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Transcript of **Public Hearing**

Date: October 29, 2015

Case: State of Illinois Health Facilities and Services Review Board

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ILLINOIS DEPARTMENT OF PUBLIC HEALTH
HEALTH FACILITIES AND SERVICES REVIEW BOARD
BEFORE HEARING OFFICER JUAN MORADO, JR.

- - - - -x
IN RE: :
ST. MARY'S HOSPITAL STREATOR :
OF THE HOSPITAL SISTERS OF THE : No. E-017-15
THIRD ORDER OF ST. FRANCIS; :
HOSPITAL SISTERS HEALTH :
SYSTEM; HOSPITAL SISTERS :
SERVICES, INC. :

- - - - -x

PUBLIC HEARING
Streator, Illinois
Thursday, October 29, 2015
9:38 a.m.

Job No.: 93886
Pages: 1 - 72
Reported By: Paula Quetsch, CSR

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Hearing held at the location of:

STREATOR CITY HALL
204 South Bloomington Street
Streator, Illinois 61364
(815) 672-2517

Before Paula Quetsch, CSR, and Notary Public in
and for the State of Illinois.

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PRESENT:

ILLINOIS HEALTH FACILITIES AND SERVICES
REVIEW BOARD, by
JUAN MORADO, JR., Public Hearing Officer
SENATOR BRAD BURZYNSKI, Board Member
JEANNIE MITCHELL, Assistant General Counsel
GEORGE ROATE, IDPH Staff
525 West Jefferson Street
Second Floor
Springfield, Illinois 62761
(217) 782-3516

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P R O C E E D I N G S

HEARING OFFICER MORADO: Good morning. My name is Juan Morado, Jr. I'm accompanied by Senator Bradley Burzynski, member of the Illinois Health Facilities and Services Review Board, and board staff members Jeannie Mitchell and George Roate. We are in Streator to conduct a public hearing on the proposed project known as Exemption E-017-15, St. Mary's Hospital, Streator. As per the rules of the Illinois Health Facilities and Services Review Board, I would like to read the legal notice into the record.

"In an accordance with the requirements of the Illinois Health Facilities Planning Act, notice is given of receipt of the discontinuation of an existing health care facility, Exemption Application E-017-15, St. Mary's Hospital. The hospital is located at 111 Spring Street, Streator, Illinois.

The applicants are St. Mary's Hospital Streator of the Hospital Sisters of the Third Order of St. Francis, Hospital Sisters Health System, and Hospital Sisters Service, Inc. St. Mary's Hospital Streator of the Third Order of St. Francis is a 90-bed acute care hospital. The operating entity/licensee is St. Mary's Hospital Streator of the Hospital Sisters

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1 of the Third Order of St. Francis, and the owner of
2 site is the Hospital Sisters Health System.

3 There's no capital cost to this transaction,
4 and the anticipated completion date is December 31st,
5 2015. A Safety Net Impact Statement was submitted as
6 required per 20 ILCS 3960. Consideration by the State
7 Board has been tentatively scheduled for the November
8 17th meeting of the Illinois Health Facilities and
9 Services Review Board in Bolingbrook, Illinois."

10 If you have not done so, please sign in
11 using the appropriate registration forms. If you
12 filled out one of the white forms, that's to indicate
13 that you wanted to register your appearance here today
14 but that you would not necessarily be giving comments.

15 One form is for the individuals who wanted
16 to provide testimony, and that was the yellow form,
17 and on that form you indicated whether you were for or
18 opposed to the project.

19 To ensure that the Illinois Health
20 Facilities and Services Review Board's public hearings
21 protect the privacy and maintain the confidentiality
22 of an individual's health information, covered
23 entities as defined by the Health Insurance
24 Portability Act of 1996, such as facilities, hospital

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1 providers, health plans, and health care
2 clearinghouses submitting oral or written testimony
3 that discloses protected health information of the
4 individuals shall have a valid written authorization
5 from that individual. The authorization shall allow
6 the covered entity to share the individual's protected
7 health information at this hearing.

8 Those of you who came with prepared text for
9 your testimony may choose to submit the text without
10 giving oral testimony. However, if you are giving
11 oral testimony, please be as brief as possible. Due
12 to the number of individuals who have expressed an
13 interest in providing testimony, we will be limiting
14 each oral presentation to two minutes. As per the
15 legal notice, I would appreciate two copies of your
16 testimony. When you make your presentation, please
17 give the court reporter the spelling of your complete
18 name.

19 If there is a chief spokesperson for the
20 applicant, we would like that individual to make the
21 first presentation. The remaining testimony will be
22 taken in order of the names as people registered
23 today. Please hold your questions until all testimony
24 has been presented.

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1 Is there someone from the applicant who
2 wishes to make their presentation at this time?

3 MR. ROATE: We wish to call Mary Starmann-
4 Harrison.

5 HEARING OFFICER MORADO: Thank you.

6 MS. STARMANN-HARRISON: Good morning. My
7 name is Mary Starmann-Harrison and I serve as the
8 president and CEO of Hospital Sisters Health System.

9 Our decision to seek the discontinuation of
10 services of HSHS St. Mary's Hospital was a very
11 difficult one and one that was made after a long,
12 thoughtful discernment process. It was a decision
13 that was reached after looking at how best to ensure
14 that the residents in Streator continue to have access
15 to high-quality health care services for the long
16 term.

17 In today's health care environment and going
18 forward, patients are increasingly receiving care not
19 in the hospital but in the outpatient setting, their
20 physician's office, or their home. We've witnessed
21 this trend away from inpatient care to outpatient care
22 for many years at HSHS St. Mary's Hospital. As a
23 result, HSHS and health care providers across the
24 country are constantly evaluating on how best to

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1 deliver the right care, in the right setting, at the
2 right time. Within that context we looked at what
3 would be the best health care delivery model in
4 Streator for the long term future.

5 At HSHS we've focused on what we call our
6 care integration strategy. This strategy is about
7 aligning all the touch points that a patient
8 encounters when dealing with an injury or illness so
9 that their care is highly coordinated, easily
10 accessible, and affordable. When care is highly
11 coordinated, patient outcomes improve and costs
12 go down.

13 AUDIENCE MEMBER: We can't hear.

14 MS. STARMANN-HARRISON: Because St. Mary's
15 is two hours away from the nearest HSHS hospital,
16 St. John's in Springfield, we have found it very
17 challenging to integrate care into this community with
18 the rest of our system. Proximity matters in
19 delivering highly effective health care services, and
20 St. Mary's lack of proximity to HSHS tertiary
21 hospitals and physician specialists has prevented us
22 from fully implementing this care integration
23 strategy.

24 Because of this challenge we looked at who

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1 is best able to deliver highly coordinated cost-
2 effective high-quality care to this community. We
3 concluded that OSF HealthCare is in the best position
4 to carry on the Hospital Sisters' legacy of healing in
5 this community.

6 We believe OSF can offer residents robust
7 outpatient services and access to primary care and
8 physician specialists due to their proximity of their
9 network of services in this region. OSF is a leader
10 in health care services in this region and has the
11 resources to provide this community with high-quality
12 and highly coordinated care.

13 We also wanted to transition health care
14 services to an organization that shares our health
15 care values and has a long track record of caring for
16 patients in this area.

17 I know that many Streator residents will
18 question whether the change from an inpatient hospital
19 to a robust outpatient model is the best course. I
20 firmly believe and the Hospital Sisters believe that
21 this collaboration is what's best for Streator going
22 forward.

23 So, in summary, HSHS believes the community
24 will benefit from having OSF deliver health care

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1 services with their robust network of physicians and
2 facilities located in close proximity to Streator.
3 With the Board's approval of our certificate of
4 exemption, we expect this transition of health care
5 services from HSHS to OSF would formally occur on
6 January 4th, 2016.

7 Thank you all.

8 AUDIENCE MEMBER: We didn't hear a thing
9 you said.

10 HEARING OFFICER MORADO: Thank you.

11 The first person we're going to be having
12 come up is Joyce Kmetz, a concerned citizen. Joyce.

13 MS. KMETZ: I am a concerned citizen.

14 HEARING OFFICER MORADO: I'm sorry,
15 Ms. Kmetz, if I can have you please state your name
16 and spell it for the court reporter.

17 MS. KMETZ: Joyce Kmetz as a concerned
18 citizen.

19 HEARING OFFICER MORADO: If you could spell
20 your name for the court reporter, as well, please.

21 MS. KMETZ: J-o-y-c-e and Kmetz is K-m-e-t-z.

22 HEARING OFFICER MORADO: Thank you.

23 MS. KMETZ: Well, I was at the hospital
24 meeting last time and I am a concerned citizen. I'm

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1 very concerned about our community.

2 After the meeting we were talking to one of
3 the directors from OSF, and he made a statement that
4 really hit home with me. He said, "Bricks and mortar
5 do not form the health care that's within."

6 So it doesn't matter what kind of bricks and
7 mortar, what kind of building. Okay? So I don't feel
8 that we really need to rebuild. I think we need to
9 use the facility we have.

10 And I'm not against OSF. I think it's going
11 to be wonderful health care, and I think it will be
12 a very good benefit for our community, but what concerns
13 me is the closing of a hospital with in-house care.
14 Because we have so many seniors within the community,
15 as well as the rest of the people, but they can't
16 travel, you know.

17 And I'm a member of the St. Vincent's
18 Society here in Streator and I see -- one of the
19 things I do is give people rides. And St. Vincent's
20 is to give care to those who are in need within
21 Streator, and the number of rides I give just around
22 town, but we've also brought people home from
23 St. Francis. We have taken people for like follow-up
24 checkups. We have taken people to Peru to Galey Eye

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1 Clinic. There are so many things that we have done
2 out of town, and there's a lot of them that go out of
3 town more so than I will. I mostly do in town, but I
4 will go to Peru.

5 But I see the need of the people here, and
6 this is concerning me, and I believe that our hospital
7 can be made possible with the running of it to keep a
8 facility for us with in-house care. It troubles me
9 greatly because I see the needs in our community.

10 HEARING OFFICER MORADO: Ma'am, could you
11 please wrap up your comments?

12 MS. KMETZ: Pardon me?

13 HEARING OFFICER MORADO: Could you please
14 wrap up your comments?

15 MS. KMETZ: Okay. I wanted to stress that.
16 And, also, Streator is a good community. I was in
17 business and I saw the change once there was a change
18 in the hospital, and I saw the change in the
19 financial. That's a trickle-down. That's only one
20 little person here.

21 Streator is full of very wonderful people,
22 and they're charitable, and they're dedicated, and I
23 believe that we need to keep our hospital.

24 HEARING OFFICER MORADO: Thank you, ma'am.

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1 (Applause.)

2 MR. ROATE: Sister Maureen O'Connor.

3 SISTER O'CONNOR: Good morning. I'm Sister
4 Maureen O'Connor, Provincial Superior of the Hospital
5 Sisters of St. Francis. On behalf of the Sisters, I
6 affirm the decision to discontinue our health care
7 ministry in Streator and transition many of the
8 services we provide to OSF HealthCare.

9 This was not an easy decision. Our founding
10 sisters arrived in Streator in 1887, and through the
11 support of the community they founded St. Mary's
12 Hospital. Through the intervening years, our health
13 care ministry has evolved to ensure that the care of
14 the patient was always our priority.

15 The people of Streator and the surrounding
16 communities have taken great pride in St. Mary's
17 Hospital, and we are profoundly grateful for their
18 generosity, dedication, and the commitment to our
19 mission. The physicians, colleagues, volunteers, and
20 sisters who have served at St. Mary's throughout its
21 history and who continue to serve today have been the
22 common thread of our Franciscan health care ministry,
23 bringing Christ's healing presence to those in need.

24 On a personal note it was 45 years ago that

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1 I arrived in Streator to serve as a pediatric nurse.
2 St. Mary's was my first assignment after graduating
3 from Marillac College. I lived and served in this
4 community for three years and cherish many fond
5 memories of my days in Streator. So, as you can
6 imagine, I am also filled with nostalgia as I stand
7 before you asking you to approve our plans to hand
8 over our healing ministry to another Franciscan health
9 care provider.

10 We firmly believe that OSF HealthCare is in
11 the best position to lead the health care ministry
12 into the future so that the health care needs of the
13 residents are met over the long term. OSF has a
14 strong presence in the area. Through their extensive
15 network of physicians, hospitals, and outpatient
16 services, they're well positioned to deliver high-
17 quality, integrated health care to the residents of
18 this community.

19 As Mary stated in her remarks, our network
20 of health care services is centered two hours
21 southwest of here, so it is difficult to deliver
22 highly integrated health care services for the
23 Streator residents.

24 HEARING OFFICER MORADO: Please wrap up your

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1 comments.

2 SISTER O'CONNOR: In summary, our decision
3 to transition services to OSF HealthCare was made to
4 ensure health care will be available here well into
5 the future. I ask that you support our application to
6 close St. Mary's Hospital so that OSF can assume our
7 mission and provide quality coordinated care for the
8 residents in this area.

9 Thank you.

10 HEARING OFFICER MORADO: Thank you.

11 MR. ROATE: Sister, if you could leave
12 two copies of your testimony on this table, please.
13 Thank you.

14 Next I'd like to call Gertrude Stansbury.

15 HEARING OFFICER MORADO: Thank you. If you
16 could please remember to spell your name for the court
17 reporter, that would be very helpful.

18 MS. STANSBURY: I always have to.
19 G-e-r-t-r-u-d-e. Stansbury, S-t-a-n-s-b-u-r-y.

20 And I'm a very concerned citizen. I was
21 born here; I was raised here; had my children here,
22 four children with many trips to the emergency room;
23 and my husband, also a senior citizen, is in poor
24 health, and so he's made a lot of trips here, not just

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1 in the ER; we use the hospital.

2 So my major concern is for my grandchildren
3 growing up. They need a place where they can go for
4 emergencies without having to go 20, 30 miles, and I
5 have a member of my family who has cancer and he's
6 in -- he has a wound which bleeds, and he's been in
7 the emergency room six times since Easter and
8 helicoptered to Peoria three times, and some wonderful
9 people in the ER room saved his life, and he's here
10 today and enjoying life. His health is shaky but he's
11 still here and enjoying his life.

12 I think we need for our community to know
13 that there's not just as ER, but we really need a
14 hospital that can take care of us. And I worked at a
15 nursing home, and I know about senior citizens and the
16 care they need. I am a senior citizen, and I think we
17 need it for the whole community. It covers a big
18 territory.

19 Thank you.

20 (Applause.)

21 MR. ROATE: Sister Judith Ann Duvall.

22 SISTER DUVALL: My name is Sister Judith Ann
23 Duvall. I'm chairperson of OSF HealthCare System, and
24 I am honored to speak to you today in support of HSHS

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1 and their application, which is Project No. E-017-15.

2 There is a very strong bridge between the
3 care that HSHS has provided Streator and the care that
4 OSF will provide for you, and that bridge is our
5 mutual recognition of and commitment to the sanctity
6 of human life expressed in our service of his people.

7 Both HSHS and OSF recognize that each and
8 every person has a right to be cared for and has a
9 right to receive that care that they need close to
10 home. Both groups have blessed the communities that
11 they have served in for more than 100 years with a
12 commitment to care for the sick and the poor. Like
13 HSHS, OSF brings, too, the healing ministry of Christ
14 and his church to the whole person, body, mind, and
15 spirit, and do it with compassionate competence.

16 Because OSF shares this dedication, I have
17 complete faith and confidence that this proposal will
18 be what is best for the residents of Streator. I
19 speak on behalf of the Sisters of the Third Order of
20 St. Francis when I say that we look forward to
21 collaborating with this community to provide
22 outpatient and other services in Streator with the
23 focus on meeting those physical, emotional, and
24 spiritual needs of its people.

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1 I'd like to close using a greeting that
2 St. Francis of Assisi often used. It's Latin but I'll
3 define what it means. Pax et bonum. And it means
4 peace and all good to each of you.

5 Thank you.

6 HEARING OFFICER MORADO: Thank you.

7 MR. ROATE: Edward J. Flanigan.

8 MR. FLANIGAN: Good morning. My name is
9 Edward J. Flanigan, and I oppose the proposed closure
10 of St. Mary's Hospital.

11 A year ago OSF began sponsorship of a
12 hospital in Mendota, Illinois, a city of more than
13 7,000 people in LaSalle County with demographics very
14 similar to Streator. OSF chose to keep it an
15 inpatient facility despite several nearby hospitals.
16 Meanwhile, Streator faces the proposal to close its
17 hospital, forcing more than 20,000 people residing in
18 our 61364 zip code to travel 19 miles to the nearest
19 hospital.

20 Recent reports in the newspaper state that
21 the funds from the Friends of St. Mary's Hospital are
22 in excess of \$2.7 million and will remain with OSF's
23 foundation for use in Streator. Perhaps these funds,
24 as well as the funds that will be used to build a new

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1 outpatient facility, could be used to fund programs to
2 recruit physicians to Streator and thereby support the
3 necessary hospital admissions and services.

4 Economic development is challenging in
5 Illinois, and we need our hospital to remain viable.
6 Our officials are working in many ways, including
7 supporting a trade show featuring Streator-made
8 products to interested organizations in Illinois,
9 marketing our enterprise zone and tax increment
10 financing districts while pursuing new TIF districts,
11 and reaching out to startup businesses with the site
12 obtained for a business incubator. We need our
13 hospital to entice business to this community.

14 Streator has a well-maintained hospital that
15 needs effective management to serve this community
16 into the future. Minutes matter in the health care of
17 our citizens, and Streator needs to keep an inpatient
18 hospital.

19 The citizens of Streator and the surrounding
20 communities have supported St. Mary's over its
21 128-year history and will continue to support this
22 hospital.

23 Thank you for your consideration of keeping
24 this hospital open.

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1 (Applause.)

2 MR. ROATE: Dr. David Gorenz.

3 HEARING OFFICER MORADO: If you could speak
4 into the microphone so everyone can hear.

5 DR. GORENZ: David Gorenz. G-o-r-e-n-z,
6 David.

7 Good morning. My name is Dr. David Gorenz,
8 and I'm the regional CEO for OSF HealthCare System.

9 AUDIENCE MEMBER: Speak up.

10 DR. GORENZ: I am speaking in support of the
11 HSHS application which would allow OSF to develop a
12 new health care system for the residents of Streator.

13 One thing we have been very mindful of
14 during the transition process has been to meet the
15 unique needs of the residents of the Streator
16 community. That's why OSF will offer Streator
17 residents an integrated care delivery system that
18 provides the right care, at the right place, at the
19 right time.

20 We all know that health care is changing.
21 Many medical procedures that once required a hospital
22 stay can now be performed on an outpatient basis,
23 saving patients time and money. OSF's plan for health
24 care in Streator will reflect this new delivery model

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1 with a state-of-the-art outpatient center providing
2 high-quality services such as specialty physician
3 clinics, primary care services, mammography, imaging,
4 laboratory, rehabilitative services, and, pending
5 promising legislation, emergency care.

6 With primary care physicians locally and
7 access to our integrated network of specialty
8 providers throughout the OSF HealthCare system
9 Streator residents will be able to receive the medical
10 attention that they need in their community.

11 We look forward to building on the strong
12 HSHS health care foundation and are committed to
13 providing high-quality health care for the residents
14 of Streator.

15 Thank you for the time and for considering a
16 yes vote.

17 (Applause.)

18 HEARING OFFICER MORADO: Thank you.

19 MR. ROATE: Joe Scarbarry.

20 HEARING OFFICER MORADO: Sir, make sure you
21 spell your name for the court reporter and speak into
22 the mic, please.

23 MR. SCARBARRY: It's kind of hard -- my name
24 is Joe Scarbarry, S-c-a-r-b-a-r-r-y. It's very hard

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1 to hear out there, so I don't know what's been said.

2 I feel compelled to come before you. I
3 think this is a travesty what's going on.

4 My concerns are, one, that the ambulance
5 care in this town is going to dramatically change. I
6 don't know how the Senate is going to vote, but as far
7 as the ambulance service, we are not prepared.

8 It's come to my attention that the major
9 investors are doctors on OSF boards. By hauling people
10 to Pontiac, Peru, Ottawa, the fees are going to go up.
11 It's so much per mile. There's going to be enormous
12 amounts of money to be made. My concern is who is
13 going to make that money. I think it's definitely a
14 conflict of interest that you have doctors owning the
15 ambulance services that are transporting the patients.

16 I don't know how many studies have been
17 done, but they keep saying low numbers of people in
18 their beds, and there is a reason for that. They have
19 closed 6th floor; they have closed 3rd floor. They
20 have done everything they can to reduce the numbers.

21 Nobody is considering except the plans OSF
22 has to move forward, but we have a perfectly good
23 facility, and I believe the biggest problem, folks, is
24 there's no doctor pool for HSHS. OSF has that and by

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1 bringing doctors into this community, there's no
2 reason this hospital cannot be kept open and pull
3 doctors for emergency care and get 3rd floor back.

4 (Applause.)

5 MR. SCARBARRY: We have seen no studies to
6 prove that otherwise, and I think that it should be
7 looked at, and that's all I have to say. But thank
8 you for your time.

9 HEARING OFFICER MORADO: Thank you.

10 (Applause.)

11 MR. ROATE: Gregg Genseke.

12 MR. GENSEKE: Hello. My name is
13 Gregg Genseke. It's G-r-e-g-g, G-e-n-s-e-k-e. I'm
14 just speaking as a resident. I've been here all my
15 life; my family has been here all my life, as long as
16 St. Mary's, over 100 and some years.

17 I've had a lot of excellent care at
18 St. Mary's along with all the rest of my family
19 members, and I appreciate everything they've done in
20 the past. I just think it's another nail in the
21 coffin of Streator if we do lose our hospital because,
22 again, the travel that people are going to have to do,
23 the emergency care, the time it takes to get to
24 another hospital. I just think it's a shame for this

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1 town to lose that facility.

2 Thank you.

3 MR. ROATE: Peter Mannix.

4 MR. MANNIX: Peter Mannix, M-a-n-n-i-x.

5 Good morning. My name is Peter Mannix and I
6 serve as the HSHS vice president for strategy
7 development and implementation. In my role at HSHS,
8 I'm tasked with looking at data and trends in health
9 care and planning for the future.

10 Throughout my career in health care I've
11 witnessed remarkable changes in how health care is
12 delivered. In most cases those changes have been
13 positive for patients. Advances in medical
14 technology, new clinical protocols, and new care
15 delivery models are allowing people to live longer and
16 healthier lives. Procedures that a decade ago may
17 have required an overnight hospital stay are now
18 completed in the morning and the patient is home by
19 the afternoon.

20 As Mary mentioned a few minutes ago, there
21 is a trend away from inpatient care to outpatient
22 care. We've witnessed this for many years at
23 St. Mary's Hospital in Streator.

24 Ten years ago, in 2005, there were nearly

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1 3500 inpatient admissions to St. Mary's. Last year
2 St. Mary's had 1300 inpatient admissions. For every
3 10 Streator residents who are admitted to a hospital,
4 8 choose to leave the area and go to another hospital.

5 However, outpatient visits have been on the
6 rise. In 2005 St. Mary's had 7100 outpatient visits.
7 Last year that number was over 120,000. Today more
8 than 75 percent of patient encounters at St. Mary's
9 are for outpatient services.

10 So as we looked at the best model for health
11 care in the future for the Streator community, we
12 determined that the robust physician services and
13 ambulatory care sites that OSF currently offers in the
14 region best meet the need for patients today and in the
15 future. We believe this model will work in Streator.

16 Thank you for the opportunity to share this
17 information with you.

18 (Applause.)

19 MR. ROATE: Jody Ogle.

20 MS. OGLE: My name is Jody Ogle, O-g-l-e.
21 I'm just a concerned citizen. I'd like you to
22 consider some facts about our town and our local
23 hospital.

24 According to the City of Streator

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1 comprehensive plan from 2014 our population is nearly
2 20 percent elderly. The need was expressed for
3 modernizing and improving women's health care.
4 St. Mary's our second largest employer, generating
5 48 million in revenue annually. And one of the
6 challenges highlighted is a mobility challenge.
7 Elderly and low-income individuals without access to a
8 car suffer due lack of public transportation
9 infrastructure.

10 My concerns are echoed by a study published
11 by The Rural Health. Physicians after rural hospital
12 closure complain of difficulty recruiting and retaining
13 physicians in remaining health care facilities,
14 increased travel times to receive hospital services.
15 The most significantly affected vulnerable populations
16 include elderly, disabled, and economically
17 disadvantaged.

18 Presently OSF has no infrastructure in place
19 to address the issue of increased travel time for
20 citizens that need it the most. With no promise or
21 plan of a stronger ambulance, increased transportation,
22 or even promise of increased physician availability in
23 our town, the loss of a full-service hospital is an
24 unnecessary detriment to the well-being of over

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1 30 percent of our community.

2 As shown by a hospital profile report, our
3 hospital is not insolvent. Our number of beds are
4 comparable to St. Elizabeth's 25 miles to the north.
5 Our low volumes are a product of strategy, not
6 marketplace. As evidenced by the profile report, the
7 patient net payor revenue mix are similar to OSF's
8 two nearest facilities in terms of Medicaid/Medicare
9 revenue.

10 Our volumes are artificially deflated as a
11 result of HSHS's efforts to under-resource our
12 location in terms of physician resources.

13 (Applause.)

14 MS. OGLE: One example is evident in women's
15 health care, where this tactic has allowed the
16 justification to close the maternity ward. Births at
17 St. Mary's dropped from 214, averaging around 200 in
18 2010/2011 under CEO Sharon Simmons to 70 under
19 John Flanders 2013/2014. Obviously, if there are no
20 resources to serve women in our town as a result of
21 their strategy, hospital births will drop
22 dramatically.

23 Circumstances such as this have allowed OSF
24 and HSHS to leverage their common religious order to

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1 effectively eliminate possible marketplace competition
2 which would have been the result of another health
3 care system, keeping our hospital open.

4 HEARING OFFICER MORADO: Please wrap up your
5 comments.

6 MS. OGLE: In light of this and in light of
7 the fact that according to St. Mary's, our hospital
8 has an estimated total economic impact to our
9 community of \$119,916,386 I ask that you consider
10 opposing this request to close our hospital.

11 HEARING OFFICER MORADO: Thank you very much.
12 (Applause.)

13 HEARING OFFICER MORADO: Okay. We've been
14 at this for a little over a half hour now. I know we
15 do have a lot of people here. I want to give the
16 opportunity to some folks who are sitting, who are
17 standing on the wall, so that maybe they want to let
18 some other people in and kind of rotate out, give some
19 other folks an opportunity to take part and listen in,
20 as well.

21 So we'll take a quick two or three minutes
22 so we can let some people filter in and out. I
23 appreciate your cooperation. Thank you.

24 (Recess taken, 10:12 a.m. to 10:14 a.m.)

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1 HEARING OFFICER MORADO: Thank you very
2 much; I really appreciate that.

3 George, if you can go ahead and read off the
4 next individual.

5 MR. ROATE: Michelle Conger.

6 MS. CONGER: Michelle, M-i-c-h-e-l-l-e;
7 C-o-n-g-e-r.

8 Good morning. My name is Michelle Conger
9 and I am senior vice president and chief strategy
10 officer of OSF HealthCare. I'm speaking today in
11 support of Project No. E-017-15 submitted by Hospital
12 Sisters Health System.

13 As with any health care transition such as
14 this one that will soon take place in Streator, it has
15 been very important to OSF to focus on employees and
16 how they are managed through this transition. Our
17 employees are the life blood of OSF HealthCare System,
18 and we know that HSHS shares that reverence for its
19 employees.

20 I am happy to say that OSF has taken
21 tremendous efforts to ensure that HSHS employees are
22 aware of the many opportunities to bring their
23 expertise to OSF. OSF has provided bonuses for HSHS
24 employees, waived benefit waiting periods, and has

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1 already made offers to nearly 100 HSHS employees.

2 OSF is not buying St. Mary's Hospital but
3 rather is continuing service in its place. This
4 important distinction furthers OSF's goal of keeping
5 HSHS employees and families in Streator and creating a
6 new system of care that focuses on creating a
7 healthier community. OSF in partnership with the City
8 of Streator is developing an innovative, technology-
9 focused, sustainable health care delivery system that
10 will serve as a model for other rural communities
11 throughout the U.S.

12 We will continue to work with HSHS employees
13 to identify opportunities for them with OSF and
14 further our collaboration with Streator residents to
15 build a healthier community.

16 Thank you.

17 (Applause.)

18 HEARING OFFICER MORADO: Thank you.

19 MR. ROATE: Donald Luckey.

20 MR. LUCKEY: Donald Luckey, L-u-c-k-e-y.

21 As a concerned citizen, like most everybody
22 else in here -- can you hear me?

23 AUDIENCE MEMBER: No.

24 MR. LUCKEY: As a concerned citizen, like

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1 anybody else, I was born and raised here in Streator.
2 I've worked at St. Mary's Hospital. I enjoyed working
3 there.

4 I think we need the facility here. It is
5 very important. I mean, I've had heart surgery
6 two times, and I went to the emergency room. They've
7 taken real good care of me. I don't like the idea of
8 driving for 25 or 30 minutes to another hospital. I'd
9 just like to keep it here in town.

10 Thank you.

11 (Applause.)

12 MR. ROATE: Brittney Ahrendsen,
13 A-h-r-e-n-d-s-e-n.

14 MS. AHRENSEN: Hello. I'd like to thank
15 you for allowing me to speak to you. My name is
16 Brittney Ahrendsen. I'm a registered nurse and a
17 clinical manager of the dialysis clinic in Streator.

18 The reason I'm here today is to talk about
19 my concern for the patients in our unit present and
20 future. The thought of the nearest ER being 15 miles
21 or 24 minutes away is of great concern. We do not
22 call 911 unless there is truly an emergency, a patient
23 at risk.

24 Two-thirds of all dialysis patient deaths

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1 are attributed to cardiac arrest. They can happen at
2 any time, including but not always in the dialysis
3 unit. I've done CPR numerous times in the outpatient
4 dialysis outpatient clinic. It takes about 10 minutes
5 for an ambulance to arrive while we are performing
6 CPR, breathing for the patient with an Ambu bag and
7 defibrillating, if necessary. We cannot intubate; we
8 don't not have resuscitative medications that we can
9 give; we only have ourselves, normal saline, oxygen,
10 suction, and a defibrillator. When the ambulance
11 arrives, it will take the crew several minutes to
12 stabilize that patient. So before the patient can
13 make the 24-minute trip to the nearest ER in Ottawa,
14 the patient has already had approximately 20 minutes
15 of CPR.

16 Time is of the essence during an emergency,
17 and I feel that the mortality rate for the patients at
18 the Streator dialysis clinic who develop a life
19 threatening emergency while in the unit could increase
20 greatly. Myself and my staff spend approximately
21 15 hours per week together with the patients, and it
22 breaks my heart that they will be at an increased risk
23 without a nearby emergency center. It is of great
24 importance for there to be at least a freestanding ER

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1 in Streator. This does not impact just my patients --

2 HEARING OFFICER MORADO: Please wrap up your
3 comments.

4 MS. AHRENSEN: -- it impacts the entire
5 community of Streator, many of whom are children who
6 are accident prone. It's a serious matter for all
7 citizens of Streator.

8 Thank you.

9 HEARING OFFICER MORADO: Thank you.

10 (Applause.)

11 MR. ROATE: Bryan Park.

12 MR. PARK: Bryan, B-r-y-a-n; P-a-r-k.

13 To the Illinois Health Facilities and
14 Services Review Board: My name is Bryan Park. I'm a
15 Streator firefighter but, more importantly, a Streator
16 resident. I'm only here today because I think for the
17 past several years Streator has been done a great
18 disservice by HSHS. I don't know if any of the words
19 spoken today will change anything, but I think it's
20 important that we all hear what has to be said.

21 It has become apparent to me over the last
22 few years that HSHS just doesn't really care about the
23 Streator community. This is evidenced by the lack of
24 doctors that they've recruited to work in Streator.

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1 Admissions at St. Mary's have been down for
2 the last few years. That's not news to anybody around
3 here. HSHS hasn't adequately staffed St. Mary's.
4 It's simple; no doctors, no admissions. My wife and I
5 have been looking for a doctor for years, just a
6 family practitioner. We can't find one in Streator.
7 Since 2007 my wife has been forced to drive to Ottawa/
8 Peru to see her OB/GYN. There simply aren't enough
9 doctors here. That's HSHS's fault.

10 I've heard the rumors that HSHS says it's
11 hard to bring in doctors to Streator. I think that's
12 bogus; I think that's an excuse. That way of thinking
13 tells us all we need to know about HSHS's view of
14 Streator.

15 Streator is a good town. No, we might not
16 have the a mall; we don't have a Buffalo Wild Wings,
17 but we have plenty to offer. We have plenty of need
18 for a hospital. The bottom line is this, HSHS didn't
19 bring doctors to our town, now they're claiming
20 admissions are down and the closing is justified.
21 Because of their ineptitude, our town will suffer
22 without a hospital.

23 Now to my second point. My question is, why
24 wasn't our hospital put up to bid for sale? Maybe

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1 another group was interested in buying our hospital.

2 (Applause.)

3 MR. PARK: We may never know because the
4 bidding process never happened. So why is Streator
5 being held hostage by an ideology. Just because they
6 share the same views doesn't mean that everyone in the
7 community does. No hospital group is ever going to
8 get the chance to run the Streator hospital. We're
9 not going to know if it's possible or not. Nobody was
10 shocked when it was released that they were for sale.
11 The communitywide hope was that someone was going to
12 come in and provide a better service.

13 HEARING OFFICER MORADO: Please wrap up your
14 comments.

15 MR. PARK: As it stands, they've gifted the
16 hospital to OSF.

17 To the Board, I implore you to think of the
18 people of Streator when you make a decision. We have
19 not been dealt a fair hand. If it remains as it is,
20 people will suffer. Streator needs and deserves a
21 properly managed hospital and adequately staffed.
22 HSHS will say that Streator doesn't need one, that our
23 community can't support a hospital. They'll try to
24 prove it by saying admissions are down. The reality is

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1 this: Streatorites didn't get a chance to support our
2 hospital. The numbers from HSHS don't tell the truth.
3 The lack of doctors and services has forced people to
4 go elsewhere, most of the time, coincidentally, are not
5 to OSF hospitals.

6 To finish out, I'll ask this: Is
7 mismanagement a justifiable reason to take away a
8 community's health care system?

9 Thank you.

10 (Applause.)

11 MR. ROATE: Dan McCormick.

12 MR. MC CORMACK: M-c, C-o-r-m-a-c-k.

13 Good morning. My name is Dan McCormack, and
14 I serve as president of the Hospital Sisters of
15 St. Francis Foundation. I'm here briefly to explain
16 our plans to transfer funds raised for HSHS St. Mary's
17 Hospital to OSF HealthCare for use here in Streator.

18 St. Mary's Hospital has enjoyed generous
19 philanthropic support in this community over the years,
20 and currently there are approximately \$2.7 million in
21 accumulated assets in St. Mary's Foundation fund.

22 With the upcoming of transition of health
23 care services from HSHS to OSF, the value of those
24 assets will be transferred to OSF HealthCare

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1 Foundation when our agreement is finalized. We've
2 notified St. Mary's donors that the money they've
3 donated in the past to St. Mary's will continue to
4 benefit the Streator community. Under the terms of
5 our agreement with OSF, the OSF HealthCare foundation
6 has committed to use the transfer of funds solely to
7 support health care services provided by OSF here in
8 Streator. Where the funds are restricted to a
9 particular purpose, the OSF HealthCare Foundation also
10 recognize the gift restrictions that have been placed
11 by the donors.

12 Thank you for the opportunity to share this
13 information morning.

14 MR. ROATE: Sean Peters.

15 MR. PETERS: Sean P-e-t-e-r-s and I'm
16 speaking today in opposition to the plan to close
17 St. Mary's Hospital.

18 I'd like to thank the Sisters for their
19 years of service, but Streator needs a hospital
20 whether it's Catholic or not. I'm well familiar with
21 the Franciscan values, especially the one of humility,
22 and part of being humble means if the Sisters are
23 having a hard time running St. Mary's, they should
24 admit that others may be able to do a better job than

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1 they have and should have opened up sale of the
2 hospital to non-Catholic hospitals like Roman Advocate
3 and Illinois Valley Community Hospital.

4 I've heard -- I don't know for sure whether
5 the Diocese of Peoria blocked the sale of St. Mary's
6 to a non-Catholic hospital, but I think the State
7 needs to look into that. Our health must not be held
8 hostage to the Diocese -- our health care belongs to
9 all of us whether Catholic or not. I'm Catholic and I
10 look at St. Francis, and I think he'd want us to have
11 our hospital in Streator regardless of whether it's
12 Catholic or not. Thank you.

13 (Applause.)

14 MR. ROATE: Kathleen Iverson.

15 MS. IVERSON: K-a-t-h-l-e-e-n, I-v-e-r-s-o-n.
16 I didn't have anything -- I just thought I would talk.

17 I think it's a big loss if we do lose our
18 hospital here. We have such a large senior citizen
19 population that really needs our care, and they can't
20 be driving 20, 30 miles, especially in the deep snow
21 in the wintertime and stuff to get services that they
22 will be needing, and I just think we really need to
23 keep our hospital. Whether it's OSF or HSHS, we need
24 a hospital here and that's it.

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1 Thank you.

2 (Applause.)

3 MR. ROATE: Rob Tyne.

4 MR. TYNE: T-y-n-e.

5 I'm here speaking as a citizen of
6 Streator -- I love Streator -- but I'm also speaking
7 about civic lessons and sociology lessons. We have a
8 right to speak. We also have a right to sociology.
9 Any data that you collect can be misconstrued.

10 I still remember Sister Magdalene, "There
11 will always be a hospital, Rob, in Streator, always,"
12 hand raised like this I remember, me not being
13 Catholic.

14 Right of speech. I have a right to speak
15 and I will. Will my one voice make a difference?
16 Will it sway the vote that may have already been done?
17 I hope it does. I have 26 young people sitting here,
18 standing here.

19 (Applause.)

20 MR. TYNE: They represent 4,000 students in
21 this city, Head Start, preschool, elementary, private,
22 public, our friends in Woodland to the south, here,
23 community college. What happens to them when they get
24 sick or their foot gets broken on a football field if

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1 we don't have a hospital here or inpatient care?

2 They're our future.

3 I preach Streator. Don't you comment
4 negative about Streator to me because I'll let you
5 have it with both barrels and reload again. You need
6 to invest in Streator. And these young people, go get
7 your college education, come back, bring your wisdom
8 and knowledge and help us build up. That's my speech.
9 Here's my civic virtue.

10 Virtue is defined as the cultivation of
11 conformity to a standard of right, a beneficial
12 quality of merit, change for technology. I think
13 those who want a freestanding emergency room here in
14 Streator, we thank you for all the work that you've
15 done, but we need more. We need more.

16 The true values that the Sisters brought
17 here in 1887 and to OSF in 1876 took care of the will
18 of the community free of charge, free of charge, my
19 Lord. We need to continue that mission legacy with a
20 hospital that remains open for the good people of
21 Streator to care for them.

22 Maybe the data on HSHS is misconstrued. As
23 a former board member of the Friends of St. Mary's, I
24 know how hard we worked to raise money. And getting

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1 doctors here, I didn't see very much. I didn't see
2 people go out into job markets and bring them in, take
3 them to communities, "This is our school. We're very
4 proud of it," both Woodland and Streator and
5 Marquette, we take that.

6 But civic investment goes to my third civic
7 lesson for my kids today. I encourage you to look at
8 St. Mary's in a different light. Think outside the
9 box and keep the hospital here. Make us a prototype
10 for civic investment.

11 Like Streator, many towns -- our founding
12 fathers and mothers, you passed the cemeteries on the
13 way here, they gave three years of their salary to
14 build a hospital. The young kids in this classroom
15 did the penny march to build a hospital. We owe it to
16 them to keep it.

17 We have a community that you cannot beat us
18 on volunteerism; you cannot beat us on community
19 spirit. We will give to the last red penny that we
20 have in our pockets for the kids who are sick, and old
21 people, and the houses that burn down. You can't beat
22 our community spirit.

23 (Applause.)

24 MR. TYNE: If you do not have a hospital

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1 here in Streator in the wintertime, as somebody
2 alluded, if 23 south closes, what do we do? We can't
3 travel on it. What about our kids here? What about
4 you? My parents are old and I take the responsibility
5 of taking care of that parent because it's my job --

6 HEARING OFFICER MORADO: Please wrap up your
7 comments.

8 MR. TYNE: We must maintain a hospital here.
9 Because AFib, you can't get to the hospital in time;
10 it's too late. Diabetes, you can't get to a hospital;
11 it's too late.

12 My final part. OSF, if you take over this
13 hospital, you have vast knowledge and wisdom and
14 financial resources to reconstruct that institution to
15 make it something that the people of the state of
16 Illinois will say, "I want to move there; I want to be
17 part of that community." Please, please, whatever you
18 have to do, keep the hospital here.

19 Thank you.

20 (Applause.)

21 HEARING OFFICER MORADO: I just want to take
22 a moment to say thank you for being here, students,
23 here today. It's encouraging to see a wide variety
24 and diverse group up here today.

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1 I think we're going to let the students
2 exit, so we'll just take a quick break. This is not a
3 half day. You do have to go back to class.

4 MR. ROATE: Next I'd like to call
5 Greg Spradling.

6 MR. SPRADLING: Greg Spradling,
7 S-p-r-a-d-l-i-n-g.

8 Everything I've read in the paper focuses on
9 they have to cut because of finances and stuff. It's
10 all based on population of 20,000. I work in Vactor.
11 One-third of our plant doesn't live close to here.
12 You've got Owens is on the upswing; ALM is going to
13 bring trainees in from around the world. The young
14 families in town have no sick care available. Economy
15 says you lose your job if you're not there.

16 The elderly -- I'm getting there. I've got
17 an aunt that's 101 yet, so I consider myself young.
18 But I'm a baby boomer. In my room at work, we have
19 12 guys. Three have already had heart attacks;
20 they're all younger than I am. When you reach a
21 certain age, you need that hospital. You don't need
22 to be shuffled here and there and everywhere. That's
23 stress upon stress.

24 The hospital is supposed to be birth to

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1 death. We have to stand vigils with the visitors
2 coming in and out for our people. That's not being
3 shown with the studies.

4 It's an older country and it's getting
5 older. That's not even the main focus on this. You
6 guys close that hospital up, then you're going to do a
7 study on people as they're falling off. That's horse
8 out of the barn already.

9 Okay. Thank you.

10 (Applause.)

11 MR. ROATE: Jeff Williams.

12 MR. WILLIAMS: Hello. My name is
13 Jeff Williams. This message is more a statement than
14 a single question.

15 AUDIENCE MEMBERS: We can't hear you.

16 MR. WILLIAMS: This message is more a
17 statement than a single question. I'm speaking in
18 opposition to the existing plans.

19 To begin, I believe that as a community we
20 are grateful to HSHS for an extraordinary dedication
21 to health care in Streator for an extremely long time.
22 Thank you to HSHS. Unfortunately, that tradition is
23 coming to an end.

24 I also believe that there is an

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1 understanding that HSHS has been struggling in
2 Streator for a number of years, as it seems most
3 hospitals are struggling across the country. The
4 struggles can be attributed largely to the chaos in
5 health care inflicted partly by insurance company
6 rules and practices and especially recently by
7 government intervention through the Affordable
8 HealthCare Act, Obamacare; second, policies, knowledge,
9 and practices that have moved much of health care to
10 be performed on an outpatient basis for cost
11 effectiveness, thus, less inpatient services, and
12 other governmental regulations such as the vote to
13 allow a standalone ER and reimbursement rates.

14 I believe OSF could make this hospital sing
15 if they chose and given the chance by HSHS versus
16 closing the hospital. As much as HSHS is a business
17 organization, with the not-for-profit charity status,
18 regulation aspects, and the extensive government
19 payments through Medicare and Medicaid, it is a quasi-
20 public or quasi-governmental enterprise.

21 I attended the HSHS/OSF education information
22 meeting last night with many other community members.
23 The meeting stated that they were interested in
24 community input and community understanding of the

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1 process. The timing of such a meeting the night
2 before a regulatory meeting seems extraordinarily
3 curious, especially when a St. Mary's Hospital doctor
4 and surgeon stated that even the doctors had not been
5 previously solicited for input. It would appear to me
6 that it was more for show and practice before this
7 regulatory hearing today.

8 (Applause.)

9 HEARING OFFICER MORADO: Please wrap up your
10 comments.

11 MR. WILLIAMS: If, as the City of Streator
12 has claimed, that St. Mary's was never presented for
13 sale to the 12-plus health care providers the hospital
14 stated that they had identified in a Times article and
15 that only OSF was worked with, then I believe the
16 community should feel betrayed, and I do if these
17 circumstances are true.

18 If only HSHS would work with a prospective
19 buyer, I believe there is a possibility that Catholic
20 leadership potentially was seeking to reduce health
21 care competition for the benefit of the support of the
22 Catholic religious and Catholic health care systems.
23 Closing the hospital and some services in Streator
24 will effectively move the majority of Streator health

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1 care to other OSF health care facilities, largely to
2 Ottawa, Pontiac, and Peoria.

3 My first desire would be that a white knight
4 attended last night's meeting and today's regulatory
5 hearing, has liked the community's participation past
6 and present, and will express a desire to purchase
7 St. Mary's to be an operating hospital.

8 Should that desire not be the case, I would
9 prefer consideration be given to a different entity
10 being donated the hospital resources that the present
11 arrangement would provide OSF. OSF can provide vision
12 and services as a tenant in the existing hospital
13 facilities rather than building a different facility
14 and possibly tearing down the hospital facility. This
15 would make OSF the first occupant in the repurposing
16 of the existing hospital facilities.

17 The OSF vision of health care:

18 1) Technology; 2) different methods; 3) other
19 improvements; and 4) standalone emergency room and
20 heliport facilities which presently exist --

21 HEARING OFFICER MORADO: Please wrap up your
22 comments.

23 MR. WILLIAMS: -- can be done in the present
24 facility, leasing only a portions of the facility that

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1 OSF needs. Then only the balance of the facility
2 would need to seek additional repurposing. Some
3 repurposing potentially could be synergistic with
4 prospects of Veteran's Administration care, nursing
5 home care, senior or assisted-style living, laboratory
6 services for other providers, doctors' offices such as
7 Dr. Ricca's office moving to the third floor, food
8 services from the existing kitchen for one or all of
9 the prospects.

10 Nonsynergistic prospects might be college
11 campus extensions, sterile facilities, or research
12 facilities. An example would be hybrid seed research.
13 Additionally, functioning in the existing facility
14 would decrease the prospect of demolishing the
15 facilities, leave room to grow back into hospital
16 facilities, and add back outpatient surgical services.

17 HEARING OFFICER MORADO: Thank you, sir.

18 MR. WILLIAM: And I believe there are other
19 prospects for repurposing.

20 HEARING OFFICER MORADO: I appreciate it.
21 Thank you.

22 (Applause.)

23 MR. ROATE: Toni Pettit.

24 MS. PETTIT: Good morning. Can you hear me

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1 back there?

2 AUDIENCE MEMBER: Yes.

3 MS. PETTIT: I'm Toni Pettit, P-e-t-t-i-t,
4 and that's the feminine version, T-o-n-i, please.

5 As Greg Genseke stated, closing our hospital
6 is a nail in the coffin of Streator. Ours is an aging
7 community. Our citizens will be underserved by the
8 health care system proposed.

9 Kansas, Texas, Georgia have experience with
10 these facilities, and studies show that when rural
11 hospitals close, towns struggle to stay open. There is
12 no pot of gold at the end of that rainbow. What we
13 will find is an increase of 1.6 percent unemployment,
14 a decrease of \$1,000 per capita income, loss of future
15 industries, an increase in our real estate inventory,
16 and economic struggles for our business community.
17 Young families will be less likely to consider
18 locating here.

19 Not only will our economic health suffer, so
20 will the care of our citizens. No inpatient care, no
21 outpatient surgeries, 28 minutes in light traffic to
22 the nearest hospital. The two organizations involved
23 will benefit, while our citizens will not.

24 At yesterday's community forum CEO John

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1 Flanders of St. Mary's stated 28 physicians had been
2 recruited, but he was only able to retain one. Is
3 this the fault of the Streator community or the
4 policies of St. Mary's?

5 Members of the audience, including a doctor
6 at St. Mary's, spoke of mismanagement by HSHS.
7 Streator will not be better off if our hospital
8 closes. Communities smaller than ours can support a
9 hospital. With different manage perhaps so can we.

10 I ask you to vote against closing St. Mary's
11 Hospital. If HSHS does not see a future in Streator,
12 then sell the hospital to an organization that does.
13 I'm not the first one who made that statement today
14 nor will I probably be the last. Has the hospital
15 been offered to other organizations is a question many
16 Streatorites are asking. Perhaps Streatorites would
17 chose to remain in Streator for health care if it were
18 better staffed and managed.

19 I implore you to deny their application to
20 close St. Mary's. More than 20,000 people's health
21 and lives depend on it. Thank you.

22 (Applause.)

23 MR. ROATE: Spencer Lawrence.

24 MR. LAWRENCE: Good morning. My name is

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1 Spencer Lawrence; S-p-e-n-c-e-r, L-a-w-r-e-n-c-e. I
2 am a retired Presbyterian pastor, and I'm here to
3 argue in favor of keeping St. Mary's Hospital open.

4 The nearest hospital to us is in Ottawa; the
5 second nearest is in Pontiac. Ottawa's hospital is at
6 least 16 minutes away. If an emergency room vehicle
7 could get to someone's home in 5 minutes, and the EMTs
8 can get a sick person ready to transport in 10, they
9 could be at St. Elizabeth in Ottawa in 31 minutes at
10 the very best after receiving the call. Getting to
11 St. James in Pontiac would take even longer. If a
12 person lived outside our community, it would likely
13 take even longer than that.

14 Not having a hospital would place the
15 residents of our community and surrounding communities
16 at serious risk. In addition, it would add burdens to
17 the already overly burdened. The elderly and the
18 poor, some reasons that OSF is planning to close
19 St. Mary's because they're on Medicare and Medicaid,
20 along with everyone else would have to travel out of
21 town for a simple doctor's visit. Besides the
22 inconvenience it would add extra cost to many who can
23 barely make ends meet now.

24 Not only is not having a hospital hazardous

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1 to our health; it is hazardous to our community. If
2 Streator would not have a hospital, why would a doctor
3 or anyone want to move here? There would be no good
4 reason. For a community that has already lost hundreds
5 of jobs because of cutbacks at the local glass container
6 factory and now the potential loss of jobs at the
7 hospital, one of Streator's major employers, any
8 additional disincentive to move here could do serious
9 harm to our community's overall welfare.

10 I ask for your support in retaining our
11 hospital in Streator. It would continue to meet the
12 health needs of our citizens and help protect the
13 overall quality of life here.

14 Thank you.

15 (Applause.)

16 HEARING OFFICER MORADO: It's been a little
17 bit over another half hour now. We wanted to give a
18 chance for more folks to cycle in. If they wanted to
19 leave, they can go ahead and do so and let some folks
20 come in and take those seats.

21 Thank you for your cooperation in keeping
22 these facilities safe. We have a few empty seats if
23 some folks want to try to fill those in. We've got a
24 couple more empties if anyone wants to sit down.

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1 MR. ROATE: Next I'd like to call Jack Dzuris,
2 D-z-u-r-i-s.

3 MR. DZURIS: Jack, J-a-c-k; Dzuris,
4 D-z-u-r-i-s.

5 My name is Jack Dzuris and I'm the Streator
6 Area Chamber of Commerce executive director. I also
7 serve as chairman of the HSHS St. Mary's Foundation
8 Board. I'm here today to express my support for
9 HSHS's application.

10 In my role as Chamber executive director, I
11 know hospitals provide a strong foundation for
12 economic growth. OSF HealthCare's new
13 state-of-the-art outpatient center would create new
14 jobs and attract further investment from others who
15 recognize the promise that Streator presents.

16 As the chairman of HSHS St. Mary's
17 Foundation, I've seen how communities can benefit from
18 the philanthropic outreach that a hospital can provide.
19 I know firsthand that hospitals and businesses can
20 work together to build a strong community, and it's a
21 necessity that they work together.

22 HSHS and OSF have identified a shift in the
23 health care system. Treatments that were once costly
24 inpatient procedures can now be performed on an

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1 outpatient basis. The decision to provide Streator
2 with a care center that reflects these changes is good
3 for the health of Streator residents and good for the
4 health of Streator's economy.

5 I respectfully ask the Board to approve
6 HSHS's application. Thank you.

7 MR. ROATE: Scott Ingold.

8 MR. INGOLD: Good morning. My name is Scott
9 Ingold; S-c-o-t-t, I-n-g-o-l-d.

10 Like a lot of folks here in the room, I'm a
11 lifelong resident of Streator and a business owner for
12 33 years, Ingold accounting agency. A big part of our
13 client base is senior citizens or people leaving the
14 boomer generation and becoming seniors, and I'm here
15 to vehemently oppose the closing of HSHS.

16 I've had many conversations with my clients
17 who are so concerned about someone not -- about them
18 having someone not to take them to their doctors'
19 appointments. It's a sad commentary when we have
20 20,000 people in our surrounding area, and we have our
21 seniors that cannot have a routine colonoscopy in the
22 city that they spent their life in. It's a sad
23 commentary when what few young people who choose to
24 remain in our community cannot have a baby in their

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1 own community.

2 I read in the paper -- and I quote -- in the
3 big block print that "This will be bittersweet for
4 Streator." This is not bittersweet. This is tragic
5 to our community, and anybody that thinks this is
6 going to be beneficial to us is the just not dealing
7 with reality.

8 I've heard about statistics. I own an
9 accounting agency; I understand statistics. But when
10 does doing the right thing supersede statistics? That
11 that's a good question for all people. If we keep
12 sending everyone to have their baby out of town, to
13 get their colonoscopy out of town, they're not going
14 to come back some day, and we'll have no one to blame
15 but ourselves. So I say shame on HSHS that this doesn't
16 fit into your mission statement after 100-plus years.

17 Thank you very much. I do implore the Board
18 to take into consideration the opposition to the
19 closing. Thank you.

20 (Applause.)

21 MR. ROATE: Scot Wrighton.

22 MR. WRIGHTON: Hi, I have written testimony.
23 Again, I just give this and it be read it into the
24 record.

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1 Again, my name is Scot, S-c-o-t -- one "t" --
2 W-r-i-g-h-t-o-n, and I serve as the City manager here
3 in Streator.

4 The City of Streator realizes that the way
5 health care services are provided in rural communities
6 is changing radically. We acknowledge that it is
7 inefficient to have large inpatient facilities in
8 small communities at a time when rural health care
9 providers are paid based on how they reduce per capita
10 admissions and that they're mandated to keep patients
11 well without admitting them to the hospital whenever
12 possible.

13 OSF has proposed a new strategy for future
14 health care in Streator that may well be a model for
15 other rural markets, and we're pleased that this model
16 will be in Streator. But I want to speak to something
17 a little different that is perhaps more to what your
18 mission is, and that's to the process of this review.

19 The citizens of Streator have articulated
20 far better than I can ever do how they feel about
21 this. Our concern as a city is that this process has
22 not been had in the right way.

23 It remains the City of Streator's opinion
24 that the hospital had been under HSHS underresourced

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1 and with increasing overhead to their balance sheet in
2 a manner that may give a wrong impression. OSF should
3 be credited and applauded for their hard work in the
4 last couple of weeks in working with the Illinois
5 General Assembly to try to get permission to have a
6 standalone ER in Streator, but, ladies and gentlemen,
7 they shouldn't have had to give those Herculean
8 efforts. HSHS should have been required first to take
9 care of that problem before that kind of last-minute
10 rush had to occur.

11 There was an RFP process, and it went out to
12 16 different hospitals. That RFP process was
13 short-circuited. I can attest to the fact that the
14 City was in touch with a couple of other hospitals
15 that were recipients of the data pack. There was no
16 date established, and they were surprised about that
17 because they were interested in the hospital. The RFP
18 process was short-circuited, so we will never know
19 whether or not there was another buyer who could have
20 kept the hospital open.

21 You've already heard comments here which I
22 won't repeat about competition, about the issues that
23 this creates for ambulances, travel times, and access.
24 So I'm here to ask you to implore you to change this

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1 process. There will be other communities we know,
2 rural communities in Illinois that will undergo these
3 sorts of gut wrenching issues, and we implore you to
4 take more of these issues into consideration because
5 Streator as a community has been abused by this
6 process, and we hope that you can make changes in the
7 process so that other communities don't have to endure
8 what Streator has had to endure.

9 Thank you.

10 (Applause.)

11 MR. ROATE: Jane Cavanaugh.

12 MS. CAVANAUGH: My name is Jane Cavanaugh;
13 J-a-n-e, C-a-v-a-n-a-u-g-h.

14 I am a concerned citizen. A lot of people
15 have already said what I wanted to say. I just have
16 one other little thing to point out.

17 In the paper last night it says, "A minute
18 before that change HSHS will shut down its inpatient."
19 I understand it's up to the Board to approve or
20 disapprove whether they shut down, not just
21 automatically shut down.

22 Thank you.

23 (Applause.)

24 MR. ROATE: John Luphiys, L-u-p-h-i-y-s.

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1 MR. ZUPANCIC: Zupancic, John?

2 MR. ROATE: Z-u-p-h-i- -- Z-u-p-h-i-y-s-i.

3 MR. ZUPANCIC: That isn't my name. Are you
4 sure you want to call me up here?

5 MR. ROATE: I think it's you, sir. I
6 apologize.

7 MR. ZUPANCIC: That's all right. I won't
8 charge you for it. It's all free.

9 I'm just an old veteran that muddles around.
10 I give the City Hall plenty of problems and everything
11 else. I have to drive to Chicago, the VA, 300 miles,
12 a full day's trip, and everything else just for
13 certain things that the VA appropriates. They do a
14 good job. This is the kind of treatment the people in
15 Streator are going to get; you're going to have to
16 drive to Chicago.

17 Pontiac is not very far, but when there's
18 ice on the roads and everything, you can't get there.
19 I'm fortunate enough to be healthy because I have a
20 good doctor like Dr. -- isn't that -- anyway, Betty
21 and all the people at the hospital treat you
22 wonderful.

23 And one other thing I want to ask you people
24 is, what are you going to do with our medical records,

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1 living wills and that? Are you going to just have a
2 big bonfire? I mean it. It could happen.

3 Same thing with your CPR. I was fortunate
4 enough to be playing with a friend of mine -- down in
5 Florida playing golf. He stepped up to tee and went
6 to hit the ball and dropped over. I was fortunate
7 enough to have CPR and revive him.

8 Things like this that the hospital has
9 been -- programs like this they put out for the
10 citizens to have is going out the door. And that
11 beautiful clinic in LaSalle where the VA is, they do a
12 wonderful job, but that isn't a hospital where you can
13 go in and have somebody be nice to you. They treat
14 you and respect you when you come in here.

15 MR. ROATE: Lastly, Clare Ranalli. Clare --

16 MS. RANALLI: Hiding down there. Sorry. I
17 didn't have very far to go.

18 First of all, I would like to introduce
19 myself. My name is Clare Ranalli, and I have had the
20 honor and privilege of working with both OSF HealthCare
21 System and HSHS for more years than I would care to
22 admit.

23 I've listened today and heard a number of
24 things, and I'm very familiar with this process. I

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1 also grew up in a small town in Illinois, and a
2 hospital closed so I understand the sentiment that's
3 been expressed here today, but I do want to point out
4 a few things I believe were said that were possibly
5 misstatements.

6 One was that there was some sort of
7 collaboration between two common orders that were
8 shared orders. The orders, although they have
9 Franciscan origin, of OSF and HSHS are different
10 orders, and I can tell you because I've been involved
11 in this process for some time that the only
12 collaboration between the two orders was to ensure
13 that the residents of Streator received appropriate
14 care, and the work that they've done, I can honestly
15 say in the many years that I've worked with hospitals
16 throughout the hospitals throughout the state is
17 unique and should be applauded.

18 The two systems coming together who, quite
19 frankly, in reality are competitors in many ways to
20 work together to assure appropriate delivery of care
21 which is outpatient focused is truly amazing and
22 something that I think will be wonderful for your
23 community in the long run, although it may be painful
24 to think about now.

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1 I also would like to say that the
2 allegations or statements that somehow St. Mary's
3 intentionally tanked, for lack of a better word,
4 itself by refusing to recruit doctors and refusing to
5 somehow care for the community is belied by the many
6 wonderful things -- and thank you for them -- that
7 have been said about the care, and delivery, and
8 respect that St. Mary's has provided to the community
9 over the years.

10 Doctors simply are very difficult to
11 recruit. They're difficult to recruit in Chicago;
12 they're difficult to recruit in Peoria or Rockford,
13 very difficult to recruit to many communities and
14 certainly smaller communities throughout Illinois.
15 That doesn't mean that there's anything bad about the
16 community. Maybe we should call into question why the
17 doctors are so difficult to recruit and work on that
18 as a state, as a country, for rural health care areas
19 but that's a fact.

20 So the reason that there aren't doctors is
21 simply because the doctors were not willing to come.
22 The reason is there aren't OB services is because
23 there weren't obstetricians and trained OB nurses who
24 were willing to work in the community to help deliver

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1 babies. That's the reason the OB service closed.

2 AUDIENCE MEMBER: No, it's not.

3 MS. RANALLI: Why would a hospital not --

4 HEARING OFFICER MORADO: Please wrap up your
5 comments.

6 MS. RANALLI: Okay. I will wrap up my
7 comments. I also just want to point out the medical
8 records will certainly be maintained by the system.
9 That's part of the application that was filed with the
10 State. That's part of the requirements of the State
11 board. So records will be available.

12 And, lastly, I would just like to point out
13 that the State process works very fairly. It will
14 listen to your comments. I've seen it happen many
15 times and appreciate them.

16 And the spirit that you have here today, I
17 would really like you to take it and focus on the
18 freestanding emergency center that OSF is working on.
19 That will be an application before this board, and
20 please, please come out as you have here today to
21 support that application so you'll have emergency
22 services in Streator. Thank you.

23 HEARING OFFICER MORADO: Is there anyone who
24 wishes to testify who has not yet had an opportunity?

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1 Would you like to make a comment, sir? Did
2 you get a chance to fill out a form, as well?

3 MR. FLANDERS: I did fill out a form. I
4 wasn't called.

5 MR. RIZZO: I thought I signed in. My name
6 is Frank Rizzo, R-i-z-z-o. My comments are similar to
7 what has been said. I was born and raised here, I'm
8 going to die here. I think that the citizens of
9 Streator deserve the facts printed in the paper on the
10 bottom line, why did OSF choose to close Streator.

11 That's all I have to say.

12 HEARING OFFICER MORADO: Thank you, sir.

13 (Applause.)

14 MR. ROATE: I apologize. John Flanders.

15 MR. FLANDERS: Thank you. My name is
16 John Flanders, and I serve as the president and chief
17 executive officer of St. Mary's Hospital in Streator,
18 Illinois.

19 I want to provide some additional comments
20 about the transaction agreement that we've reached
21 with OSF, but prior to that I want to provide some
22 facts about physician recruitment.

23 In the past 10 years HSHS and St. Mary's in
24 Streator has recruited over 28 physicians. In the

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1 couple years I've been here, I've recruited three
2 positions. Of those 28 positions and the 3 that I
3 recruited, 1 remains in this community.

4 We recruited those physicians by providing
5 economic support to those physicians for two or more
6 years so that they could build up a patient practice
7 and establish that practice in this community, and
8 they were unable to do that successfully because the
9 previous comment that 2 in 10 people that live in this
10 community seek their health care elsewhere.

11 So the facts are that. We did recruit
12 physicians. We've not been successful in retaining
13 those physicians.

14 If our application to discontinue services
15 at St. Mary's is approved, we will donate all the
16 existing St. Mary's Hospital facilities in Streator to
17 OSF HealthCare. OSF HealthCare will use the existing
18 St. Mary's facility to deliver outpatient services
19 while they build a new ambulatory care facility, which
20 is expected to take a couple of years.

21 The services that OSF will provide to the
22 community include imaging, laboratory, primary care,
23 and specialty physician clinics, and mammographies.

24 HSHS and OSF are seeking legislation that

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1 would give the Health Facilities Services Review Board
2 the authority to issue a license for a freestanding
3 emergency center. If that legislation is enacted, OSF
4 would seek a license to operate a 24-hour-by-7
5 emergency department at Streator. That department
6 operated by OSF in this community will help ensure
7 uninterrupted continuity of health care services to
8 the citizens of Streator.

9 HSHS is also working closely with OSF to
10 ensure that our employees have an opportunity to
11 continue to work and live in the Streator community.
12 Our colleagues are currently applying for and filling
13 numerous Streator-based positions with OSF HealthCare,
14 as well as other OSF HealthCare facilities in the area
15 in professional and nonprofessional fields. Every
16 effort will be made to maintain those jobs in the
17 Streator community. We've also been meeting with OSF
18 and will continue to meet with them to discuss how to
19 best make the transition as seamless as possible.

20 If our application is approved, we plan to
21 cease inpatient services at St. Mary's Hospital just
22 prior to 7:00 a.m. on January 4th of 2016. OSF would
23 then assume responsibility for all outpatient services
24 at St. Mary's Hospital. They would maintain outpatient

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1 services in the current building until the new
2 ambulatory center is built and opened in Streator.
3 After the new facility opens, the community will be
4 engaged in how to best repurpose the existing campus.

5 HEARING OFFICER MORADO: Please wrap up your
6 comments.

7 MR. FLANDERS: If the campus cannot be
8 repurposed, OSF will tear down the building and
9 restore the property.

10 While change is never easy, I firmly believe
11 this collaboration is the best option for Streator
12 going forward. We believe having OSF provide strong
13 ambulatory health care services as part of a highly
14 integrated system that includes physicians practicing
15 across this region makes the most sense for the future
16 of health care in Streator.

17 Thank you very much.

18 HEARING OFFICER MORADO: Is there anyone
19 else who wishes to give testimony who has not yet had
20 an opportunity?

21 AUDIENCE MEMBER: Would you just tell us
22 what is going to happen on November 17th at your
23 meeting?

24 HEARING OFFICER MORADO: I definitely

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1 will, sir.

2 Anyone else that wishes to give testimony?

3 Yes, ma'am.

4 AUDIENCE MEMBER: I just feel like this is
5 the place we need to be more often for the other
6 issues. Along with health care, there are some other
7 issues that Streator is facing, and there's so much
8 energy and so much passion in this room, and we can
9 get here, and be here, and do this same thing for
10 other issues on the second -- third Wednesday at
11 7:00 for the council meeting. So I'm speaking for
12 myself to get out and get here and make our wishes
13 known here.

14 HEARING OFFICER MORADO: Very well.

15 Thank you.

16 Seeing that there is no one else, is there
17 anyone who has testified who wishes to give additional
18 testimony?

19 Yes, Mr. Rizzo.

20 MR. RIZZO: My name is Frank Rizzo, and I
21 got a feeling that this decision is already made, and
22 I don't understand why St. Mary's hasn't used the top
23 two floors for a nursing home, which nursing homes in
24 the state of Illinois are highly profitable. That

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1 will would surely overcome most of the loss.

2 HEARING OFFICER MORADO: Thank you,
3 Mr. Rizzo.

4 The project -- oh, I'm sorry.

5 MR. INGOLD: I just have one comment, sir.
6 I spoke earlier.

7 HEARING OFFICER MORADO: Sir, your name?

8 MR. INGOLD: Scott Ingold.

9 Mr. Flanders just spoke about the urgent
10 care. Urgent care is not a fully functioning
11 hospital. They can spin this however they want.
12 Urgent care is not a fully functioning hospital which
13 the seniors of our community need.

14 HEARING OFFICER MORADO: Thank you.

15 This project is scheduled for consideration
16 by the Illinois Health Facilities Review Board at its
17 November 17th, 2015, meeting. The meeting will be
18 held at the Bolingbrook Golf Club. The address is
19 2001 Rodeo Drive, Bolingbrook, Illinois.

20 Interested parties can view the exemption
21 application and related correspondence by going to our
22 website at www.hfsrb.Illinois.gov. You can also
23 attend the meeting and give further testimony at that
24 meeting by filling out the public participation form

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1 found on our website.

2 Now, if there are no other requests to
3 speak --

4 MR. RIZZO: I got one. Could you put that
5 location any further away from the community in the
6 Streator? Are you going to have bus transportation?

7 HEARING OFFICER MORADO: No, sir. The State
8 Board does not provide bus transportation. I will
9 note that we have about eight meetings a year, six of
10 which are in that location. It's been a pretty
11 consistent practice for our board.

12 AUDIENCE MEMBER: Has the decision already
13 been made?

14 HEARING OFFICER MORADO: No, sir. The
15 application will be considered at the November 17th
16 meeting.

17 Now, if there are no further requests to
18 speak -- oh, I'm sorry.

19 AUDIENCE MEMBER: I was just going to ask
20 whether there's any opportunity to move that meeting
21 from Bolingbrook to a closer location here in Streator
22 perhaps in our former armory. Does it have to be in
23 Bolingbrook is the question.

24 HEARING OFFICER MORADO: Ma'am, this is a

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1 State board that has jurisdiction of facilities
2 throughout the entire state, and while I can appreciate
3 the difficulty it's going to take for you folks to get
4 out there, we have numerous applications that cover
5 the entire state. So we set it out in the
6 Bolingbrook; we've been pretty consistent about having
7 them there, and I don't anticipate us moving it from
8 that location.

9 AUDIENCE MEMBER: A Streator decision made
10 in Bolingbrook.

11 HEARING OFFICER MORADO: So with that said,
12 I deem this public hearing adjourned. I thank you
13 very much for your cooperation and attendance today at
14 this hearing.

15 Thank you.

16 (Off the record at 11:09 a.m.)

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CERTIFICATE OF SHORTHAND REPORTER

I, Paula M. Quetsch, Certified Shorthand Reporter No. 084-003733, CSR, 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 5th day of November, 2015.

My commission expires: October 16, 2017



Notary Public in and for the
State of Illinois

A			
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