



Planet Depos[®]
We Make It *Happen*[™]

Transcript of Hearing

Date: February 15, 2022

Case: State of Illinois Health Facilities and Services Review Board

Planet Depos

Phone: 888.433.3767

Email: transcripts@planetdepos.com

www.planetdepos.com

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
HEALTH FACILITIES AND SERVICES REVIEW BOARD
BEFORE HEARING OFFICER APRIL SIMMONS

- - - - - x

In Re: :
Public Comments :
Regarding Application : Project No.
for Permit for The : 22-004
University of Chicago :
Medical Center Cancer :
Hospital. :

- - - - - x

HEARING in accordance with requirements of the
Illinois Health Facilities Planning Act
Conducted Virtually
Tuesday, February 15, 2022
10:01 a.m. CT

Job No.: 430918
Pages: 1 - 37
Reported By: Courtney Petros, RPR, CSR

1 Public hearing, conducted virtually:

2

3

4

5

6

7

8 Before Courtney Petros, a Certified Shorthand
9 Reporter, Registered Professional Reporter, and a
10 Notary Public in and for the State of Illinois.

11

12

13

14

15

16

17

18

19

20

21

22

23

24

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24

A P P E A R A N C E S

PRESENT:

ILLINOIS HEALTH FACILITIES AND SERVICES
REVIEW BOARD, by
APRIL SIMMONS, General Counsel
GEORGE ROATE, CON Reviewer
MICHAEL CONSTANTINO, IDPH Staff
MICHAEL MITCHELL, IDPH Staff
525 West Jefferson Street
Second Floor
Springfield, IL 62761
(217) 782-3516

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

2 MS. SIMMONS: Good morning. My name is
3 April Simmons, and I am the general counsel for
4 the Illinois Health Facilities and Services Review
5 Board. This morning, I will also be acting as the
6 hearing officer for today's proceedings. Present
7 with me today, also representing the Board, are
8 Mike Constantino, George Roate, and Mike Mitchell.

9 On behalf of the State Board, thank you
10 for attending this public hearing for master
11 project application 22-004.

12 As part of the rules of the Illinois
13 Health Facilities and Services Review Board, I
14 would like to read the previously published legal
15 notice into the record.

16 Notice of public hearing and written
17 comment. In accordance with the requirements of
18 the Illinois Health Facilities and Planning Act
19 and 77 Illinois Administrative Code Part 1130,
20 notice is given of a public hearing on application
21 for a master project regarding University of
22 Chicago Medical Center Cancer Hospital.

23 This application was called substantially
24 complete on February 2nd, 2022. This application

1 is tentatively scheduled to be heard at the March
2 15th, 2022, State Board meeting.

3 Written public comments on this
4 application will be accepted by the State Board no
5 later than February 23rd, 2022. Information
6 regarding this hearing or any activity of the
7 Illinois Health Facilities and Services Review
8 Board can be obtained at the State Board's
9 website.

10 As previously stated, this public hearing
11 is conducted by the staff of the Illinois Health
12 Facilities and Services Review Board pursuant to
13 the Illinois Health Facilities Planning Act.

14 This hearing is open to the public and
15 affords an opportunity for parties with interest
16 in the project to present written and/or verbal
17 comment relevant to the project. All allegations
18 or assertions should be relevant to the need for
19 the proposed project and be supported with two
20 copies of documentation materials printed or typed
21 paper.

22 Please note that in order to ensure that
23 the Health Facilities and Services Review Board's
24 public hearings protect the privacy and maintain

1 the confidentiality of an individual's health
2 information, covered entities, as defined by the
3 Health Insurance Portability and Accountability
4 Acts of 1996, such as hospital providers, health
5 plans, and health care clearinghouses, submitting
6 oral or written testimony that disclose protected
7 health information of individuals shall have a
8 valid written authorization from that individual.
9 The authorization shall allow the covered entity
10 to share the individual's protected health
11 information at this hearing.

12 I ask that you please limit your testimony
13 to two minutes. Prior to beginning your remarks,
14 please clearly state and spell your first and last
15 name.

16 The applicant shall be afforded an
17 opportunity to provide a summary of the request.
18 Today's proceedings will begin by representatives
19 from the University of Chicago. Mr. Tom
20 Jackiewicz.

21 MR. JACKIEWICZ: Thank you, Ms. Simmons.
22 Tom Jackiewicz. T-O-M. J-A-C-K-I-E-W-I-C-Z. To
23 so Ms. Simmons and to the staff managing this
24 public hearing and all those attendance, good

1 morning. I'm Tom Jackiewicz, president of the
2 University of Chicago Medical Center, which serves
3 as a hub of UChicago Medicine Health System.

4 Thank you for allowing me to discuss our
5 master design permit and a tremendous opportunity
6 we have to reimagine cancer care. And I want to
7 start with a story of a patient who was featured
8 in an article in the Chicago Tribune.

9 Valerie Wilmington is a lifelong south
10 side resident who lives in the West Pullman
11 neighborhood. In 2017, she had a mastectomy of
12 her left breast and needed daily radiation
13 treatments. Though the treatment takes just 15
14 minutes, she had to spend hours in a medical
15 transport van to get to her appointment on the
16 north side. She said it was not unusual for her
17 to leave 9:00 a.m. and not be home until around
18 3:00 p.m. because the van service had to pick up
19 and drop off other patients.

20 She told the Tribune that living on the
21 south side is a detriment to her health because of
22 the disparities and access to care on the south
23 side compared with the north side, and she is not
24 alone. In fact, 67 percent of residents seeking

1 inpatient cancer care leave the south side.

2 I tell Ms. Wilmington's story to
3 illustrate that this is not only a matter of
4 inconvenience. There are real repercussions to
5 this inequity. People who live on the south side
6 of Chicago are nearly twice as likely to die from
7 cancer than those who live just about anywhere
8 else in America. In fact, cancer is the second
9 leading cause of death on the south side.

10 Inequities in the burden of cancer are
11 largely driven by the social determinants of
12 health, including access to cancer prevention and
13 care.

14 In addition to having worse health
15 outcomes, research has established that patients
16 living farther from health care facilities have
17 longer hospital stays and lower attendance for
18 follow-up visits. That contributes to higher
19 rates of chronic disease-related deaths, decreased
20 five-year cancer survival rates, and increased
21 overall disease burden.

22 What's more, the problem is expected to
23 grow worse in the years ahead with incidence of
24 cancer projected to grow 12 percent in the next

1 ten years and the CDC predicting that cancer rates
2 would increase by 49 percent between 2015 and
3 2050.

4 At the same time, we also see reasons for
5 hope. The day before we announced our plans to
6 build Chicago's first freestanding cancer center,
7 President Biden relaunched his Cancer Moonshot
8 Project to help advance scientific discovery,
9 accelerate the rate of progress in therapies, and
10 even find a cure for cancer.

11 We believe we have an opportunity to lead
12 the world in this renewed accelerated fight
13 against cancer right here on the south side of
14 Chicago. We took the unusual two-step process of
15 requesting a master design certificate of need now
16 so that we can begin the complex planning process,
17 then, this fall, we will file a detailed CON
18 application for approval to construct the actual
19 hospital.

20 This approach affords us the opportunity
21 to perform detailed planning for a complex project
22 and to obtain the input of our physicians, care
23 providers, community providers, neighbors, and
24 patients before submitting an application for

1 construction.

2 The center will offer unparalleled cancer
3 care and expertise. It will combine -- it will
4 combine the leading edge cancer care for which we
5 are known with the experience patients deserve so
6 that we can provide care for the whole person.
7 This will make the University of Chicago Medicine
8 the place where patients have the greatest chance
9 to concur cancer while living their healthiest
10 lives in the most seamless way possible, and this
11 will require significant resources.

12 We anticipate that, if approved, the
13 cancer center will represent the second largest
14 investment in health care we have made on the
15 south side. With our credentials and the large
16 investment we are making, UChicago Medicine is
17 uniquely positioned to reimagine cancer care.

18 We want the hospital to be -- we want the
19 -- we want to be the hospital that helps take
20 cancer care to the next level, giving more
21 patients access to all the lifesaving therapies
22 and treatments in a setting that takes all their
23 needs into consideration.

24 While we expect that people will come from

1 around the world to seek cancer care at our
2 facility, our surrounding community will also
3 benefit from this access to care right in their
4 own backyard. The community we serve faces unique
5 challenges, not just as it relates to disparities
6 in health outcomes, but also other social
7 determinants of health.

8 And our cancer center will meet these
9 unique needs by partnering very closely with
10 community hospitals, safety nets, and FQHCs to
11 ensure patients get the right care at the right
12 place and at the right time, also, increasing
13 access to prevention and screening needed to
14 diagnose cancer early and providing care to all
15 patients regardless of their ability to pay.

16 As we move to meet our community's needs
17 for increased access to cancer care, building a
18 dedicated cancer center will also allow us to
19 increase patient access to other highly
20 specialized care at UChicago Medicine.

21 The plan we put forth includes an
22 additional 128 beds for complex care. This is an
23 important part of our proposal that speaks to
24 another disturbing reality, which is that more

1 than half the south side residents leave the area
2 for complex care every year.

3 And this is primarily due to two issues.
4 First, demand for complex care in our medical
5 center exceeds our capacity, as a result, our
6 hospital beds are full nearly every day of the
7 year.

8 And, second, while our community hospitals
9 are doing extraordinary work to provide primary
10 emergency and rehabilitative care to patients
11 close to their homes, they lack the resources
12 needed to serve additional patients. We also know
13 how our health care partners struggle when they
14 need to transfer patients to our hospital, yet, we
15 aren't able to make -- take their patients because
16 of our capacity constraints.

17 A functioning ecosystem of health care on
18 the south side requires more resources invested in
19 our community hospitals. This is among the
20 reasons we are supporting the South Side Healthy
21 Communities Initiative, which involves 13 health
22 care providers on the south side working all
23 together to bring badly needed resources to our
24 community.

1 Area residents need and deserve to have
2 access to highly specialized care at a place like
3 UChicago Medicine and access to quality convenient
4 care at community hospitals.

5 We've been heartened by the support we've
6 received from the surrounding community hospitals
7 and safety nets for this project, and we deeply
8 appreciate their partnership.

9 Soon, you will hear from Dr. Kunle Odunsi,
10 director of our comprehensive cancer center, who
11 is helping me with the opening presentation. You
12 will also hear from Dr. Mitch Posner about the
13 future of cancer care and Brenda Battle who will
14 talk more about our commitment to community
15 engagement. And my colleague, Marco Capicchioni,
16 will share details about the construction timeline
17 and impact.

18 As I close, I want to stress this point of
19 community engagement for the Board, because I
20 believe what we are doing is truly unique and can
21 create a model for how health care facilities of
22 the future are designed.

23 We recognize that if this cancer center
24 project is going to succeed and fulfill the needs

1 of the community and our patients, we need to
2 listen to the community and our patients. This is
3 why we plan to embark on a robust community and
4 patient engagement period to help us match -- map
5 the journey of patients with cancer. This will
6 include community town halls and patient panels.
7 We will also set up a website where you can get
8 more information about the proposed cancer center
9 and learn how you may provide input.

10 Thank you for the opportunity to speak
11 today. And, now, I'd like to invite Dr. Odunsi to
12 share more about our vision for the cancer center.

13 DR. ODUNSI: Thank you, Tom. My name is
14 Kunle Odunsi. First name is, K-U-N-L-E. Last
15 name is, O-D-U-N-S-I. And it is my privilege to
16 share with you our vision for reimagining cancer
17 care and for building a world-class cancer
18 facility here in Chicago's -- on Chicago's south
19 side.

20 So our clinical teams are recognized as --
21 have the ability to deliver complex cancer care.
22 Our medical center has, in fact, become a marked
23 leader in clinical trials and delivery of novel
24 therapies. Collectively, we have become a proven

1 destination for cancer patients in what we all
2 know to be a highly competitive and fragmented
3 health care environment.

4 Our physicians and our innovative approach
5 to cancer care are very well established, and, in
6 fact, we are ranked among the top 25 cancer
7 hospitals by U.S. News and World Report. And we
8 have the most top doctors in Illinois by Chicago
9 Magazine for cancer.

10 We are also one of two NCI, National
11 Cancer Institute, designated comprehensive cancer
12 centers in Illinois. We are one of 30
13 institutions selected as lead academic
14 participation sites for NCI's national clinical
15 trials network with more than 300 open therapeutic
16 clinical trials and more than 1,000 patients
17 enrolled each year in our clinical trials.

18 We are the first site in the country to be
19 certified for FDA-approved CAR T-cell therapies
20 for specific blood cancers in both adult and
21 pediatric patients.

22 So with a \$633 million investment, we are
23 imagining a 500,000 square foot center that will
24 be the first freestanding and dedicated

1 comprehensive cancer center in Chicago. Our
2 center will adopt a unique approach to caring for
3 the whole person, addressing everything from the
4 financial matters of living with cancer to
5 postacute care and managing life after a cancer
6 diagnosis.

7 The surgery center has been a patient and
8 family-centered experience ensuring all services
9 across the continuum of care are colocated. That
10 will include ambulatory, radiation oncology, and a
11 full suite of imaging and diagnostic solutions and
12 the clinical trials you need.

13 Of course, we will continue to provide our
14 multidisciplinary technologically advanced care.
15 But the new space will allow us to offer more
16 access to the newest diagnostics as well as
17 treatment innovations, all of which are anchored
18 by our pioneering basic and translational
19 research.

20 What's more, this center will enhance
21 clinical research and innovation. The new
22 facility will include the space and resources we
23 need to do groundbreaking research into cancer
24 care and expand access to clinical trials,

1 particularly, for groups that have historically
2 been underrepresented in cancer research.

3 As Dean Kenneth Polonsky, our executive
4 vice president for medical affairs, will
5 essentially put it, this facility will allow us to
6 establish a cancer program of the future where
7 groundbreaking science and compassionate, complex
8 care intersect to provide an unrivaled approach to
9 prevent, diagnose, study, treat, and cure cancer.

10 I now would like to invite my colleague,
11 Dr. Posner, to share some words with you.

12 MS. SIMMONS: I'm sorry. Dr. Posner,
13 before we go to you, I'd like to say that if
14 anyone else wishes to speak -- and I don't think
15 we have many on the phone -- but please indicate
16 by raising your hand. I do have a list of
17 speakers on behalf of the University of Chicago,
18 but if anyone else wishes to speak, indicate, if
19 you're on the phone, by pressing star 3 or raise
20 your hand and we will get to you.

21 Dr. Posner, you can begin.

22 DR. POSNER: Thank you. My name is
23 Dr. Mitchell Posner. M-I-T-C-H-E-L-L.
24 P-O-S-N-E-R. And I am the chief of general

1 surgery and surgical oncology and physician and
2 chief of the University of Chicago Medicine
3 Comprehensive Cancer Center.

4 As a cancer surgeon, I treat some of the
5 most challenging cancers, and my work goes beyond
6 the operating room and into the lab where I focus
7 on the molecular basis of malignant tumors.

8 We now know that cancer is not a single
9 disease but a collection of hundreds of diseases
10 that no two patients' cancers are the same. We
11 also know that cancer evolves and can reoccur, so
12 a patient's treatment over time must change
13 responding to how the tumor adjusts to therapy.

14 In essence, we have to be smarter than the
15 cancer. In fact, we know that a traditional
16 one-size-fits-all approach to treating cancers
17 with surgery followed by chemotherapy and/or
18 radiation, in many instances, is historical and
19 does not adequately address the aggressiveness and
20 heterogeneity of cancer.

21 Precision in personalized medicine is the
22 future of cancer therapy, which requires the
23 development of specialized treatments for each
24 individual patient's type of cancer that can be

1 tailored to that cancer based on a patient's and
2 the tumor's genetic data.

3 Increasingly, we can identify the
4 treatments that are likely to be most effective,
5 minimizing harsh side effects and damage to
6 healthy tissues. This may include targeted
7 antibodies, cancer vaccines, and cellular and
8 immunotherapies for which UChicago Medicine has
9 been a national leader.

10 Among the features of our proposed cancer
11 center will be a data driven design that
12 facilitates interdisciplinary collaboration
13 between the lab and at the patient's bedside,
14 ultimately, to benefit patients and achieve the
15 best outcome.

16 Cancer patients deal with this very
17 difficult time, in fact, the life-defining moment
18 in their lives, with remarkable integrity and
19 honesty. They and their families deserve help
20 with this journey and access to the best-in-class
21 care, treatment, and research. We are ready to
22 help them do just that. Thank you.

23 MS. SIMMONS: Thank you. Next, Brenda
24 Battle. Ms. Battle, I believe you can unmute

1 yourself right now.

2 MS. BATTLE: Thank you. I'm Brenda
3 Battle, B-R-E-N-D-A, B-A-T-T-L-E, Senior vice
4 president, community health transformation, and
5 chief diversity, equity, and inclusion officer.

6 At UChicago Medicine, we believe that
7 providing excellent and accessible health care to
8 the south side is a responsibility that we are
9 uniquely positioned to carry out as the
10 community's largest medical provider.

11 We've been on a long journey to do a
12 better job of listening to the health needs of the
13 community, and it has been our mission to elevate
14 community engagement and to ensure it is at the
15 core of everything we do.

16 There are multiple examples of how
17 community input has shaped our work and offerings.
18 In 2018, with the community's input, we launched
19 an adult level I trauma center to complement our
20 pediatric level I trauma center and built a larger
21 adult emergency department.

22 We formed a community advisory council
23 made up of 35 volunteer members who spanned every
24 aspect of the south side. These individuals

1 provide ongoing and honest input to us on our
2 efforts to improve the health and wellness of our
3 community.

4 And along with 12 other health care
5 providers, we established the South Side Healthy
6 Community Organization to increase access to
7 primary care providers, specialists, and community
8 health workers to address longstanding health care
9 disparities and to improve the health of south
10 side residents.

11 For our cancer center project, we have
12 already begun our outreach to the community, and I
13 am happy to share that many of our partners have
14 already expressed their support of our proposed
15 cancer facility. People are eager to participate
16 in the planning of this center, and we are eager
17 to gather their input to ensure that the design
18 reflects their hopes and needs and that we
19 continue to close the health disparities gap on
20 the south side.

21 Thank you for giving me this time.

22 MS. SIMMONS: Thank you. Again, I would
23 like to say if there are anyone else that wish to
24 testify at this time besides the list that I have,

1 please indicate by raising your hand or, if you
2 are on the phone, star 3 -- pressing star 3.

3 Mitch, do you see any hands?

4 MR. MITCHELL: Not at this time.

5 MS. SIMMONS: Okay. Well, I will continue
6 on with my list. Marco Capicchioni.

7 MR. CAPICCHIONI: Good morning. My name
8 is Marco Capicchioni. Sorry. My name is Marco
9 Capicchioni. M-A-R-C-O. C-A-P-I-C-C-H-I-O-N-I.
10 And I'm the vice president for cancer center
11 design and construction at UChicago Medicine.

12 I would like to provide an overview of the
13 cancer center project timeline and our commitment
14 to working with the local businesses. The design
15 of the new cancer center will take about 18
16 months. With CON Board approval, the actual
17 construction would start in March of 2023.
18 Construction would then continue through the end
19 of 2026.

20 Construction activity will be concentrated
21 on the medical campus bounded by East 56th and
22 East 57th Streets and South Maryland and South
23 Drexel Avenues with primary access to the site
24 from South Cottage Grove Avenue.

1 Site preparation before the start of
2 construction will begin in March of 2022 with the
3 demolition of existing buildings. At the same
4 time, offsite utility construction work will begin
5 on Maryland Avenue between East 56th and East 57th
6 Streets.

7 Parking for the project will be provided
8 by the three existing parking decks also located
9 on our campus. We will work hard to minimize the
10 impact of construction on our patients and the
11 community; we will inform all stakeholders in
12 advance of any impact the construction may have on
13 traffic pattern.

14 And in keeping with our economic
15 development and diversity goals, at least 41
16 percent of contract dollars will go to minority
17 and women-owned businesses. Our onsite workforce
18 residency goal is 40 percent with emphasis on the
19 surrounding eight ZIP codes.

20 The project is expected to create more
21 than 500 construction jobs. And our workforce
22 diversity goals include 30 percent minority and 5
23 percent women journey workers and apprentices and
24 40 percent minority and 5 percent women laborers.

1 Thank you.

2 MS. SIMMONS: Thank you. Next,
3 Rev. Julian DeShazier.

4 REV. DESHAZIER: Yes. Hello. Good
5 morning, everyone. My name is Julian DeShazier.
6 J-U-L-I-A-N. D-E-S-H-A-Z-I-E-R. I'm senior
7 pastor at University Church of Chicago and chair
8 of UChicago Medicine's community advisory council.

9 Among the reasons I joined the community
10 advisory council is because I want to see the
11 south side have access to the highest quality
12 health care available, and the institutions doing
13 this work need the input and collaboration of
14 community stakeholders.

15 The inequity of this access on the south
16 side is shocking and even more evident when it
17 comes to access to convenient, affordable, and
18 high quality health care. And this cancer center
19 proposal addresses two of the challenges south
20 side residents face, access to cancer care and
21 access to specialized or complex care at UChicago
22 Medicine.

23 I'm glad to see UChicago Medicine
24 addressing these inequities. Also important is

1 the work UChicago is doing to support the South
2 Side Healthy Community Organization to provide
3 badly needed support to community hospitals across
4 the south side.

5 In other parts of the city, residents
6 aren't made to choose between access to complex
7 care and access to community hospitals. South
8 side residents deserve to have a comprehensive
9 system of care that allows our community members
10 to live their healthiest lives. Therefore, I
11 strongly support UChicago Medicine's plan to
12 improve health outcomes for south side patients.
13 Thank you.

14 MS. SIMMONS: Thank you. Again, I would
15 like to reiterate that if you wish to testify at
16 this time, please indicate by pressing star 3 or
17 raising your hand, and we will get to you shortly.

18 Next, Candace Henley.

19 MS. HENLEY: Hi. Good morning. My name
20 is Candace Henley. C-A-N-D-A-C-E. H-E-N-L-E-Y.
21 I'm a colorectal cancer survivor and a member of
22 the University of Chicago Medicine's community
23 advisory council.

24 A few years ago, my life was turned upside

1 down and forever changed when I heard the words,
2 you have cancer. I was diagnosed with colorectal
3 cancer. My experience is not limited to me, but
4 very familiar to other patients with cancer.

5 The stress of a cancer diagnosis is one
6 thing, but the stress of deciding where to go for
7 the opportunity to receive the latest and best
8 live-saving treatment is another. In addition to
9 managing the physical and emotional toll, you're
10 managing the anxiety of what cancer means to your
11 life, from navigating a complex insurance system
12 and cancer care to trying to manage an ancillary
13 care at -- which is what it requires. All of this
14 causes extra stress to a patient and their family.

15 I wholeheartedly endorse the vision of the
16 cancer center. And as a south side resident who
17 has all too regularly seen these sorts of
18 investment go elsewhere in our city, I am so proud
19 to see University of Chicago Medicine making this
20 investment in care here.

21 The idea of treating the whole person is a
22 game-changer in cancer. Having dedicated spaces
23 for loved ones who often accompany the patient for
24 medical appointments and having all care needed

1 under one roof so that the entire person and the
2 entire patients don't have to travel from one end
3 of the hospital to another and having someone
4 available to help manage the financial
5 considerations and life after cancer, these are
6 all so critical with patients with cancer.

7 I was so blessed to survive. And I went
8 on to establish the Blue Hat Foundation, a
9 nonprofit that helps people who are battling colon
10 cancer. But my journey wouldn't have been easy
11 here -- would have been easier if there had been a
12 class -- a world-class cancer center and facility
13 near me like the University of Chicago Medicine is
14 proposing.

15 With this cancer center, we can create a
16 more equitable health environment on the south
17 side, and I strongly support the construction of
18 this facility. Thank you.

19 MS. SIMMONS: Thank you. Next,
20 Dr. Bishop.

21 DR. BISHOP: My name is Dr. Michael
22 Bishop. M-I-C-H-A-E-L. B-I-S-H-O-P. I am the
23 director of the David and Etta Jonas Center for
24 Cellular Therapy and oversee the hematopoietic

1 stem cell transplantation program at UChicago
2 Medicine.

3 I have spent my entire career in the care
4 and treatment of patients with advanced blood
5 cancers. This includes stem cell transplantation
6 and cell therapy such as CAR T-cells. I have
7 recently turned my research towards the use of
8 cell therapies to treat advanced solid tumors.

9 Our program has been dedicated to and
10 internationally recognized for providing novel
11 treatment options to cancer patients in Chicago
12 and throughout the state of Illinois who have
13 exhausted all other available treatments. Many of
14 these novel treatments that we offer have gone on
15 to be approved treatments by the Food and Drug
16 Administration.

17 As cancer care specialists, it is our job
18 to provide the best care for patients, and that
19 includes creating a compassionate environment
20 where patients are treated as individuals, not
21 just as a cancer patient.

22 A new cancer hospital will allow us to
23 help patients and their families address the
24 mental, physical, and financial challenges

1 associated with cancer, deliver and manage
2 state-of-the-art care, and plan for life after
3 cancer treatment.

4 A new dedicated cancer hospital will allow
5 our team of doctors and health care providers to
6 ensure all services across the continuum of care
7 are available in one single location. Patients
8 will receive care in rooms and facilities designed
9 to work for them, including a space for family,
10 friends, and care -- health care providers.

11 We hope you will support our vision to
12 design a cancer center that reimagines the
13 patient/provider relationship and offers
14 compassionate, personalized, and unparalleled care
15 to every patient that walk through their doors.

16 I ask you to support UChicago Medicine's
17 application and to plan to build a cancer center
18 that will benefit cancer patients in Chicago,
19 throughout the state of Illinois, and around the
20 world. Thank you very much for listening to my
21 testimony.

22 MS. SIMMONS: Thank you. Dr. Turaga.

23 DR. TURAGA: Good morning. My name is
24 Kiran Turaga. K-I-R-A-N. T-U-R-A-G-A. I am the

1 vice chief of the section of general surgery and
2 surgical oncology, and I am a cancer surgeon.

3 I help take care of patients with
4 metastatic cancer or cancer that has spread and
5 have been doing this for my entire career. As you
6 know, the cancer journey is very difficult for
7 patients, and it's incredibly important that this
8 be easy, accessible, and comfortable for our
9 patients.

10 We know that more than half of our
11 patients on the south side have to leave the area
12 to get the care they need just because care is not
13 accessible. Research has shown that patients that
14 live far away from health care facilities have
15 worse health outcomes, longer hospital stays,
16 lower rates of attendance at follow-up visits, and
17 decreased survival rates, especially in a disease
18 such as cancer.

19 Our hospital has been tending to the needs
20 of the south side. But, regardless, we have been
21 forced to call surge about 50 percent of the time
22 over the past few months. This limits the ability
23 for us to provide care for our patients that need
24 it the most; patients with cancer, with chronic

1 disease, and those that are looking at
2 survivorship after the treatment of their cancer.

3 I think it's time for the people on the
4 south side to benefit from the high level of care
5 they deserve. And I ask that you support UChicago
6 Medicine's application to plan and build a cancer
7 center that will greatly benefit the south side
8 residents.

9 MS. SIMMONS: Thank you. Again, if you
10 would like to testify, please indicate by raising
11 your hand or, if you are on the phone, by pressing
12 star 3.

13 Joe, quick question. I have a note for --
14 is it Dr. Kim? Joe, you're muted.

15 MR. OURTH: Is that person shown as being
16 on the call?

17 MS. SIMMONS: I do not see a Dr. Kim.
18 Mitch, do you see --

19 MR. OURTH: Then -- then, if they're not
20 on the call, I think that we can proceed without
21 their testimony and go on to Dr. -- well, go on to
22 anybody else that might be on the call and then to
23 close with Dr. Weber.

24 MS. SIMMONS: Okay. Thank you. If

1 there's anyone else on the call who wishes to
2 speak at this time, please indicate by pressing
3 star 3 or raise your hand. I am not seeing
4 anyone.

5 Mitch, do you see any additional hands?

6 MR. MITCHELL: No. No hands raised at
7 this time.

8 MS. SIMMONS: So we can proceed with
9 Mr. Weber. Stephen Weber. Dr. Weber.

10 DR. WEBER: All right. Good morning. My
11 name is Stephen Weber. S-T-E-P-H-E-N. Weber is,
12 W-E-B-E-R. I am executive vice president and the
13 chief medical officer at University of Chicago
14 Medicine, an infectious disease doctor by
15 training.

16 First -- first off, I really want to thank
17 the Review Board for giving us the opportunity to
18 speak more directly to members with the community.
19 I also want to thank my colleagues and members of
20 the community themselves for taking time to share
21 their own insights and thought. That kind of
22 feedback is vitally important to us as we try to
23 move forward.

24 Summing up what I've heard this morning, I

1 just wanted to add and bring on three items that I
2 really would like to reinforce. First, as we
3 heard at the outset, as an academic health system,
4 we're seeking to make enormous strides in the
5 fight against cancer.

6 As we look to do everything that we can do
7 to prevent, diagnose, study, and treat and even
8 cure cancer, this is really essential. Our
9 proposed cancer center will allow us to do that
10 for our patients, their families, our south side
11 community, and, really, for the whole region.

12 Second, what we formulate here is a plan
13 that allows us to offer that increased access to
14 cancer care but also to improve access to the
15 complex specialized care that we've always offered
16 and we want to continue to offer to our community.

17 And, third, with the Review Board's
18 approval of our master design permit, we can begin
19 engaging and expanding our engagement with
20 patients in the community on the collaborative
21 process to design the cancer center of the future
22 in ways that best meet their needs, the needs of
23 all the people that we serve.

24 We really feel like we're at an inflection

1 point in our commitment to patients in the
2 community and we do want to thank all those who
3 are part of our journey to fulfill our academic
4 medicine and health care mission. We really
5 appreciate and are buoyed by the diversity of
6 voices that the community brings to our planning
7 process and to our future plans.

8 So thank you very much for your time and
9 attention before the panel today. Thank you very
10 much.

11 MS. SIMMONS: Thank you. Again, if there
12 is anyone else that wishes to speak at this time,
13 please indicate by raising your hand. This public
14 hearing is currently scheduled for an hour. And
15 so, at this time, I will mute myself and come back
16 five minutes from now.

17 This is the public hearing for master
18 project application 22-004, University of Chicago
19 -- University of Chicago Medical Center Cancer
20 Hospital. If anyone wishes to speak at this time,
21 please indicate by raising your hand. Seeing none
22 at this time. I will return in a few minutes.

23 If there's anyone that wishes to speak at
24 this time, please indicate by raising your hand

1 or, if you are a call-in user, by pressing star 3.

2 If there's anyone that wishes to speak at
3 this moment, please indicate by raising your hand.

4 Is there anyone who wishes to testify who
5 has had -- who has not had the opportunity? If
6 so, please indicate by raising your hand.

7 (No response.)

8 MS. SIMMONS: Seeing none, please let the
9 record reflect that the time is now 10:57. The
10 attendees -- there are no new attendees on the
11 list.

12 And please note that this project is
13 scheduled for consideration by the Board at its
14 March 15th Board meeting. The State Board meeting
15 will be held virtually beginning at 9:00 a.m.
16 Please refer to the State Board's website for the
17 link to the State Board meeting.

18 The public has until February 23rd, 2022,
19 to submit signed written comments pertaining to
20 this project. Comments should be sent to the
21 Illinois Health Facilities and Services Review
22 Board, 525 West Jefferson Street on the Second
23 Floor, and that's in Springfield, Illinois 62761.

24 The State Board will post its findings in

1 a State Board staff report. The report will be
2 made available on Tuesday, March 1st. The public
3 may submit written responses to any errors in the
4 findings of the Board staff to the Illinois Health
5 Facilities and Services Review Board.

6 The public will have until 9:00 a.m. on
7 Monday, March 7th, 2022, to submit any written
8 responses to the content of the report findings,
9 and that information and that report can be
10 accessed on the Board's website.

11 Are there any questions?

12 (No response.)

13 MS. SIMMONS: Seeing no hands raised,
14 there are no questions, I deem this public hearing
15 adjourned. Thank you for your participation in
16 today's proceedings.

17 (Off the record at 11:00 a.m.)

18

19

20

21

22

23

24

1 CERTIFICATE OF SHORTHAND REPORTER - NOTARY PUBLIC

2

3 I, Courtney Petros, Registered
4 Professional Reporter, Certified Shorthand
5 Reporter and Notary Public, the officer before
6 whom the foregoing proceedings were taken, do
7 hereby certify that the foregoing transcript is a
8 true and correct record of the testimony given;
9 that said testimony was taken by me and thereafter
10 reduced to typewriting under my direction; that
11 reading and signing was not requested; and that I
12 am neither counsel for, related to, nor employed
13 by any of the parties to this case and have no
14 interest, financial or otherwise, in its outcome.

15 IN WITNESS WHEREOF, I have hereunto signed
16 this 18th day of February, 2022.

17 My commission expires May 6th, 2023.

18

19



20

COURTNEY PETROS, RPR, CSR

21

NOTARY PUBLIC IN AND FOR THE

22

STATE OF ILLINOIS

23

24