Committed to those who are poor and underserved
20 in its communities," end quote.

21 According to the Alliance For Health
22 Equity, quote, "Between 80 percent and 90 percent
23 of the population served by Mercy are economically
24 challenged, underserved, underprivileged, and

1 uninsured," end quote.

2 The mission of Trinity Health compared to
3 their actions don't match. If Trinity wants to
4 uphold their moral and ethical responsibilities to
5 serve the communities in which they operate, they
6 will keep the hospital open and help to find a
7 buyer that will be a better steward of this
8 resource who will genuinely care for and work with
9 the community.

10 Thank you.

11 HEARING OFFICER AVERY: Thank you for your
12 comment.

13 Ronald Campbell, please begin your
14 comment.

15 MR. CAMPBELL: Members of the Board, my
16 name is Ronald Campbell, R-o-n-a-l-d
17 C-a-m-p-b-e-l-l. I am the chairman of the NAACP
18 health committee, south side branch.

19 I'm here today to oppose the building of
20 an ambulatory health clinic at Mercy Hospital.
21 This clinic, which is a proposal, is an offering
22 of Trinity Health Systems for approval to close
23 Mercy Hospital. The community needs a hospital.
24 A hospital that provides emergency care and

1 patient hospitalizations and continued diagnostic
2 services.

3 Intercity hospital closures eliminate both
4 stable sources of employment and irreplaceable
5 symbols of community investment. Hospital
6 closures disproportionately reduce hospital
7 resources available to residents in Afro-American
8 communities and extend further the legacy of
9 racial disadvantage to distribution of healthcare
10 services.

11 Ambulatory healthcare centers in
12 conjunction with hospitals is acceptable.
13 Ambulatory health centers are not a substitute for
14 hospitals.

15 Thank you.

16 MS. GOVAS: Hello.

17 HEARING OFFICER AVERY: Oh, I'm sorry.
18 Christina, please begin your comments.

19 MS. GOVAS: Hi, thank you. Good morning.
20 My name is Christina Govas, C-h-r-i-s-t-i-n-a,
21 last name, G, as in Guy, -o-v, as in Victor, -a-s,
22 as in Sam. I'm a fourth-year medical student, and
23 I am here opposing the replacement of Mercy
24 Hospital with a lesser care model.

1 Firstly, I want to say thank you. This
2 Board unanimously chose to save Mercy Hospital and
3 unanimously proved that the community Mercy serves
4 matters and unanimously put patients over profits.
5 I have no doubt that this Board will continue to
6 fight for what's best for the community.

7 The incessant push for the closure of a
8 hospital in an underserved community in the middle
9 of a pandemic shows a level of callousness for
10 human life that is chilling. Mercy stands as a
11 safety net hospital, providing emergency services
12 where time to treatment is directly proportional
13 to quality of recovery.

14 Shutting down Mercy Hospital will increase
15 the mortality risk of an already vulnerable
16 community. A community that is currently
17 disproportionately affected by COVID-19. Enough.

18 Trinity Health wants us to believe that
19 less services placed farther away is somehow
20 sufficient and fair. They claim it's what's best.
21 Trinity's proposed idea is to, quote, "transform
22 Mercy Hospital." This transformation requires
23 shutting down a full-service hospital, replacing
24 it with an outpatient care center with drastically

1 less services, and building said care center away
2 from the current community Mercy serves, a full 2
3 miles away. Does that sound like general concern
4 for the lives of the community. To me, it does
5 not.

6 It is increasingly clear that Trinity's
7 interests do not align with what's best for the
8 community. Their solution is to steamroll a group
9 of people in need of access to a full-service
10 hospital at the exact current location Mercy
11 stands. Trinity's proposal makes me very uneasy.
12 It will, without question, leave a healthcare
13 desert in its wake.

14 Hospitals in underserved communities
15 deserve protection. They stand as beacons of
16 hope, and mercy for patients who far too often go
17 unprioritized. The bottom line is this: Trinity
18 has options. They can sell. Patients on the
19 other hand only have one viable option, to keep
20 Mercy Hospital open.

21 Let us continue to stand united protecting
22 and prioritizing human life. I plead the Board to
23 uphold their unanimous decision and oppose the
24 closure of Mercy Hospital. I plead the Board to

1 deny Trinity's proposal to open an urgent care
2 center. Please once again choose to save the
3 community, choose to save Mercy Hospital.

4 Thank you very much.

5 HEARING OFFICER AVERY: Thank you for your
6 comment.

7 Jeanine Logan, please begin your comment.

8 MS. LOGAN: Thank you. My name is Jeanine
9 Logan, and I'm a certified nurse midwife. It's
10 very devastating to see that Mercy will be closing
11 and offering -- and Trinity offering a poor
12 replacement for a full-service hospital.

13 Let's not forget already that there have
14 been closures of OB units across the south side,
15 including, in part, St. Bernards. So this is
16 another insult to the poor outcomes that we are
17 seeing. These closures are in communities with
18 maternal and child health outcomes that are two to
19 three times higher than the State.

20 The multigenerational racial bias and
21 institutional harm that has been created by
22 these -- that have created these outcomes within
23 communities will continue to be present in our
24 communities moving forward with closing of OB

1 units and offering mediocrity over replacement.

2 We don't need more closures. We need more
3 options, and having an ambulatory care system is
4 not an option for us. It can never be a
5 replacement for a full-capacity hospital, like I
6 said, and including we need hospitals that have
7 full-operating OB units.

8 Thank you.

9 HEARING OFFICER AVERY: Thank you for your
10 comment.

11 Ayanna Allen, please begin.

12 MS. ALLEN: Yes. Good morning. My name
13 is Ayanna Allen. It's A-y-a-n-n-a, last name
14 A-l-l-e-n.

15 I am a member of the community that Mercy
16 serves. I do go to Mercy Hospital, and I
17 completely oppose closing a hospital to put a
18 clinic in its place. That is just a sham to make
19 sure that they can leave us with nothing in a
20 period of time beyond them opening, say, a clinic.

21 This is ridiculous, and brown and black
22 people have suffered at the hands of a so-called
23 plan for a transformation before. This is no
24 different. And if I want to make sure that I see

1 something close in a community, I bet it's
2 probably just as simple to make sure that it
3 appears to be failing.

4 We desperately need a full-service
5 hospital in our community. This is racism, this
6 is classism, and it's disgusting that I have to
7 join a call and ask for things that people of
8 different race and different economic status don't
9 have to beg for.

10 Please do not close Mercy Hospital that
11 serves my community, me and my family. Please do
12 not allow Trinity Health Systems to devalue my
13 life and the lives of others who look like me.

14 Thank you.

15 HEARING OFFICER AVERY: Thank you for your
16 comment.

17 Etta Davis, please begin your comment.

18 MS. DAVIS: Good morning. My name is Etta
19 Davis. I am a resident of the Dearborn Homes
20 Community.

21 First of all, I don't think that this
22 Trinity corporation is getting the point, or they
23 may know the point, but they just really don't
24 care. I'm also a patient of Mercy Hospital; and

1 in my community, we have over 216 seniors as well
2 as disabled people walking around on canes, people
3 who have respiratory, as well as cardiac problems,
4 and we need Mercy Hospital. What do you do once a
5 clinic is closed?

6 You know, it's okay to have a clinic
7 built, but we need that hospital because after the
8 hours of the clinic's closing when there's
9 emergencies with people when they have respiratory
10 or a cardiac crisis or whatever, then by the time
11 it takes an ambulance to come from way across town
12 to get to our community, either that person has
13 died then; or if by the time the ambulance comes
14 to take them across town, they are going to die on
15 the way.

16 So we need Mercy Hospital, and I want to
17 appeal to your mind, heart, and your spirit.
18 Please do not close this hospital.

19 Thank you.

20 HEARING OFFICER AVERY: Thank you for your
21 comment.

22 Allauna Davis, please begin.

23 MS. LANDHEART: Hi, this Allauna. I
24 already went prior.

1 HEARING OFFICER AVERY: I thought so. I
2 apologize for that oversight.

3 MS. LANDHEART: No problem.

4 HEARING OFFICER AVERY: Let me double
5 check. Okay. I'm unmuting the call-ins. If
6 you (inaudible) please turn it off. Okay.
7 Call-in users 10, 15, and 9, is there anyone that
8 wishes to provide testimony at this time?

9 Okay. Hearing none, I will mute you
10 again.

11 If there's anyone that's wishing to
12 provide testimony, I've gone through all the
13 sign-in sheets and compared them to who is on the
14 call. If you wish to provide testimony, please
15 raise your hand.

16 I'll check my text messages. Okay. For
17 the record, I will call names. If you hear yours
18 and you're under a different name, please raise
19 your hand for that one. Louise McTush, Mary Rice,
20 Patrick Kinard, Stephanie Lisbetter, Theresa
21 Stroup, Yvonne Sanders, Betty Chang, Claudette
22 Jackson, Deborah Weaver, Maricetia Brown.

23 Okay. All right. I don't have any hands
24 raised. If there's anyone once again that is on

1 the platform that would like to speak, please
2 raise your hand.

3 Okay. No hands are raised. I will start
4 the conclusion of this public hearing and ask that
5 you take note of the following dates.

6 This project is tentatively scheduled for
7 consideration by the Board at its January 26th
8 meeting. The meeting will be held virtually.
9 Please refer to the HFSRB website at
10 hfsrb.illinois.gov for more details and possible
11 agenda changes.

12 Also written comments to the State Board
13 staff report which will be posted on Tuesday
14 January the 12th, that's for the State Board staff
15 report, will be accepted until 9:00 a.m. on
16 Tuesday, January 19th. So if you have any
17 comments to the State Board staff report please
18 visit the website www.hfsrb.illinois.gov/s, as in
19 Sam, a, as in apple, r, as in red, s, as in Sam.

20 Again the State Board staff report will be
21 posted on January 12th. Written comments will be
22 due by 9:00 a.m. on January 19th, and you may
23 submit those comments to the
24 DPH.HFSRB.PublicHearings@illinois.gov.

1 Does anyone have any questions pertaining
2 to the information that I just submitted? If so,
3 please raise your hand or send a message in the
4 chat box.

5 If there are any questions, you can always
6 e-mail to the DPH.HFSRB.PublicHearings@illinois.gov.

7 Okay. David, the original application for
8 the discontinuation was issued an intent to deny,
9 and we have scheduled the second attempt to
10 present to the Board for the March meeting. Let
11 me get the date.

12 Mike Constantino, can you tell me the
13 March meeting date, please. I apologize.

14 MR. CONSTANTINO: 16th, March 16th.

15 HEARING OFFICER AVERY: Okay. Thank you,
16 Mike. March 16th, David.

17 Okay. Any other questions?

18 Hearing none, at 11:37, I will adjourn
19 this public hearing on behalf of the Board, the
20 State Board. We thank you for your participation.

21 Have a good day everyone.

22 (Off the record at 11:37 a.m.)

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CERTIFICATE OF SHORTHAND REPORTER

I, Joanne E. Ely, Certified Shorthand Reporter No. 84-4169, CSR, RPR, and a Notary Public in and for the County of Kane, State of Illinois, the officer before whom the foregoing proceedings were taken, do certify that the foregoing transcript is a true and correct record of the proceedings, that said proceedings were taken by me stenographically and thereafter reduced to typewriting under my supervision, and that I am neither counsel for, related to, nor employed by any of the parties to this case and have no interest, financial or otherwise, in its outcome.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my notarial seal this 21st day of January, 2021.

My commission expires: May 16, 2024



Notary Public in and for the
State of Illinois

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