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STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761
217-782-3516

RECEIVED

FEB 01 2011

**HEALTH FACILITIES &
SERVICES REVIEW BOARD**

PUBLIC HEARING

Re: Project #10-078, Oak Forest Hospital

Public hearing held on January 20, 2011, at the Oak
Forest City Hall, 15440 South Central Avenue, Council
Chambers, Oak Forest, Illinois, before Courtney Avery and
Frank Urso, Facilitators.

Reported by:

Karen K. Keim
CRR, RPR CSR-IL, CRR-MO
Midwest Litigation Services
401 N. Michigan Avenue
Chicago, IL 60611

ORIGINAL

1 MS. AVERY: Good morning. How is everyone?

2 I'm Courtney Avery. I'm the Administrator for
3 the Health Facilities and Services Review Board, and this
4 is Frank Urso, who is our General Counsel for the Illinois
5 Health Facilities and Services Review Board also.

6 As you know, our purpose here today is to act
7 as the hearing officer, Frank and myself, and the
8 facilitator for Project Number 10-078, Oak Forest Hospital,
9 which is proposing to discontinue the category of services,
10 medical, surgical, intensive care, rehabilitation,
11 long-term care, emergency services, and other outpatient
12 services.

13 Per the Rules of the Illinois Health
14 Facilities and Services Review Board, I would like to read
15 the Legal Notice into the record for the court reporter.

16 In accordance with the requirements of the
17 Illinois Health Facilities Planning Act, notice is given of
18 the receipt to discontinue an acute care hospital in its
19 entirety. Project number 10-078 Oak Forest Hospital in Oak
20 Forest, Illinois. The applicants are the Cook County
21 Health and Hospital Systems, and the applicants propose to
22 discontinue the 213-bed facility located 15900 South Cicero
23 Avenue in Oak Forest, Illinois. The project cost is zero
24 dollars.

1 The application contained a Safety Net Impact
2 Statement, which was declared complete on November 23rd,
3 2010. A copy of the application may be viewed at the
4 Illinois Health Facilities and Services Review Board
5 Office, and the address there is in Springfield at 525
6 South Jefferson Street -- West Jefferson. I'm sorry. To
7 obtain a copy of the application, please call the office
8 for details and copying fees, at the number listed below
9 that was on the Legal Notice. Consideration for this
10 project by the State Board has tentatively been scheduled
11 for March the 22nd, 2010 -- March 22nd, 2011.

12 The Illinois Department of Public Health will
13 post its findings in a State Agency Report and the report
14 will be made available via the internet on March 8th, 2011.
15 The public may submit written responses in support of or
16 opposition to the findings no later than nine a.m., March
17 12th, 2011. The internet address used to access this
18 report is www.hfrsb.illinois.gov, hfrsb.illinois.gov.

19 If you have not already done so, the
20 registration forms are in the back of the -- I'm sorry --
21 outside the doors, so please make sure that you sign in.
22 To ensure that the Illinois Health Facilities and Services
23 Review Board hearings protect the privacy and maintain the
24 confidentiality of an individual's health information,

1 covered entities as defined by the Health Insurance
2 Portability Act of 1996, such as facilities, hospital
3 providers, health plans, and health clearing houses,
4 submitting oral or written testimony that discloses
5 protected health information of individuals, should have a
6 valid written authorization from that individual. The
7 authorization shall allow the covered entirety (sic) to
8 share the individual's protected health information at this
9 hearing.

10 Those of you who came with prepared text for
11 your presentation may choose to submit the text without
12 giving testimony. However, if you give an oral testimony,
13 please be as brief as possible, and in order to give
14 everyone an opportunity to participate, each oral
15 presentation will be limited to five minutes. Should
16 anyone want to speak for more than five minutes, you may do
17 so after everyone has had an opportunity to speak. Also,
18 per the Legal Notice, if possible please provide two copies
19 of your testimony, and you can also mail that to the
20 Springfield office. When making your presentation, please
21 give the court reporter the spelling of your complete name.
22 If there is a lead spokesperson for the applicant, we would
23 like that individual to make the presentation first. The
24 remaining testimonies will be taken in the order of the

1 names on the registration forms. Please hold any questions
2 until all testimony is presented.

3 Right now there is someone from Cook County
4 Health and Hospital Systems who wishes to make a
5 presentation first. We will allow that to happen. Thank
6 you.

7 MR. FOLEY: Yes. My name is William Foley,
8 I'm the Chief Executive Officer of the Cook County Health
9 and Hospital System.

10 What I'd like to do in my opening statement is
11 to put this project in context of our strategic plan for
12 the Health and Hospital System, which was approved by our
13 Health System and County Board this past summer. First of
14 all I'd like to start with the mission of our organization.
15 Our mission is to deliver integrated health services with
16 dignity and respect, regardless of a patient's ability to
17 pay; to foster partnerships with other health providers and
18 communities to enhance the health of the public; and
19 advocate for policies which promote and protect the
20 physical, mental and social well-being of the people of
21 Cook County.

22 Our health system is comprised of our three
23 hospitals, Stroger Hospital, Provident, Oak Forest, our
24 Ambulatory Community Network, Cermak Health Services at the

1 Cook County Jail, the Ruth M. Rothstein CORE Center, which
2 is a HIV/AIDS treatment center, and our Cook County
3 Department of Public Health. The Cook County Department of
4 Public Health is an important part of our health system, as
5 their focus is on preventing disease and educating the
6 public about health.

7 We are by far the largest provider of
8 uncompensated care in the State of Illinois. We provide
9 over half a billion dollars of uncompensated care, and that
10 is by far much greater than any other healthcare
11 organization system or hospital in the state. Over half of
12 our patients are self-paid patients, meaning that they do
13 not have the ability to pay. So, our mission of providing
14 care to all that are in need of care is a very important
15 part of our organization.

16 In terms of our strategic plan, we started our
17 planning process in the spring of 2009 and concluded, as I
18 mentioned, last summer. In partnership with our Health
19 Department, we conducted a needs assessment throughout the
20 county to identify where the population -- our population
21 was and what the needs of our -- healthcare needs of our
22 population was. We interviewed, surveyed community groups,
23 healthcare providers, stake holders. We held over 14 Town
24 Hall meetings, attended by over a thousand residents of

1 Cook County. So we received a lot of input in this
2 process.

3 In terms of our strategic challenges, first of
4 all, there is significant unmet need throughout the county.
5 There's large disparities in access to healthcare services
6 and where our services are provided. Our system resources
7 are disproportionately centered around in-patient care. At
8 the same time, we're facing financial challenges. We just
9 submitted a budget to the County Board which calls for a 16
10 percent reduction in our subsidy from the county, and that
11 was at the direction of the County President. So, we're
12 not going to be receiving more funding, we're going to be
13 receiving less funding. So, we need to do more with less.

14 There is also the impact of health reform,
15 although there's efforts in Washington now to change that.
16 But if there is health reform, there will be a significant
17 number of people throughout Cook County that do not have
18 coverage today that will have coverage. So, we're also in
19 our plan looking at how we can access that population as
20 well.

21 Our strategic objectives and our plan is to
22 shift to a population-centered versus a hospital-centered
23 delivery model to really look at where our population is
24 and provide the services that they need. Enhancing

1 accessibility to our services is a major goal of the plan,
2 and we feel that this project will enhance accessibility to
3 services and actually expand our ability to care for
4 patients.

5 Essentially, what our plan calls for is to
6 shift from our under-utilized in-patient healthcare
7 services at Oak Forest Hospital, where we average 50 to 60
8 patients a day -- our budget to support Oak Forest Hospital
9 is close to a hundred million dollars a year -- and to
10 shift those resources to expand outpatient services through
11 the development of a regional outpatient center where we
12 project that we will see more than -- be able to see more
13 than four times the number of patients that we currently
14 see. We'll be providing services, certain types of
15 surgeries, procedures like colonoscopies, that will be
16 provided here as opposed to having to have people travel
17 all the way to Stroger Hospital for those services. So,
18 increasing accessibility, expanding our outpatient
19 services, redirecting Oak Forest to be a major regional
20 outpatient center with primary care, specialty care, urgent
21 care, shifting our emergency room to an urgent care center,
22 and being able to see more patients than we do today.

23 So, I just want to conclude by saying that we
24 believe that this is a plan to not just shut down or close

1 services but to actually expand healthcare services for our
2 patients, with the limited funding that we have, to address
3 issues like long waiting times, waiting less to see
4 doctors, to provide more primary care services, more
5 screenings and tests, and then adding services that we
6 currently do not provide in this area at Oak Forest. So,
7 again, in conclusion, this project is consistent with our
8 strategic plan for the health system. We believe that it
9 is the best and wisest use of the resources that we have,
10 to move from an expensive, very low volume, in-patient
11 hospital to create and develop and expand a major regional
12 outpatient center on the Oak Forest campus.

13 Thank you.

14 MS. AVERY: Thank you. Next we'll have
15 testimony from George O'Grady. What I'm doing is taking
16 the two that are in support of the project and then we'll
17 start the opposition.

18 MR. O'GRADY: My name is George O'Grady. I am
19 President of the Oak Forest Conference of Saint Vincent de
20 Paul Society. I have to clarify whether opposed or pro,
21 but what I am here for is -- my primary job is the advocate
22 of the poor; that is, to speak for the needy. We have been
23 asked to speak by some of the patients in favor of
24 retaining Oak Forest Hospital.

1 MS. AVERY: Can I ask for clarification? So
2 you're in support of the project --

3 MR. O'GRADY: To keep it as a hospital, full
4 hospital.

5 MS. AVERY: So you are in opposition of the
6 project as proposed?

7 MR. O'GRADY: Right, the opposite of what you
8 said.

9 MS. AVERY: Okay. I'm going to need you, when
10 you're done with your testimony, to sign in on the
11 opposition.

12 MR. O'GRADY: As President, my primary job is
13 advocate of the poor; that is to speak up for the needy,
14 including to governmental officials. St. Vincent's is the
15 largest charity in the world in 137 countries. In Cook
16 County alone there are over a thousand Vincentians, 300 of
17 whom within the South Suburban community, most of whom
18 remain working anonymously, our mission to help the poor in
19 our communities. Most of our caseloads start and end as
20 healthcare problems.

21 On November 20th this year, the Vincentians
22 are celebrating our 100th-year anniversary at Oak Forest
23 Hospital. We witnessed a century of change in this
24 institution, first from a poor farm, a potter's field, that

1 epidemic of 1919, the TB epidemic, the (inaudible) of the
2 Great Depression, two World Wars, the overcrowding of the
3 fifties, the change to a chronic disease hospital, the
4 advent of Medicaid and Medicare, and the current transfer
5 to off-site care. One thing remains constant: We are
6 witnesses to the needs of the poor.

7 Cook County of 1912 was a very progressive
8 place. Jane Adams, the first (inaudible), Cook County
9 Hospital is the leading teaching hospital in the world,
10 first open heart surgery, eventually the largest
11 chronically-ill hospital at Oak Forest. In 1912,
12 Vincentians raised 40,000 to build Sacred Heart Chapel and
13 fought for the residents' right to worship, which was
14 settled by the Illinois Supreme Court. For a hundred years
15 we have served as advocates for the poor.

16 In the 21st century, (inaudible). We do not
17 represent management, workers, unions, political groups or
18 any other self-interested group. Reading our archival
19 history, problems of Oak Forest today are no different from
20 those of 1910. The poor came from all over the nation and
21 all over the world. In 31 years, I've known residents from
22 Will County, Kankakee, Rockford, Springfield, downstate
23 Illinois, Poland, China, India, Wisconsin, Michigan, the
24 Balkans, Nigeria, Russia, Mexico, Jordan, but mostly from

1 Cook County, some legally and some doubtfully so. The
2 County has been bearing the expense of caring for the sick,
3 whether they're workers, transients, students or related
4 family members.

5 Some years 25 percent of the hospital funding
6 comes from the general fund. Cook County has been generous
7 with its hospital facilities. When other states, counties,
8 and cities had little or no care for the indigent, they
9 came to Chicago. It became a burden on our citizens
10 because it became a hospital system financial downfall.
11 Despite the highest county consumer tax in the nation, the
12 poor came to Oak Forest because it is their last and only
13 hope.

14 Public health today problems are transitory
15 and highly mobile. It is not only Cook County's problem
16 but a problem of the nation, the State of Illinois, and
17 other local governments. With many unanswered health
18 questions, in the quest of the future to whom would the
19 poor turn to if Oak Forest as a hospital closes? What are
20 the recourses? We witnessed the many deaths of discharged
21 patients two years ago. Those who we still visit long to
22 return to Oak Forest. There is great stress in making
23 decisions revolving moves. Many assigned nursing homes are
24 subpar by any standard. Some veteran Vincentians are

1 shocked by the sanitary and public conditions. Long waits
2 for appointments, long waits for prescription drugs, VA
3 rations care, local medical providers pawn off the poor to
4 the State.

5 A recent article in the Chicago Southtown
6 paper witnessed first hand of this happening. Relatives of
7 (inaudible) medical providers are less than enthused to
8 have Medicare or Medicaid patients. Small hospitals close.
9 The for-profit hospital's role of merging in all is all
10 over the industry by private equity and hedge funds. The
11 drug firms give better discounts to Canada than to the
12 working poor.

13 MS. AVERY: Sir, I will have to ask you to
14 conclude.

15 MR. O'GRADY: Okay. I'll condense it then.
16 Oak Forest today is a very busy place. Intermediate care
17 is in great demand. The waiting times are horrendous as in
18 Stroger. Some require short-term stays. There must be a
19 critical mass of services to function as a modern hospital.

20 Allocation of resources, we have no objection
21 to. If closed, it would deteriorate quickly like a
22 250-acre super tanker powered by an intermediate outboard
23 engine. In the hundred years when Saint Vincent de Paul's
24 Society has worked here, we are reminded by a glass stained

1 window in the Catholic chapel, dedicated to the Vincentians
2 who worked in the hospital. It depicts the story of the
3 three Samaritans. Three men pass a wounded man lying in
4 the gutter. Two pass him up and the Samaritan stops and
5 cares for him back to health. The Bible begs this
6 question: Which of the three is the good neighbor?
7 Samaritan is remembered for 2000 years.

8 The public health care question today is what
9 side of history will we choose?

10 Thank you.

11 MS. AVERY: Thank you.

12 Jerleen (phonetic) Harris.

13 MS. HARRIS: Good morning to the Honorable
14 Committee and to the residents of Cook County. My name is
15 Jerleen Harris, H-a-r-r-i-s. I'm first going to speak on
16 my personal relationship at Oak Forest Hospital as an
17 outpatient at the pain management clinic from 2004 to 2009,
18 at the time that Dr. Day, the physician that was treating
19 me, retired. He also served about a thousand people for
20 chronic acute pain. That means constant, 24 hours a day.

21 In the pain management clinic, other
22 modalities of alternative therapies was offered, which I
23 chose to have as one of my treatments, along with a few
24 medications that did me no good anyway, kept me nauseated

1 most times when I took it. Once Dr. Day retired in 2009,
2 it was promised by Dr. Fugo, who was the Chief Physician at
3 the time, and also the interim Chief Executive of the
4 Board, of this Administrative Board that Mr. Foley now has
5 been appointed the Chief Executor of, promised that they
6 were going to find a doctor to be placed at Oak Forest
7 Hospital, the pain management clinic, to continue to offer
8 other modalities of treatment like acupuncture and also
9 biofeedback and individual counseling and group counseling,
10 to help people deal with constant pain, and also to write a
11 prescription for hydrotherapy, that you can get in the
12 water to get relief from some of your pain. That was
13 never, ever did at Oak Forest Hospital. They dismantled
14 the pain clinic. I ended up at a school of acupuncture
15 where students had to treat me, as a resident of Oak
16 Forest, of the County of Cook, even though my tax dollars
17 paid the County -- Cook County healthcare system for a
18 portion of the bill to -- what you say -- to -- for the
19 cost for treatment of people in Cook County for healthcare
20 services. We are charged as taxpayers a certain amount of
21 money on our tax bill.

22 Also in 2009 with that dismantle of that
23 clinic -- and we were told nothing, just left go. In 2009,
24 I had a neighbor to go to Oak Forest Hospital, and he sat

1 in the Emergency Room all day and probably half of the next
2 day. When they finally did get to him, he was dead.
3 That's public record. And his family wasn't able to get
4 here this morning to tell you that they had to bury a loved
5 one going to get some medical care.

6 Now, at Oak Forest Hospital in 2009, the Chief
7 Executor reported in the January 24th meeting that there
8 was over 32,000 people entered into the Emergency Room,
9 very different from the normal 2000 a year. In 2009,
10 January 23rd, in the Southtown Economy newspaper, the
11 hospital said hospital does not need to save cash. So
12 they're not complaining about money, so what is the
13 problem? And why are the people of Cook County medical
14 care being taken away? There's more people off work today
15 with no insurance that need this. Over 32,000 in 2008
16 visit the Emergency Room at Oak Forest Hospital, and that
17 number is climbing, public record can confirm that.

18 What else do I have to say? That was a part
19 of that agenda on January 24th, 2009. We need this
20 hospital. Patients now suffering catastrophic accidents,
21 paralyzed, now they only get two weeks of physical therapy.
22 Sixteen-year-old people are being sent to nursing homes.
23 Nursing homes are not equipped to deal with such an
24 illness. This is unfair to do. Put yourself in the place

1 of a sixteen-year-old going to a nursing home, paralyzed,
2 and needing constant care. I have a son that's paralyzed
3 and thank God we got him home. Put yourself in these
4 people places. And I hope the citizens of the County of
5 Cook will get together. If you need money, I think we can
6 help you cut the budget. Thank you.

7 MS. AVERY: Thank you.

8 I think this says Joelle Ward.

9 MS. WARD: Hi. My name is Joelle. I've
10 been --

11 MS. AVERY: Could you spell your name?

12 MS. WARD: J-o-e-l-l-e; last name, W-a-r-d.

13 I've been at Oak Forest Hospital for twenty
14 years. When I got there, it was full of patients, full of
15 workers, and we were able to use the hospital efficiently.
16 It wasn't until -- being there for twenty years, you can
17 see how the hospital has changed. We were totally
18 functional and we were serving the purpose it was meant to
19 be. For a hundred years, it was meant to serve those that
20 had no insurance, that had no money for a car or a bus or a
21 train. Many walk to Oak Forest. Now you tell me these
22 same people that are coming into my ER walking will now
23 have to walk to Stroger Hospital just for their basic care,
24 their blood pressure medication, their diabetic medication.

1 You know as well as I do, if you don't get that medication,
2 your systems, your body starts shutting down.

3 So, is this the means that the founding
4 fathers of Cook County, that established Oak Forest a
5 hundred years ago -- is this what they imagined, that we
6 would not be there that we would not have a place that
7 people locally can go? Not many can go all the way to
8 Stroger, and that's the answer here. 45-to-1 patient -- 45
9 patients to 1 doctor ratio. How far do we need to go? How
10 much healthcare does it really cost for a human life? Is
11 one penny worth these many lives that you may put in
12 jeopardy, making them walk to Stroger?

13 Thank you very much.

14 MS. AVERY: Eleanor Sniegowski.

15 MS. SNIEGOWSKI: My name is Eleanor
16 Sniegowski, S-n-i-e-g-o-w-s-k-i. I've been an emergency
17 and outpatient nurse for 40 years. I am no way affiliated
18 with Oak Forest Hospital. I work at another facility.

19 I'm here today to speak as a concerned citizen
20 of the South Suburbs. I will try to remain calm, but I
21 have to say, I am sick and tired of the services to the
22 South Suburbs being cut, whether it's the proposed
23 in-patient services at Oak Forest or whether it was, in the
24 past, mental health services being cut on many levels and

1 in many clinics. We all know that the health systems are
2 broken, and we're hoping, hoping that coming years will see
3 some resolution with advanced health-improvement services
4 from D.C. Whether that comes to be, I don't know, but I'm
5 here to speak for the people that I see every day at work,
6 the people who have no choices, the people who have no
7 insurance, the people who have no money. These people need
8 the services of Oak Forest Hospital. They don't need
9 transfers. They don't need ambulance rides for a \$1,000
10 down to Stroger.

11 Not all the people coming to the outpatient
12 clinics -- and I think that part of the proposal is fine.
13 Expand all the clinics you want, but all the people coming
14 to those clinics cannot go home. There are people that
15 require hospital admission, and I think those people should
16 have the opportunity to stay where they live in the South
17 Suburbs.

18 Thank you.

19 MS. AVERY: Thank you.

20 Emilie Junge.

21 MS. JUNGE: Thank you. Good morning,
22 Mr. Constantino. I believe -- you're not Mr. Constantino.

23 MR. URSO: I'm not.

24 MS. JUNGE: My name is Emilie Junge,

1 E-m-i-l-i-e; last name is spelled J U N G E. I'm here on
2 behalf of the Doctors Council, SEIU, and also Service
3 Employees International Union Local 73, which represents
4 the bulk of the employees at Oak Forest Hospital.

5 We're here because we think the application to
6 discontinue the services has raised a number of concerns.
7 One, the CON application lacks widespread support from the
8 surrounding hospitals. It's our understanding that there
9 were only 7 responses out of the 36 hospitals that received
10 Impact Statements, and in my statement, we detail some of
11 those. While the Health Facilities Planning Board
12 considers surrounding hospitals' failure to respond a
13 non-rebuttal assumption that the discontinuation will not
14 have an adverse effect, the extremely low level of support
15 by Southside hospitals, especially the largest system,
16 which is Advocate, raises very serious concerns.

17 Of the three negative responses, one, Palos,
18 is very negative, while the other two, Holy Cross and
19 Advocate Christ, point to heavy, uncompensated loads,
20 patient capacity crunch, and frequent bypass. There's a
21 concern that severe patient care capacity crunch on Chicago
22 Southside is going to cause serious problems for the
23 patients, and we detail some of those issues.

24 Advocate -- I think it's really significant

1 that Advocate refuses to support the CON. They have three
2 major facilities in close proximity to Oak Forest and
3 doesn't support the CON. While we support the expansion of
4 outpatient care, there's some very serious concerns about
5 the nature and the timing of Oak Forest's transition from
6 hospital to regional outpatient center. Advocate Christ's
7 negative response further raises concerns and it points to
8 the challenges facing Oak Forest's closure and its
9 transition.

10 You know, just aside from all of this, you
11 know, are people going to be rejected when they go to some
12 of these other hospitals in the neighborhood? If they go,
13 are they going to be sued? Will there be -- will most of
14 these hospitals be on bypass? You know, we think there are
15 a lot of issues that have not been addressed, and we don't
16 think the transition plan has been fully developed. As of
17 yesterday, we just found out that all of the doctors in the
18 in-patient services and the Emergency Room have been -- are
19 going to be given a layoff notice on Tuesday, effective
20 March 11th, effective March 11th. Now, what is the
21 transition plan? We're going to work with Administration
22 on the transition plan for these doctors, but right now,
23 they're out on the street as of March 11th unless they're
24 transitioned. And what about their patients? What is

1 going to happen with their patients?

2 So, we have really serious concerns that there
3 isn't an adequate transition plan, and at the minimum, we
4 think the CON is premature. The doubts concerning the
5 transition are reinforced by the application's proposal to
6 discontinue Oak Forest Hospital by June 1 -- that's three
7 months after all the doctors are supposed to be gone --
8 while promising to develop the ROC over a longer period.
9 The potential severity of this disjuncture is increased by
10 the big budget cuts in the county, which I'm sure you're
11 aware of, and we've already seen President Preckwinkle
12 imposing a temporary freeze on new capital projects, which
13 were supposed to involve rebuilding of Fantus and expansion
14 projects.

15 So, we are asking that you deny this permit as
16 premature. Thank you.

17 MS. AVERY: Thank you.

18 MR. URSO: Anybody that has any written
19 testimony, please hand it in now, when you're speaking.

20 MS. AVERY: Nancy Stevens.

21 (Pause)

22 MS. STEVENS: Hi. My name is Nancy,
23 N-a-n-c-y, Stevens, S-t-e-v-e-n-s. I am a patient over at
24 Oak Forest, and I would like to just say that I've had to

1 utilize the Emergency Room twice. Everybody has always
2 been very professional and not only in their care for me
3 but also in their demeanor, and you don't find that too
4 often. What I'm trying to say is that we need to keep the
5 Emergency Room open, we need to keep the in-hospital care
6 open, because there are people in the Southland who have no
7 other way, no other avenue to get down to Stroger.

8 And that's all. Thank you.

9 MS. AVERY: Thank you, Ms. Stevens.

10 Traci Knapp.

11 (Pause)

12 MS. KNAPP: Hello. My name is Traci Knapp,
13 T-r-a-c-i, K-n-a-p-p. I've been a patient of Oak Forest
14 Hospital off and on for about ten years. Moved to Oak
15 Forest because of Oak Forest Hospital. I had an accident
16 in 2005 that resulted in two consequent surgeries
17 afterward. I get my aftercare at this hospital. I get my
18 medication at this hospital. I can't afford to go to
19 Stroger for my pain management and rheumatologist. It
20 costs me eight dollars roundtrip in one day to go to
21 Stroger. I don't make enough money. At twenty bucks in a
22 week? That's enough food for me for a week. I'm spending
23 my food money to get medical care where I could get it two
24 blocks from where I live.

1 I don't understand why you're cutting these
2 services. These are services people need, people like me
3 who need them. I've been a resident here for three years
4 now because of this hospital, and my medical teams are -- I
5 have great doctors. These people treat me with decency.
6 They don't look down on me. I have never had a problem
7 with any of the services or care I've gotten there at all.
8 I may wait a little while; that's fine with me. I'm fine
9 with that. It's not like going down to Stroger. I called
10 Stroger for an appointment that got moved up two more
11 months. They never called me back. I call this hospital,
12 I get a call back the next day. I get a call when my
13 appointments come up. If I can't remember them, I get a
14 call from them saying, "You have an appointment in the next
15 day or so. Don't forget about your appointment." Stroger
16 doesn't do that for me. Oak Forest does.

17 I don't understand why you would want to cut
18 these services. They're needed. We all need them here.
19 We can't afford to lose this hospital. Not only that, it's
20 the best place to recover and rehabilitate. There is a
21 beautiful, beautiful, piece of land it's on. It is
22 surrounded by beauty unlike any I've ever seen, and for you
23 to close this facility or cut its services is just
24 disgusting. It's plain disgusting, and I don't understand

1 why you would entertain such an idea. It don't make no
2 sense, and I have no respect for anybody who would think
3 otherwise.

4 Thank you.

5 MS. AVERY: Pam Rasmussen.

6 (Pause)

7 MS. RASMUSSEN: Good morning. My name is Pam
8 Rasmussen. I live in Oak Forest. R-a-s-m-u-s-s-e-n. I'm
9 here because over the many years, my family has had to use
10 the Oak Forest Hospital. I'd like to thank everyone who
11 has been dedicated to the Oak Forest Hospital in working
12 there. I don't care if you wash floors, nurses, doctors,
13 are very dedicated to these patients.

14 I read this in the newspaper from Phil Canner.
15 I read him all the time. I'm appalled that you put this
16 man out into a nursing home. The nursing homes in this
17 area are very understaffed. He would not get the care he
18 would actually needs. I just feel you're doing a
19 disservice to these patients. My grandmother was there for
20 seventeen years. I watched the Oak Forest Hospital go from
21 wards of fifty people to brand new rooms. We've spent
22 hundreds of thousands of dollars upgrading this place. Why
23 would you do this? There's so much more there. There's so
24 many good programs there for these patients, and also

1 there's so many more poor around in these areas.

2 And to go to Stroger -- and I know this. My
3 brother just had surgery there last week. Wonderful place.
4 We live in Oak Forest. Why does he have to go to Stroger
5 Hospital for all of his tests and surgery? My 75-year-old
6 mother had to go down there in a cab, a cab, mind you, that
7 came out from Oak Lawn and took them to the City to the
8 hospital. My brother had surgery. Do you know getting a
9 cab out of the City is like a hundred dollars? I think
10 that is such a waste, I really do.

11 We have this perfectly good facility here.
12 There is no reason why we cannot keep it open and give the
13 people of this area the services that they need. That's
14 all I have to say. Thank you very much for your time.

15 THE COURT: Thank you.

16 Darren Orluck.

17 (Pause)

18 MR. ORLUCK: My name is Darren, D-a-r-r-e-n,
19 Orluck, O-r-l-u-c-k. I go to Oak Forest Hospital for my --
20 I was in the Emergency Room a lot of times, couple times,
21 and my father goes to Oak Forest Hospital. He has
22 diabetes, and he was there about five times. He was in the
23 in-patient in the unit. Now they closed that. They've
24 been closing everything over there. He has outpatient

1 doctor. They close -- I don't know if they're going to
2 close the foot clinic or they did. They closed other
3 clinics on him and they closed on me different ones. I
4 go -- and he gets medication, a lot of medication over
5 there. He doesn't have insurance. I don't have insurance.
6 I go to see a psychiatrist there. What am I going to do if
7 I had to get all my medication, my six medications, and he
8 has about seven or eight medications that -- we don't have
9 insurance. You know, an emergency room is there, and my
10 primary care doctor is there. You know, and I live in
11 Evergreen Park. Hope -- both of us, we have our cars, you
12 know, but I'm just saying that it's terrible for all these
13 people, people worse off than me, but even these other
14 people would have to take buses to Stroger.

15 I took my father how many times to Stroger
16 because they didn't have whatever facilities at Oak Forest,
17 and you have to wait all day or you have to wait a day and
18 a half. I don't understand. You should see the Emergency
19 Room at Oak Forest. There's so many people over there
20 every day, and they only have a few doctors, but, still, at
21 least these people, they can go over there and wait. Oak
22 Forest, that's a great hospital. I don't know why they
23 would close that hospital or why they would take all this
24 good, outpatient, even if they're saying they're going to

1 do inpatient. Who knows if they're going to close that
2 too.

3 I oppose that they close that hospital, Oak
4 Forest, because this is -- what would all these people on
5 the Southside going to do? The people don't have cars, and
6 they got to walk there, or what are they going to do? Like
7 the other person said, cabs? The cabs cost a lot of money
8 to get there and that. Buses? People I see always walking
9 to the buses to get their stuff over there at the pharmacy
10 and to go in to that hospital for whatever. But still, you
11 know, it's just a shame if that hospital closes.

12 That's all I have to say. Thank you.

13 MS. AVERY: Thank you.

14 Robert Hickey.

15 MR. HICKEY: Robert Hickey, H-i-c-k-e-y. I
16 think closing the Emergency Room and the hospital over at
17 Oak Forest would be a big mistake. I currently now have to
18 go several times a week to Stroger Hospital to get light
19 treatments. I have psoriasis on my hands and feet, and it
20 took me nine months to get in there to see a dermatologist.
21 You used to have these clinics at Oak Forest and you shut
22 them all down. I had to use the Emergency Room at Oak
23 Forest three times last year, and one of those times I was
24 admitted for four days, and if I have to go to Stroger to

1 go to the Emergency Room, I would have probably died
2 waiting to see a doctor in that place. The services at
3 Stroger take forever and the Emergency Room there is
4 already overloaded. You've already quit taking ambulances
5 at Provident. You're going to have people dying in the
6 street, trying to get to the Emergency Room there.

7 Thank you.

8 MS. AVERY: Thank you.

9 Lee Mayberry.

10 (Pause)

11 MR. MAYBERRY: Good morning. I just want to
12 take a minute --

13 MR. URSO: Can you state your name and spell
14 it?

15 MR. MAYBERRY: My name is Lee Mayberry, Lee,
16 L-e-e, Mayberry, M-a-y-b-e-r-r-y. I just want to take a
17 few minutes to tell you about Oak Forest and why you should
18 really keep Oak Forest open. It's not just you should keep
19 it open, you must keep it open.

20 Oak Forest is one of the finest hospitals.
21 You have world-class doctors. The staff there is
22 outstanding. I have been to every hospital here in the
23 South Suburbs for treatment. They have yet to --
24 basically, it all came back to going back to Oak Forest.

1 They couldn't help me. The only place that can diagnose my
2 problem was Oak Forest doctors. Okay. They have me in a
3 treatment program currently.

4 Now, we've been told vaguely, told by the
5 Board of Foley's group that they're getting contracts with
6 surrounding hospitals for care, allegedly. We have not
7 seen any proof of this, and everything that we're hearing
8 in the rumor mill, that nobody wants Oak Forest patients.
9 Oak Forest patients -- we're not asking for a handout.
10 When this insurance -- you know, there is going to be
11 insurance, allegedly, going to be made available for
12 people. They're going to get this insurance, and when they
13 get this insurance, I'm quite -- isn't that going to help
14 offset the cost at some point.

15 I'm losing my train of thought here.

16 It is impossible to get any -- okay. Going
17 down to Stroger -- public transportation -- I don't drive.
18 I'm blind. Getting down to Stroger, taking a bus. If I
19 get sick after nine o'clock at night, I'm stuck. There is
20 nothing that moves out here in the suburbs after nine p.m.,
21 as far as public transportation. And going -- it's hard
22 enough just getting to Oak Forest. Now if I have to get
23 down to Stroger, it's impossible. And as far as taking an
24 ambulance, the cost of that is -- you know, I go to Oak

1 Forest because I can afford Oak Forest. I'm going to see a
2 bill no matter where I go, but the bill I get from Oak
3 Forest is going to be an affordable bill.

4 Thank you.

5 MS. AVERY: Thank you.

6 Diane Roth.

7 (Pause)

8 MS. ROTH: Good morning. My name is Diane
9 Roth, D-I-a-n-e, R-o-t-h. I am here as an advocate for a
10 family member who has been in the ventilator unit for the
11 past 17 years at Oak Forest Hospital. Day by day he stays
12 in the same room. In the 17 years he's been there, the
13 only thing I've seen, that he's been moved from one side to
14 the other. The main pivotal word I would like to state
15 here is that he is living. Seventeen years, laying on your
16 back, looking up at the ceiling, day in and day out, hour
17 by hour. This has kept him going.

18 I understand the State of Illinois plans to do
19 away with the death penalty. If indeed you go along with
20 what you're planning to do, you will impose that on him.
21 How much of a will can he have to live with the way he's
22 lived? He's been this way since he's been three years old.

23 Last but not least, I'd like to say that it
24 was due to all of the staff, the good care that's taken

1 care of him to let him have the life that he's had, which
2 isn't very much of a life to say. After watching the 20/20
3 special regarding the Congresswoman in Arizona the other
4 day, her husband made known that their crisis center in her
5 district, the trauma center, was to be closed. She fought
6 to keep that trauma center open, which saved her life and
7 many of the lives that this horrific accident involved. I
8 would hope that the State of Illinois, Cook County
9 especially, would look at this hospital and keep it open.

10 Thank you for your time.

11 MS. AVERY: Thank you.

12 Candy Kelm.

13 (Pause)

14 MS. KELM: My name is Sandy Kelm, S-a-n-d-y,
15 K-e-l-m. I'm a patient -- I've been a patient at Oak
16 Forest several times. I suffer from congestive heart
17 failure, atrial fibrillation, COPD, and other assorted
18 health problems. On the 12th of December, I went to the
19 Emergency Room because I had been fainting at home. I was
20 treated, like I always have, with respect, except there was
21 no managed care beds. They decided that I needed to be in
22 the hospital. There was no monitored beds -- I'm sorry.
23 At the present time, all they have is, to my knowledge ACU,
24 which is eight beds, and there's three or four or more on

1 the second floor. They used to have a telemetry unit,
2 which was a lot more beds than that, where they could keep
3 you on a monitor all the time to monitor your health
4 problems.

5 They shipped me by ambulance from Oak Forest
6 down to Stroger. I have the bill right here in front of
7 me. It was \$1,145. It was Advance Life Support, and I had
8 to have a nurse go with me. That same night there was four
9 other patients, the same situation. They could not be
10 admitted because there was no beds for them.

11 I think you're doing the Southside a very bad
12 disservice with this kind of healthcare. They're making --
13 forcing you to take an ambulance to go down to Stroger.
14 When I was due to be discharged, I was asked if I wanted to
15 go back home in an ambulance or if I wanted a Medi-Car.
16 Unfortunately, my husband and my son were not home at the
17 time I was discharged.

18 The discharge process down at Stroger took
19 from 4:30 until 8:30, three times having to get my
20 medication correct.

21 Thank you.

22 MS. AVERY: Thank you.

23 Larry Kelley.

24 (Pause)

1 MR. KELLEY: Good morning. My name is Larry
2 Kelly, L-a-r-r-y, K-e-l-l-e-y. I'm here because I live in
3 the South Suburbs and I have a family, and most of my kids
4 are grown up and gone away. My wife and I live here in the
5 South Suburbs, like a lot of these other folks here. My
6 wife is a patient currently right now and -- in the
7 hospital right now. We don't know what we would do without
8 the service of this hospital. I think if you took the
9 hospital away -- the services that this hospital provides
10 to this community, you really would be doing an injustice
11 to this community, not just a lot of these folks here, but
12 there are thousands of other people in the South Suburbs
13 that utilize this hospital, the services, that otherwise
14 wouldn't be able to afford to have them. A lot of these
15 people couldn't afford to go to Cook County Hospital. Cook
16 County Hospital is already overburdened right now with the
17 people of Chicago and other surrounding suburbs.

18 It's really frustrating, because I feel like
19 this is more of a formality. I think the Board has already
20 made up their mind of what they are going to do. They
21 haven't taken into consideration all of the people here and
22 all of the people in the South Suburb, all the people who
23 pay taxes, who pay taxes when they could work. It's really
24 absurd to think that these people most of their lives have

1 been paying taxes and now you're going to force them to go
2 to Cook County Hospital, which is already overburdened.
3 They talk about the fact that they took all this stuff in
4 consideration, that the people in the South Suburbs -- you
5 know, dollars, and then it's under utilized right now. Of
6 course it's under utilized right now, because you've taken
7 all of the services away that people already use. This
8 isn't about the fact that it's under utilized. This is
9 about dollars. That property is very valuable. That's a
10 very valuable piece of property, and when this hospital
11 was -- first came into existence, it wasn't about dollars
12 and cents. It was about the people in the community, how
13 they could best serve the people in this community, the
14 poor and indigent, folks that can't make their way out to
15 Cook County Hospital, and the folks that can't afford the
16 services of all the other hospitals in the community, you
17 know.

18 I just truly think it's an injustice. If
19 something has to be done, things have to be turned around,
20 a lot of us wouldn't mind paying a little bit more for
21 services to keep that hospital in this community. But we
22 all know it's not about -- the only thing it's about is
23 about money. That's the only thing they care about is
24 money.

1 I just want to say I really appreciate this
2 hospital, because without the services of this hospital, my
3 wife and I, my family, we wouldn't know what to do. My
4 wife is in there right now, worried. There's people who
5 worry about whether or not they're going to be able to eat,
6 whether they're going to be able to pay their rent, whether
7 they're going to be able to pay their gas bill, their
8 electric bill, or whether to get services from a hospital.
9 Please don't take this hospital away from this community.
10 Please don't. If you do, I don't see how you can go to bed
11 at night. How can you sleep? How can you really say that
12 you've done the best you can do for the people in this
13 community.

14 Thank you. Please do something. Please find
15 a way to keep this hospital in this community. There is a
16 way. I don't think they have looked at all of the options
17 that they can look at. There is a way to save this
18 hospital. This hospital is very valuable to the people in
19 this community, not just the people in this room. There
20 are thousands and thousands of people in this community
21 that use this hospital. Please save this hospital.

22 Thank you.

23 MS. AVERY: Thank you. Chonda McCarthy.

24 (no response)

1 MS. AVERY: Bonnie Blue.

2 (Pause)

3 MS. BLUE: Hi. I want to thank everybody for
4 coming out, because this is very, very important. If you
5 don't speak up --

6 MS. AVERY: Ma'am, state your name and
7 everything for the Court Reporter, please.

8 MS. BLUE: I'm sorry. Hi to you all, too. My
9 name is Bonnie Blue, B-o-n-n-i-e, B-l-u-e.

10 I called Springfield to have a hearing,
11 because there was no hearing scheduled pertaining to the
12 closing of this hospital. I've been hearing a lot of good
13 things. People are concerned, and they're out here to
14 voice their opinions and voice their concerns. The issue
15 is, like the young man just spoke -- this isn't new. The
16 Board already knows what the deal is. They already know
17 what the needs are. They know where there is money, but
18 they're holding it to the side.

19 From the information that I have, there's 35
20 million dollars that's set aside for salary increases and
21 fringe benefits. 35 million. Okay? I went to a meeting,
22 a Board meeting, last month, and there was a question about
23 10 million dollars that is special funds for wages for
24 certain things, but nobody knew exactly who was over that

1 10 million dollars, what were the circumstances under which
2 a physician or whatever would receive parts of that money.
3 One individual from the Board indicated, well, it might be
4 for obstetricians; when they're called in at two in the
5 morning to deliver a baby they get special pay. I would
6 think that that would be part of their regular contract.

7 Why should the people of Cook pay for the
8 greed of the people in power? I heard Mr. Foley speak of
9 well, you know, Oak Forest had all the -- typically only
10 has 50 or 60 people in-house. So if you don't have those
11 beds, where are those 50 or 60 people supposed to go? Set
12 them out on the side? I don't think so.

13 There was concern about traveling to Stroger
14 Hospital. I did it, just for the heck of it. I did it. I
15 went from Oak Forest Hospital and waited there at the
16 Emergency Room for the bus. It took me 4 hours and 27
17 minutes to get from Oak Forest Hospital to Stroger
18 Hospital. Now, imagine if you were in pain, if you're
19 having chest pains and you're -- you're not going to make
20 it. You are not going to make it.

21 But you hear all of this wonderful little
22 presentation, oh, well, we're going to have all of these
23 wonderful new outpatient sources for the community. Well,
24 let me tell you something. Oftentimes people do not have

1 the money to come back and forth to the doctor because they
2 don't have the insurance for it. Okay? People use --
3 oftentimes they'll use the Emergency Room as their primary
4 care because they don't have the insurance to have a
5 primary care physician. Okay? When they're doing this
6 sort of thing, when they are cutting off the life line of
7 help for the County of Cook, for the South Suburbs, it's
8 putting us in a position of Third World medical care. You
9 get it if you can.

10 You don't have the sources -- I don't drive.
11 Okay? I have -- I'm supposed to have both knees replaced,
12 but, you know, you do what you do. All right? Me with my
13 knees and not wearing my braces, I'm trying to get to a
14 certain place for physical therapy. Okay? I can't hop on
15 and off those buses easily. I have to take all these
16 different pain medications which puts you in the yaw-yaw
17 zone to get where you're trying to go. That's ridiculous.
18 Oak Forest is right here, right here. They have everything
19 that you need. They treat patients with respect. They
20 don't treat you like dirt when you walk in the door.
21 They'll ask, "Are you okay? Are you sure you're okay? Do
22 you think you can make it? Do you need something else?"
23 They have social services there. If you need some help at
24 home, they can do that. It doesn't make sense when you

1 have a facility like that, beautiful facility two
2 minutes -- I'm sorry. I talk a lot.

3 But the deal is, where are you going to put
4 the people? Where are you going to put these people that
5 are on the vents? When Foley is talking about, oh, yes,
6 well, we're in communication with surrounding hospitals --
7 give me a break. If you were in the business of making
8 money, are you going to take my poor people to suck up your
9 resources? I don't think so. Okay? What happens is you
10 go to the Emergency Room, they stabilize you and refer you
11 to your home healthcare provider, to your primary care
12 provider, which, by the way, you don't have. So what
13 happens? You're shot. You're shot.

14 But I appreciate people coming out, and I hope
15 that folks keep speaking out against this, because I tell
16 you what, greedy people don't have a problem with raising
17 their voices and going on after what they want.

18 Thank you.

19 MS. AVERY: Thank you.

20 Phyllis Wells.

21 (Pause)

22 MS. WELLS: Good morning. My name is Phyllis
23 Wells, P-h-y-l-l-i-s, W-e-l-l-s. I'm an employee of Oak
24 Forest Hospital, admitting, Emergency Room. We see over a

1 hundred patients a day --

2 MS. AVERY: I'm going to interrupt you. I
3 have Lee Mayberry from -- I need to make sure where he's
4 from. Are you from Lansing, or you want to be listed as a
5 resident of Oak Forest?

6 MR. MAYBERRY: Resident of Lansing.

7 MS. AVERY: Okay. One you did Oak Forest, one
8 Lansing. I wanted to get the record straightened out. I'm
9 sorry.

10 MS. WELLS: No problem.

11 Again, as I was saying, we see over a hundred
12 patients a day through the Emergency Room. There are a lot
13 of patients who have no insurance and have nowhere to go.
14 They tell me all the time that X Hospital sent them here
15 because they don't have any insurance. So for Mr. Foley to
16 say that outside hospitals will take these patients, I
17 don't believe that's true, because my patients are telling
18 me that they tell them to come to us.

19 It is not fair. It's all about money. It's
20 not fair to the patients. They have nowhere to go. Some
21 people have a hard time just getting to Oak Forest, let
22 alone Stroger. I have patients come to me that are
23 bypassing Stroger to come here because they don't mind
24 waiting five or six hours as opposed to waiting fifteen or

1 sixteen hours just to see a doctor.

2 The reason why the patients wait so long,
3 because after eleven o'clock we have one doctor. Sick has
4 no time. Okay? It doesn't matter if it's a holiday, it
5 doesn't matter if it's after eleven o'clock. They're
6 trying to do this from seven to eleven, I believe, so that
7 means that a citizen of Cook County can only get sick
8 before eleven o'clock. When I come in at eleven o'clock at
9 night, I have patients who walked in there at two o'clock
10 and they're still sitting there. You want me to put them
11 out after eleven o'clock? Where are they going to go?
12 That's a lawsuit on Cook County.

13 I feel if Cook County, the people who are
14 stealing money, wasting money -- we would have money, we
15 can have money to do what we need to do. Thank you.

16 MS. AVERY: Thank you.

17 Usha Patel.

18 (no response)

19 MS. AVERY: John Crazen (phonetic).

20 (no response)

21 MS. AVERY: Gary John.

22 (no response)

23 MS. AVERY: Dennis Metzger (phonetic).

24 (no response)

1 MS. AVERY: Scott Treace, T-r-e-a-c-e.

2 MR. TREACE: Good day. My name is Scott
3 Treace, S-c-o-t-t, last name T-r-e-a-c-e, and I'm just John
4 Q Citizen. I work there -- I've been married for 26 years.
5 My wife has worked there longer than we've been married. I
6 worked there for the first two years of my marriage. So,
7 I'm no stranger to Oak Forest.

8 From what I understand, they had over 3,000
9 patients way back when. When I worked there we fed 1,100
10 people, plus more on tube feedings. Then it kept getting
11 lower and lower, and you got to wonder why. Obviously, if
12 you cut things, less patients. So, I really want to hit
13 this on both sides of the coin. As far as for the
14 employees there, if you cut the hospital, where do the jobs
15 go? So, the local economy suffers, the loss of the jobs
16 suffers in the way of can't pay your bills. So you lose
17 your housing, foreclosures. You know, you got enough of
18 that going on.

19 So, but more important is the patients. You
20 have a very large facility there, most of which is
21 moth-balled now. My wife started out as a Unit Clerk in C
22 Building. That's closed. She went over to J Building. I
23 believe that's closed. I'm not positive. If you want to
24 do the best you can for the patients of Oak Forest, you got

1 to stop closing things.

2 I'm a truck driver at night. I listen to the
3 AM radio a lot. I've been doing this for over twenty
4 years, and I remember a couple years ago it was 14 clinics
5 closed out of 18, that -- somewhere in that range. Where
6 do those people go? Well, we send them to Oak Forest and
7 Providence and Stroger. Well, when you're in Fort Heights
8 (phonetic), that's a long way to go. Now they take more
9 and more away from Oak Forest Hospital, so where you going
10 to go? The next one is Providence. They're not taking
11 ambulances no more. Well, they stopped, then they came
12 back, and now they're saying -- I believe the radio said
13 like thirty days, they're going to stop again. "The other
14 hospitals in the area can take care of it." Of course, all
15 of them said, "Wait a minute, we got enough load here."
16 UIC, I believe, is one of them, saying, "We can't take
17 them. Don't have insurance." All they do is stabilize you
18 and send you home, you know, so you're going to die.

19 You know, great idea, use all of the
20 facilities that are there at Oak Forest. Do both. Do as
21 much as you can. Use the in-patient. You got 45 beds.
22 People are gone. There were thousands of beds there, all
23 different departments. Open those buildings back up and
24 use them for the in-patients, out-patients, rehab. My wife

1 is telling me a couple of years ago that they were going --
2 it was turning into more of a -- because of all the
3 drive-by shootings and such and such, that it was turning
4 more into a rehabilitation center. Well, if you close it,
5 where is that rehab center? Like the one lady said the
6 sixteen-year-old paralyzed person. You put them in a
7 nursing home, forget it. He's going to go crazy. Use all
8 you got. You know, stop closing facilities.

9 Oak Forest Hospital not only gives you care,
10 they give you your medicine. I have a nephew has no
11 insurance. I have a friend who has no insurance. My
12 friend is a heart patient. He goes there for all of his
13 med. He gets his medication every month. He's never
14 without medication. My nephew goes to a regular hospital,
15 they give him a script. If you have no insurance, no job,
16 how do you get the pain medication for my nephew's back
17 pain? You go to Oak Forest, they treat you, they give you
18 the pain medication you need. So that's a plus.

19 The other thing I noticed, earlier someone
20 said this started in '09. So they knew in '09 they had
21 this planned. Is this part of the current administration
22 or is it the past administration? It needs to be
23 reevaluated, you know.

24 With Providence doing the cutbacks, they don't

1 want to take it. Everything is overloaded. The
2 surrounding hospitals don't want to take the uninsured.
3 You need to think of the people here. You need to think of
4 the people that live here. You know, let the City deal
5 with the City's patients. The South Suburbs need to deal
6 with the South Suburb's patients. You got to have -- if
7 you have to have surgery, you have to go to Stroger. You
8 can't have most of your surgeries at Oak Forest, from what
9 I understand.

10 Not to mention not only the patients, but
11 the -- you know, my wife -- when this all started, my wife
12 almost had a nervous breakdown. She's like, "I've been
13 there 27 years", and, you know, she's freaking out.
14 "Because I don't have a job maybe in a year." What are we
15 going to do? How can I pay for my kids' high school and
16 now college? You know, not to mention the patients.

17 Just in conclusion, you got to think of not
18 only the patients, the community, the people that live
19 here, the people that work here, everybody is affected by
20 this. I very strongly oppose this. Utilize it the best
21 you can. Open those buildings up, get everything going.
22 Do both plans. Merge them together. Save Oak Forest.
23 Save the people of this community. Thank you.

24 MS. AVERY: Betty Boles.

1 (Pause)

2 MS. BOLES: Good morning. My name is Betty,
3 B-o-l-e-s is my last name.

4 Good morning. My name is Betty Boles. I am
5 Vice-president at SEIU Local 73, representing Cook County
6 health system employees. I am also a proud resident of the
7 Southland community. I've lived in the Southland community
8 for 50 years. I'm a little over 50. But for 50 years.
9 The first eight years of my life was spent on the west side
10 of Chicago, and I was born at Stroger, which was then Cook
11 County Hospital. In addition to me living in the Southland
12 community, I have family, friends and church members who
13 some of them are patients of the Oak Forest Hospital
14 system, the county system, or have been in the past.

15 Earlier this month Michael Yanul, a patient in
16 the Acute Care Department at Oak Forest Hospital, was
17 interviewed after he was told that he would need to be
18 transferred to a nursing home because Oak Forest Hospital
19 is going to close the Acute Care Department because of
20 service cuts. Michael has made Oak Forest Hospital his
21 home for nearly two decades. His muscular dystrophy has
22 required the use of a ventilator and quality,
23 around-the-clock healthcare. But now Michael is being
24 shipped out to a nursing home -- and someone spoke about

1 this earlier -- which will no doubt provide less personal
2 care than he currently receives.

3 Obviously, Michael is not happy about having
4 to transfer facilities. He and thousands of other patients
5 and employees have become the scapegoat for decades of
6 mismanagement and corruption that has eroded Cook County
7 health services and that now threatens to close down Oak
8 Forest Hospital. This action is like someone telling you
9 that you're being evicted from your apartment, not because
10 you didn't pay the rent, but because your landlord didn't
11 use your rent money to pay taxes or the mortgage. We would
12 never do that to those who are healthy. Why is it okay for
13 the County to move those in need of help.

14 In the column Michael said, "We're getting
15 lost in the shuffle here. We're people, not numbers."
16 That seems to have been lost in the dialogue, that we're
17 people and not numbers. He is absolutely right. When a
18 hospital wants to shut down vital services to an entire
19 area of the South Suburbs, it's no longer about numbers.
20 It's about people, people that need a full-service health
21 system near their homes, somewhere where they can walk in
22 regardless of their ability to pay, and know they will not
23 have to be transferred miles away, miles away from their
24 loved ones, who may not be able to travel to see them, or

1 miles away from the community they have called home for
2 their entire lives. You've heard testimony about that as
3 well.

4 If the County truly believes this is about
5 numbers, then what is the number? What is the cost of the
6 lives that could be saved with a full-service health
7 facility in the South Suburbs, slash, Southland community?
8 The closure of Oak Forest Hospital would leave the closest
9 county intensive care at Stroger Hospital, which is more
10 than 25 miles away. We all know how bad Chicago travel can
11 be, and keep in mind that most patients will have to rely
12 on public transportation. You've heard testimony about
13 that here today as well. Even in an ambulance, this could
14 take more than 30 minutes to get from Oak Forest Hospital
15 to Stroger Hospital ICU. A person using public
16 transportation, it could take hours. You've heard
17 testimony about that today. It took a person four hours to
18 get from Oak Forest Hospital to Stroger Hospital.

19 How many lives in need of intensive care will
20 be lost before the County realizes they're neglecting the
21 South Suburbs and the Southland community? We have more
22 than 2,000 members in the County hospital system at Local
23 73. All of them are well aware of the dire economic
24 situation this county faces and the difficult choices the

1 County must make, and we're working with the County to try
2 to work through that. They have seen their co-workers,
3 their friends, laid off and their work loads double, even
4 triple, because of the previous County cuts. Now even
5 doctors at Oak Forest are being laid off without any regard
6 to patient care or their work load.

7 I submit to you that the closing of Oak Forest
8 Hospital would leave a tear in the safety net that would
9 weaken the whole rickety system of care for poor people on
10 Chicago's far south side and the greater Southland
11 community, endangering the viability of the remaining
12 providers that are expected to care for Oak Forest's
13 patients. The County health system has been cut to the
14 bone. We urge you to stop the bleeding and stop cutting
15 before you break the bone and make the Cook County health
16 system unusable. Please deny this application. Thank you
17 for your time.

18 MS. AVERY: Gregory Landstrum (phonetic).

19 (no response)

20 MS. AVERY: Carol Hahn.

21 MS. HAHN: Good morning. My name is Carol
22 Hahn, C-a-r-o-l, H-a-h-n. I am an unemployed resident of
23 Oak Forest. I was recently at Oak Forest Hospital -- I
24 should say three times in the last year. My most recent

1 visit to Oak Forest Hospital, I was diagnosed with
2 diabetes. I will be in need of care on a regular basis.
3 Prescriptions I fill there. I visit the Emergency Room for
4 anything above and beyond that. I was recently assigned a
5 physician through that system. I would like to continue to
6 do so.

7 I am unable to get to Oak Forest Hospital. I
8 do not drive. My fiance` is blind but does have
9 healthcare. I have to take him with me everywhere I go.
10 It would be a great inconvenience for you to lose Oak
11 Forest Hospital for any of the residents in this area, not
12 only myself. Thank you.

13 MS. AVERY: Thank you.

14 Juanita Gibbs.

15 (Pause)

16 MS. GIBBS: Good morning. My name is Juanita
17 Gibbs, J-u-a-n-i-t-a, G-i-b-b-s. I sit before you today to
18 represent the patients at Oak Forest that are unable to
19 come out to this meeting. I understand Mr. Foley's
20 strategic plan. However, it does not include the interview
21 of the residents or the patients at Oak Forest Hospital.
22 It does not include Mr. Foley or any of his staff taking
23 the bus ride.

24 I signed in as family members and friends of

1 Oak Forest. Biologically I have no family at Oak Forest.
2 I only have family members that have become my family
3 members. I've been going to Oak Forest every day for the
4 past seven years. I've grown to love the patients there.
5 I've learned to care for the patients there. They've
6 become my family and my friends.

7 Prior to going there, I didn't understand what
8 it was like to be a ventilator patient. I didn't even know
9 there was such a thing, because I've never been in contact
10 with such a thing. My brother-in-law was in an automobile
11 accident. He was trached, long story made short,
12 transferred to Oak Forest Hospital. He did not have
13 insurance. I met patients there and just felt the need to
14 stay there and do what I could do as a citizen, to help out
15 in the community.

16 I work twelve-hour days, but I make it to the
17 hospital every day to care for Michael, which has become a
18 personal friend of mine. Michael, along with other
19 ventilator patients, has been there 17 years, and I've
20 heard people read his story and I've heard people talk
21 about things that has encountered at the hospital, but I
22 can only tell you what I know as an individual, as a
23 person, about the story of love, care, what healthcare
24 truly means. When you sacrifice yourself and you sacrifice

1 your monies to care for others, that's the greatest reward
2 you can ever get. In the strategic plan, that was not
3 included, and the reason why I know it was not included,
4 because none of those patients was offered a facility to go
5 to.

6 I have driven around the Chicagoland area,
7 looking for a nursing home, personally for Michael, and I
8 know I'm not supposed to make this personal because there
9 are a lot of other people, but I am, because the reason
10 that I am, because out of the seven years that I have been
11 going there, I've never seen Michael on an IV. I've never
12 seen him in need of a doctor more than he has been in the
13 past two months.

14 I'm trying to stick with my notes. Please
15 bear with me.

16 The doctor that Michael had, he loved, and
17 there's been several times that I've typed up letters for
18 him to give to the doctors, indicating about the great care
19 that he receives. There's been patients that have been
20 taken out of there, I guess per their requests,
21 understanding that they need to find a new home, that have
22 died.

23 Now, let me explain to you what keeps me up at
24 night. Michael has become my friend and my family, and I'm

1 going to tell you this -- and I follow these meetings, and
2 I heard someone say it does no good, but it's not over
3 until it's over. I have followed these meetings, and I
4 have been told different things about all that's not going
5 to happen, and now I'm being faced with doctors coming
6 in -- imagine this, imagine lying on your back, unable to
7 move. The only mobility that you have is two fingers.
8 That's the only mobility you have, and that is to pick up a
9 suction and suction your mouth. And do you know if you go
10 to a nursing home, they charge you per suction? I didn't
11 know it either. They charge the patient per suction. The
12 secretions that sits in their throat behind that trach is
13 there until someone is able to suction them or they're able
14 to pick up the suction and suction themselves. Well, he
15 can't do that with the nursing home, because their suction
16 are too heavy.

17 Another thing I want to point out is -- and it
18 was pointed out about being booted out of your home. Not
19 experienced it, would never want to experience it, but 17
20 years he's been a patient there. Martha has been a patient
21 there for 19 years or more, David -- quite a few of them
22 have had years that they've been patients there. They're
23 going to be booted out unless you guys are able to stop it,
24 and we are pleading that you would please do your research

1 and do whatever you need to do. Be guided by your heart.
2 Monetary, money is just one thing, but these are lives, and
3 if Michael dies, then that's going to hurt me very, very,
4 very badly, and I just want to state that.

5 There was one more thing I wanted to say, and
6 I can't remember what it is. But the two patients that
7 went out prior to Michael, they did die. One of the
8 patients was dropped. He was taken to the Emergency Room.
9 His name is Greg. I can't remember him, but he used to be
10 in the room with Michael, and he never made it back to the
11 nursing home.

12 Michael is sick now, and it's stress. It's
13 the stress that he has to go that's on him, and I know I've
14 talked with Martha and others there. They are stressed out
15 beyond your imagination, and all I'm asking for today in
16 your strategic plan is that you include them and make them
17 a part of the change, because none of us know how long
18 we're going to be here, but as long as we're here and we
19 have our health and our strength, we want to enjoy our
20 lives, and it's all we're asking for for the residents of
21 Oak Forest, is that they are allowed to stay there. And
22 you can put in any other services that you need to.
23 Generate any monies that you need to. But I'm going to be
24 there, and if it does close, wherever he goes, I'm going to

1 be there, too. It will be a lot more difficult, because
2 the five-star nursing homes are way up north. They are far
3 north. I've taken the drives, and they are far north. The
4 other nursing homes -- and you can look in to it -- are
5 one-star nursing homes. They care about the patient if the
6 family cares about the patient, but if you're not there,
7 meaning family, guess what? It's unfortunate, but
8 sometimes they're overstaffed and they're unable to care.
9 It's not that they don't want to, but they're unable to
10 provide the amount of care that ventilator patient needs.

11 Ventilator means just what it is. It means
12 that the air they breathe depends on that unit that they're
13 connected to forever and forever. So my plea today is if
14 you would please reach deep in your heart and your soul and
15 review the plan that is set before you and just include the
16 patients. You don't have to change the whole plan, but
17 just include the patients. I thank you very much for your
18 time.

19 MS. AVERY: I have James -- and I think the
20 last name is U-b-t-s-i. James, resident of Oak Forest?

21 (no response)

22 MS. AVERY: Barsa Dezi (phonetic).

23 (no response)

24 MS. AVERY: Rachel Jossa (phonetic).

1 (no response)

2 MS. AVERY: If one of the two that said they
3 had signed on the outside sheets want to come forward,
4 please do.

5 (Pause)

6 MS. EDMOND: My name is Joyce Edmond,
7 J-o-y-c-e, E-d-m-o-n-d, and I'm representing my mother and
8 the community of Oak Forest and the surrounding suburb
9 area. I have been to several meetings about this Oak
10 Forest and even in meetings with William Foley. I am not
11 pleased what William Foley is presenting to the board.

12 My mom is 83 years old. She was diagnosed
13 with myelodysplastic syndrome which is MDS. That's a bone
14 marrow disease. She have to have frequent blood
15 transfusion every four weeks. Oak Forest diagnosed her.
16 So every four weeks we go over to Oak Forest and we -- she
17 stays, gets admitted into the hospital, oncology clinic,
18 and they admit her for 23-hour observation. Okay? In the
19 meantime of that, she still gets sick, and sometimes we
20 have to run to the emergency. Now, I have been to the
21 emergencies where it has been packed out. I have taken
22 pictures on another cell phone, of the hospital being
23 crowded.

24 I have met several people there, and the

1 gentleman that is going to speak after me, Ira, I talk to
2 him about the situation. Now, I don't understand what
3 they're saying about it's only 40 or 50 beds being packed
4 in a month or 40 or 50 patients. There's no truth to that.
5 I'm here all the time with my mother, constantly running
6 from doctors' appointments, and if it was not for me being
7 self-employed, I would not be able to spend the time. Now,
8 in the meantime, they sent us downtown to Stroger last
9 week, which was two appointments, Monday and Tuesday. Mind
10 you, I am a school girl, too, and have homework to do.
11 Now, we spent our time down there, got home at seven p.m.
12 at night and planned and left early to get to Stroger
13 downtown. Now, had they had those clinics out here in Oak
14 Forest, it wouldn't have taken us that long.

15 Mind you, my mom is 83, soon to be 84 years
16 old this year, in a few months, and with the rare blood
17 disease, she has no energy to walk, even though she walks
18 without a walker or cane. But how can I keep getting her
19 out to Stroger and getting her through this long walk
20 through the hallway, just to see a doctor from down at that
21 facility, as well as if she gets sick in the midnight hour?
22 And she's uninsured. She doesn't have any insurance at
23 all, and when I said insurance, none, not even Medicaid,
24 Medicare, none, and Oak Forest is the only hospital that

1 will see her. We have attended some surrounding hospitals
2 out there that put us out simply because my mom didn't have
3 insurance. Now, Ingalls helped us out a little bit, but
4 how often could that happen.

5 So, what I want to know, are we thinking with
6 our heart or are we thinking with our mind? Because the
7 Bible say the poor will be with you always. So that means
8 you have to find a way for the poor. You not going to
9 erase them off the earth. You not going to move them off
10 the earth, because the Bible says -- the Bible, the
11 B-i-b-l-e, says that the poor will be with you always, and
12 so we got to think with our heart, People, and we got to
13 stop thinking with our mind.

14 Also, to you, William Foley, you need to think
15 with your heart. These are real testimonies, real truth,
16 and you might have a fact, but the truth overrides the
17 fact. That's all. It overrides the fact. So, all we
18 asking is that you all would listen and hear. All of these
19 people here is not just here because they want to be here.
20 We're out -- I suppose to be at work right now, but I
21 figured out a time to come and make this meeting, and it's
22 hurting me as well.

23 So, I'm asking you all to keep Oak Forest
24 Hospital open. My 83-year-old mother is not a train. She

1 cannot move fast like she used to move. She cannot move as
2 fast as I move. I had a surgery done in Oak Forest October
3 the 4th of this year, foot surgery that I have been trying
4 to get done for 17 years, and this hospital did it for me,
5 something that was really, really needed. I myself is a
6 diabetic as well. So that's all I'm asking, if you all
7 would think with the heart and not with the mind, but think
8 with the heart and look at the heart of the people and
9 think about the situation that the people -- put yourself
10 on the other side of where we are sitting, and then you'll
11 understand.

12 Thank you for your time.

13 MS. AVERY: Thank you.

14 Yolanda Deanda.

15 (Pause)

16 MS. DEANDA: My name is Yolanda,
17 Y-o-l-a-n-d-a, D-e-a-n-d-a. I'm a Chicago, Illinois
18 resident using Oak Park Forest. Up until three years ago,
19 I was a full-time employee with insurance. I have no
20 insurance now. I am a growing -- I'm one of growing
21 numbers of people that will need facilities and Oak Park
22 Forest, because so many of us are out of jobs with existing
23 illnesses such as mine, diabetic. I have tried to get
24 insurance, but because my having an illness, yes, I can get

1 it now, but it costs too much money. I can't afford it.

2 So, therefore, I will not be able to buy insurance.

3 I found Oak Park Forest because I was going to
4 a clinic on the east side and they could not provide me
5 with the services that I needed. They referred me to Oak
6 Park Forest. I am now recommending to people to come to
7 Oak Park Forest, because I've been Strogers. I don't
8 understand how you think that they can even service the
9 extra people you want to send there. We need more
10 facilities, not less. The full services that Oak Forest
11 can provide is going to be needed there, because we are
12 going to be coming there. We need more, not less.

13 Let's be more creative with the facility
14 that's there. It is a beautiful, beautiful facility.
15 Let's not start leaving it alone, making it a ghost.
16 Rather, start creative to use it. Yes, we have no money in
17 our cities and our budgets, but as many people have
18 testified here, we are people, not numbers. We cannot
19 afford to keep cutting things; rather, they be more
20 creative. How can we use the facility more efficient.

21 So, my husband and I are both there. We love
22 the services. Everyone has testified that it is a -- it
23 has a great personal staff there. They welcome there. We
24 have all the services we need. I do not understand why you

1 would like to cut rather than create more ways of giving us
2 money. There are so many here supporting the Oak Park
3 Forest for their services. And to leave people out of jobs
4 is another crazy thing I don't understand. But, please, I
5 urge you to find another ideas. Don't do -- don't take
6 away what's there already. Make more ideas.

7 So I thank you very much.

8 MS. AVERY: Thank you.

9 Debra McManus.

10 MS. MCMANUS: Hello. My name is Debra
11 McManus, D-e-b-r-a, M-c-m-a-n-u-s. I was laid off from Oak
12 Forest Hospital as a CNA last January. I'm about to run
13 out of my subsidy benefits. I won't be able to afford the
14 \$700 a month of the COBRA. So I'll be without insurance in
15 April. They gave me 15-month subsidy.

16 When I was nine years old, Oak Forest Hospital
17 used to have children come there too. I don't know when
18 they stopped, but I believe that that would be a really
19 important addition to Oak Forest Hospital, and also,
20 another creative -- on the internet the federal government
21 is giving a model town or model towns millions of dollars
22 or a million dollars to create a healthy city or a healthy
23 town. We have miles and miles of indoor walking space in
24 our Oak Forest Hospital that could give people -- they --

1 they want to address the situation of childhood obesity and
2 how it, you know, turns into adult obesity. My daughter is
3 a PhD in heart physiology, and her and her husband are
4 opening up a fitness center. They live way up in
5 Schaumburg, but they are Cook County residents, all four of
6 my daughters are, and I just feel that we -- you could
7 create some wonderful working -- there's so much potential
8 at Oak Forest Hospital and there are so many wonderful
9 people there that are willing -- I worked in acute -- in
10 rehab services, in acute rehab, upstairs in the B Building.
11 I miss my job terribly because of the folks I took care of,
12 and I just hope that this does not become a means to an
13 end. I really hope this is a new beginning for Oak Forest,
14 that we have another century.

15 I wrote a letter to Bill Foley. But I really
16 do feel that Oak Forest has so much to offer. Please
17 don't -- it's turning into a ghost town. Please don't let
18 it. Thank you.

19 MS. AVERY: Thank you.

20 Ira Terrell.

21 (Pause)

22 MR. TERRELL: Thank you. My name again is Ira
23 Terrell, I-r-a, T-e-r-r-e-l-l. I'm from Glenwood. I've
24 used Oak Forest Hospital a number of times because of lack

1 of work and, of course, no insurance.

2 I don't believe that we're really
3 understanding by closing Oak Forest Hospital what is going
4 to happen. There's a ripple effect that happens when
5 things like this go bad. Is it about money? I'm not sure.
6 Maybe it is about money, but where can we make more money,
7 because I believe that we can keep this hospital running.
8 This has been a blessing for a lot of people on the south
9 side of Chicago and South Suburbs, and the seed has been
10 planted. All we need is a little water. We already know
11 that the wind is going to blow, the sun is going to rise
12 and that plant will grow. But if you close it, what kind
13 of ripple effect will happen.

14 We're talking about thousands of people that
15 need this facility, and as you see, they're closing down
16 facilities in that hospital, and that's ridiculous.
17 Everybody cannot go to Cook County downtown on the west
18 side. Everybody -- people don't have cars, as you heard.
19 Taxicabs are going up in price, and it's ridiculous for
20 anyone to have to go through that. So what I'm looking at
21 is this: We have a John Q situation here, and it's going
22 to be thousands of them, thousands of them coming. I don't
23 promote people to go out and hurt anyone. I hate that.
24 I'm a person of passion, and I care about other people.

1 I'm not just here for myself, but my words need to be
2 heard, and I hope that God stirs somebody's heart and
3 changes this decision of closing this hospital, because
4 what will happen if you close this hospital? You will need
5 more jails to be opened, because people really love their
6 families, as you can see, and what will happen from that --
7 and I don't promote that. I am not a fighter, but I am a
8 warrior, and I am here to fight for people's causes who
9 can't fight for themselves.

10 There's thousands of people that need to be
11 here right now that can't, and we're closing our hospital
12 that has been a blessing. We need to open up this
13 hospital, keep it open. We need to do whatever we need to
14 do, whatever it is. This hospital has been like a Michael
15 Jordan. These people have been awesome in what they're
16 doing, the nurses and doctors. Every single time they take
17 care, you might have to wait, but that's because you're
18 closing down so much of the hospital. Otherwise we can get
19 people taken care of quicker.

20 This is a dangerous thing that we're even
21 thinking about doing, and it needs to not even be a
22 thought, because the seed was planted. Let's nurture that
23 seed and help these people. We're supposed to be a nation
24 that cares, a state that cares, a city or township that

1 cares, but it doesn't seem like it. You know, I always say
2 this to my friends: People don't care how much you know
3 until they know how much you care. And the people at Oak
4 Forest are people that care, and they're here, and we need
5 to not even consider this. This needs to be washed out,
6 not even thought of. Let's just change the direction of
7 it, because the ripple effect, once it gets so far out, you
8 won't know how to do or how to fix it. What if someone
9 else gets hurt? Right? What if it's somebody on your side
10 of the family, and then you say "This could have been a
11 decision I could have changed." God help us all.

12 MS. AVERY: Thank you.

13 Phillip Joseph.

14 (Pause)

15 MR. JOSEPH: My name is Phillip Joseph. I am
16 working in Oak Forest Hospital as respiratory care
17 supervisor, and I am almost twenty years I am working here.
18 When I started working over here, more than a thousand
19 patients were here. Most of them are long-time and they've
20 been on ventilator. We have 45 to 50 on ventilator at a
21 time. Then we closed the long-term. Most of the patients
22 moved to nursing homes. What happened, like the others
23 said, most of them died within days, within weeks, I think.

24 Our facility is a special kind of facility,

1 and I don't know how to narrate, it explain it to you,
2 because you have to be there to know about it, and you have
3 to live with it -- I mean, that you have to spend some time
4 there. Talk to the patients. Then only you will know.
5 Other people can take the other patients, as us, but I
6 don't know why these people are dying within no time when
7 they're moved from here. That is the one thing.

8 And the other thing is this is -- this
9 hospital is a -- the patients came over there. They are
10 really free, stress free. I recently went to Stroger
11 Hospital for some reason. I am ready to be hit by a car
12 when I am passing there. I was thinking about how this
13 patient can be over there, because recently I am seeking
14 with the doctors for a formal clinic. People coming over
15 there, hard to walk. I am thinking about how they are
16 going. Mostly I work there -- I am seeing a patient, like
17 17 to 18 patients. I am not getting my lunch break. I am
18 working three to eleven shift, but because of short staff,
19 they call me for the clinic, I came in. Mostly I can work.
20 The doctor is working with these patients, actually seventy
21 patients want help. Hardly we can see in that time ten
22 patients, but we try to move on. So I am not getting my
23 lunch break. If you want to see they give me all the time
24 for lunch break, but I say I don't want it, because my

1 daughter born in Cook County Hospital. I take that
2 opportunity as an uninsured person, and that is why I moved
3 to this hospital from the other hospital to here, cutting
4 my salary from \$15.45 at that time in 1991 and to \$9 here,
5 to pay back all that. I keep my principle always.

6 And my daughter is a medical doctor now. So
7 she's -- so I am saying another thing. Again, that's my
8 personal part, but as to the Emergency Room, I can see the
9 repetition of the people coming over there, the same people
10 over there. We rush over there as soon as we heard the
11 names. We know what to do with that patient. So Sandra is
12 sitting here, I know what to do with Sandra. They have to
13 hospitalize at least one or two or three days so they would
14 be okay. They're happy, they go back home.

15 And recently another thing I noticed is that I
16 can look under the patients name. Normally I keep it in my
17 hand, I look on the computer to see that these are a repeat
18 patient so I don't want to re-enter it. So I just reclick
19 it. So, I see there are lots of new patients are coming
20 over here, lots and lots of new patients are coming to the
21 Emergency Room and the hospital. So I am recommending -- I
22 am not worried for my job I am out. I can get a job
23 anywhere, but I am advocating for these patients.

24 This hospital must be here, because this

1 community need this hospital very much. As the other
2 people said before, too, like other hospitals are not
3 cordially inviting this kind of patient or not properly
4 greeting this kind of patients. One more example is a
5 couple weeks ago they called me from the hospital and said
6 "Phillip can you come early because we have to do a
7 bronchoscopy, the patient spitting blood." So we had to
8 see inside what is going on. This patient goes somewhere
9 else, I think that they will ignore them. I immediately
10 came there, helped with the doctor, patient discharged in
11 two days, nothing wrong with it. Other hospitals, I think
12 he would end up in different situation.

13 So, I am strongly recommending for these
14 patients, and in future, when I don't have insurance, so I
15 need to be -- this hospital to be open, and not arguing for
16 my job, but for these patients and the community around
17 here. And they increase my real estate taxes \$800 this
18 last bill. So, I am paying my taxes enough to keep this
19 hospital open.

20 Thank you for listening. Thank you for your
21 time.

22 MS. AVERY: Reverend John Kurien.

23 (Pause)

24 MR. KURIEN: Good afternoon. Thank you very

1 much for listening. Yes, my name is John, J-o-h-n, last
2 name, K-u-r-i-e-n. I am a pastor of a church, Ebenezer
3 Pentecostal Church of God in Chicago Ridge, and I interact
4 with patients and staff of Oak Forest, so I understand
5 their problems. And some of the people who come to the
6 church, they are patients here and they could not go to
7 Stroger. Stroger is already busy for emergency as well as
8 for the long-term care, and a few people I had to take to
9 Stroger and I had to sit there for hours and hours, and the
10 parking is so inconvenient and the walking is so difficult,
11 and there is no room for expansion, if you talk about
12 sending people from Oak Forest to Stroger.

13 And Mr. Foley said that only 50-some patients
14 here. That is because the cut of the doctors, the staff,
15 and many units are closed, and that's why you end up with
16 few patients here. And if you talk about sending patients
17 to other nursing homes, they will not need them because,
18 lots of patients here don't have insurance. And another
19 thing is that lot of people come here for care. They
20 cannot go to Stroger or other hospitals because sometimes
21 it is in the middle of the night or, you know, many
22 reasons, and Oak Forest has a lot of -- is a precious land,
23 precious property, lot of buildings there. So if it is
24 closing down, I think you should think of expanding it so

1 that many more patients can be admitted. So, the
2 government is not only for money, it is for the care of the
3 people.

4 So, my request is please don't allow to close
5 it, but see it is running efficiently, smoothly, because I
6 have the experience in accounting for 32 years in
7 healthcare, and I know if you run it efficiently, it can
8 run without any problem, any money problem. So thank you
9 very much for listening. May God bless you.

10 MS. AVERY: Thank you.

11 Are there any other members of the audience
12 who would like to speak in opposition or support that did
13 not sign in?

14 (Pause)

15 MS. AVERY: What's your name?

16 MS. SIMS: Joyce Sims.

17 As I said, my name is Joyce Sims, J-o-y-c-e,
18 S-i-m-s. You'll have to forgive me. I went to work last
19 night but I was determined I was going to be here.

20 My mom, 91, has said many times, "You know
21 where you've been but you don't know where you're going."
22 I'm a proud CNA. I've been there for twenty years. I take
23 very good care of my patients, as many of my co-workers are
24 here. We take good care of our patients. I worked in many

1 nursing homes, many hospitals. My husband is here. He
2 called me from Trinity. He said, "Get me out of here and
3 take me to Oak Forest." Okay? And we have insurance.

4 I deal with the patient on the most basic
5 level. You can't do for yourself, you cannot feed
6 yourself, give yourself a drink of water, go to the
7 bathroom or clean yourself. We keep our dignity with our
8 patients. They're not numbers, they're not letters.
9 They're not C-1, it's Michael; not C-3, it's Mr. Posey;
10 it's not A-2, it's Martha; it's Cynthia; it's Gregory Take
11 (phonetic) who Juanita spoke about. That was my patient.
12 For four years I took care of him. I fed him, I cleaned
13 him, I made sure things went on with him. When he was
14 sick, I handled him. My nurses, my team of respiratory --
15 I work on the Vent Unit. Our patients need everything they
16 got. If they leave there, they're not going to live. This
17 I know. We have lost too many. All of our long terms,
18 what we got, five left out of what, a couple hundred
19 patients? Come on, people. You don't know what you're
20 going to do.

21 We're all walking, but we don't know where
22 we're going to go from here, and that's all I'm saying.
23 Put yourself inside of this thing, before you decide to
24 close my hospital with my co-workers. I don't call --

1 that's not the -- that's my hospital, and I think just
2 about everybody in here can just about say the same thing.
3 And that's all I want to do. Put you inside of this thing.
4 Listen to the people, my patients, all these folks, and
5 know that once you're in that bed, your life belongs to
6 somebody else and all you can do is trust.

7 Thank you so much.

8 MS. AVERY: Thank you.

9 Is there anyone else that has not spoken that
10 would like to speak in opposition of the project?

11 (Pause)

12 MS. MAYBERRY: Good afternoon, everybody. My
13 name is Charlene Mayberry. I work at Oak Forest Hospital.
14 Right now I'm on medical leave of absence. I have
15 Parkinson's disease, and but by the grace of God, it's
16 going to be you or I as a patient at Oak Forest Hospital.
17 Right now I do have insurance that takes care of my needs,
18 but it could be I who does not have insurance, because
19 insurance runs out. Sooner or later your insurance will
20 run out, and but by the grace of God, I could be a patient
21 at Oak Forest Hospital and will have to be a patient when
22 my insurance runs out.

23 The people that work there at Oak Forest, they
24 don't work there because of the money that they receive as

1 a paycheck. They work there because of the need that is
2 there for the patient that has to have care. Many of the
3 patients I work with -- the people that I work with have
4 been there 40 years. You don't stay at one place 40 years
5 without learning and growing to love the people you are
6 dealing with.

7 The bottom line is the hospital needs to stay
8 open as a need for the Southside to have an emergency room,
9 a clinic, a place to stay, because your parents, your loved
10 ones could be a patient there at Oak Forest Hospital. You
11 cannot get from the Southside to Stroger Hospital at one
12 o'clock in the morning. You can't get there at eleven
13 o'clock at night. You can't get there at nine o'clock at
14 night. You can't get there at seven o'clock at night,
15 because there are -- there is no transportation leaving
16 from the Southside that time of night to take you to
17 Stroger Hospital or the new hospital downtown. As a good
18 example Provident Hospital was open at one time and then it
19 closed. But because of a need for a hospital in the City
20 over on the east side, they reopened it. And now you're
21 talking about closing it again or downsizing it. You have
22 to look at the need for the people that need the service
23 that is offered.

24 Oak Forest Hospital has been a past

1 tuberculosis center, and then it went to a hospital, the
2 need. That is prime property, land out there. We cannot
3 put into dollars and say that the people don't need this
4 when there is a need for a hospital for the people to go
5 to, not just a clinic but a hospital, because people do get
6 sick. Sickness does not have a time limit on it and
7 sickness does not have a money dollar on it. Those that
8 are trying to close Oak Forest Hospital are closing because
9 they're trying to keep their pockets viable. Think of --
10 it could be you that is sick. It could be one of your
11 parents that's sick. It could be a loved one that's sick.
12 It could be anybody that gets sick, because sickness does
13 not have a name on it. It has a face that says, "I am sick
14 and I need a hospital to go to."

15 We're asking the State and anybody else
16 that's concerned to please think about keeping Oak Forest
17 Hospital as a hospital, not as a dollar sign that can go
18 into your pocket and keep you surviving when other people
19 are down and out and need this care. Oak Forest needs to
20 stay open as a hospital for the people of the Southside
21 community. We had a lady come in from Kankakee. She
22 passed up a bunch of hospitals because she had no
23 insurance, to get to Oak Forest and die. Her daughter
24 cried and cried and cried because her mother had to come to

1 Oak Forest Hospital, come from Kankakee, no insurance, and
2 die at Oak Forest Hospital. This is something that will
3 happen to many others if you don't leave Oak Forest
4 Hospital open as a hospital and not as a dollar sign in
5 somebody's pocket.

6 Thank you.

7 MS. AVERY: Thank you.

8 Mr. O'Grady.

9 MR. O'GRADY: I have an addendum to my
10 conversation. I'm sorry that I overstepped my time limit,
11 but I was told I was expected to give seven to eight
12 minutes. So I'd like to conclude my remarks, because I
13 think it confirms what all these people have said, and our
14 observations are very similar.

15 To give you a little historical, we have kept
16 dialogue and the statistics of Oak Forest Hospital. In
17 1927 there were 4,100 residents in Oak Forest Hospital. In
18 1980, there were 1,500 occupant -- patients at Oak Forest.
19 In 2005, there have been average around 500. Today there
20 is 50. This is just a sign of how they're killing me
21 softly, and they've done it for the last twenty years. The
22 budget hasn't changed that much. It's always the same.
23 What do they reduce? The number of patients.

24 And there are many that referred to Michael,

1 the current story in the Southtown Star. One of the
2 strange things about it, Michael's father was a Chicago
3 policeman. His job was to guard the President of the
4 United States when he came into Midway, and yet we're not
5 taking care of Michael. This is a sad commentary on our
6 times.

7 I'd like to conclude our remarks by confirming
8 what the people have said here. The part that I did
9 exclude from my testimony I'll read it to you.

10 Face reality that some providers are less than
11 enthusiastic to have Medicaid or Medicaid new patients.
12 Small hospitals close. The for-profit hospitals
13 proliferate. Merging is all over the industry by private
14 equity firms and hedge firms. The drug companies give
15 better discounts to Canada than the working poor, and the
16 retired people pay taxes -- pay sales tax or income tax on
17 what they purchase here. Eighteen-year-old kids of working
18 parents go to work or, as Senator Kennedy said, off to the
19 Army, while the kids of the privileged are off to graduate
20 school, totally insured until they're 26. Some low paying
21 patients are discharged prematurely, only to return with a
22 worse degree of their illness. Some resign themselves to
23 their illness and its fate. Many do not know where to go,
24 when Mr. Foley mislabeled -- and misnomerly labeled -- as

1 close. They were told, "Okay, Oak Forest is closing; you
2 got to hurry up and find a place to live."

3 Excuse me. I'm just a little tight,
4 because I worked midnights. I just got off this morning.

5 It just touches me, because I'm still visiting
6 them and they're on the 112th and Oakley in Chicago, and
7 when I go and visit them, they ask me about their friends
8 here at Oak Forest, and I would tell them their condition
9 and what's going on and just keep them encouraged. We try
10 to encourage one another. We pray for one another. And
11 the whole situation that I see now is we need a solution to
12 keep the hospital open. Am I right? We need to -- why
13 can't we the -- supervisors doing it, the -- even some of
14 the department heads. If they can take a furlough, why
15 can't we take one, where we could help each other? What if
16 we did it county wide? That's love, that's real love, and
17 it would help.

18 And another thing, I just -- this -- I don't
19 understand this either. Why did 500 million disappear and
20 not be accounted for? We suffered for that. I watch my
21 family, my friends, my neighbors. They lost homes.
22 Co-workers, we all are like in a family, because we live
23 around Oak Forest. We work together. So we count them up,
24 29 years, 30 years, like Mayberry just said here, and was

1 telling you what she was going through. Me and her been
2 working together for 29 years. Now she's on leave. See,
3 we help each other, we call each other, we support each
4 other. Isn't that what we're to do as a people? I'm not
5 talking about races and whose -- I'm talking about as a
6 people. We're supposed to help each other, and if you did
7 sign your name in blood on something, why don't you go to
8 God and ask God to remove that? Take that spot from you.
9 You ask God to forgive you and you ask God to help you, but
10 sometimes we write in blood. We will write our name in
11 blood and can't get out of it. That's how you have to do.
12 It's so simple. "Lord, forgive me. Help me. I was
13 greedy. My eyes was sparkling with money, but, Lord, I
14 need help now." We all have to go there.

15 Just like the patients that had died when they
16 were transported even over to the other facilities, and the
17 same thing looks like it's going to repeat itself again,
18 when you can stop it, you have it in your power to stop.
19 God made man the image of himself. He gave you power. You
20 have it. But we don't use it. Instead, we go against one
21 another. It's a power play. Wow, wow, what are we
22 playing? I don't understand. I just try to stay
23 prayerful.

24 I still see them. I still see them. At least

1 every other week I go see the patients and we talk, we
2 pray. We just -- that's all we can do is just talk and
3 pray, because we all going to have to see the Lord. He's
4 the beginning and the ending of this. There's a beginning
5 and there's an ending. I wouldn't want my hands dirty. I
6 wouldn't want to be accused for someone's death because
7 everybody that was partaker of this and knew it was wrong.
8 All of a sudden you don't know where 500 million went, and
9 this caused all these deaths, all this heartache. You even
10 got people against one another who have been friends for
11 years over this. I wouldn't want my hands dirty.

12 I just had to speak, because I love the
13 patients, I love the staff. This is like family for me.
14 This is family. This is really family. So, you know, I'm
15 just -- support family. Thank you.

16 MS. AVERY: Thank you.

17 One more call. Is there anybody else in the
18 audience that would like to speak?

19 (Pause)

20 MS. RASMUSSEN: I already signed that. Hi.
21 My name is Pam Rasmussen. I spoke earlier.

22 I sat here through this meeting and listened
23 to everybody and what they had to say, and everybody had
24 about the same thing to say as I do. I'm coming to you

1 again because, you know, I've lived in Oak Forest all my
2 life, and I see so many people go through there, but a few
3 years ago there was a march on 159th Street. The nurses
4 were out there, patients out there. It was cold outside,
5 and they were all marching because they believed so much in
6 the Oak Forest Hospital. People put their lives there.
7 You know, you spend a lot of years working there. I've got
8 friends working there, my grandmother was there. That's
9 beside the point. And I've seen all the upgrades and
10 everything, but I would really like to know, can you please
11 tell me, through all these hospitals, there's Oak Forest
12 there's Provident, there's Stroger, and there's the Cook
13 County Hospital. Could you please tell me what you're
14 doing with the Cook County Hospital? Is it empty? Do you
15 know? It is empty? Well, we're the taxpayers. Don't you
16 think it's a waste just sitting there and we're paying the
17 taxes on that property? Tear it down, tear it down and use
18 the money for better things in this county. I just think
19 that money could be used for something much, much better.
20 And, you know, I thought patient (inaudible) was against
21 the law. Thank you.

22 MS. AVERY: Okay.

23 MS. HARRIS: My name is Jerlene Harris again.

24 On your notice for -- notice for this hearing, you also

1 have down there March 22nd.

2 MS. AVERY: I'm going to talk about that for
3 our meeting, for the Illinois Health Facilities and
4 Services Review Board meeting. So in closing statements
5 I'll give information about that meeting.

6 MS. HARRIS: Where and the time that meeting
7 is going to take place?

8 MS. AVERY: Yes, ma'am.

9 MS. HARRIS: Okay. Thank you.

10 MS. AVERY: I'd like the thank you all for
11 coming. I want to remind you that you can submit your
12 written comments to us so that we can have any information
13 for the record. The project 10-078, Oak Forest Hospital,
14 is scheduled for the March 22nd, 2011 Illinois Health
15 Facilities and Services Review Board meeting. That meeting
16 will be held at the Joliet Holiday Inn located at 411 South
17 Larkin, L-a-r-k-i-n, in Joliet, Illinois, the Joliet
18 Holiday Inn, March 22nd, 2011. The address is 411 South
19 Larkin in Joliet, Illinois, 9:00 a.m.

20 (Discussion held off the record.)

21 MS. AVERY: The public has until March the
22 2nd, 2011 to submit any written comments pertaining to the
23 State Agency Report on the Project 10-078. Comments can be
24 sent to the Illinois Department of Public Health, 525 West

1 Jefferson Street, J-e-f-f-e-r-s-o-n, Second Floor,
2 Springfield, Illinois, 62761-001, 62761-001, or if you
3 prefer, you can fax comments to 217-785-4111. Again, the
4 fax number 217-785-4111. And, again, you have until March
5 the 2nd, 2011 to respond.

6 AUDIENCE MEMBER: Can I ask a question? In
7 other words, you going to give your decision by what date?

8 MS. AVERY: The decision will be made by the
9 Illinois Health Facilities and Services Review Board on
10 March the 22nd.

11 AUDIENCE MEMBER: But you have to submit your
12 comments by March the 2nd?

13 MS. AVERY: By law, we cannot submit comments
14 after that day.

15 AUDIENCE MEMBER: Aren't these comments going
16 to be used?

17 MS. AVERY: These comments -- a transcript
18 will be sent to each Board member. I think the
19 confusion -- Frank and I aren't board members. I'm staff
20 to the Board.

21 AUDIENCE MEMBER: I misunderstood. I thought
22 you were part of the commission. I thought you were
23 members of the commission of Illinois.

24 MS. AVERY: We're employees of the Board. I'm

1 the Administrator, like the Executive Director, and Frank
2 is our attorney, General Counsel.

3 (Discussion) held off the record.

4 MS. AVERY: Seeing that there are no
5 additional questions or comments, I deem this public
6 hearing adjourned. Thank you all.

7

8 PROCEEDINGS CONCLUDED

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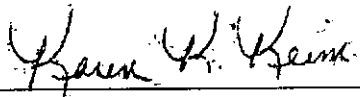
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CERTIFICATE OF REPORTER

I, KAREN K. KEIM, RPR, CRR, a Certified Court Reporter in the States of Illinois and Missouri, do hereby certify that the proceedings in the above-entitled matter were taken by me to the best of my ability and thereafter reduced to typewriting.



KAREN K. KEIM

CRR, RPR, CSR-IL, CRR-MO

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