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**STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**PROJECT #10-089  
MERCY CRYSTAL LAKE HOSPITAL & MEDICAL CENTER, INC.**

**PUBLIC HEARING**

**MARCH 18, 2011**

**NATIONWIDE SCHEDULING**

OFFICES: MISSOURI Springfield Jefferson City Kansas City Columbia Rolla Cape Girardeau ■ KANSAS Overland Park ■ ILLINOIS Springfield

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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

PUBLIC HEARING

Re: Project #10-089

Mercy Crystal Lake Hospital & Medical Center, Inc.

Public hearing held on March 18, 2011, at the Crystal  
Lake City Council Chambers, 100 W. Woodstock Street,  
Crystal Lake, Illinois, before Courtney Avery, Facilitator.

\*\*\*\*\*

Reported by:

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

1 START TIME: 10:05 A.M.

2

3 MS. AVERY: Good morning. I'm Courtney Avery,  
4 the Administrator for the Illinois Health Facilities and  
5 Services Review Board. I'd like to thank you all for  
6 coming out this morning and participating in this hearing.  
7 The purpose for today is to afford an opportunity for  
8 interested parties to present written and/or verbal  
9 comments relevant to Project Number 10-089, which is the  
10 Mercy Crystal Lake Hospital and Medical Center for Crystal  
11 Lake.

12 As per the Rules of the Illinois Health  
13 Facilities Planning Board, I would like to read the legal  
14 notice into the record. Notice is given of the receipt of  
15 a Certificate of Need application to establish a 128-bed  
16 acute care hospital in Crystal Lake, Illinois, with  
17 adjoining physician office space, at the southeast corner  
18 of State Route 31 and Three Oaks Road in Crystal Lake.  
19 Again, the project number is 10-089. Mercy Crystal Lake  
20 Hospital and Medical Center, and project applicants are  
21 Mercy Crystal Lake Hospital and Medical Center, Inc. and  
22 Mercy Alliance Incorporated. The approximate project cost  
23 for this hospital is \$200,525,891. The application  
24 contained a Safety Net Impact Statement and was declared

1 complete on January 10, 2011. A copy of the application  
2 may be viewed at the Illinois Health Facilities and  
3 Services Review Board Office at 525 West Jefferson Street,  
4 Springfield, Illinois. To obtain a copy of the  
5 application, please call the office for details and the  
6 appropriate copying fees, at (217) 782-3516. Consideration  
7 by the State Board has been tentatively scheduled for May  
8 the 10th, 2011. Any person wanting to submit comments on  
9 this project must submit written comments by April 20th,  
10 2011. The Illinois Department of Public Health will post  
11 its findings based on the application as submitted by the  
12 applicants in the State Agency Report. The report will be  
13 made available via the internet at [www.hfsrb.illinois.gov](http://www.hfsrb.illinois.gov)  
14 no later than April 26th, 2011. Please note that the  
15 public has until nine a.m. on April 30th, 2011 to submit  
16 written responses in support of or in opposition of the  
17 findings in the State Agency Report. Again, the State  
18 Agency Report can be found at [www.hfsrb.illinois.gov](http://www.hfsrb.illinois.gov).

19 If you have not already done so, please sign  
20 in using the registration forms that are on the back table,  
21 and note that the green form is for those providing oral or  
22 written testimony in support of the project. The blue form  
23 is for those providing oral or written testimony in  
24 opposition of the project, and the yellow form is for

1 those not providing oral or written testimony but would  
2 like to record their support, opposition or remain neutral  
3 on the project. If you have written testimony that you  
4 would like to be included in the record, you can give those  
5 to me without giving oral testimony.

6 To ensure that the Illinois Health Facilities  
7 Planning Board's public hearings protect the privacy and  
8 maintain the confidentiality of an individual's health  
9 information, covered entities as defined by the Illinois  
10 Insurance Portability Act of 1996, such as facilities,  
11 hospital providers, health plans, and healthcare  
12 clearinghouses, submitting oral or written testimony that  
13 discloses protected health information of individuals shall  
14 have a valid, written authorization from that individual.  
15 The authorization shall allow the covered entity to share  
16 the individual's protected health information at this  
17 hearing.

18 Please note that those of you who came with  
19 prepared testimony for your presentation, you may choose to  
20 submit the text without giving oral testimony. However, if  
21 you're giving oral testimony, please be as brief as  
22 possible. Due to the number of individuals wishing to  
23 provide testimony, each presentation will be limited to  
24 three minutes. Should anyone want to speak for more than

1 the time allotted, if time permits you may do so after  
2 everyone has had the opportunity to speak. As per the  
3 legal notice, if available, please provide two copies of  
4 your testimony. Prior to beginning your oral presentation,  
5 please give the Court Reporter the complete spelling of  
6 your full name, and if there is a chief spokesperson for  
7 the applicant, we would like that individual to make the  
8 first presentation. The remaining testimonies will be  
9 taken as much as possible in the order in which the names  
10 are on the registers.

11 I would ask that you hold any questions  
12 pertaining to the process of the hearing, not the  
13 application, until the end and everyone has presented. I  
14 will also ask that we limit the applause, maybe to two  
15 claps.

16 If there is someone from the applicant who  
17 would like to make the first presentation, they may do so  
18 at this time.

19 MR. BEA: Good morning. My name is Javon Bea.  
20 I was born and raised in Rockford, Illinois and went to  
21 high school here in Crystal Lake and college at Northern  
22 Illinois University in DeKalb. I've been the president and  
23 CEO of Mercy Health System for over 21 years. As you  
24 stated we're the proud sponsors of a new application for a

1 \$200 million hospital and medical center in Crystal Lake.  
2 My business address is 2000 Lake Avenue in Woodstock  
3 Illinois.

4 An approved Certificate of Need will allow  
5 Mercy to build a 128-bed hospital and large multi-specialty  
6 physician medical center at Route 31 and Three Oaks Road  
7 for over 160,000 citizens who do not have ease of access to  
8 hospital emergency services. We've been planning this  
9 facility at this location for seven years, since 2004.  
10 During these seven years, the need for increased access to  
11 healthcare services has grown tremendously. Mercy Health  
12 System is committed to Crystal Lake. Mercy's plan best  
13 meets the needs of the community in the most appropriate  
14 way by addressing the long-standing need for more acute  
15 care hospital beds and integrated physician services.

16 Unlike Centegra's pending application, Mercy  
17 Health System has chosen to locate its hospital and medical  
18 center in Crystal Lake, which is the most densely-populated  
19 area of McHenry County. It suffers from excessive traffic  
20 congestion, which delays access to care. Crystal Lake is  
21 the home also of the most diverse population in McHenry  
22 County and has a growing geriatric population in need of  
23 additional services and ease of access. Mercy's location  
24 will also provide easier access for emergency providers,

1 such as ambulances, who presently face uncertainty about  
2 hospital unavailability. Centegra's high emergency bypass  
3 rates, as reported by the Illinois Department of Public  
4 Health, is one of the largest of all of the hospitals in  
5 the area, and for those of you who don't know what "bypass"  
6 means, it is having to send emergency patients who arrive  
7 at Centegra's hospitals on to other hospitals even further  
8 away because Centegra's beds are filled so frequently to  
9 capacity.

10           The economic development impact of Mercy's  
11 project will generate an estimated 650 to 800  
12 construction-related jobs, and within the first year of  
13 opening the facility, Mercy Crystal Lake Hospital is  
14 expected to employ more than 1,000 individuals, of which  
15 approximately 600 will be new jobs. This will be occurring  
16 in 2012, as opposed to Centegra's application that states  
17 construction will not be completed until 2016 or '17.  
18 Thus, Mercy is the right project at the right location at  
19 the right time to best address the unmet healthcare needs  
20 of McHenry County residents now and in years to come.

21           Opponents to Mercy Hospital Crystal Lake will  
22 cite everything from a lack of available work force --  
23 which really cannot be supported, because the unemployment  
24 rate for McHenry County currently stands at 8.4 percent --



1 and they may also cite things such as a negative impact on  
2 their current operations, which also cannot be supported,  
3 due to the fact that their hospital beds are filled so  
4 frequently to capacity and due to lack of ease of access as  
5 a result of traffic congestion.

6 Other important points are Mercy has  
7 located Mercy Crystal Lake Hospital in the area of McHenry  
8 County most in need of better access to comprehensive  
9 healthcare services. Mercy will be operational to meet the  
10 unmet patient needs years ahead of Centegra's application  
11 that proposes building down in the southern edge of McHenry  
12 County. Centegra is hoping over time, population will grow  
13 in Huntley to justify their proposal. There are fewer than  
14 26,000 people in Huntley, whereas Mercy is proposing  
15 putting a hospital in the area of over 160,000 people who  
16 do not have ease of access to a hospital.

17 At Mercy we have more than 20 years of  
18 experience creating and managing a highly-successful,  
19 vertically-integrated health system, the first in the  
20 nation to receive the coveted Malcolm Baldrige National  
21 Quality Award in healthcare from the President of the  
22 United States in the Oval Office, in 2008. Mercy has a  
23 proven track record, independently verified by the U.S.  
24 Department of Commerce during the Baldrige process, of

1 providing high quality healthcare that aligns physicians  
2 and hospital services, thus ensuring the most comprehensive  
3 and coordinated quality care for Mercy's patients.

4 We have been providing healthcare in Illinois  
5 for over 20 years and currently have 13 facilities with  
6 over 800 employees, including nearly 100 employed  
7 physicians. Mercy Harvard Hospital in the northern tip of  
8 McHenry County provides care to the poorest and most  
9 indigent populations in the county. We've been in this  
10 county serving all who come in our doors.

11 Today you're going to hear from patients and  
12 other supporters of Mercy Hospital and -- to serve the  
13 needs of McHenry County and the Crystal Lake area. These  
14 residents will be a testament to the exceptional quality of  
15 care Mercy Health System provides to the people of McHenry  
16 County.

17 We are proud of our application and humbly  
18 stand ready to provide exceptional hospital care to the  
19 residents of McHenry County and those wonderful people in  
20 Crystal Lake, Lake in the Hills, Cary, and Algonquin. We  
21 are here to serve you with all of our heart and with all of  
22 our mind. Thank you.

23 MS. AVERY: The next person is Rick Floyd.

24 MR. FLOYD: Good morning. My name is Rick

1 Floyd, and I serve as the President and CEO of Sherman  
2 Health, which is based in Elgin, Illinois. Sherman is a  
3 regional medical center which has served Chicago's  
4 northwest suburbs, including Crystal Lake and the  
5 surrounding areas, for over 120 years. We would like to  
6 continue to do so for generations to come.

7           While we can all appreciate the advantages of  
8 a hospital close to home, we must also recognize the  
9 damaging impact of building a new hospital at a time when  
10 none is needed. The proposed new hospital will not bring  
11 new services to this area, will harm all of our existing  
12 hospitals by drawing patients and revenue away from them,  
13 will thereby strain the healthcare safety net that supports  
14 our area's most vulnerable, and will cost \$200 million.  
15 This project represents wasteful healthcare spending, and I  
16 urge the Review Board to reject the application. Here is  
17 why:

18           The State's bed-need calculations are based on  
19 population projections from the year 2000. While we are  
20 still growing, we're growing at a much slower rate than had  
21 been anticipated back in 2000. Between 2000 and 2005, we  
22 built an average of 3,600 new homes in McHenry County every  
23 year. By 2009 and 2010, we issued just 300 new residential  
24 building permits per year. And, a McHenry County

1 population that was expected to rise to 337,000 by 2010, in  
2 fact grew to less than 310,000. This means that the  
3 calculated future bed need may be as little as 21 beds, a  
4 number way too low to justify a new hospital. And housing  
5 and population growth are not expected to regain their  
6 momentum quickly.

7           We must also recognize that all existing  
8 hospitals surrounding the proposed site have available  
9 beds. State data revealed the utilization rates for the  
10 surrounding hospitals average between 60 and 70 percent.  
11 This means that there is a combined total of hundreds of  
12 beds available today at two Centegra hospitals, Advocate  
13 Good Shepherd Hospital, St. Alexius Hospital, Provena St.  
14 Joseph Hospital, and Sherman Hospital, and as our nation  
15 struggles to reduce healthcare costs, we must remember that  
16 the largest single component of healthcare costs in America  
17 is hospital costs. Hospital utilization rates will decline  
18 as we find ways to keep people out of our essential, yet  
19 expensive, hospitals.

20           And what about the healthcare safety net for  
21 our area's most vulnerable? Several of our area's existing  
22 hospitals are struggling to achieve positive operating  
23 margins. In this environment, any new hospital will, of  
24 course, draw existing patient volumes and revenue away from

1 existing area hospitals, weakening them and placing at risk  
2 their ability to continue to provide free and deeply  
3 discounted services to those in need.

4 Our State's budget deficit stands at \$15  
5 billion, and our nation's budget deficit is expected to  
6 reach a record 1.6 trillion this year. Why, at a time of  
7 such serious budget challenges, would we unnecessarily  
8 duplicate services? Why would we waste \$200 million.

9 Finally, don't be fooled by the promise of  
10 many new jobs. Beyond the construction jobs created during  
11 the life of such a project, which are new, the healthcare  
12 jobs would not be new jobs. The durable healthcare jobs  
13 would primarily be shifted from existing hospitals,  
14 weakening them and bringing no new services into our  
15 community.

16 In summary, there is no unmet bed need in our  
17 area, neither today or anytime soon. Any new hospital will  
18 harm all of our existing hospitals by drawing away patients  
19 and revenues, placing our healthcare safety net at risk and  
20 unnecessarily duplicating services. I urge the Review  
21 Board to avoid wasting \$200 million and to reject the  
22 application.

23 Thank you.

24 MS. AVERY: Thank you.

1 Wes Jost.

2 MR. JOST: Good morning. My name is Wes Jost.  
3 I'm here today to support the Certificate of Need for Mercy  
4 Health Systems for their new hospital here in Crystal Lake.  
5 I live at 1403 White Oak Lane in Woodstock, our county  
6 seat. I'm here today because of that golden hour, that  
7 golden hour when critical care is needed, that first hour.

8 Okay. Our golden hour is compromised here in  
9 McHenry County because of our roadways and our high traffic  
10 volume. As a business owner and as a leader within the  
11 trades, this county has been founded on the premise of  
12 capitalism and competition. So why is this important to  
13 McHenry County? It's important because both capitalism and  
14 competition improve quality, which is something Mercy  
15 Health System is all about. As recipient of the Malcolm  
16 Baldrige Award, Mercy understands the value of quality  
17 healthcare in McHenry County.

18 Beyond the quality of healthcare, capitalism  
19 and competition controls pricing. That's a constant  
20 discussion among business owners, recipients of healthcare,  
21 as well as the providers of healthcare. As our  
22 demographics of this county continue to change, Crystal  
23 Lake has the most diverse population in the county, and  
24 Mercy understands the importance of providing quality

1 healthcare to everyone, including those who are less  
2 fortunate. They provide quality access through community  
3 care and Medicaid.

4           Understanding that Mercy is all about quality,  
5 it's also about jobs and improving the local economy.  
6 Mercy has been in the county for 15 years. This includes  
7 many individuals in our own neighborhoods who provide that  
8 quality care. Mercy provides access, choice, quality,  
9 through their community hospital at Harvard and their  
10 clinical facilities scattered throughout our immediate  
11 area. Mercy has been a stakeholder in McHenry County, and  
12 we need to be stakeholders to support Mercy.

13           This new project will enhance healthcare  
14 employment opportunities by more than 400 jobs, as a  
15 medical provider, above and beyond the immediate jobs  
16 within the trades. The new Mercy Hospital is about access,  
17 jobs, and quality care. I'm honored and proud to serve as  
18 a Board Member of Mercy Health Systems in Harvard. I  
19 support the addition of a new hospital. This is the right  
20 decision at the right location at the right time for the  
21 right reasons.

22           And I thank you.

23           MS. AVERY: Jason Sciarro.

24           MR. SCIARRO: Good morning. My name is Jason

1 Sciarro, and I'm the President and Chief Operating Officer  
2 of Centegra Health System. Centegra is proud of being a  
3 part of McHenry County for 100 years, and our mission is to  
4 provide for the health and wellness of this community is  
5 not just words, but it is our passion.

6 Centegra currently owns and operates two  
7 hospitals in close proximity to Crystal Lake. Centegra  
8 Hospital Woodstock is within 1.4 miles of Crystal Lake zip  
9 code. Centegra McHenry is within 2.6 miles of a Crystal  
10 Lake zip code. In fact, our hospitals are closer to some  
11 areas of Crystal Lake than the cite of Mercy's proposed  
12 project is.

13 Crystal Lake is home to many Centegra  
14 services, including our newest Centegra Gavers Breast  
15 Center, which opened in September of 2010. This center  
16 provides coordinated care to treat women who have been  
17 diagnosed with breast cancer. Centegra also has wellness  
18 services in Crystal Lake, including Centegra Health Bridge  
19 Fitness Center, many other services, anchored by our  
20 Crystal Lake Medical Arts building, including the Centegra  
21 Immediate Care Center, advanced medical imaging services,  
22 phlebotomy services, Centegra Primary Care, occupational  
23 health, and physician services and neurotrauma  
24 rehabilitation services.



1           Centegra is not the only provider that serves  
2 Crystal Lake. In fact Advocate Good Shepherd Hospital is  
3 within 5.9 miles of a Crystal Lake zip code. There is no  
4 absence of healthcare available to Crystal Lake. Centegra  
5 has abided by a principle of responsible development. We  
6 provide our communities with the services they need where  
7 and when they are needed.

8           Mercy's proposed hospital in Crystal Lake is  
9 not, in our view, responsible development. We are opposed  
10 to this project on several grounds.

11           First, Mercy's application was shoddily  
12 prepared and does not meet the State Board's requirements.  
13 In its rush to file by the end of December, Mercy submitted  
14 a CON application that was so filled with errors that they  
15 had to subsequently submit more than twenty pages of  
16 corrections. Even with these corrections, the application  
17 remains riddled with mistakes. We'll talk about these  
18 later today.

19           In addition, Mercy's latest application relies  
20 on the same factors that it promoted to obtain its  
21 ill-fated Mercy Crystal Lake CON 2004. The Circuit Court  
22 of McHenry County expressly rejected these factors,  
23 including the claim of bringing 45 new physicians to  
24 Crystal Lake, when it invalidated Mercy's CON permit. The

1 Court observed that the State board had no criteria to  
2 address physician shortages and that using this as a factor  
3 for approving the project was arbitrary and capricious.  
4 They continue to do this today by quoting bypass hours at  
5 Centegra hospitals from 2007, when it is clearly a fact  
6 that Centegra has not had one minute of bypass in the past  
7 18 months.

8 Mercy's project would also have a substantial  
9 negative impact on existing facilities. Based on Mercy's  
10 own documentation, its project is dependent on large  
11 volumes of patients being transferred from Centegra's  
12 existing hospitals to Mercy's proposed facility. Mercy's  
13 application contains commitments from 40 of its employed  
14 physicians on our hospitals' medical staff to transfer all  
15 of their patients from Centegra hospitals to Mercy's --

16 MS. AVERY: One minute.

17 MR. SCIARRO: -- proposed project. This  
18 patient loss would have a significant negative impact on  
19 the utilization of Centegra hospitals, resulting in annual  
20 losses of \$11.7 million at the two Centegra hospitals the  
21 proposed project does not best meet the needs of the  
22 planning area. A new hospital is needed in McHenry County.  
23 It has the greatest need for acute care beds of any of the  
24 40 planning areas in the state, but Crystal Lake is not the

1 best location to meet that need. There are three hospitals  
2 within a mere six miles that support this area.

3           Mercy is not a responsible community  
4 healthcare partner. Centegra has a long-standing  
5 commitment to this community and region. Mercy's lack of  
6 commitment to the community is reflected in the community's  
7 lack of commitment to Mercy. Look at Harvard Hospital.  
8 After acquiring the hospital nearly a decade ago, Mercy has  
9 invested very little in improving this facility, and it  
10 shows. According to COMPdata only 331 of 1,375 Harvard  
11 residents who received in-patient services went to Mercy  
12 Harvard. Most residents travelled 29 minutes to Woodstock  
13 or 47 minutes to McHenry to seek care.

14           MS. AVERY: You need to start to close, sir.

15           MR. SCIARRO: In closing, it's with the best  
16 interests of the community in mind that Centegra opposes  
17 Mercy's application. Rather than addressing the area's  
18 healthcare needs, the project would put a hospital where  
19 one isn't needed, at great impact to Centegra's two  
20 existing hospitals. This new hospital will do more harm  
21 than good for the area's healthcare needs, and the Board  
22 should reject it.

23           Thank you.

24           MS. AVERY: Please keep in mind that when you

1 give your presentation, at the end you can come back, after  
2 everyone has spoken, if we have enough time. But keep in  
3 mind that if you don't to get to every point in your  
4 written presentation orally, the Board will still get the  
5 information. When you give us the copies, this also goes  
6 as part of the application, which is forwarded to the  
7 Board. Thank you.

8 Next speaker is Dan Colby.

9 MR. COLBY: Good morning. My name is Dan  
10 Colby, C-o-l-b-y. I live in Harvard, Illinois, and I'm  
11 Vice-President for Mercy Health System. I'm here today to  
12 urge the CON board to approve the Crystal Lake application.

13 This application should be approved for a  
14 number of reasons. A primary one is its location. It's in  
15 the epicenter of Planning Area 10, all of its population.  
16 It's located where there is the greatest number of safety  
17 net patients in need in this county, and it's located where  
18 it can serve the most diverse population of this county.

19 In addition to those reasons, the project  
20 brings to Crystal Lake and McHenry County tremendous  
21 economic impact. This is a \$200 million project. It will  
22 generate approximately 800 construction-related jobs for  
23 the 18-month construction period. These jobs will begin as  
24 early as this Christmas, if the CON board approves this

1 project as its May hearing and the local approvals are  
2 received this fall. This project is plan to open in 2014.  
3 It will employ over 1,000 people, filling 840 full-time  
4 jobs when it opens. 600 of those jobs will be new jobs to  
5 the area. 330 more jobs are planned to open by the fifth  
6 year of operation. Additionally, another 120 -- I'm sorry,  
7 180 to 240 jobs will be created through the multiplier  
8 effect throughout the county. All these jobs means that  
9 Mercy Crystal Lake Hospital will generate family income of  
10 \$55 million in its first year, and that will rise to \$175  
11 million dollars of family income within five years.  
12 Another \$21 million to \$49 million to family income will be  
13 generated through the multiplier effect.

14 In addition to generating almost 2000 jobs by  
15 the time it opens, between the construction and the  
16 operating jobs, the Mercy Crystal Lake Hospital and Medical  
17 Center will generate new tax revenue for the State of  
18 Illinois and local governments. Income tax generated by  
19 these jobs are estimated to produce \$1,371,000 to  
20 \$4,395,000 for the State, using just the old State 3  
21 percent flat rate. Also, the clinic's portion of the  
22 project will be subject to property taxes, and a portion of  
23 the sales, both indirect and induced, will be subject to  
24 sales taxes. This project's total industry sales impact

1 will range from \$102 million the first year to \$257 million  
2 of sales by its fifth year. Another \$9.8 million to \$74.8  
3 million in industry sales will be created by the multiplier  
4 effect.

5 The Mercy Crystal Lake hospital and medical  
6 center will be an economic boon for this county. This  
7 project comes at the right time, when McHenry County needs  
8 the pull out of the recession. It comes with a \$200  
9 million investment in this county, and it creates almost  
10 2000 jobs when jobs are sorely needed, and this project  
11 comes at the right time now, not years down the road maybe.

12 Thank you.

13 MS. AVERY: Karen Lambert.

14 MR. RYDER: Good morning. I'm Doug Ryder,  
15 R-y-d-e-r, and I'm Vice-President of Clinical Operations at  
16 Advocate Good Shepherd Hospital. I will be reading a  
17 letter from Karen Lambert, L-a-m-b-e-r-t, President of  
18 Advocate Good Shepherd Hospital.

19 Dear Board Members: Good morning, Ms. Avery,  
20 Mr. Urso, and members of the audience. I'm Karen Lambert,  
21 President of Advocate Good Shepherd Hospital, which is  
22 located less than 10 miles and less than 20 minutes from  
23 the proposed hospital. I apologize that I'm not able to be  
24 at this hearing in person, but I had previously scheduled a

1 family vacation during this time. Even though I am not at  
2 the hearing in person, I appreciate the opportunity to have  
3 my voice heard.

4 Our hospital has the opportunity to serve many  
5 residents of this community and certainly McHenry County.  
6 We take this responsibility seriously and strive to provide  
7 our communities with the best possible healthcare  
8 available. Our legacy of service is to both Lake and  
9 McHenry Counties. We provide healthcare services to these  
10 residents, and by those residents who today serve as  
11 caregivers and physicians. Our staff is a reflection of  
12 the patients we serve. Over half of our associates call  
13 McHenry County home. Nearly half of the patients we serve  
14 are McHenry County residents. We are just as much a  
15 McHenry County hospital as we are a Lake County hospital.

16 It would certainly be more exciting to be the  
17 hospital president proposing a new facility than the one  
18 opposing, but the easier position is not always the correct  
19 position. I am here today because I truly believe that the  
20 proposed hospital is inconsistent with our collective  
21 mission of stewards over the healthcare system. Let me  
22 explain.

23 Point one: Hospitals must do more and better  
24 with less. The nation has just gone through one of the

1 biggest changes in the healthcare system to my lifetime.  
2 The nation's severe financial constraints will force  
3 healthcare providers to do more with less. No matter which  
4 reform programs you may have favored, virtually no  
5 healthcare reform proposal has argued that the solution to  
6 the nation's healthcare problem is to build more suburban  
7 hospitals. This proposed new hospital runs counter to  
8 where healthcare is going and to where it should go. Our  
9 healthcare system cannot afford this \$200 million new  
10 hospital, and it should not be built.

11 Point two: The healthcare deliver model is  
12 clearly moving care away from new hospitals to ambulatory  
13 care. The healthcare trend is clearly moving care toward  
14 outpatient services and reserving in-patient  
15 hospitalizations for the most complex care. This is not  
16 only more convenient for patients, it is more cost  
17 effective. In the last five years, you have seen our  
18 hospitals establish an immediate care facility in Crystal  
19 Lake. More importantly for Crystal Lake, less than two  
20 miles from the proposed site we established our Good  
21 Shepherd Crystal Lake Outpatient Center. As you know,  
22 Centegra has also established an immediate care center and  
23 imaging center in Crystal Lake as well. All of these  
24 efforts have brought additional healthcare in the



1 communities at much more reasonable costs. Please don't  
2 equate improved healthcare access with building a new  
3 hospital.

4 Point 3: Unnecessary duplication of services.  
5 One of the primary duties of the Review Board is to prevent  
6 unnecessary duplication of services. Some would say let  
7 the hospitals compete and fight it out. There are good  
8 reasons that that is unwise. A new hospital in the near  
9 proximity of the hospitals not fully utilized cause  
10 considerable harm. Existing hospitals require sufficient  
11 volume to cover their fixed costs. Within a given area,  
12 there are only so many babies to deliver or surgical  
13 procedures to perform. A new hospital does not create new  
14 demand, it only redistributes and dilutes the volume among  
15 existing providers. Without sufficient patients, hospitals  
16 do not have the resources available to invest for the  
17 future, cover the cost of the patients who cannot afford  
18 care, or increase the quality of its care.

19 MS. AVERY: One minute.

20 MR. RYDER: Let's be clear. This proposed  
21 hospital will significantly harm existing service providers  
22 and affect the quality of care given.

23 Unnecessary hospital construction is not  
24 economic development. In today's economy, I am very

1 appreciative of the desire for new jobs. Unfortunately,  
2 this project does not create new permanent jobs. I'm sure  
3 that proponents for this hospital will argue that this  
4 project is economic development. However, there are only  
5 so many patients requiring in-patient hospital services.  
6 Moving patients from one hospital to another does not  
7 create jobs, it merely moves them around.

8           Investment in quality improvements. I'm sure  
9 that some detractors will characterize today's testimony as  
10 one hospital simply opposing another. That is not the  
11 case. Several years ago, the applicant put in a Letter of  
12 Intent to build an ASC medical office building and imaging  
13 center on the location where they are now proposing a  
14 hospital. At that time, we didn't oppose that project. If  
15 the applicant's motivation was solely concerned for McHenry  
16 County healthcare, the applicant should have followed  
17 through on their intent to expand their presence through a  
18 right-sized means for addressing healthcare needs. The  
19 applicant already operates a hospital in Harvard, and  
20 should they choose to expand that facility, we would not  
21 oppose that lower cost method of expanding coverage to  
22 residents of McHenry County. Currently that hospital is  
23 operating at 25 percent capacity and has the ability to  
24 absorb additional patients. Since Mercy has chosen not to

1 expand this facility, I'm concerned about their long-term  
2 commitment to the residents of northern McHenry County and  
3 if they plan to abandon that hospital all together in favor  
4 of this project.

5 Conclusion: I truly believe that none of us  
6 charged with being stewards of our healthcare resources,  
7 including the Health Facilities and Services Review Board,  
8 can conclude that this new project is a responsible use of  
9 our healthcare resources.

10 Thank you.

11 MS. AVERY: Thank you.

12 Next is David Eisenstadt.

13 MR. EISENSTADT: Good morning. My name is  
14 Dr. David Eisenstadt. I am an owner of an economics  
15 consulting firm in Washington DC. I am an antitrust  
16 economist, previously employed by the United States  
17 Department of Justice, Antitrust Division. I devoted years  
18 to the study of competition in healthcare industry.

19 There are three competitive issues relevant to  
20 this proceeding and these two applicants. First, whether  
21 there is a need for competition to Centegra. Second, if  
22 there is a need, what will be the impact of Mercy Crystal  
23 Lakes entry? Third, who would benefit more from a  
24 additional hospital, the residents of Mercy Crystal Lake's

1 proposed service area or the residents of the proposed  
2 Centegra Huntley's proposed service area.

3           The slide behind you shows there is a need for  
4 competition to Centegra. In the service areas of its  
5 existing hospitals, Centegra holds the largest share, and  
6 that share is significantly greater than the share of its  
7 leading facility competitor. For example, row one of the  
8 slide shows that in the Centegra Woodstock primary service  
9 area, Centegra maintains a 58 percent in-patient share,  
10 more than six times that of its leading facility  
11 competitor, and in the Centegra McHenry primary service  
12 area shown in row 3 of the slide, Centegra's share is also  
13 58 percent and more than three times the size of its  
14 leading facility competitor the entry of Mercy Crystal Lake  
15 hospital will impact Centegra's share in these areas.

16           As you can see from column 2 of this slide,  
17 the share at Mercy Harvard in each of these four areas is  
18 very small. Based on the letters of physician support for  
19 Mercy Crystal Lake, Mercy's share will increase by at least  
20 10 to 15 points in these different areas, and Centegra's  
21 share will fall by approximately the same amount. For  
22 example, in the Centegra Woodstock primary service area,  
23 Centegra's current 58 percent share will fall to 45  
24 percent, and Mercy's current 2 percent share will increase

1 to 16 percent.

2 Economic modeling can be used to forecast the  
3 expected decline in Centegra's commercial in-patient  
4 prices, based on the increase in Mercy's share and the  
5 decline in Centegra's share. The slide behind you, or in  
6 front of you, shows that the decline in Centegra's prices  
7 from the entry of Mercy Crystal Lake is expected to range  
8 from 4 to 9 percent, depending on which Centegra service  
9 area is used to measure the respective Mercy and Centegra  
10 shares.

11 Last, there is a greater need for a new  
12 competitor in the Mercy Crystal Lake proposed primary  
13 service area than in the Centegra Huntley proposed primary  
14 service area. Row 1 of this slide shows that in the  
15 proposed primary service area for Mercy Crystal Lake,  
16 Centegra currently maintains a 48 percent share, which is  
17 approximately three times larger than the share of its  
18 leading facility competitor. By contrast, in  
19 Centegra-Huntley's proposed primary service area, shown in  
20 row 2 of the slide, Centegra is not the largest competitor  
21 currently. Sherman Hospital is, with a 26 percent share,  
22 approximately the same share as Centegra's 23 percent  
23 share.

24 Because Centegra holds a significantly more

1 dominant position than the Mercy Crystal Lake proposed  
2 primary service area than any hospital does in the Centegra  
3 Huntley proposed service area it is the residents of the  
4 Mercy Crystal Lake service area who would benefit more from  
5 a competitive standpoint from having the choice of an  
6 additional hospital.

7 Thank you.

8 MS. AVERY: Thank you.

9 Dan Lawler.

10 MR. LAWLER: My name is Dan Lawler with the  
11 K&L Gates law firm. We represent Centegra Health System.

12 The State board is required by law to give  
13 particular regard to the background and character of the  
14 applicant. Mercy knows and submitted background and  
15 character documents in its CON application, including their  
16 Malcolm Baldrige Award. I'm submitting background and  
17 character documents, too, and there are no rewards in here.

18 The background of Mercy Crystal Lake Hospital  
19 is that the last time it filed a CON application, three  
20 people connected with that application were indicted,  
21 including Mercy's contractor, Jacob Kiferbaum, and its  
22 attorney, Steven Loren. The third person was Stuart  
23 Levine, the State Board's vice-chairman. In their plea  
24 agreements, Levine and Kiferbaum confessed that Levine

1 agreed to influence the State Board to approve Mercy's  
2 application in exchange for an expected million-dollar-plus  
3 kickback from Kiferbaum's construction contract with Mercy.  
4 Mercy's men on that CON application were Javon Bea, Richard  
5 Gruber, sitting in the box and registered, and Herb Franks.  
6 They were respectively the CEO Vice-President and the  
7 registered agent for Mercy corporations. Mercy's latest  
8 CON application has the same three men on the front page,  
9 and they all have the same titles. Nothing has changed.

10 In November 2003, Kiferbaum wrote to Javon Bea  
11 and Richard Gruber, saying that his services included  
12 securing their CON permit. They didn't hire him at first.  
13 But in December 2003, the State Board unanimously voted  
14 down Mercy's project by a vote of zero to eight. Javon Bea  
15 hired Kiferbaum the next month.

16 In February 2004, Kiferbaum introduced Gruber  
17 to Stuart Levine. According to Richard Gruber's own sworn  
18 statement, Levine told Gruber that Kiferbaum was a man of  
19 integrity and that Gruber could trust him. Gruber replied  
20 that he was impressed with Kiferbaum's construction  
21 company. Because Mercy's CON application was pending  
22 before the State Board, ex-parte communications between  
23 Gruber and Levine were prohibited.

24 According to a sworn statement from another

1 hospital CEO, Herb Franks and a Mercy lobbyist told her, in  
2 March 2004, that Stewart Levine personally met with  
3 Kiferbaum and Mercy's CEO to reassure Mercy's CEO that  
4 Kiferbaum could get things done.

5 On April 20, 2004, the day before Mercy's  
6 application was reconsidered by the State Board, Kiferbaum  
7 called up Levine and said Javon Bea is panicking because he  
8 did not know who the fifth vote would be to approve his  
9 application. The next day, after Mercy's CON was approved,  
10 Mercy's lawyer, Steven Loren, told Levine that Javon was  
11 really upset that two board members had not voted for the  
12 project as he had, quote, been promised up and down the  
13 wazoo that he was going to get the support of those two  
14 women.

15 MS. AVERY: One minute.

16 MR. LAWLER: Kiferbaum also called Levine to  
17 report that Javon Bea said Stuart was masterful. Kiferbaum  
18 said Javon Bea knows how to play the game.

19 Centegra sued Mercy in the Circuit Court of  
20 McHenry County to reverse the CON permit. Even after the  
21 commencement of a federal criminal investigation into the  
22 issuance of a permit, Mercy fought for a year to keep its  
23 ill-gotten gain.

24 On May 6, 2005, Judge Maureen McIntyre ruled



1 in Centegra's favor and invalidated Mercy's CON. The next  
2 business day, Levine and Kiferbaum were indicted. Only  
3 then did Mercy throw in the towel and agree not to appeal  
4 Judge McIntyre's decision.

5 The integrity of the CON process was destroyed  
6 by actions surrounding the Mercy Crystal Lake application  
7 in 2004. There is now a new Board, but the people on  
8 Mercy's side are the same. Can a leopard change its spots?

9 MS. AVERY: You need to conclude.

10 MR. LAWLER: Less than a month after the  
11 latest Crystal Lake application, Mercy hired a professional  
12 lobbyist for the stated purpose of lobbying the State Board  
13 with regard to a hospital in Crystal Lake.

14 My written submission documents everything  
15 I've just said and much more. I urge the State board to  
16 fulfill the statutory mandate to give particular regard to  
17 the background and character of the applicant and to deny  
18 Project No. 1089, Mercy Crystal Lake Hospital and Medical  
19 Center.

20 MS. AVERY: Marsha Taylor.

21 MS. TAYLOR: Hi. My name is Marsha Taylor,  
22 and I'm from Lake in the Hills, and I come from a patient  
23 perspective.

24 In one of our famous snow storms, my mother

1 needed to be transported to the hospital. Paramedics  
2 thought the best they could do was maybe Randall Road would  
3 be the safest transport on, and we had to go to Elgin,  
4 which took us away from my mom's doctors. My husband is a  
5 veteran, and the Veteran's Hospital has told him, in an  
6 emergency, Immediate Care is not where he's supposed to go,  
7 he's supposed to go to the nearest full-service Emergency  
8 Room.

9 How many times have we been told? The doctor  
10 said another 5 or 10 minutes it would have been too late.

11 MS. AVERY: Thank you.

12 Kelley Clancy.

13 MS. CLANCY: Good morning. I am Kelly Clancy.  
14 I'm Vice-President of External Affairs for Alexian Brothers  
15 Health System, and I would like to tell you why I'm against  
16 Mercy Hospital's Certificate of Need to build a hospital in  
17 Crystal Lake.

18 I have worked in the healthcare field for much  
19 of my career and have focused on community health the last  
20 two decades. I believe in the philosophy and intent of the  
21 State Board to keep balance and integrity and the  
22 Certificate of Need process. The Board traditionally will  
23 not approve a project unless there is actual need in the  
24 community. I am concerned that the project might

1 needlessly duplicate services.

2 From the point of view of Alexian Brothers  
3 Health System, which operates St. Alexius Medical Center  
4 and Alexian (inaudible) Medical Center, Mercy has not  
5 proven that there is an actual need for this project.  
6 Further, this new hospital would duplicate services in an  
7 area that is already served by several regional medical  
8 centers that have an overabundance of hospital beds. To  
9 that point, we are concerned that a new hospital in Crystal  
10 Lake would violate the new Board's Rule to the impact of  
11 other health facilities. That Rule states the applicant  
12 shall document that within 24 months after project  
13 completion the proposed project, A, will not lower the  
14 utilization of other area providers below the occupancy  
15 standard specified in 77 Illinois Administrative Code 1100,  
16 and, B, will not lower to a further extent the utilization  
17 of other area hospitals that are currently during the  
18 latest twelve-month period operating below the occupancy  
19 standards.

20 Unfortunately, that is exactly what would  
21 happen in this case. If a new hospital were to be built,  
22 it would take patients away from us, as well as all of the  
23 other existing hospitals in the area, and jeopardize our  
24 ability to meet State-specified standards for occupancy.

1                   This is a particularly serious problem today.  
2    In just the last few years, Provena St. Joseph Hospital,  
3    Sherman Hospital, and St. Alexius have all finished or  
4    received approval for major investments in their  
5    facilities. In all cases, the pledge made by these  
6    hospitals to serve residents in the entire northern Fox  
7    Valley area was instrumental in receiving State approval.  
8    In the case of St. Alexius, we're breaking ground next  
9    month for our new children's hospital. It will provide  
10   services that few hospitals offer outside of the City of  
11   Chicago, such as several pediatric sub-specialties  
12   Expensive, yet necessary, healthcare projects like this are  
13   not sustainable on their own. They rely on this Board for  
14   serving patients throughout the region.

15                   All of these major investments I mentioned  
16   reflect an important change in healthcare today, because  
17   hospital care has become more complex, more expensive, and  
18   patient hospital stays are now shorter. As a result, today  
19   the model is to have fewer but larger, more advanced,  
20   regional medical centers that offer many specialty care  
21   services and address the greater geographic area. The  
22   residents of this region are very fortunate that they  
23   already have several highly regarded regional medical  
24   centers from which to choose.

1 I know many people may think that having more  
2 hospitals in an area is always better, even if they are  
3 small, limited-service hospitals, but I invite you to  
4 consider your answer to these questions: Would you rather  
5 have multiple community hospitals in your county that could  
6 only provide you with basic services and refer you to  
7 another hospital for more advanced care, or would you  
8 rather have a select group of high-quality, regional  
9 medical centers that offer comprehensive, basic and  
10 specialty care to meet all of your healthcare needs?

11 This area does not need another small  
12 hospital. If Mercy's hospital were to be built, it would  
13 be needlessly expensive for everyone, including taxpayers.  
14 I urge the State Board members to take all of this into  
15 account when they make their decision, and deny Mercy's  
16 application.

17 Thank you.

18 MS. AVERY: Jeff Thorsen.

19 MR. THORSEN: My name is Jeffrey Thorsen. I  
20 am a City Councilman for the City of Crystal Lake. I'm  
21 here representing the Council with a resolution that was  
22 unanimously passed on February 15th with one exception. I  
23 would like to enter that into the record, as well as a  
24 letter from our Economic Development Commission.

1                   Whereas, on December 29th, 2010, Mercy Health  
2   System filed a Certificate of Need application with the  
3   Illinois Health Facilities and Services Review board,  
4   HFSRB, for a \$200 million project in Crystal Lake,  
5   Illinois, hereinafter the project; and

6                   Whereas, an approved Certificate of Need from  
7   the HFSRB will allow Mercy Health Systems to initiate  
8   further steps to seek approval for and begin plans to build  
9   a 128-bed acute care, large, multi specialty-physician  
10  clinic and hospital in Crystal Lake at Route 31 and Three  
11  Oaks Road; and

12                   Whereas, Mercy Health Systems has revised its  
13  earlier plans to better serve the current and future needs  
14  of Crystal Lake and surrounding communities, by increasing  
15  the number of hospital beds in high-priority services  
16  provided in the area; and

17                   Whereas, Mercy Health Systems understands that  
18  this resolution vests no zoning rights nor shall it be  
19  deemed to constitute an approval for the development or  
20  construction of a future hospital and medical center and  
21  that any such development and/or construction shall require  
22  certain zoning approvals in accordance with the Unified  
23  Development Ordinance of the City of Crystal Lake; and

24                   Whereas, Mercy Health Systems has chosen to

1 locate its hospital and medical center in the most densely  
2 populated area of McHenry County; and

3           Whereas, Crystal Lake is also the home of the  
4 most diverse population in McHenry County and has a growing  
5 geriatric population in need of additional services; and

6           Whereas, the location will also provide easy  
7 access for emergency medical service providers; and

8           Whereas, it is anticipated that the project  
9 will generate an estimated 650 to 800 construction-related  
10 jobs during the two-year construction project. Within the  
11 first year of opening the facility, Mercy Crystal Lake  
12 Hospital is expected to employ more than a thousand  
13 individuals, filling 840 full-time positions, of which  
14 approximately 600 will be new jobs; and

15           Whereas, Mercy Health System had represented  
16 that the total industry sales impact of the proposed Mercy  
17 Crystal Lake Hospital and Medical Center ranges from an  
18 estimated \$102.78 million in the first year of operation to  
19 an estimated \$257.5 million five years later; and

20           Whereas, in addition to generating jobs and  
21 income, the economic activity associated with the proposed  
22 Mercy Crystal Lake Hospital and Medical Center will also  
23 generate tax revenue for the State and local governments.

24           Now, therefore, be it resolved that the City

1 Council of the City of Crystal Lake does hereby endorse and  
2 support the approval of Mercy Health System's application  
3 for Certificate of Need for the proposed Mercy Crystal Lake  
4 Hospital and Medical Center project, contingent upon  
5 obtaining certain zoning approvals in accordance with the  
6 Unified Development Ordinance of the City of Crystal Lake.

7 Dated this 15th day of February 2011.

8 And I'd like to again note that that was a  
9 unanimous approval with one abstention.

10 I'd like to enter into the record a letter  
11 from Haig Haleblian of the Crystal Lake Economic  
12 Development Committee.

13 MS. AVERY: You have left one minute, sir.

14 MR. THORSEN: The letter is addressed to Dan  
15 Colby.

16 On behalf of the City of Crystal Lake Economic  
17 Development Committee, I am writing to inform you that on  
18 Tuesday, February 22nd, 2011, the Committee passed a motion  
19 to send a letter of support to endorse the approval of  
20 Mercy Health's application for Certificate of Need for the  
21 proposed Mercy Crystal Lake Hospital and Medical Center  
22 project.

23 The City's Economic Development Commission  
24 acknowledges that the Mercy Health System has revised its



1 earlier plans to better serve the current future needs of  
2 Crystal Lake and surrounding communities by increasing the  
3 number of hospital beds and high-priority services provided  
4 in the area.

5           The Committee recognizes that an estimated 650  
6 to 800 construction-related jobs will be created during the  
7 two-year construction project that will greatly benefit the  
8 Crystal Lake and surrounding communities. Additionally,  
9 within the first year of opening the facility, Mercy  
10 Crystal Lake is expected to employ more than 1,000  
11 individuals, filling 840 full-time positions, of which  
12 approximately 600 will be new jobs. These actions will  
13 greatly improve the unemployment rate of the City, 8.1% as  
14 of December 2010, and in McHenry County, 9.4 as of January  
15 2011.

16           Finally, the Committee acknowledges that the  
17 total industry sales impact of the proposed Mercy Crystal  
18 Lake Hospital and Medical Center ranges from an estimated  
19 \$102.78 million in the first year of operation to an  
20 estimated \$257.5 million five years later.

21           Please reference the attached minutes of the  
22 Economic Development Committee meeting.

23           Thank you.

24           MS. AVERY: Thank you.

1 Gene Dawson.

2 MR. DAWSON: Good morning. My name is Gene  
3 Dawson. I'm a Barrington Township Supervisor. Barrington  
4 Township is in the northwestern tip of Cook County. That  
5 makes us an immediate neighbor to three counties -- Kane  
6 County, McHenry County, and Lake County.

7 All government bodies are being called upon to  
8 be better stewards of taxpayer money. I would like to ask  
9 the Illinois Health Facilities Services and Review Board to  
10 do the same. I do not believe that Mercy Health System's  
11 proposal to build a new hospital in a good -- is good use  
12 of healthcare dollars. It would only add to escalating  
13 healthcare costs to our area, and it would be a burden to  
14 already overextended State and federal budgets.

15 The proposed hospital site is only six miles  
16 from Advocate Good Shepherd Hospital in Barrington. That  
17 fact alone should send up a red flag. More hospital beds  
18 are not needed here. Many of the residents in the proposed  
19 hospital service area actually live closer to Good Shepherd  
20 Hospital than they do Crystal Lake. Beyond that, most of  
21 the people that Mercy says it will serve live within a  
22 30-minute drive of Good Shepherd. That is well within the  
23 State guidelines for accessibility.

24 As long as we are on the topic of driving and

1 accessibility, let's talk about traffic congestion. Mercy  
2 says it wants to build a hospital in Crystal Lake because  
3 traffic congestion causes a need. If this is true, then  
4 why did Mercy choose a site that is in a high-traffic area?  
5 Wouldn't this just make congestion worse.

6 The ongoing recession means that population  
7 growth trends are being recalculated, and they're being  
8 recalculated downward. Building a new hospital which would  
9 increase the number of beds in the area by 50 percent,  
10 before there is an adequate population base to support it,  
11 would be a poor use of economic resources.

12 Thank you for your time and thank you for  
13 listening to my comments.

14 MS. AVERY: Thank you.

15 Bob Sieger.

16 MR. SIEGER: Good morning. My name is Bob  
17 Sieger. I live at 3108 on East Crystal Lake -- Terra Cotta  
18 Avenue, Crystal Lake, Illinois. I'm representing myself  
19 here this morning. Aside from being a resident, my family  
20 has a business in the northern Illinois area here, in the  
21 agricultural business.

22 I am here this morning to tell a few things  
23 that I know that I think you should know and the community  
24 should know. That is that -- by the way, I am also a

1 Trustee for Crystal Lake Rural Fire Protection District.  
2 Just to tell you a little bit about the district, the  
3 district is a donut that goes completely around Crystal  
4 Lake. So, it kind of hits the heart of the area. I can  
5 also tell you that response time is very important for the  
6 services that we try to provide. If you took -- if you  
7 kind of divide -- and I'm looking at the population. If  
8 you look at response times and the number of calls, Crystal  
9 Lake averages approximately 1,200 more calls a year than  
10 Huntley, so to indicate where the population would be.

11 Another thing I just wanted to say, that time,  
12 again, is very important, and I guess I can conclude --  
13 which my talk is very, very short. But I can conclude, if  
14 you're in an accident where your pants are on fire, one  
15 minute is a long time.

16 MS. AVERY: Thank you.

17 Susan Milford.

18 MS. MILFORD: Good morning. My name is Susan  
19 Milford. I am the Senior Vice-President for Strategic  
20 Planning and Wellness at Centegra Health System, and I'm  
21 also a Crystal Lake resident for the past five years.

22 Thank you for the opportunity to point out to  
23 the Health Facilities and Services Review Board the major  
24 issues with the Mercy CON application to establish a

1 hospital in Crystal Lake. The CON has got to be one of the  
2 shoddiest ever filed with the State Board. In many ways,  
3 it's even worse than the application they filed in 2003,  
4 which was described by one State Board member at the time  
5 as a terrible job.

6 In Mercy's rush to file this second  
7 application before the end of December, there were so many  
8 mistakes that they had to submit over 20 corrected pages.  
9 Even with those corrections, the application remains  
10 riddled with errors. Many of them are listed in my written  
11 testimony, but among the most egregious misrepresentation  
12 in Mercy's CON application is the following:

13 On page 114, mercy claims that it approached  
14 Centegra Health System about a joint venture to provide a  
15 hospital and multi-specialty clinic in Crystal Lake. "To  
16 date, Centegra Health System has not responded to any of  
17 our requests." Please let me set the record straight.  
18 Prior to filing of this application, the last time Mercy  
19 contacted Centegra about Crystal Lake was over three and a  
20 half years ago, in 2007. Contrary to Mercy's statement  
21 that we never responded, our CEO, Mike Eesley, agreed in  
22 writing to meet with Mercy and did, in fact, meet with  
23 Mercy. We have the correspondence, including letters from  
24 Javon Bea himself, to prove this, and I am submitting them

1 with my written testimony. They include Mike Eesley's  
2 letters to Javon Bea dated July 12th and August 22nd, 2007  
3 and Mr. Bea's letters to Mr. Eesley dated June 19 and  
4 August 30th, 2007.

5           While we were not persuaded then and are not  
6 now that a new hospital in Crystal Lake was appropriate or  
7 could satisfy the State Board's criteria, Mr. Eesley did  
8 offer to continue discussions with Mercy on other possible  
9 joint ventures to improve access to healthcare for area  
10 residents. Mercy was not interested. While Mr. Bea  
11 promised in his August 30th letter that he would have Dan  
12 Colby or Rich Gruber to contact us to continue discussions,  
13 they never did.

14           Second thing I want to talk about, inaccurate  
15 referral data in Mercy's application. This is very  
16 critical and against the CON regulations. Mercy's  
17 application includes referral letters from 42 physicians,  
18 representing that they had a total of 3,977 historical  
19 referrals to existing facilities in fiscal year '10, 3,809  
20 of which they would redirect to Mercy Crystal Lake  
21 Hospital. We checked this information and found that the  
22 data submitted by only 22 physicians coincided with what  
23 has been reported to IHA's COMPdata. All of the other  
24 physicians overstated their referrals in comparison to the

1 data reported to COMPdata. Mercy's application is 22  
2 percent higher, or 718 referrals higher, than COMPdata.  
3 Included with my written testimony is a comparison of what  
4 the physicians reported in Mercy's application and what  
5 COMPdata reports for these same physicians during this same  
6 period.

7 It is also worth noting that six of the  
8 referral letters were not signed by the physicians or  
9 notarized, as required under CON Rules.

10 My next assertion, unwarranted --

11 MS. AVERY One minute.

12 MS. MILFORD: -- assertions in Mercy's  
13 application. Mercy makes many of the same substantive  
14 arguments in this application that it did in its 2003 CON  
15 application for a new hospital in Crystal Lake. As you  
16 have already heard, it is a matter of public record that  
17 the permit issued for the 2003 project was obtained by a  
18 written vote and the promise of a \$1.5 million kick-back  
19 from Mercy's contractor to a corrupt State board member.  
20 Mercy's contractor, the State Board member, and Mercy's CON  
21 attorney were all indicted on federal corruption charges  
22 and have all pleaded guilty. I won't belabor that point.

23 The point I do want to make is that when we  
24 challenged Mercy's permit in the Circuit Court of McHenry

1 County, the judge rejected the same substantive arguments  
2 that Mercy is reasserting now. For example, Mercy claimed  
3 there was a shortage of 45 physicians in McHenry County and  
4 that the claimed shortage demonstrated the need for a  
5 hospital. The judge noted that the State Board had no  
6 established criteria for addressing physician shortages.  
7 In addition, the judge noted that Mercy's own data source  
8 showed that there was no physician shortage in Crystal  
9 Lake. A copy of the Court's decision is included in my  
10 written testimony.

11 Now Mercy is here again, claiming that an  
12 alleged 49 physicians shortage in McHenry County shows the  
13 need for their hospital. Nothing has changed on this point  
14 since 2004. It is still relevant, and there is still no  
15 shortage of physicians in Crystal Lake, based on credible  
16 data. In fact, the data shows Crystal Lake has an excess  
17 of 24 physicians. So, Mercy's claim that a \$200 million  
18 hospital is needed in Crystal Lake to address a physician  
19 shortage is wholly unwarranted.

20 The application has numerous inconsistencies.  
21 The Health Facility and Services Review Board should deny  
22 the CON application. The application fails to meet the  
23 State's requirements, is riddled with errors, and does not  
24 document that a proposed facility is needed.



1 Thank you for your attention to our concerns.

2 MS. AVERY: Thank you.

3 Kathy Kus.

4 MS. KUS: Hello. My name is Kathy Kus and I  
5 will be reading some statements from local residents who  
6 are not able to make the hearing today.

7 It would be nice to have medical help close  
8 by. Good luck. Our city really needs this great hospital.  
9 From Thomas J. Nester of Crystal Lake, Illinois.

10 It would be nice. A closer facility would  
11 help everyone. Angie Pietrini from Cary, Illinois.

12 When I moved to Marengo two years ago, I asked  
13 several people what doctors and hospitals they recommended.  
14 They told me that there are two hospitals: Mercy Harvard  
15 and Centegra. Mercy was excellent. I have been seeing  
16 doctors from Mercy Health System who are excellent. Being  
17 a retired RN, I am very satisfied with Mercy. Mercy does  
18 need a larger hospital to handle the growth around the  
19 area. That is from Margo from Marengo, Illinois.

20 The Foresman household from Crystal Lake,  
21 Illinois: The hospital I would normally visit is Woodstock  
22 and McHenry. Both decent. The biggest benefit I see to  
23 having a hospital in Crystal Lake is proximity. Being a  
24 senior, it's hard for me to go anywhere. A new hospital in

1 Crystal Lake would create jobs. It seems like every  
2 business in Crystal Lake is closing down and moving out of  
3 the area. The hospital would draw more people to Crystal  
4 Lake and make a more attractive city for people to live in.

5 Thank you.

6 MS. AVERY: Thank you.

7 Terry Dunning.

8 MR. DUNNING: Good morning. My name is Terry  
9 Dunning, and I am the Chairman of the Sherman Hospital  
10 Board of Directors. I'm here to discuss why Sherman  
11 opposes Mercy's proposed hospital in Crystal Lake.

12 Since its founding well over a century ago,  
13 Sherman has been an integral part of this region,  
14 regardless of ability to pay. Mercy believes the proposed  
15 hospital in Crystal Lake is needed to improve the health  
16 and well-being of McHenry County, particularly those living  
17 in the communities of Crystal Lake, Algonquin, Lake in the  
18 Hills, and Cary. However, these areas are already well  
19 served by Sherman hospital.

20 As a member of the Sherman Hospital Board for  
21 over 20 years, and a life-long resident of this community,  
22 I know Sherman Hospital as a resource for the entire  
23 region. Sherman serves all regions of the Upper Fox  
24 Valley. It just happens to be located in Elgin. In fact,

1 in choosing a replacement site, we situated our hospital  
2 closer to McHenry County and in the middle of our service  
3 area to better serve patients throughout the entire region.  
4 Residents of the Upper Fox Valley have convenient access to  
5 quality healthcare provided by Sherman, as well as other  
6 hospitals in the area like Provena St. Joseph, Advocate  
7 Good Shepherd, St. Alexius, and Northwest Community.

8 A new hospital will not improve the health and  
9 well-being of the residents of McHenry County's.

10 Safety net. Rather than improving healthcare,  
11 a new hospital will actually weaken the regional's  
12 healthcare system. Throughout its history, Sherman has  
13 been a vital part of the region's safety net, providing  
14 health services to the most vulnerable populations.  
15 Sherman, along with Provena St. Joseph, was integral in  
16 establishing the Greater Elgin Family Care Center in 1996.  
17 Since its founding, Greater Elgin has grown from a small  
18 clinic of four physicians to a federally-qualified health  
19 center, providing comprehensive healthcare to residents of  
20 the area. Due in large part to the financial support and  
21 other contributions of the Elgin hospitals, Greater Elgin  
22 has been an unqualified success. This has led to the  
23 organization's development of a new health center in  
24 McHenry County, which is projected to open in October of

1 this year.

2           A new hospital will adversely impact the  
3 ability of safety net providers like Sherman to care for  
4 the under served populations of the region. Sherman is  
5 located closer to both Carpentersville and Elgin, two of  
6 the most medically under served areas in the Upper Fox  
7 Valley. Through initiatives of the existing hospitals in  
8 the region, like Greater Elgin, residents of these  
9 communities have access to primary care services, such as  
10 routine, wellness, urgent primary and pediatric care.  
11 Successful primary care programs result in fewer  
12 hospitalizations and lower costs to the healthcare delivery  
13 system. A new hospital will draw patients away from  
14 existing hospitals, decreasing revenues and operating  
15 margins and making it more difficult for Sherman to serve  
16 nearby lower income communities and to fund vital safety  
17 net services.

18           Innovative healthcare. Additionally, a new  
19 hospital will impact Sherman's ability to provide  
20 innovative, state-of-the-art healthcare to the region. The  
21 proposed hospital will not provide any new or innovative  
22 services. Rather, it will merely offer the same services  
23 that are presently provided at existing hospitals. As a  
24 leading provider of healthcare to residents of the Upper

1 Fox Valley, Sherman made a large investment in its  
2 facilities, to better serve the residents of the region. A  
3 little over a year ago we opened our brand new \$235 million  
4 replacement hospital. We are aligning with some of the  
5 best academic medical centers in the state, and we've been  
6 able to expand our specialized services in stroke care,  
7 cancer care, heart and vascular care, pediatric services,  
8 and women's health, and we are now planning a center for  
9 advanced liver and pancreatic care. The proposed Crystal  
10 Lake hospital is a critical threat to Sherman's ability to  
11 continue with these innovations and to set the quality bar  
12 higher for the communities we serve.

13 Economic climate. In addition to lack of  
14 need, now is not the right time to build a \$200 million  
15 hospital. The provider community is facing a negative  
16 economic climate and many challenges with healthcare  
17 insurance reform. In this environment, a smaller, more  
18 conservative project, like an outpatient clinic, which was  
19 considered but ultimately rejected in Mercy's 2003  
20 application, would be more appropriate and a much more  
21 judicious use of the financial resources than the  
22 establishment of a new hospital, particularly when there is  
23 convenient access to hospitals with beds available to  
24 accommodate the healthcare needs of the community.

1                   We appreciate the opportunity to express our  
2                   opposition to Mercy's proposed hospital in Crystal Lake and  
3                   respectfully request the CON Board to deny Mercy's  
4                   application for a permit for this project.

5                   Thank you very much.

6                   MS. AVERY: Thank you.   Brett Turner.

7                   MR. TURNER: Good morning. My name is Brett  
8                   Turner. I'm pleased to be here today to provide you a  
9                   summary of my public hearing testimony, the full version of  
10                  which has been submitted for the record.

11                  I'm the Managing Principal of Legacy  
12                  Healthcare Consultants, a healthcare strategy and financial  
13                  consulting firm based in the Chicago area. I'm also a  
14                  local resident, as I live in Hawthorn Woods. I'm proud to  
15                  say our firm has recently worked with 3 of the 11 Malcolm  
16                  Baldrige Quality Award winners for healthcare, including  
17                  Mercy Health System.

18                  I'm speaking on behalf of Mercy Crystal Lake  
19                  Hospital and Medical Center. In doing so I'll speak to  
20                  several key issues which I believe are vital to the  
21                  dialogue.

22                  First, is the project needed? The answer is  
23                  quite simply yes, and here's why: Today's environment to  
24                  provide a continuum of services and reduce fragmentation

1 hospitals must have in-patient hospital beds. The Illinois  
2 Department of Public Health has determined for Planning  
3 Area A-10, where Mercy's proposed hospital is located, that  
4 there is a need for 118 beds. In addition to there being a  
5 demonstrated need for hospital beds in the planning area,  
6 the development of the Mercy Crystal Lake hospital will  
7 serve to correct the mal-distribution of hospital beds in  
8 McHenry County. If you divide the county into four sub  
9 areas, nearly 93 percent of the in-patient beds in McHenry  
10 County are in the central sub-area, with a population of  
11 about 113,000, or a third of the population of McHenry  
12 County. Mercy's Crystal Lake facility and it's proposed  
13 location is located centrally in the six southeast McHenry  
14 County communities, representing over 46 percent of the  
15 population, a dense but rapidly-growing area of close to  
16 164,000 people, which has no full-service Emergency Room,  
17 no hospital-based outpatient services, and no hospital  
18 beds.

19                   Second, will this project increase the  
20 healthcare costs for residents of the area? The answer is  
21 no, and it will likely lower the costs with the increased  
22 presence of the Mercy Health System in the Crystal Lake  
23 community. Over the past 10 years, Mercy Health System,  
24 which is a model for integrated delivery systems, has been

1 consistently rated in the top 20 Integrated Health Delivery  
2 Systems in the United States virtually every year.

3 Irrefutable evidence has been established, including by the  
4 President himself, that Integrated Delivery Systems improve  
5 healthcare quality, patient outcomes and reduce costs.

6 While other providers are working to become fully  
7 Integrated Delivery Systems, Mercy Health System is already  
8 there.

9           We don't need to look far to observe the  
10 effects of this efficiency. The Dartmouth Atlas for  
11 Healthcare publishes differences by regions of the United  
12 States. Directly to the northeast of McHenry County, Mercy  
13 Health System operates its largest of three hospitals. In  
14 2007, Medicare paid \$6,800 per Medicare enrollee for  
15 Medicare. In the Elgin region, which includes Centegra  
16 McHenry, Advocate Good Shepherd, Sherman, Provena St.  
17 Joseph, Alexius, Medicare paid \$9,518 for the same care.

18           Finally, Mercy Health System has a superior  
19 financial ability to handle the debt load associated with  
20 developing a new hospital. As a firm who routinely advises  
21 hospitals and health systems throughout the U.S. on large  
22 capital projects, including replacement hospitals and new  
23 hospitals, it is vital that an organization have the  
24 financial wherewithal to absorb projects of this magnitude



1 without jeopardizing the financial stability of the  
2 organization and maintain future access to capital from  
3 municipal bond markets. Mercy Health System is rated A2  
4 stable by Moody's Investors Service --

5 MS. AVERY: I need you to conclude.

6 MR. TURNER: -- considered a very strong  
7 rating that is higher than any other owner of a hospital  
8 that is located in McHenry County. Mercy has significant  
9 cash reserves available for a project of this magnitude.  
10 Their project is 200 million, 33 million less than a  
11 similar project in Huntley.

12 We believe Mercy clearly represents a superior  
13 ability to fund a new hospital in McHenry County and not  
14 put itself at considerable financial risk due to  
15 overly-high debt equity levels.

16 Thank you very much.

17 MS. AVERY: Thank you. Dale Moll.

18 MR. MOLL: Hello. My name is William Moll,  
19 and I live in Lakewood. I am here to oppose Mercy Health  
20 System's request to build a new hospital in Crystal Lake.  
21 As you can tell, I was not born yesterday. In fact, I do  
22 remember the seemingly endless Great Depression, so I have  
23 watched many boom and bust periods over the years. We did  
24 enjoy a huge boom in McHenry County, especially in real

1 estate, not so long ago. But that is all past now, and,  
2 judging from my experience, will not come back for a very  
3 long time.

4 Even so, Mercy Health System wants to build a  
5 hospital in Crystal Lake. That does not make any sense to  
6 me. One of my concerns is this: The new hospital they  
7 propose will not only duplicate facilities we already have,  
8 the proposed hospital will be just another community  
9 hospital, not one that brings specialized healthcare. The  
10 new facility certainly would be expensive, perhaps very  
11 expensive to build. As we all know the cost of medical  
12 care are a hot topic today. So, what sense does it make to  
13 incur all of these costs just to duplicate what we already  
14 have? A better solution, in my opinion, would be to expand  
15 existing facilities.

16 Currently I am very pleased with the access I  
17 have to a full range of care at Advocate Good Shepherd  
18 Hospital, which I can drive to in not much more than 30  
19 minutes. I have not had any difficulty finding doctors to  
20 treat me or getting appointments to see these doctors. As  
21 I can attest, senior citizens often are under the care of  
22 many doctors. I can tell you that it really helps to know  
23 that all my doctors will be available and coordinate my  
24 medical care. So, what sense does it make to spend a lot

1 of money at diluting existing medical care to build and  
2 operate just another run-of-the-mill medical facility that  
3 duplicates what we already have?

4 Thank you for coming out to Crystal Lake, and  
5 thank you for your time in hearing me out.

6 MS. AVERY: Thank you.

7 We'll take a ten-minute break.

8 (Recess)

9 MS. AVERY: Next is Joanne Butler.

10 MS. BUTLER: Hi. My name is Joanne Butler. I  
11 am supporting Mercy, and the reason I am supporting Mercy  
12 is I honestly believe that Crystal Lake needs a hospital  
13 here. I have heard a number of people say how many empty  
14 rooms there are in the local hospitals. Now, I have been  
15 to the Emergency Room with my husband I would say at the  
16 least 10 times. Now, with all of these empty beds, I would  
17 like to know how come it takes eight to twelve hours for a  
18 person who is going through the Emergency Room to be  
19 admitted to one of these empty rooms that you have.

20 Thank you.

21 MS. AVERY: Thank you.

22 Next we have Joan S-h-a-d-e-l.

23 MS. SHADEL: Good morning. My name is Joanne  
24 Shadel, and I'm turning my spot to speak over to the

1 gentleman from the Village of Cary.

2 MR. DAVIS: Good morning. I am Cameron Davis.  
3 I am the Village Administrator for the Village of Cary.  
4 Mayor Kierna is out of town on business today and the  
5 Village Board asked me show up today and read a  
6 proclamation that they recently passed. Cary is Crystal  
7 Lake's good neighbor to the east. The proposed Mercy  
8 Health System hospital would be built less than a  
9 quarter-mile away from the corporate boundaries of Cary's  
10 18,000-plus residents. On March 1st, Mayor Kierna and the  
11 Village Board unanimously passed a resolution of support  
12 for Mercy's project, and, as I mentioned, the Mayor asked  
13 me to come today to read the resolution into the record.

14 Resolution No. R11-03-01. Whereas, on  
15 December 29th, 2010 Mercy Health System filed a Certificate  
16 of Need application with Illinois Health Facilities and  
17 Services Review Board for a \$200 million project in Crystal  
18 Lake, Illinois;

19 Whereas, an approved Certificate of Need from  
20 the HFSRB will allow Mercy Health System to initiate  
21 further steps to seek approval for and begin plans to build  
22 a 128-bed acute care, large, multi-specialty physician  
23 clinic and hospital in Crystal Lake on Route 31 and Three  
24 Oaks Road; and

1                   Whereas, Mercy Health System has reviewed its  
2 earlier plans to -- revised its earlier plans to better  
3 serve the current and future needs of Cary and other  
4 southeast McHenry County communities by increasing the  
5 number of hospital beds and high-priority services in the  
6 area; and

7                   Whereas, Mercy Health System has chosen to  
8 locate its hospital and medical center in the most densely  
9 populated area of McHenry County; and

10                   Whereas, the proposed location will also  
11 provide easy access for emergency medical service  
12 providers; and

13                   Whereas, it is anticipated that the project  
14 will generate an estimated 650 to 800 construction-related  
15 jobs during the two-year construction project. Within the  
16 first year of opening the facility, Mercy Hospital is  
17 expected to employ more than a thousand individuals,  
18 filling 840 full-time employment positions, of which  
19 approximately 600 will be new jobs; and

20                   Whereas, Mercy Health System has represented  
21 that the total industry sales impact of the proposed Mercy  
22 Hospital and Medical Center ranges from an estimated  
23 \$102.78 million in the first year of operation to an  
24 estimated \$257.5 million five years later; and

1           Whereas, in addition to generating jobs and  
2 income, the economic activity associated with the proposed  
3 Mercy Hospital and Medical Center will also generate  
4 increased tax revenue to county municipalities; and

5           Whereas, there is a great likelihood that said  
6 economic activity will help to result in additional  
7 economic development in Cary, especially development on  
8 open land on Three Oaks Road within one-quarter-mile of the  
9 proposed Mercy Hospital and Medical Center site.

10           Now, therefore, be it resolved that the  
11 Village Board of Cary does hereby endorse and support the  
12 approval of Mercy Health System's application for  
13 Certificate of Need for the proposed Mercy Hospital and  
14 Medical Center project, contingent upon Mercy Health System  
15 obtaining certain zoning approvals in accordance with the  
16 Unified Development Ordinances of the City of Crystal Lake.

17           Passed this 1st day of March, 2011.

18           Thank you.

19           MS. AVERY: Thank you.

20           Lee Piekarz.

21           MR. PIEKARZ: Good morning. My name is Lee  
22 Piekarz. I'm a senior manager for the firm of Deloitte, an  
23 international professional services firm which provides  
24 accounting, tax, and business consulting services.

1 I'm here to present summary findings with  
2 respect to an independent study we prepared at the request  
3 of Centegra Health System. This study relates to the  
4 potential financial impact of the proposed Mercy Crystal  
5 Lake Hospital on Centegra's existing McHenry County  
6 hospitals, Centegra Hospital McHenry and Centegra Hospital  
7 Woodstock. Our findings with respect to this study are  
8 outlined in a report submitted to Centegra Health System.

9 Our estimate of the financial impact of  
10 Mercy's project on Centegra Health System is based on the  
11 inpatient cases and related revenues and profits that Mercy  
12 would redirect from existing Centegra hospitals to the  
13 proposed Mercy Crystal Lake Hospital. The purpose of  
14 estimating the financial impact as if it were open today is  
15 to reduce the number of variables, such as inflation rates,  
16 reimbursement rates, and payor mix changes.

17 In Mercy's CON application, on pages 181 and  
18 182, mercy states it is confident that its project will not  
19 lower the utilization of other area providers below the  
20 State's occupancy standards or lower the utilization of  
21 other area hospitals that are currently operating below the  
22 standards. But then contrary to that statement, they  
23 include in their CON application 42 physician referrals,  
24 totaling 3,809 cases, of which 88 percent, or 3,368, cases

1 will be redirected from Centegra's two existing facilities,  
2 as even was stated by their own consultant, looking at the  
3 slide show, of not looking at payor mix and looking at  
4 redirecting cases. Again, to state it clearly, zero cases  
5 are reported coming from any Mercy facility.

6 In order to calculate the financial impact  
7 contributed to lost cases to Centegra Hospital McHenry and  
8 Centegra Hospital Woodstock's patient volume, we analyzed  
9 internal Centegra financial and cost accounting data to  
10 determine the contribution margin with respect to each  
11 hospital's inpatient services. Contribution margin, which  
12 is defined as revenues minus variable costs, represents the  
13 incremental profit from the provision of services available  
14 to cover fixed operating costs.

15 Multiplying the lost cases for each Centegra  
16 hospital by the contribution margin for each hospital, we  
17 estimate the potential financial impact to Centegra Health  
18 System, if the proposed Mercy facility is approved, to be  
19 an annual reduction in net income of approximately \$11.7  
20 million. In our analysis of Mercy's CON application, we  
21 sought to validate the physician fiscal year '10 cases,  
22 using COMPdata via Intellimed, and discovered a variance  
23 from the submitted physician referrals included in Mercy's  
24 CON to the data we pulled from COMPdata via Intellimed in



1 the same time period.

2 The total number of cases reported in Mercy's  
3 CON is 3,977, compared to COMPdata cases of 3,259, or an  
4 overstatement of 22 percent. Per COMPdata, 2,872 cases  
5 have been referred to Centegra's facilities by the  
6 physician surveyed and included in the CON application.  
7 The financial impact based on this adjusted inpatient  
8 volume of 2,872 cases from COMPdata is still \$10 million.

9 It is important to note that in both  
10 scenarios, Mercy could also expect to derive additional  
11 revenue from outpatient services not specifically  
12 identified in Mercy's CON. Accordingly, Centegra could  
13 also be expected to lose revenue and profits attributable  
14 to those services to Mercy. The financial impact related  
15 to any lost outpatient services has not been quantified,  
16 since we only quantified the financial impact based on  
17 Mercy's number of inpatient cases from its CON application.

18 In conclusion, based on our analysis and  
19 assuming Mercy's new facility were open today, we estimate  
20 the potential financial impact to Centegra Health System to  
21 be an annual reduction in net income of approximately \$10  
22 to \$11.7 million.

23 Thank you.

24 MS. AVERY: Thank you.

1 I think there was a misunderstanding that if  
2 you did not have written testimony with you that you would  
3 not be allowed to present orally. You can still present  
4 oral testimony, even if you do not have the written  
5 testimony with you. Thanks.

6 The next person is Richard Guy.

7 MR. GUY: My name is Richard Guy. I am a  
8 resident of Woodstock, Illinois. While I'm not a resident  
9 of Crystal Lake, Cary, Algonquin or Lake in the Hills, I'd  
10 like to share with the Board why I feel the need for a  
11 person to have a hospital facility close to where they  
12 live.

13 In 2002 I experienced severe abdominal pains.  
14 Due to the closeness of the Centegra Woodstock facility, my  
15 wife was able to drive me to the Emergency Room in less  
16 than 10 minutes. It was a Saturday, and we arrived at  
17 approximately six p.m. Unfortunately, the Emergency Room  
18 was packed and I had to wait approximately 45 minutes for  
19 an exam room -- before an exam room was available. During  
20 that time, I laid on the floor in a fetal position for all  
21 to see. I was diagnosed with diverticulosis and was  
22 admitted to the hospital for treatment 12 hours after I  
23 arrived at the Emergency Room. I did not respond to  
24 treatment long-term and surgery had to eventually be

1 performed.

2           The closeness of a hospital gives me great  
3 comfort, but if that facility is so overwhelmed by the  
4 number of persons that live within close proximity that  
5 seek treatment at that facility, I have concerns.

6 Population growth in southern McHenry County, in my  
7 opinion, has mandated the need for a hospital located in  
8 Crystal Lake.

9           To be candid, I want to see the Mercy Crystal  
10 Lake Hospital approved so I and anyone else will never have  
11 to suffer the embarrassment of having to lay on an  
12 Emergency Room floor for 45 minutes until an exam room  
13 becomes available, or, for that matter, to wait an  
14 additional 12 hours before a patient room becomes  
15 available.

16           A final comment, if I may. The addition of a  
17 Mercy facility will foster competition, which is good. It  
18 will ultimately provide residents of southern McHenry  
19 County with better medical care at a lower cost.

20           I thank this Board for its courtesy.

21           MS. AVERY: Thank you.

22           Rick Jakle.

23           MR. JAKLE: Good morning. My name is Rick  
24 Jakle, and I'm the Chairman of the Sherman Health System

1 Board of Directors. I'm here today to delve farther into  
2 why Sherman Hospital opposes Mercy's proposed hospital in  
3 Crystal Lake.

4           The United States healthcare system is  
5 undergoing its greatest transformation since the creation  
6 of the Medicare and Medicaid programs back in the early  
7 60's. Payors are moving towards more outcome-based payment  
8 models and healthcare reform legislation is aimed at  
9 reducing costs. Moreover, patient-centered medical homes,  
10 bundled payments, clinical integration, and accountable  
11 care organizations are all driving the delivery of  
12 healthcare away from the traditional inpatient, acute care,  
13 hospital-driven delivery system to one that is more  
14 clinically integrated, coordinated, and ambulatory based.  
15 In fact, based upon data from the American Hospital  
16 Association, over the last 20 years hospital utilization  
17 has been steadily decreasing, despite growing population.  
18 From 1989 to 2009, inpatient days in the U.S. decreased  
19 14-and-a-half percent nationally. That was despite an  
20 almost 25 percent increase in the population. Illinois has  
21 seen similar decreases in utilization. From 2005 to 2009,  
22 inpatient days increased 3.7 percent, from approximately  
23 7.6 million inpatient days to about 7.3 million inpatient  
24 days.

1                   What this means is that fewer hospital beds  
2 will be required in the future to treat greater numbers of  
3 people. Given duplication of services, current downward  
4 utilization trends, and the movement from a volume-based to  
5 a value-based payment model, now is not the right time to  
6 add beds to the service area. In fact, it is at direct  
7 odds with healthcare reform initiatives aimed at reducing  
8 costs.

9                   As previous speakers have already testified,  
10 there is surplus capacity in the region. Another hospital  
11 will duplicate services. It will draw patients away from  
12 existing hospitals, and another hospital will create  
13 inefficiencies. It will also create additional costs.  
14 Additionally, staffing costs will increase with more  
15 competition for the limited number of healthcare workers.  
16 As a result, hospitals will be forced to increase charges  
17 to offset lost revenue and increased operating expenses and  
18 to cover fixed costs, such as physical plant maintenance  
19 and these equipment upgrades. These increases will be  
20 passed along to consumers through higher premiums,  
21 copayments and deductibles, and higher taxes. Make no  
22 mistake about it. This hospital will not be free to  
23 consumers and taxpayers. We will all pay for it.

24                   MS. AVERY: One minute.

1 MR. JAKLE: While it is anticipated that  
2 health insurance reform will expand access to nearly 30  
3 million, this is not a panacea that will reverse a 20-year  
4 trend of decreasing utilization.

5 How much time do I have left?

6 MS. AVERY: One minute.

7 MR. JAKLE: Healthcare reform seems to be  
8 having the effect of bringing the economics of healthcare  
9 closer to home. Patients are becoming more informed  
10 healthcare consumers as they become responsible for a  
11 larger share of their healthcare bills and premiums.  
12 That's because in an attempt to grow rising healthcare  
13 costs, payors and employers are beginning to shift more and  
14 more costs to the consumer. This is being accomplished  
15 through higher premiums, deductibles and copayments. As a  
16 result, much healthcare consumers are more judicious about  
17 the services they receive, as evidenced by a softening in  
18 the demand for diagnostic testing and procedure. Emerging  
19 payment and care delivery models will have significant  
20 implications on current and projected capacity for  
21 inpatient, acute care market providers. Closer alignment,  
22 collaboration, and clinical integration of physicians will  
23 be critical as new incentive models will directly impact  
24 physician practice patterns and utilizations.

1           A traditional volume-based need formula simply  
2 does not account for new delivery and payment model  
3 innovations nor recent downward-use trends. Finally,  
4 healthcare planning based upon the outdated, volume-based  
5 model will result in overestimation of future inpatient  
6 needs, and this will result in unnecessary capital  
7 investment and excess capacity. Given this new payment  
8 reality, investment in a new hospital that is destined to  
9 under perform financially and to under perform clinically  
10 is not a judicious use of scarce healthcare resources.

11           Thank you very much for the opportunity to  
12 express Sherman's opposition to Mercy's proposed hospital  
13 in Crystal Lake. We respectfully request the CON board  
14 deny Mercy's application for a CON permit.

15           MS. AVERY: Thank you. Kathy Adams.

16           MS. ADAMS: Hello. My name is Kathy Adams,  
17 and I'm the Director of Education and Organizational  
18 Development for Mercy Health System. I currently live in  
19 Illinois at 8528 Creek Court in Machesney Park, and I'm  
20 happy to be here speaking in support of Mercy Health System  
21 Certificate of Need application. I will be speaking about  
22 our employment process and the impact that it would have if  
23 Mercy Health System would have a hospital and clinic in  
24 this area.

1           Mercy has been an employer in Illinois for  
2 many years. Our first partnership was in 1996 with  
3 Illinois Mercy Harvard Center clinic. Here at Mercy, we  
4 have a strong reputation for being the best place to work.  
5 It is evidenced by the following:

6                       When Mercy was awarded the Malcolm  
7 Baldrige National Quality Award in 2007, the Baldrige  
8 examiners recognized Mercy through their in depth  
9 examination -- which included a week-long site visit -- as  
10 being a best place to work, as they saw this as a key  
11 strength and driver.

12                      We have been recognized for the past five  
13 years as being a best place to work by AARP for people over  
14 50, with the distinction of being number one in 2006.

15                      Mercy has been recognized by Working Mothers  
16 magazine for over five years as a best place to work for  
17 working mothers.

18                      We take pride in our employee partners and  
19 creating an engaging work environment. Our last partner  
20 satisfaction showed results were in the top 10 percent  
21 compared to national benchmarks. Currently, we employ  
22 approximately 725 employee partners in Illinois. We have  
23 had great success in staffing our Illinois locations. Our  
24 vacancy rates are well below the normal average in the



1 national norms. Our current vacancy rate is 3 percent,  
2 compared to a national vacancy rate of approximately 9.5  
3 percent. In addition, our RN vacancy rates are also low  
4 and is approximately 3.5 percent, compared to national  
5 benchmarks of over 10 percent. And we used the American  
6 Society for Healthcare Human Resources Administration  
7 benchmarks, or ASHHRA.

8 Mercy also has very low turnover. Our most  
9 recent turnover rates are 7.7 percent. That's compared to  
10 national turnover rates of 12.3 percent. For physician  
11 turnover, Mercy was well below 3 percent during the first  
12 half of 2001, and Mercy's RN turnover rate is 5.2 percent,  
13 performing much better than the ASHHRA top 25 percent  
14 benchmark of 8.9 percent.

15 Mercy's approach to recruitment has been to  
16 work very closely with local schools, such as McHenry  
17 Community College and Elgin Community College. We have  
18 developed relationships with area healthcare professional  
19 training programs and colleges, regularly participating in  
20 Illinois colleges' healthcare recruitment fairs. Over the  
21 last several years, we have actively participated in over  
22 20 different healthcare job fairs across northern Illinois.

23 In addition, we serve as clinical teaching  
24 sites for five different healthcare programs for nursing

1 and ancillary programs. We maintain contact with many area  
2 nursing schools, and in May, this May, there will be  
3 approximately 550 nursing graduates within the northern  
4 Illinois area to draw from. These schools include DePaul  
5 University, Elmhurst College and Northern Illinois  
6 University, among others. In addition, we offer  
7 scholarships for people pursuing a healthcare degree,  
8 including BSNs, for both high school students and current  
9 Mercy partners. Over the last five years, we have awarded  
10 seven scholarships for high school students in Illinois,  
11 including Crystal Lake Central and Prairie Ridge High  
12 School in Crystal Lake, and four scholarships to Mercy  
13 Illinois employee partners.

14 In closing, I want to express as an Illinois  
15 resident, I'm actually really exited about the possibility  
16 of Mercy Health System expanding in Illinois and here in  
17 Crystal Lake. I have truly had a first-hand experience of  
18 Mercy being a best place to work, and I really look forward  
19 to an opportunity for others to experience that.

20 Thank you very much.

21 MS. AVERY: Thank you.

22 Dr. Joe Giangrosso.

23 MS. NEISE: My name is Roseanne Neise. I'm  
24 reading on behalf of Dr. Giangrosso. I'm the Clinical

1 Director for Advocate Good Shepherd Hospitals' Emergency  
2 Departments.

3 My name is Dr. Joseph Giangrosso, and I am the  
4 Medical Doctor of Emergency Medicine at Advocate Good  
5 Shepherd Hospital in Barrington, less than one mile from  
6 McHenry County and less than 7 miles from this proposed  
7 hospital. Due to another commitment, I am unable to attend  
8 this hearing but wanted my views to be heard.

9 There are already sufficient emergency  
10 department services in McHenry to well serve the current  
11 and future population, and we do not need additional  
12 emergency departments in McHenry County. Building  
13 expensive, new inpatient facilities with emergency  
14 departments is an expensive proposition. My department is  
15 proud to serve McHenry County patients every day, both  
16 through the hospital's emergency room and Good Shepherd's  
17 immediate care center right here in Crystal Lake.

18 Mercy says that one of the reasons they want  
19 to build the hospital is because of the excessive bypass  
20 time experienced by area hospitals. They are using old  
21 data, and their claims are inaccurate. They reference a  
22 Northwest Herald article from 2007 that talks about ED  
23 bypass times from 2004 to 2007. Since then, Good Shepherd  
24 Hospital has expanded our ED capacity, and the bypass times

1 in 2010 were nearly nonexistent. Existing hospitals in the  
2 area have more than enough capacity to serve the emergency  
3 needs of McHenry County residents.

4 And I'd like to direct you to the board here,  
5 which shows the bypass time for 2010 in the 9 hospitals in  
6 the region, in Region 9. One area is an actual screen shot  
7 of the IDPH web site, which I know many people have  
8 referenced in the hearing today, and on the other side of  
9 the screen you can see a pull-up of them, and you can see  
10 that there are several that do not have any hours of  
11 bypass. The data is from the hospital and health alert  
12 network, IDPH safety, accessed through [www.idphnet.com](http://www.idphnet.com).  
13 It's information that is put into the system every morning.

14 You can see the Good Shepherd Hospital was  
15 only on bypass for two hours and was unable to serve  
16 additional emergency patients 2 percent -- I'm sorry. You  
17 can see that Good Shepherd was only on bypass two hours and  
18 was able to serve the additional emergency patients 99.9  
19 percent of the time, and two of those hours were due to a  
20 CT issue, not due to capacity.

21 Four hospitals in the area, including  
22 Centegra McHenry, Centegra Woodstock, Northwest Community,  
23 and Provena St. Joseph, are not shown on the report,  
24 indicating that they had no bypass hours in 2010 at all.

1 The seven area hospitals -- Good Shepherd, McHenry,  
2 Woodstock, Northwest Community, Provena, Sherman, and St.  
3 Alexius -- averaged only two hours on bypass for all of  
4 2010. It is important to note that when a hospital is on  
5 bypass, patients with life-threatening conditions and  
6 walk-in patients are not required to bypass the hospitals  
7 and are accommodated at the hospital, as indicated by law.

8 Mercy indicates that the drive time is  
9 excessive, and I do not believe that's the case. Siren and  
10 lights time from Crystal Lake is 7 minutes, 6 miles to good  
11 shepherd.

12 85 percent of the patients seen in Crystal  
13 Lake immediate care system are by Board-certified emergency  
14 medicine physicians and are McHenry residents. This center  
15 is located less than two miles from the Mercy site, and the  
16 residents have chosen to receive their care in our  
17 immediate care center rather than seeking one of the three  
18 emergency departments.

19 In summary, I urge the Board to reject this  
20 application, as it would be an expensive duplication of  
21 services and not needed. My department and I will look  
22 forward to continuing to serve acute needs of McHenry  
23 County.

24 MS. AVERY: Thank you.

1 Fred Wickham.

2 MR. WICKHAM: Good morning. My name is Fred  
3 Wickham from Crystal Lake. Welcome to Crystal Lake. I  
4 appreciate the work you do. I know it's not easy, and I  
5 know you've got to make some tough decisions, but I  
6 appreciate what you're doing.

7 I want to approach my comments with two notes.  
8 First, in my opinion, the issue here is not about Centegra  
9 or the Northern Illinois Medical Center. My family and I  
10 receive positive medical treatment and services from  
11 Centegra, and we appreciate what NC, Northern Illinois  
12 Medical Center, has done. The issue here is about meeting  
13 the primary and emergency care needs of the people of  
14 Crystal Lake.

15 Secondly, I have significant interest in and  
16 some standing in the matter of a new hospital for Crystal  
17 Lake as a result of the following: I've lived in Crystal  
18 Lake for more than 40 years. I've been active in politics  
19 in the community for nearly 40 years. I am co-owner of a  
20 business located in Crystal Lake for more than 20 years. I  
21 served on the Crystal Lake City Council for 8 years,  
22 between the years of 1974 and 1982. I served on the  
23 Crystal Lake Zoning Board for one year in 2004.

24 My comments consist of three points. First,

1 many in Crystal Lake want a Crystal Lake hospital; second,  
2 Crystal Lake needs a hospital; and, third, Crystal Lake  
3 will receive significant benefits from a Mercy Hospital.

4           The people of Crystal Lake have long expressed  
5 a desire and a need for a hospital in Crystal Lake. The  
6 need was identified more than 50 years ago. A group was  
7 formed in the early 60's to find a way to build a hospital  
8 in Crystal Lake. At that time, the population of Crystal  
9 Lake was less than 20,000, and even then they saw a need  
10 for a hospital in Crystal Lake. A hospital study was  
11 conducted in 1971 and 1972, and it was determined that  
12 the -- what is known as the Ambutal site on 31 and Route  
13 176 was the preferred site for a hospital in Crystal Lake.  
14 In November 1980, the Crystal Lake Hospital Association  
15 requested that the City Council adopt a resolution  
16 endorsing the hospital for the Crystal Lake area. The  
17 resolution was adopted. For years we have tried to get a  
18 hospital in Crystal Lake. The Ambutal was annexed in  
19 Crystal Lake on October 2nd, 1979. It subsequently opened  
20 in 1981. The primary purpose, the sole purpose for  
21 annexation and for building the Ambutal was to grow the  
22 Ambutal into a hospital. The city's purpose for supporting  
23 the Ambutal was to have Sherman Hospital develop a Crystal  
24 Lake Hospital on the Ambutal site. How do I know this? I

1 was on the City Council at the time, and there are ample  
2 notes for the purpose of the Ambutal in the minutes of the  
3 Crystal Lake City Council meetings.

4           The need for a hospital in Crystal Lake, the  
5 largest city in McHenry County, many needs. It has a --  
6 Crystal Lake has a current population of nearly 43,000. It  
7 has need for better primary care and emergency care  
8 options. We need faster transportation to emergency room  
9 services and vital hospital care. We need better access to  
10 local physicians. We need greater convenience for  
11 patients, family and friends. We need lower costs for  
12 transportation and, because of competition, lower and  
13 better service costs. We need an increase of beds  
14 available for immediate care.

15           I am confident that Crystal Lake Hospital and  
16 Medical Center will provide for these needs. Mercy will  
17 provide a significant increase in the quality of patient  
18 service in Crystal Lake and the surrounding areas of the  
19 community. My family and I have had excellent experience  
20 with a number of Mercy physicians. Mercy will meet the  
21 city's needs and will bring high quality medical treatment  
22 to the residents of Crystal Lake.

23           There are a number of benefits. Proposed  
24 hospital is not funded by taxpayers dollars. The City will



1 benefit from additional capital improvements to adjoining  
2 roads and from additional sales tax. Mercy Hospital will  
3 provide jobs for several hundred people. It will provide  
4 construction and maintenance jobs as well as jobs for  
5 medical personnel.

6 In closing, the addition to providing better  
7 primary and emergency care for the people of Crystal Lake  
8 and the surrounding areas, it will be an economic engine  
9 for the area. It will surely save lives that might  
10 otherwise be lost. Clearly, a hospital built in Huntley  
11 will not serve the people of Crystal Lake. It will not  
12 meet the needs, the medical needs, of the people at Crystal  
13 Lake, the city with the largest population in McHenry  
14 County.

15 This is the best and the last chance for  
16 Crystal Lake to have a hospital. Mercy Hospital is  
17 offering a gift to the people of Crystal Lake. As a  
18 long-time resident of Crystal Lake and a former member of  
19 the City Council of Crystal Lake, I fully support Mercy's  
20 proposal to build a hospital in Crystal Lake on the site  
21 proposed.

22 Thank you.

23 MS. AVERY: Thank you.

24 Aaron Shepley.

1 MR. SHEPLEY: Good afternoon. My name is  
2 Aaron Shepley, and I'm here today as a Senior  
3 Vice-President for Centegra Health System. My family -- I  
4 haven't been here quite as long as Mr. Wickman has, but my  
5 family moved to Crystal Lake in 1972, and I live with my  
6 wife and daughters, three blocks from my boyhood home.

7 I'm here to oppose Mercy's proposal, because  
8 it fails to meet state standards in ways too numerous to  
9 count. As I was growing up, my parents taught me that if a  
10 job is worth doing, it's worth doing right. Based on  
11 Mercy's submission, they either don't abide by this  
12 principle of work ethic, or to them this project is simply  
13 not worth doing. Either way, I personally believe that  
14 Mercy is toying with the emotions of the people who live  
15 and breathe in this community, and it's disappointing.

16 Mercy Health System executives have  
17 demonstrated that they will say anything and promise  
18 everything in order to get approval of their project. They  
19 pronounce things -- they say things like they hope or plan  
20 to be under construction by the end of the year. They use  
21 words and phrases that are designed to incite emotional  
22 appeal, like "monopoly" and "physician need". They claim  
23 they considered other alternatives and tried to work with  
24 Centegra. The list goes on and on.

1           The problem is that nearly all of the things  
2 Mercy has said so far fall into one of three categories:  
3 One, unrealistic; two, misleading; or three, simply untrue.  
4 I want to talk about two of those things, two of the things  
5 that Mercy has said, and I'd like to start out by thanking  
6 Dr. Eisenstadt, who testified on behalf of Mercy's project,  
7 for helping to prove to the Planning Board why Mercy's  
8 project should be rejected, because, according to all the  
9 numbers that Dr. Eisenstadt showed on his screen, the  
10 impact to Centegra Health System will be devastating.

11           Mercy has testified that their project should  
12 be approved in order to prevent what they have  
13 characterized as a monopoly by Centegra, and that's what  
14 Dr. Eisenstadt talked about. This characterization is both  
15 untrue and misleading. First, if Centegra has a monopoly,  
16 someone should tell that to all of the people of McHenry  
17 County who are served by other health systems, because  
18 apparently they are not aware of this monopoly. Second,  
19 and more importantly, what Mercy is really saying when they  
20 "monopoly" is that Centegra has the unchecked ability to  
21 increase our prices and thereby drive up the overall cost  
22 of healthcare for the community. That's not true, and  
23 although Dr. Eisenstadt might not be aware of this, Mercy  
24 executives certainly are. In fact, 55 percent of our

1 patients are covered by either Medicare and Medicaid or  
2 government providers, and everyone in the healthcare  
3 industry knows that healthcare providers don't have the  
4 luxury of telling the government what they have to pay.  
5 The government tells us. The same is true with respect to  
6 the 45 percent of our patients that are covered by managed  
7 care. In general terms, the managed care providers are the  
8 ones that tell us what they're willing to pay. But it is  
9 certainly not a situation where we have unchecked ability  
10 to increase our prices. I believe that the numbers shown  
11 by Dr. Eisenstadt with regard to how he projects the prices  
12 for healthcare will go down are simply false.

13 Another thing I want to talk about very  
14 briefly is the requirement by the State that an applicant  
15 identify other alternatives that were considered. The  
16 reason the State does this is because they want to make  
17 sure that there's an efficient use of our healthcare  
18 resources, and they want to make sure that there's not a  
19 less-costly alternative available. Mercy identified three.  
20 Susan Milford already talked about one of those, which was  
21 to collaborate with Centegra, which we know they haven't  
22 talked to us since 2007.

23 I want to talk about another alternative that  
24 they suggested, which was to build a 70-bed hospital. To

1 me, this is like Ground Hog Day. Just like in Ground Hog  
2 Day, same thing happens every single time, and all it does  
3 is demonstrate that Mercy has no regard for the rules of  
4 the State of Illinois. By suggesting a 70-bed hospital be  
5 built, they are suggesting that the rules be bent for them  
6 yet again, because, as they very well know, back in 2004 a  
7 court overturned their CON application because they  
8 proposed a 70-bed hospital and the State standards require  
9 a 100-bed hospital.

10 I think everywhere you look with respect to  
11 the Mercy application, you see one flagrant disregard of  
12 the rules after the other, and I think on that basis alone,  
13 the State Planning Board should closely evaluate this  
14 application and should reject it.

15 MS. AVERY: Thank you.

16 Michael Tichenor.

17 MS. TICHENOR: Hi name is Mike Tichenor, and I  
18 have lived in Crystal Lake since 1952. In June of 2009, I  
19 lost the lower portion of my right leg due to complications  
20 from diabetes. Being married with 4 children and 10  
21 grandchildren soon, I have had extensive experience with  
22 healthcare providers in the area, all of them.

23 It's very scary to lose a limb. I thought of  
24 all of the things I took for granted were gone. I was

1 afraid I couldn't walk, drive or get around again. My  
2 quality of life had been totally destroyed.

3 In August of 2009, I began my association with  
4 the prosthetic group at Mercy Hospital. I remember being  
5 very suspicious before my first meeting. To say the least,  
6 I am a very difficult patient. My wife has the impression  
7 that I am stubborn and hard-headed. I have no idea where  
8 she gets that. By the way, my primary doctor, my primary  
9 care Dr. (inaudible). In my first meeting with the group,  
10 I was introduced to the first of two people who became very  
11 important to my life, Bianca (inaudible) and Patrick  
12 Flanagan. Bianca is the receptionist for the department.  
13 It's funny, it's my experience that the first and the last  
14 person a person meets or a customer meets are the  
15 receptionist. They set the tone for the entire  
16 relationship. Bianca is a gem. She constantly goes out of  
17 her way to make sure everything is going smoothly. Patrick  
18 Flanagan and Brian Turman handle the medical side. From  
19 the moment I met Patrick, I knew I was going to be okay.  
20 He carefully laid out what we were doing and how we were  
21 going to get there. I left the meeting with a sense of  
22 confidence that I didn't have before.

23 In weeks to come, I began to appreciate  
24 Patrick and his crew more and more. Everyone has setbacks,

1 but each time, they were there picking me back up, telling  
2 me it was normal to fail sometimes and everything was going  
3 to be all right. They knew that what I was going through,  
4 and I felt like their most special patient. The group has  
5 always gone above and beyond to help me feel better. Small  
6 example is Patrick knows that it's difficult for me and my  
7 wife to get around. He's personally made sure that things  
8 are delivered to my house to avoid me having to go to their  
9 facility.

10 I now stand before you as a person with very  
11 few limitations. I can get to any grandkids' functions,  
12 and that is very important. The down side, of course, is  
13 now my wife knows I can do chores, such as cleaning,  
14 dishes, et cetera, but that's another story.

15 I stand before you because of Mercy prosthetic  
16 group. We are among the many who are very loyal to the  
17 Mercy group. However, our medical situation is becoming  
18 more and more difficult to make that 45 minute trip. It's  
19 not only hard for me but also my family and friends. We  
20 may have to lose our great friends at Mercy because of the  
21 logistics involved.

22 As a resident of Crystal Lake for over 50  
23 years, I am amazed that the biggest city in McHenry County  
24 doesn't have its own hospital. We deserve the same care

1 that other cities in the county receive. Since Mercy has  
2 provided me and my family the best care over the years, it  
3 is a logical choice for Crystal Lake. Crystal Lake  
4 deserves the best, and Mercy is the best. As my  
5 representatives, I ask that you approve the building of a  
6 Mercy hospital at Crystal Lake. Thank you.

7 MS. AVERY: Thank you.

8 Ed Goldberg.

9 MR. GOLDBERG: Good afternoon. My name is  
10 Edward M. Goldberg, and I'm the President and CEO of St.  
11 Alexius Medical Center in Hoffman Estates. I'm here today  
12 to voice my opposition, the opposition of St. Alexius  
13 Medical Center and the opposition of Alexian Brothers  
14 Health System, to the proposal of Mercy Health System of  
15 Janesville, Wisconsin, to build a new, and we believe  
16 unneeded, hospital in Crystal Lake, Illinois.

17 I would like to take this opportunity to point  
18 out that Alexian Brothers Health System typically does not  
19 oppose hospital building projects. For example, we  
20 supported Centegra Woodstock's 2004 proposal to expand the  
21 Woodstock campus. We supported Sherman's proposal for  
22 their new hospital in Elgin. We did not oppose St.  
23 Joseph's expansion and request for open heart. We did not  
24 oppose Centegra's Northern Illinois Medical Center



1 expansion and request for open heart. We did not oppose  
2 Good Shepherd's request for a cath lab. So this opposition  
3 is not a knee jerk reaction. It is a reluctant, but  
4 absolutely crucial and well thought-out, response to a  
5 completely inappropriate duplication of extremely expensive  
6 healthcare services.

7           This region is very well served by the Alexian  
8 Brothers Health System and several other fine hospitals.  
9 In fact, the proposed hospital is located just 35 minutes  
10 from St. Alexius Medical Center, and several other  
11 hospitals are even closer to the Crystal Lake site than we  
12 are.

13           I would like to use this map to illustrate a  
14 point. I don't know if you can see it, but I gave you a  
15 hand copy. It appears that Mercy has drawn a circle around  
16 the combined existing service areas of Good Shepherd,  
17 Sherman and St. Alexius hospitals to define its service  
18 area for the proposed new hospital. The shaded area in  
19 blue is the area that Mercy has defined as its service area  
20 in its application to the State. The areas outlined by  
21 colored lines -- orange for Good Shepherd, purple for  
22 Sherman, and green for St. Alexius -- represent existing  
23 service areas for these three hospitals respectively.  
24 Except for a couple tiny little corners in the southern

1 portion of this map, the Crystal Lake service area  
2 completely overlaps the areas already well-served by these  
3 three hospitals.

4 But that's not all. I also must mention that  
5 Centegra's Woodstock and McHenry Hospitals are both within  
6 this blue shaded area that Mercy is claiming too. So is  
7 Provena St. Joseph Hospital in Elgin, and Mercy's existing  
8 hospital in Harvard is located just outside the blue area.  
9 If you see, it's in the upper northwest, blue shaded area.  
10 They say a picture is worth a thousand words, and the old  
11 adage surely does ring true, if you look at this map.

12 Another remarkable fact of this proposed  
13 service area is this: If a patient within the blue service  
14 area moves practically anywhere except in Crystal Lake, in  
15 many cases he or she would have to drive past one and in  
16 some cases two or even three hospitals to get to the  
17 proposed site of the Crystal Lake facility.

18 A detailed study of drive times to hospitals  
19 in the area clearly supports the fact that this proposed  
20 hospital is not needed. Number one, 100 percent of the  
21 people who live within Mercy's proposed service area for  
22 the Crystal Lake site are within 30 minutes of driving time  
23 from an existing hospital with capacity to take more  
24 patients. Two, within that, 81 percent of the people in

1 the area live only 15 minutes driving time from the  
2 existing hospital. There is not one zip code in Mercy's  
3 overall proposed service area where all of the existing  
4 hospitals are more than a 15-minute drive away.

5 Now I would like to talk about physicians and  
6 their patients and, after all, let's remember that that's  
7 what this is supposed to be about, helping patients.  
8 Mercy's CON application says it's counting on all of its  
9 doctors to bring all of their patients to the proposed  
10 Crystal Lake hospital when the patients need hospital  
11 services. If you look at their application, you will see  
12 that this includes patients from towns across the  
13 metropolitan area and even into Wisconsin. Does Mercy  
14 really think that all of these patients from as far away as  
15 Palatine and Cook County, to Ingleside in Lake County, to  
16 Marengo in McHenry, and Williams Bay in Wisconsin, are all  
17 going to travel all the way to a Crystal Lake hospital,  
18 even when there are several other hospitals located much  
19 closer to their homes? Is this really in the best  
20 interests of the patients.

21 But here's the kicker. Even if all of those  
22 patients did come to the new hospital from all of those  
23 far-flung places, it would still not be enough patients to  
24 justify building a new hospital. As long as we're on the

1 topic of counting patient, I'd like to caution us to all be  
2 very careful not to double-count patients in any of our  
3 plans.

4 St. Alexius Medical Center is in the midst of  
5 a \$117 million modernization program that was approved by  
6 the Review Board less than a year ago. The justification  
7 for that project included our ability to continue to  
8 attract patients from this area, and Sherman Hospital's  
9 \$325 million replacement hospital also counted on these  
10 patients. Now --

11 MS. AVERY: One minute, please.

12 MR. GOLDBERG: Mercy, in this CON, and  
13 Centegra's application to build a hospital are counting on  
14 serving patients from Huntley too.

15 There's a promise of jobs in its application.  
16 Mercy said it will bring a significant number of jobs to  
17 the area. In reality, those jobs will be short-lived  
18 construction jobs. If the hospital is approved, the  
19 patients in the area would just be shared among more  
20 hospitals.

21 In closing, I'd like to remind the Illinois  
22 Health Facilities Planning and Services Review Board that  
23 St. Alexius is a primary provider of both Medicaid and  
24 charity care services to less-advantaged residents of the

1 far northwestern suburbs. Last year, 19.9 percent of the  
2 patients admitted to St. Alexius -- one in five -- were  
3 Medicaid, and 3.5 percent were without any medical  
4 coverage. We provided their care with no charge to the  
5 patients. Providing the care to less fortunate is integral  
6 to our mission, and we are proud of that. The reality,  
7 however, is while we take pride in the care we provide to  
8 the financially disadvantaged, we must also provide  
9 services to privately insured patients in order to maintain  
10 our commitment to the disadvantaged.

11 Thank you.

12 MS. AVERY: Thank you. It's 12:32. We'll  
13 break for lunch and proceed with the hearing at one  
14 o'clock. Thank you.

15 (Recess)

16 MS. AVERY: We'll resume the hearing at this  
17 time.

18 We have Dr. Solomon Secemsky.

19 MR. SECEMSKY: My name is Dr. Solomon  
20 Secemsky, and I'm a cardiologist at the Sherman Hospital in  
21 Elgin. I'm also a member of the Sherman Health Board of  
22 Directors. I'm here today to express my opposition to the  
23 proposed Mercy hospital in Crystal Lake.

24 I've been a Board-certified cardiologist for

1 over 30 years, and I'm speaking today based on that  
2 experience and perspective. I have seen heart care evolve  
3 tremendously the last 30 years in many positive ways.  
4 Based on this evolution in healthcare delivery, I can tell  
5 you firsthand that adding another hospital to the area will  
6 have a material and adverse impact on the care of cardiac  
7 patients. The concept of a new hospital in McHenry County  
8 is simply irresponsible.

9 Let me explain. I will give you a glimpse  
10 into the life of a cardiologist who treats patients from  
11 all over this region. In any given hospital system with  
12 advanced heart care cardiologists, care to a patient  
13 involves treating them in four locations: In the operating  
14 room, in the recovery room, in the intensive care unit  
15 step-down units of the hospital, and in our office.  
16 Efficient access to patients among these locations is  
17 essential to high quality care. It is very important to me  
18 to maintain my practice, almost exclusively at a single  
19 location -- in my case, Sherman Hospital. If I have to  
20 travel to various communities to deliver care, I will be  
21 less available for direct patient encounters with my  
22 post-operative patients with their often urgent needs.

23 Also, based on the often sudden and emergent  
24 nature of coronary incidents, it is often necessary for me

1 to rearrange my schedule to be in the cath lab on extremely  
2 short notice. In fact, the protocol for emergent care I  
3 provide requires me to live within minutes of the hospitals  
4 where I'm on call, as we strive to initiate our emergency  
5 coronary procedures within 30 minutes of the determination  
6 of the presence of an acute heart attack.

7           Cardiology programs in the area have  
8 proliferated, which means that heart patients are already  
9 being diluted among numerous providers. In contrast, in  
10 earlier years, there were far fewer programs, and these  
11 programs were more robust. The proliferation of cardiology  
12 services make for a lower level of staff specialization and  
13 dilutes the clinical benefits that a center of excellence  
14 in specialized care offers. This discourages operating  
15 room and nursing staff specialization and cardiologists  
16 from being able to devote more time to providing care for  
17 patients.

18           Based on the cost of specialized care, we can  
19 no longer shrug our shoulders about the facts that  
20 physicians might drive from one distant location to the  
21 next to deliver care. Care efficiency must be made a  
22 priority.

23           The capital commitments for developing a  
24 strong heart program go way beyond building and equipping

1 operating rooms. Staff specialization and post-surgical  
2 care facilities are equally important. On the flip side,  
3 if a new hospital is built and such a program is not  
4 developed, patients with immediate cardiac needs seeking  
5 treatment at the new Crystal Lake hospital would  
6 undoubtedly need to be transported by ambulance to a more  
7 advanced medical center which can handle the complete range  
8 of cardiac procedures. Since time is muscle, this stop  
9 along the way would have a significant negative impact on  
10 these patient's outcomes.

11 As a cardiologist, I feel strongly that Mercy  
12 is not looking out after the patients' best interests, as  
13 they are trying to draw the patient away from the nearby,  
14 established and very capable hospital which offer  
15 high-quality critical care. Sherman hospital prides itself  
16 on offering the best cardiovascular care to our patients,  
17 including McHenry County residents, most of whom are nearly  
18 as close to an existing hospital as they are to Crystal  
19 Lake.

20 As a physician, I urge the Review Board to  
21 think about what is best for the health and well-being of  
22 the area residents and reject Mercy's proposal to build a  
23 hospital in Crystal Lake.

24 MS. AVERY: Thank you. Fredrick Lane.



1 MR. LANE: Good afternoon. My name is Randy  
2 Lane, Fredrick Randy Lane. I live at in Crystal Lake.  
3 I've been -- myself and my family have been patients within  
4 the Mercy system since '98. We moved out-of-state for a  
5 while, came back, and went right back to the same doctor  
6 that we had previously, and I'm here to support their  
7 cause, because the level of care that I have received  
8 through the Mercy system has been outstanding for me.  
9 From -- and unfortunately I've gotten to see them all too  
10 often and too many different specialties, because I'm a  
11 cancer survivor, and they were able to diagnose me, and  
12 I'll be coming up on five years since that time. So, I'm  
13 extremely satisfied with the level of care that I have  
14 received from the Mercy system.

15 I have a high school aged son who is involved  
16 in athletics here at Prairie Ridge High School, and I  
17 believe that having a hospital facility in Crystal Lake, in  
18 the event something should happen, would provide a little  
19 bit faster care for any kind of injury or anything along  
20 those lines. Given the population here at Crystal Lake, I,  
21 too, am surprised that there still is no hospital in  
22 Crystal Lake city, and I think it would serve the needs of  
23 the community here very well.

24 And as I have stated, my experience with Mercy

1 has been very positive. I'm going to continue to use them  
2 for my healthcare, and I think that they would bring a lot  
3 to the healthcare for the people in this area.

4 MS. AVERY: Thank you.

5 Dr. Yvonne Yao.

6 MS. YAO: Hi. I am Dr. Yvonne Yao. I am an  
7 obstetrician, and I am opposed to Mercy's proposal.

8 I actually started my Woodstock-Crystal Lake  
9 practice in 2000 with Mercy Health System, and over the  
10 years, I've noticed a change in their service. It's not  
11 the care providers and the support staff who I've seen and  
12 are here today, but the administration has appeared more  
13 focused on the bottom line than on patient care. I felt  
14 pressure to take patients from Centegra Woodstock Hospital,  
15 where my patients had been receiving their hospital care,  
16 to Mercy's facility in Hartford. I pointed out that  
17 traveling 20 or 30 minutes from Woodstock to Harvard  
18 compromised patient care. I pointed out that services were  
19 available at Centegra Woodstock which would not necessarily  
20 be available to the patients at Mercy Harvard. When I  
21 expressed some concerns about some of the quality of  
22 services in the Mercy system, I felt I was ignored. I was  
23 told I wasn't being a team player, and this behavior really  
24 made me lose confidence in Mercy, and I moved my outpatient

1 practices to Centegra Care in 2008 after eight years with  
2 Mercy.

3 After experiencing Mercy's care philosophy  
4 from within the organization, I strongly oppose any  
5 hospital proposed by Mercy. I have heard today and other  
6 times that Mercy's physicians are indicating they're going  
7 to bring all of their patients to this new hospital. I  
8 think that's proved that Mercy's interests are more in  
9 making money for themselves and not providing the highest  
10 quality care to their patients.

11 I ask that the Illinois Health Facilities and  
12 Services Review Board deny Mercy's application. It's clear  
13 to me that Mercy is not putting their patients first.

14 MS. AVERY: Thank you.

15 Kathleen Seiph.

16 MS. SEIPH: Good afternoon. I'm Kathleen  
17 Seiph; my husband, Ken Mrozok.

18 We're kind of unique. Unlike most people, I  
19 spent my years serving in the United States Army, retired  
20 here in the McHenry County area, and I had several  
21 operations in the military to where after they take and  
22 operate on my leg, they would give me sheets and say, "Make  
23 your bed", or they'll give you crutches and say, "There's  
24 the bathroom." So, I've been to that extreme.

1                   And then since I moved here, learning how the  
2 civilian hospital and system works has been quite  
3 interesting. What I found is that the quality of the  
4 doctors is awesome, and so what I look for when I go to a  
5 civilian doctor is how their staff and the care is given to  
6 me. You can walk in to any area and say, man, these people  
7 are fighting and stuff. But when I walk in to Mercy,  
8 everybody was friendly. The cooperation -- it was  
9 lickety-split. I knew every stage of the way for my,  
10 unfortunately, two operations -- I went in for a knee  
11 replacement and then broke my leg. So, that's where I'm at  
12 now. But the service has been awesome down to where I'm  
13 even talking about the ladies that were cleaning our rooms,  
14 they're friendly, they're talking, they're concerned about  
15 us. The maintenance man came in, was looking for safety  
16 features and stuff for the fire. He was cooperative.  
17 There wasn't one person that mistreated us.

18                   We had several times -- I had to spend a total  
19 of five weeks at Harvard Mercy, and I think I saw the  
20 nutritionist about a dozen times. I saw the lady that runs  
21 the cafeteria, she comes, "How's the food, is there  
22 anything we can do?" The therapy has been outstanding,  
23 working with us. And what happened, I broke my knee when  
24 my husband was scheduled for his knee replacement, and so

1 they actually were able to accommodate both of us being in  
2 the same room together.

3           And -- but all I can say is that the director  
4 came in the first time I was in the hospital, the second  
5 time, the nurses all came in, introduced themselves. I had  
6 such the best experience that I definitely am going to be  
7 using their services again.

8           MR. MROZK: Ken MrozK.

9           I was told a little over two years ago that I  
10 needed to have both my knees replaced, and I was very  
11 dubious about it. I've never been cut, and I didn't want  
12 to go -- I didn't want to be cut. So, I put it off and put  
13 it off, and then my wife had to have hers done, so I let  
14 her go first, and it gave me the courage to have it done.  
15 And I can't say enough about the people there at Mercy and  
16 how well we were treated.

17           You know, I really don't need the cane. It's  
18 a safeguard. But I was operated on February 21st, and here  
19 I am walking. I'm extremely satisfied and will be doing it  
20 again in November for the other knee at Mercy.

21           MS. AVERY: Thank you.

22           Again, if anyone has written testimony they  
23 would like to submit without giving the oral testimony,  
24 please do so.

1 I'll go two oppositions and then we'll get  
2 back to the rotation.

3 Tim McDonnell.

4 MR. MC DONNELL: Hello. My name is Tim  
5 McDonnell. I'm a resident of Cary, and I oppose the new  
6 hospital proposed by Mercy in Crystal Lake.

7 I believe building a new hospital in southeast  
8 McHenry County is not only not needed but not wanted by the  
9 community. While I may look young and healthy -- well,  
10 relatively young and relatively healthy -- I am deeply  
11 concerned, because I have a family history of heart  
12 disease, and I am worried about what will happen if I have  
13 a heart attack. You see, should this new hospital get  
14 built and I have a heart attack, I will be taken to this  
15 hospital rather than my current health provider. This new  
16 hospital would take me away from the physicians I know and  
17 trust. If I need surgery, I would have to be transferred  
18 even to another institution. This is unacceptable and  
19 unnecessary.

20 Let me be clear. I don't want this hospital  
21 built. It is an extra burden on me, my family. I want to  
22 be taken to a hospital where all my options are open to me,  
23 including open heart surgery. If I have to go to another  
24 hospital first, my life could be put at risk.

1                   Our area is already well-served by several  
2 fine hospitals. Advocate Good Shepherd is located just  
3 five miles from my house and six miles away from the  
4 proposed Mercy site. Good Shepherd, along with Sherman,  
5 Provena Hospitals in Elgin, have all offered the services I  
6 need, excellent medical professionals, and state-of-the-art  
7 facilities to serve the people in southeast McHenry County.

8                   Of course, everyone would like to see job  
9 creation in our area, but building a new Mercy facility  
10 would not necessarily create new jobs. If another hospital  
11 were built, jobs would be merely moved from one hospital to  
12 another, leaving the community without a net increase in  
13 jobs. I would -- I liken this to a game of musical chairs.  
14 The same number of patients would move among a greater  
15 number of hospitals. It is inefficient and unnecessary.

16                   If the hospital is built, medical staff will  
17 have to decide if they want to go to more places and be  
18 less efficient and possibly delay care. Just because there  
19 is another hospital doesn't mean more patients suddenly  
20 become ill. The bottom line is the population doesn't  
21 warrant a new hospital, and it won't result in new jobs  
22 creation.

23                   I would like to make one last point. I'm a  
24 little concerned about Mercy's ability to staff the new

1 hospital. I hear that Mercy's hospital in Harvard no  
2 longer offers OB services because it is unable to find  
3 physicians and staff that can take care of these services.  
4 I am not encouraged by Mercy's track record in Illinois. I  
5 state this again: The new hospital as proposed by Mercy is  
6 not needed or wanted.

7 Thank you for taking my thoughts in this  
8 regard.

9 MS. AVERY: Thank you.

10 Dr. Matt Stilson.

11 MR. STILSON: Thank you. Yes, my name is  
12 Dr. Matthew Stilson. I'm a Board-certified emergency  
13 physician. I serve as the Director of Sherman Hospital's  
14 Emergency Department in its new state-of-the-art facility.  
15 In that role, I oversee the care in the Emergency  
16 Department at the hospital, as well as Sherman's immediate  
17 care centers in Algonquin, Elgin, and South Elgin.

18 I'm here today to voice my opposition to  
19 Mercy's plan to develop a hospital at Crystal Lake.  
20 Building a new facility would merely duplicate the  
21 healthcare services that are already available to this  
22 region. Plus, the smaller the community and the more  
23 duplication of services, the less likely it becomes for a  
24 hospital to be able to deliver tertiary care, such as that



1 provided at Sherman, state-of-the-art cardiac care,  
2 comprehensive cancer care, advanced liver and pancreatic  
3 care, life-saving stroke care and trauma services.

4           If this proposed hospital were approved, it  
5 would make all six other area hospitals, which have more  
6 than adequate capacity, weaker as it would draw patients  
7 from those hospitals that currently serve the area. This  
8 undermines the healthcare delivery system, including the  
9 financing plans of hospitals like Sherman, which has  
10 invested significant capital to ensure they meet the  
11 long-term care needs of the community. Sherman  
12 specifically spent \$325 million and designed its  
13 replacement facility to provide comprehensive care to the  
14 entire region. Sherman, true to its promise, moved its  
15 hospital closer to the center of the service area and is  
16 delivering convenient state-of-the-art care to the  
17 residents of McHenry County.

18           People at hearings such as this like to focus  
19 on what happens to trauma patients and other critical  
20 emergency cases. I would like to put trauma care in  
21 perspective. Of all of the cases we see in the Emergency  
22 Department, approximately one percent, or one in a hundred,  
23 is a trauma case. Additionally, the most important factor  
24 for people in these life-threatening situations is not how

1 close their home is to a hospital, but how long it takes  
2 EMS and paramedics to reach them and stabilize them. The  
3 real factor in giving critical emergency care is assembling  
4 the right team of specialists at the hospital to receive  
5 the patient. It often takes longer to get a surgical team  
6 together and the operating room prepared than it does for a  
7 patient to arrive at that hospital via ambulance. At a  
8 state-of-the-art regional medical center, we do this most  
9 efficiently and effectively. Plus, our 24-hour  
10 communication network with paramedics and emergency  
11 transports allows us to begin treating emergency patients  
12 before they even arrive at the hospital. In addition, our  
13 physicians are specifically trained in emergency medicine,  
14 and we have certified trauma nurse specialists.

15 With our location near the Kane and McHenry  
16 County line, we are perfectly positioned to serve McHenry  
17 County residents, and given Sherman's size capabilities and  
18 level of care, I assert that building an additional  
19 hospital in this area is an unnecessary expenditure of  
20 money that would only detract from, rather than enhance,  
21 medical services for our residents throughout the region.

22 Thank you.

23 MS. AVERY: Thank you.

24 Val Johns.

1 MS. JOHNS: Good afternoon. In the hopes of  
2 moving the hearing along, I would like to relinquish my  
3 time to Ralph Topinka.

4 MR. TOPINKA: Good afternoon. My name is  
5 Ralph Topinka. First, I'd like to thank the Hearing  
6 Officer and the Court Reporter for your services today.

7 I'm the Vice-President and General Counsel for  
8 Mercy Health System. Despite my youthful appearance, I've  
9 been around a long time. I've been involved with  
10 healthcare systems for over 30 years, and I can tell you  
11 unequivocally that I work with the best and the brightest  
12 and most caring partners that I have ever seen in  
13 healthcare, and I'm proud to be standing here representing  
14 them. We have thousands of partners, hundreds in Illinois,  
15 doctors who provide services to tens of thousands of  
16 patients.

17 Our commitment to Mercy Harvard has gone to  
18 the millions of dollars. It's an under served, poor area.  
19 We saved that hospital from having to close some years ago,  
20 and we provide 24-hour access to people in that community  
21 who, without our commitment to them, would not have that.

22 There are a lot of things said this morning  
23 that, you know, are puzzling. It's a great country people;  
24 can say whatever they want. I respect that. Sometimes

1 what they say is funny, sometimes inaccurate, sometimes  
2 wrong. I'm not going to belabor much of that, but we heard  
3 questions about trust this morning from some folks here who  
4 represent Centegra and this from folks who applied for and  
5 received permission to build a 20-bed women's center in  
6 Woodstock but are now abandoning it to pursue a new  
7 hospital. The Mayor of Crystal Lake -- he didn't say he  
8 was, but he's also Vice-President of Centegra, was able to  
9 see say that an economist who spends his career looking at  
10 economic analyses is wrong when he concluded that our  
11 project would lower prices for consumers. This is another  
12 puzzlement.

13 I do want to address comments that were said  
14 about activities that occurred with the CON Board seven  
15 years ago. They're not relevant to today's place, but  
16 since so many people from Centegra want to address it, I  
17 feel compelled to say something about it, and this is what  
18 I wanted to say: The government investigated what happened  
19 seven years ago. They have said publicly and expressly  
20 that Mercy Health System and no one in Mercy Health System  
21 had involvement in what went on, and I can tell you, in  
22 2008, when the President of the United States and the  
23 Department of Congress awarded Mercy Health System the  
24 Baldrige Award, the highest quality award in the United

1 States, that they knew that our Executive Team was good  
2 enough for the United States government and the President  
3 of the United States, and we firmly believe it's good  
4 enough for the State of Illinois.

5 In closing, I would like to say that this is  
6 the right project at the right time in the right place, and  
7 we urge the Board to approve it.

8 Thank you.

9 MS. AVERY: Thank you.

10 Dr. Dudley Brown.

11 MR. SHINHERR: My name is David Shinherr.

12 Dr. Brown had a patient and had to leave, and he asked me  
13 to deliver his testimony.

14 My name is Dr. Dudley Brown, Jr. and I'm the  
15 Medical Director of Obstetrics for Centegra Primary Care.  
16 I am opposed to Mercy's new hospital proposal.

17 I took a look at the OB components of Mercy's  
18 plan, and I was struck by the lack of thoughtfulness that  
19 went into this section of the application. The OB unit was  
20 not well-conceived. First of all, there is no  
21 justification for the proposed 20 OB beds at the facility.  
22 Given the two labor and delivery rooms and 900 annual  
23 births that Mercy has accounted for, each patient would  
24 have to stay 5.5 days in the hospital in order for Mercy to

1 reach its target utilization. It has been many years since  
2 post-partum patients to stay in the hospital for that long  
3 after giving birth. To give you some perspective,  
4 Centegra's OB facilities are designed so our units reach  
5 their target utilization with an average patient stay of  
6 2.5 days. That is a more reasonable scenario for current  
7 obstetrical practice.

8           Additionally, Mercy's plan does not include  
9 any dedicated C-section beds in the OB unit. While it may  
10 be true that all hospitals do not have C-section beds in  
11 their OB units, most newer hospitals do. Health systems  
12 that are starting a new hospital facility should plan ahead  
13 and ensure that C-section rooms are located right in the OB  
14 unit. Performing C-sections in the main OR, which requires  
15 moving the patients to another floor, is not the optimal  
16 scenario for patients and providers.

17           Personally, I would not want to work in this  
18 proposed OB unit. Mercy's plan is not well thought-out.  
19 It's not the best way to serve patients in this community.  
20 I ask the Review Board to consider the lack of thought that  
21 was put into the application and deny Mercy's proposal.

22           Thank you.

23           MS. AVERY: Thank you.

24           Chris Lippert.

1 MS. LIPPERT: Good afternoon. Chris Lippert.  
2 I'm here to read some statements from local residents who  
3 were not able to make it today.

4 I agree that a hospital is needed. Crystal  
5 Lake is growing and needs the facility. Larry Williams  
6 from Antioch, Illinois.

7 I am very satisfied with Dr. Fojtik and his  
8 staff. I feel the Mercy Crystal Lake Hospital is needed,  
9 especially with the number of people in this area.  
10 Patricia G., East Dundee, Illinois.

11 This is from the Fenske household in Cary.  
12 The hospital I would normally visit is Advocate Good  
13 Shepherd in Barrington. The biggest benefits I see with  
14 having a hospital in Crystal Lake are proximity to  
15 outpatient and emergency care. A new hospital in Crystal  
16 Lake would be great. The area is in definite need of a new  
17 hospital with the growing population. The hospitals  
18 currently available, Good Shepherd, are outdated.

19 Murdock household from Cary. The hospital I  
20 would normally visit is Good Shepherd. Good experience.  
21 The biggest benefit I see from having a hospital in Crystal  
22 Lake is location, closer and more options. A new hospital  
23 in Crystal Lake would create jobs, could also attract  
24 people to the Crystal Lake area. Not having a nearby

1 hospital sheds a negative light on the area for potential  
2 home buyers.

3 Thank you.

4 MS. AVERY: Thank you.

5 Mike Waschevski.

6 MR. WASCHEVSKI: Hello. Good afternoon. My  
7 name is Mike Waschevski. I'm here to oppose Mercy's plan  
8 for a Crystal Lake hospital.

9 As you may know, Alexian Brothers Hospital  
10 Network is about to break ground on a new children's  
11 hospital at St. Alexius Hospital in Hoffman Estates, which  
12 is just about 30 minutes away from here. It will be a  
13 state-of-the-art, kid-friendly environment that will  
14 deliver multi-disciplinary, collaborative care. I am the  
15 director of facilities for St. Alexius, and I am very  
16 involved in managing our construction project.

17 Let's take a look at Mercy's promise of  
18 creating 650 to 800 jobs. The numbers either don't add up  
19 or they are easily misunderstood. Allow me to briefly walk  
20 you through the work schedule for the life of our project  
21 as a way to begin to understand how Mercy might have  
22 derived its 650 to 800 job estimate.

23 As most people probably know, on any  
24 construction project not all construction workers are there



1 every day, all day throughout the course -- throughout the  
2 life of the project. One crew does the foundation, another  
3 crew does the sheet metal, another does the electrical work  
4 and so on. This chart shows the number of workers needed  
5 per month for the duration of our 3-year construction  
6 project. You see by this chart that during our peak, which  
7 will last about eight months, from November of this year to  
8 June of next year, we only expect to have about 100 to 150  
9 workers on site at any one time. That's our peak number of  
10 jobs. Now, if you look here at the beginning and end of  
11 our project, you will see we expect to have as few as 25 or  
12 35 people on site. This means only 25 or 35 people will  
13 have construction jobs at those periods of the construction  
14 of our new children's hospital. However, if we add up all  
15 of these numbers, one could make the argument that we are  
16 supposed to create a total of 855 to 1,105 jobs. Yet, you  
17 know as well as I do that wouldn't be accurate.

18 To look at it in another way, let's examine  
19 the cost to hire 650 to 800 workers, if they were real,  
20 full-time jobs. If Mercy estimates creating up to 800  
21 jobs, let's do the math for the labor costs to build the  
22 proposed hospital over three years. As a ballpark, I'll  
23 use \$100 an hour, which includes salary, benefits and  
24 contractor's mark-up. So multiply 800 jobs by 2,080, which

1 is 40 hours a week for 52 weeks in a year, which equals  
2 1,664,000 hours. Then multiply that by the hourly wage of  
3 \$100, and we get \$166.4 million dollars for one year.  
4 Multiply that by three for three years of construction and  
5 we get \$499.2 million dollars over the life of the  
6 project. That's nearly half a billion dollars. Clearly,  
7 by this math, Mercy doesn't expect to create 800 jobs,  
8 because Mercy estimates its entire project will cost about  
9 \$200 million.

10 No matter how we look at it, the jobs that  
11 Mercy is promising to create are not full-time, year-round,  
12 permanent jobs. They are temporary jobs. Before anyone  
13 goes on thinking this is an economic development magic  
14 bullet, I ask you to take a good look at these jobs and  
15 think about what our community really needs -- permanent,  
16 full-time jobs.

17 Thank you for your time.

18 MS. AVERY: Thank you.

19 Brett Grady.

20 MR. GRADY: Hello. My name is Brett Grady. I  
21 was going to speak today, but I would like to relinquish my  
22 time to Paul with the Crystal Lake Fire Department.

23 MR. DERAEDT: Good afternoon. My name is Paul  
24 DeRaedt. I am the Chief of the City of Crystal Lake Fire

1 Rescue Department. I'm here today speaking on behalf of  
2 our Fire Chief, James Moore, who could not be here today  
3 due to medical reasons.

4 Chief Moore wanted the Illinois Health  
5 Facilities and Services Review Board to know that the Fire  
6 Rescue Department of the City of Crystal Lake  
7 wholeheartedly supports the Mercy Crystal Lake application  
8 to build a hospital in our city. We support the Mercy  
9 project, because it will help us to provide the very best  
10 care to our citizens.

11 With a hospital in Crystal Lake, our ambulance  
12 run times will be cut in half. That saves us time so that  
13 our crews can get back into the field and continue to serve  
14 our citizens. By reducing our run distances, we are also  
15 able to save on costs and money for the City. And, most  
16 importantly, reducing our run times saves our patients  
17 precious time when seconds count. Our department answers  
18 over 3,000 EMS calls a year, and our 61 field-trained and  
19 excellent staff need a local hospital's support to help  
20 them give our citizens the very best care possible. This  
21 is why we support the Mercy Crystal Lake hospital.

22 Thank you.

23 MS. AVERY: Thank you. Syl Boeder.

24 MS. BOEDER: Good afternoon. I'm here to ask

1 the Review Board to reject the Mercy Health System  
2 application to build a community hospital in Crystal Lake.  
3 I'm a resident of northern Kane County. My name is Syl  
4 Boeder. I'm a former healthcare executive, and I'm a  
5 senior citizen.

6 Many of you have probably heard of the four  
7 corners area out west, where the corners of Utah, Colorado,  
8 Arizona and New Mexico meet. For those of us who live in  
9 northeast Kane County, southeastern McHenry County,  
10 northwest Cook and southwestern Lake County, we have our  
11 own four corners when it comes to county lines. It's very  
12 common all day, every day for most people who live around  
13 here to cross county lines to go to work, to go shopping,  
14 to carry out any other aspects of our daily life. It's no  
15 big deal. It's a county line, not an international border.

16 So, when healthcare decisions are being made  
17 for the region, the healthcare market needs to be assessed  
18 with an eye on regional issues and regional travel  
19 patterns. The facts show that many McHenry County  
20 residents may go outside their home county to use hospital  
21 services. That's called outmigration, in healthcare terms.  
22 But this is not a problem that needs to be remedied by  
23 spending hundreds of millions of dollars. It's the way we  
24 live our lives here. If you live in southeastern McHenry

1 County, the hospitals just outside the county are  
2 convenient, because they're so close geographically.  
3 There's no shortage of healthcare services in our area.

4 The proposed site for Mercy's facility in  
5 Crystal Lake is only six miles from Advocate Good Shepherd  
6 Hospital in Barrington. So, while Good Shepherd may be  
7 located in another county, it's extremely accessible to  
8 residents who live within Mercy's identified target market.  
9 Meanwhile, Sherman and Provena Hospitals in Elgin, which is  
10 in Kane County, are also convenient to the McHenry County  
11 towns of Algonquin, Lake in the Hills, and Huntley, among  
12 others.

13 The hospitals in this area get high marks from  
14 the senior citizens, such as myself, because they currently  
15 offer a full range of senior services. We need to keep our  
16 existing hospitals strong rather than worrying about  
17 arbitrary, official county lines. Those county lines don't  
18 affect in any way the very good access to healthcare that  
19 we already have.

20 I'd also like to share something from the  
21 Huntley newspaper about the safety net. The term "safety  
22 net" refers to healthcare services provided to persons with  
23 barriers to mainstream healthcare due to a lack of  
24 insurance, inability to pay, special needs, ethnic or

1 cultural characteristics, or geographic isolation,  
2 according to Illinois statute. A way hospitals, which in  
3 this area are all nonprofits, generate revenue to provide  
4 safety net services is through populations who have  
5 insurance, hospital official said.

6 Hospitals get paid 30 cents per dollar from  
7 insured patients for inpatient care but get only 21 cents  
8 per dollar for Medicare and Medicaid patients for the same  
9 care, according to Sherman Hospital CEO Rick Floyd, who  
10 recently spoke at a Kane County board meeting.

11 According to a recent Moody's Investors,  
12 Medicare makes up 43 percent of a given hospital's gross  
13 revenues, but that source is highly vulnerable to changes  
14 in Medicare reimbursements. For example, this year  
15 Medicare payment rates to hospitals were decreased from 3.5  
16 percent to 2.1 percent and are expected to decrease next  
17 year.

18 There are many residents in Kane County who  
19 don't have access to healthcare, Floyd said.

20 But Huntley and surrounding towns are more  
21 affluent communities that makes it very attractive for  
22 healthcare because there are more people who are likely to  
23 have insurance, Floyd told county board members. So,  
24 hospitals will generate more funds to help provide for

1 charitable care.

2 Sherman and Provena currently provide 18 to 20  
3 percent in public charity for inpatient services, compared  
4 to Centegra's 9 to 12 percent, Floyd said. Sherman  
5 officials said the Elgin hospital provides \$3 million in  
6 charity care and \$41 million in unreimbursed Medicare and  
7 Medicaid services.

8 What is being argued is that a new hospital in  
9 southern McHenry County would affect neighboring hospitals'  
10 ability to provide services to this population and thus  
11 affect the safety net.

12 MS. AVERY: You have one minute.

13 MS. BOEDER: If you have more competition for  
14 few paying customers, that may reduce the capability of  
15 Provena and Sherman to offer charity cases, Kane County  
16 Public Health Executive Director Paul Kuehnert said.  
17 Providing charitable assistance is the heart of the  
18 healthcare system.

19 Thank you very much.

20 MS. AVERY: Thank you.

21 Hilario DelPeral.

22 MR. DELPERAL: My name is Hilario DelPeral,  
23 and I'll be reading some statements from local residents  
24 who were not able to make it to the hearing today. Thank

1 you.

2 Fred Dozier from Wonder Lake says, I'd like to  
3 see competition. Centegra has two facilities in the area  
4 why. Not have a Mercy one? I have been very happy with  
5 Mercy services.

6 Keri N. from Lake in the Hills, Illinois, I  
7 think that it is a good idea to have another hospital in  
8 the area. I have three kids and it will be great to have a  
9 hospital closer to where we live.

10 The Traub household in Crystal Lake says, the  
11 hospital I would normally visit is Centegra Hospital. A  
12 new hospital in Crystal Lake will be helpful. The area has  
13 need of a new hospital, and the location will be great.

14 From the Duray household in Cary, the hospital  
15 I normally visit is Centegra in McHenry and Good Shepherd.  
16 The biggest benefit I see to having a hospital in Crystal  
17 Lake is proximity. Commute would be a lot easier. I am an  
18 older person and I can't take the train to the hospital  
19 anymore. It is a real problem and nuisance for my husband  
20 and I to find rides to and from the hospital every time we  
21 have an appointment.

22 Thank you.

23 MS. AVERY: Thank you.

24 Charie Zanck.



1                   AUDIENCE MEMBER: She had to leave, so I'm  
2 submitting her written testimony, and I'm going to defer to  
3 Dr. Nzeribe.

4                   MR. NZERIBE: My name is Dr. Rex Nzeribe, and  
5 I'm a physician with Centegra Primary Care in Woodstock. I  
6 am here to oppose Mercy Health System's application for a  
7 Certificate of Need to build a new hospital in Crystal  
8 Lake.

9                   As a Fellowship-trained geriatrician, I  
10 provide care for older adults across various phases of the  
11 spectrum, as well as transitions from home through primary  
12 care, acute, sub-acute, and long-term care facilities. I  
13 am dedicated to helping my patients maintain functional  
14 independence in their daily lives.

15                  Access to high-quality wellness and  
16 preventative care that is well coordinated and  
17 comprehensive is really essential to the health of the  
18 older adult. My observation so far in this geographical  
19 area, an acute care provision perspective, is that the  
20 Crystal Lake population is well served. My patients from  
21 the Crystal Lake area receive outstanding medical care at  
22 Centegra Hospital in McHenry, Centegra Hospital Woodstock  
23 and Centegra Specialty Hospital Sub-Acute Rehabilitation  
24 Unit in Woodstock. These patients also take advantage of

1 more than a dozen fitness classes designed specifically for  
2 seniors at the Centegra Health Bridge Fitness Centers.

3 On the contrary the southern part of our  
4 county, particularly the Huntley area, seems to have a  
5 dearth of acute care facilities particularly suited for the  
6 growing population of adults who are over 65 years of age.  
7 This is supported by concerns that have been voiced by  
8 several of my patients. Also, I am aware that Centegra is  
9 committed to providing care for residents of the Sun City  
10 Community in Huntley by staffing a wellness center,  
11 catering to more than 8,000 residents of that community. A  
12 lot of my focus is based on access for this growing  
13 population of seniors who are mostly frail and find it very  
14 difficult to get to all of their healthcare appointments.

15 So, in the interest of the growing population  
16 of residents 65 years and older in south McHenry County, I  
17 believe that the Certificate of Need for a new hospital in  
18 Crystal Lake should be denied, as this would not be for the  
19 greater good.

20 MS. AVERY: Thank you.

21 Tamera Dennis.

22 MS. DENNIS: Hello. My name is Tamera Dennis,  
23 and I will be reading a statement from a local resident who  
24 was not able to make it to the hearing today. Thank you.

1 I'm happy to write this letter in support of  
2 Mercy's proposed hospital in Crystal Lake. I've lived in  
3 unincorporated Cary in the southeast area of McHenry County  
4 for 20 years. Prior to that, my family lived in the  
5 central part of Crystal Lake since 1973. What used to be a  
6 15-minute drive to McHenry is now a 30-minute drive. What  
7 used to be a 10-minute drive from Cary to Fox River Grove  
8 can now take 30 minutes at certain times of the day. For  
9 those of us who live in the southeast part of McHenry  
10 County, having a hospital at the corner of Three Oaks Road  
11 and Route 31 would definitely be a plus.

12 My doctors are Mercy doctors, and I've been  
13 very impressed with the level of care and treatment I've  
14 received for regular appointments and procedures. The  
15 staff members of the Woodstock Medical Center and Crystal  
16 Lake Medical Centers are professional and courteous. For  
17 Mercy doctors to have a Mercy Health Systems hospital in  
18 Crystal Lake would be a benefit for them and their  
19 patients. If the quality of the Crystal Lake and Woodstock  
20 clinics is any indication, the hospital would be another  
21 top-level facility for healthcare.

22 An assisted living facility is being built in  
23 Cary. It will provide services for senior citizens who  
24 need support services and/or care for memory or

1 Alzheimer's. To have a hospital so close by could be life  
2 saving for the residents. Oakbrook Estates is a senior  
3 living community at the corner of Route 14 and Sands road.  
4 For these residents, Mercy Hospital would be five minutes  
5 away and would provide easy accessible.

6 For 25 years I worked at McHenry County  
7 College, the last 10 years as an administrator. During my  
8 time as an Executive Dean, the Registered Nursing Program  
9 was developed. That program and the Basic Nurse Assisting  
10 Program were among the programs that reported to me.  
11 Clinical space for nursing students is very important, and  
12 to have a hospital in Crystal Lake to provide additional  
13 opportunities would be an advantage. From the beginning of  
14 the process for developing the nursing program, Mercy was  
15 supportive and cooperative.

16 Mercy Health Systems Hospital would bring  
17 additional professional jobs to Crystal Lake. Many Mercy  
18 employees would live, shop, and enjoy recreational  
19 activities in Crystal Lake and Cary, enhancing the  
20 community in the process. I'm a member of the Cary-Grove  
21 Rotary Club, an international service organization, and can  
22 think of numerous ways Mercy and the Rotary could support  
23 each other.

24 In the end, Mercy Health Systems Hospital

1 would be positive for Crystal Lake, Cary, and McHenry  
2 County.

3 Sincerely, Susan Maifield, McHenry County  
4 College Administrator and Rotary Club of Cary-Grove  
5 President Elect.

6 Thank you.

7 MS. AVERY: Thank you.

8 Dr. Andrew Ward.

9 MR. WARD: Hello I'm Dr. Andrew Ward. I'm the  
10 Chief of Anesthesia and the Director of the Algonquin  
11 Surgery Center, and I am here to ask the Board to reject  
12 Mercy's bid for a new hospital. You're going to find me  
13 using the same arguments last time and this time as well.

14 The duplication of operating rooms that Mercy  
15 is proposing is my first argument. We already have enough  
16 operating rooms in the area to provide for all of the  
17 healthcare that's needed in that arena. That money could  
18 be better used invested in improving quality and  
19 functionality for the existing hospitals in the area.

20 The Algonquin Road Surgery Center has provided  
21 surgery services since 2002 as a joint venture between  
22 Centegra and Sherman. We also have one Mercy physician  
23 that uses the center, only one. Our facility is licensed  
24 for three operating rooms and one procedure room. After

1 eight years of operation, we're operating at only 2,600  
2 patients a year. At 1,800 cases a year, we could provide  
3 care for 7,200 people, and so we're working at only  
4 one-third capacity.

5 The proposed Mercy hospital includes eight  
6 rooms. That strikes me as curious, since our facility  
7 can't even sustain four suites. Oh, wait I know why.  
8 That's because we're not a Mercy facility, and I believe  
9 it's not about if there is areas for using the operating  
10 rooms. It's whether or not it's their operating, and they  
11 want their hospital, not a matter of whether there are  
12 available beds in the area.

13 Another thing to keep in mind about Mercy's  
14 hospital would be the fixed costs for the facility.  
15 Creating a new hospital would not create patients. It  
16 would just create fewer patients in each facility.  
17 Equipment must still be maintained, buildings must be kept  
18 up, everyone needs to pay the large staff of nurses, other  
19 clinicians, maintenance and security, managers, executives.  
20 Adding another facility to an area that already has plenty  
21 of healthcare services does not make fiscal sense. In  
22 fact, it would be just the opposite, by decreasing the  
23 efficiency and decreasing the available funds for the  
24 community.

1 I recently had the opportunity to visit with  
2 congressmen and senators in Washington, DC to discuss  
3 healthcare issues. It is largely agreed that building new  
4 hospitals and adding new beds is at odds with decreasing  
5 health care costs and bringing the Sustainable Growth Rate  
6 under control. Rising healthcare costs are threatening our  
7 nation's financial health. The Medicare program is faced  
8 with not only rising costs but also increased demands  
9 associated with Baby Boomers entering their senior years,  
10 coupled with the aging population. The politicians and  
11 stakeholders at the national level are in a political  
12 debate which focuses on a healthcare budget with  
13 sustainable growth, but the truth is that the federal  
14 government spending on healthcare is unsustainable.

15 The CON Board cannot approve new hospitals  
16 that duplicate the capacity of existing providers we have.  
17 This is a Certificate of Need, not a certificate of want.  
18 "I live in Algonquin. I want to have a hospital in my  
19 city." I live in Lake in the Hills. I want to have a  
20 hospital in my city." We are a society of people that have  
21 lots wants and desires, but this is not about wants and  
22 desires. This is about need.

23 We need a tighter, more efficient healthcare  
24 system to survive this new financial reality. We already

1 have six hospitals and a surgery center in the region to  
2 serve our patients to 2018 and beyond. By the time Mercy's  
3 hospital would open, demand would be even lower because of  
4 changes required by federal healthcare reform.

5 The lack of demand for operations at our  
6 topnotch facilities is a strong demonstration that we need  
7 to take a deep breath and be thoughtful about how we  
8 develop care to patients. Duplicating resources does not  
9 promote better healthcare. It means higher costs for  
10 everyone.

11 I ask the Illinois Health Facilities and  
12 Services Review Board to reject the CON permit for Mercy  
13 Health Systems to build a hospital in Crystal Lake, just  
14 like I asked you to reject the application for Centegra to  
15 build a hospital in Huntley. No new hospitals are needed.

16 Thank you for your consideration.

17 MS. AVERY: Thank you.

18 Jan Botts.

19 MS. BOTTS: Good afternoon. My name is Jan  
20 Botts, and I will be reading a letter from a local resident  
21 who was not able to make it to the hearing today. Thank  
22 you.

23 The need for a new hospital is McHenry County  
24 is, in my opinion, very obvious. There isn't a choice



1 available. You just have to go to Woodstock Harvard or  
2 McHenry. No other choices are within driving distance. In  
3 my family just last Thursday, my daughter-in-law had a  
4 reaction to something, so she went to the immediate care,  
5 and after going into the room with the doctor, he felt she  
6 needed more than what immediate care could service. She  
7 had no choice as to where to go. My son took her to the  
8 Centegra Emergency Room, where they stayed for a total of  
9 four hours. Had there been another choice of hospitals,  
10 they could have weighed the time difference between the  
11 two.

12                   Sometimes a little drive is so worth the  
13 distance, just to avoid waiting to be treated in a timely  
14 manner. But as we all know, there isn't much choice. It's  
15 Centegra McHenry, Centegra Woodstock or Harvard. So,  
16 building a new hospital would be a huge asset to McHenry  
17 County. It is my personal choice to go to the Mercy Health  
18 System facilities, simply because they treat you better.  
19 When you go to a Mercy clinic, you walk away feeling as if  
20 you are just not another number on their list.

21                   In closing, I am asking that the powers that  
22 be approve a new hospital being built in McHenry County.  
23 Think of all of the people that are unemployed in our  
24 county. The building of a new hospital would generate 840

1 full-time positions and a total of 1,000 people just for  
2 employment at the hospital, not to mention the construction  
3 workers and the revenue that would be generated into the  
4 county.

5 Sincerely, Shirley Chavez, Harvard, Illinois.

6 Thank you.

7 MS. AVERY: Thank you.

8 Julie Mayer.

9 MS. MAYER: Good afternoon. My name is Julie  
10 Mayer, and I'm the Director of Community Relations at  
11 Advocate Good Shepherd Hospital.

12 I understand that one of the reasons that  
13 Mercy wants to build a hospital is to better serve the  
14 needs of the seniors in McHenry County. I want to tell you  
15 how Good Shepherd already fulfills this need and the unique  
16 services that we offer that other hospitals do not. I also  
17 want to make mention of some preliminary results from a new  
18 survey of McHenry County community members and what they  
19 think about their access to high-quality healthcare  
20 services.

21 Good Shepherd is located less than 6 miles and  
22 less than 13 minutes from the proposed site. We have a  
23 long tradition of outreach to the citizens of McHenry  
24 County, and about half of our patients come from McHenry

1 County. To be honest, even though we're located in Lake  
2 County, we're just as much a McHenry County hospital as we  
3 are a Lake County hospital. We offer a very unique and  
4 comprehensive program designed for senior citizens called  
5 Senior Advocate. Through this program, we offer free  
6 health screenings, flu shot clinics, transportation, and a  
7 larger number of free educational seminars. To my  
8 knowledge, Mercy does not currently offer these services to  
9 McHenry County residents.

10 We also offer another unique service that no  
11 other hospital in this area provides. We actually employ  
12 an on-site Medicare counselor at the hospital who educates  
13 and helps seniors to understand Medicare as they become  
14 eligible for enrollment. We also help people understand  
15 Medicare Part D and enroll them in that program. We also  
16 sort through their bills and discuss what services are  
17 covered under Medicare and what they might be obligated to  
18 do. In addition, we provide ongoing education on  
19 prevention and disease management to seniors. These  
20 services are all free of charge and provides comfort to  
21 them during a time of transition in their lives.

22 We also partner with area retirement  
23 communities to better the health needs of their residents.  
24 We're working with the fountains right here in Crystal Lake

1 to reduce the readmissions of patients due to congestive  
2 heart failure. We also work with other facilities on fall  
3 prevention for their residents, which has been a focus of  
4 ours for a while, and we're very proud of the progress  
5 we've made in reducing falls for seniors. Again, to my  
6 knowledge, Mercy is not partnering with the extended care  
7 facilities in McHenry County to help prevent falls among  
8 seniors.

9 Finally I want to tell you about some upcoming  
10 preliminary results from a McHenry County health study.  
11 This survey is conducted every four years by the University  
12 of Illinois School of Medicine at Rockford. This survey  
13 asks McHenry County residents about their current health  
14 status, their health needs, and their future community  
15 needs. It is funded by several organizations, including  
16 Good Shepherd, Centegra, Sherman, a variety of  
17 not-for-profits and various governmental groups.

18 The 2010 study results will be released later  
19 this month, but there's some great news regarding one  
20 aspect of the study. During interviews, key community  
21 leaders were asked what are some of the best aspects of  
22 living in McHenry County. The fourth most common response  
23 was access to quality care. I'd like to repeat that  
24 because it's very important. When asked what are some of

1 the best aspects of living in McHenry County, the fourth  
2 most common response was access to quality healthcare.  
3 This result was gratifying to me as someone who works with  
4 residents to make sure their needs are met.

5 I also want to congratulate Centegra, Mercy,  
6 and St. Alexius, as it shows that the current  
7 infrastructure for healthcare is doing a great job in this  
8 area. Through this survey, McHenry County residents are  
9 telling us that they feel like they have readily available  
10 access to healthcare services. It's not my opinion, it's  
11 not hospital's opinion or some other health system's  
12 opinion, but the perception of McHenry County health  
13 leaders. The survey doesn't ask about where they are  
14 getting their healthcare. They could be receiving it  
15 within or outside of the county. Regardless, they are  
16 receiving healthcare that they need, and when the final  
17 results are shared with the community on April 13th, there  
18 will be more evidence to support this statement.

19 Based on this testimony, I would like to ask  
20 the Board to oppose the application to build a hospital in  
21 Crystal Lake. Thank you.

22 MS. AVERY: Thank you.

23 Mike Bier.

24 MR. BIER: My name is Mike Bier. I'll be

1 reading some statements from local residents.

2 My husband has heart trouble, so having Mercy  
3 Crystal Lake hospital would be so much closer to home. And  
4 I know Mercy works with people without insurance, which is  
5 a kindness that I appreciate. Marvin and Denise Hosp,  
6 Algonquin, Illinois.

7 Advanced technology would greatly benefit the  
8 communities surrounding the proposed medical center. The  
9 construction of the medical center would also create many  
10 temporary jobs in the building phase, and many more  
11 permanent jobs in the hospital and medical center itself.  
12 Jacob Wellbank, Twin Lakes, Wisconsin.

13 The hospital I would normally visit is  
14 Centegra in Woodstock. The biggest benefit I see to having  
15 a hospital in Crystal Lake is proximity. Travel time is  
16 extremely important. It would provide citizens with  
17 multiple options for quality care which are currently  
18 limited. The Smith household in Crystal Lake.

19 Thank you.

20 MS. AVERY: Dr. Amir Heydari.

21 MR. HEYDARI: Hi name is Dr. Amir Heydari, and  
22 I am a board-certified general and bariatric surgeon. I'm  
23 active with three other outstanding surgeons at Surgical  
24 Associates of Fox Valley. We have offices in Crystal Lake,

1 Woodstock, McHenry, and Huntley. I have privileges at  
2 Centegra McHenry, Centegra Hospital Woodstock, and Advocate  
3 Good Shepherd Hospital in Barrington. I'm an absolutely  
4 independent physician. That means I'm not hired by  
5 Centegra or Advocate or Mercy.

6 I'm here today to request that the Illinois  
7 Health Facilities and Services Review board deny Mercy  
8 Health System's application for a Certificate of Need to  
9 build a new hospital in Crystal Lake. I am opposing the  
10 proposed hospital as both a 16-year resident of Crystal  
11 Lake and active surgeon in the community.

12 When I came to this area 16 years ago, I knew  
13 that I would have to get privileges at three hospitals in  
14 the area. As a surgeon who takes lots of emergency call  
15 and trauma call, it was very important to me to be in a  
16 centralized location. Crystal Lake has been a great place  
17 to live for my family. We have great schools and great  
18 opportunities, but most importantly for myself, we are  
19 close to three hospitals in the area. The fact is, since I  
20 have to be within 30 minutes of all hospitals, where I live  
21 in Crystal Lake it takes me eight minutes to get to  
22 Centegra Hospital McHenry, 10 minutes to get to Woodstock  
23 Hospital, and 19 minutes to get to Good Shepherd hospital.  
24 Therefore, the idea that Crystal Lake needs another

1 hospital because of the vicinity for the residents just  
2 doesn't make any sense. It's absurd.

3 Over the years, many of my friends and family  
4 have needed medical care, and they have absolutely no  
5 problem getting to any of the hospitals mentioned above  
6 with any degree of difficulty. As a physician and surgeon,  
7 I'm against having another hospital from another system in  
8 our hospital. I don't believe they will offer anything  
9 new. In fact, they will likely duplicate some of the  
10 excellent services that already exist in our area, and that  
11 troubles me. Between the three facilities very close to  
12 Crystal Lake and the multiple emergency and urgent care  
13 facilities that exist, I do not see the need for another  
14 hospital, which will not offer any new services. Extra,  
15 unnecessary duplication of services may force other systems  
16 to get rid of some of the necessary services that currently  
17 they provide to our community, especially mental health  
18 facilities. If Mercy is really worried about our  
19 community, they would open a mental health facility.  
20 Centegra has a mental healthcare facility for adults. With  
21 additional competition to other hospitals, may have to cut  
22 their budget for mental health, which is greatly needed in  
23 our community.

24 In addition, the three hospitals that I go to



1 offer the top-of-the-line services for their patients.  
2 They are routinely named as top hospitals in the nation for  
3 different services. I have no reservations in sending any  
4 of my family members or friends or my patients to any of  
5 the institutions in the vicinity for medical and surgical  
6 care.

7 I am also a bariatric surgeon. I am biased  
8 because of that. Even though I am an independent  
9 physician, my practice for bariatric surgery has been  
10 through Centegra. I've been extremely proud of Centegra  
11 for supporting this cause, which is a great medical issue  
12 in our community. Centegra has provided our community with  
13 an extremely comprehensive program that assures the  
14 patients are successful. As a result, Centegra has one of  
15 the few centers in the state of Illinois to have been  
16 designated a Blue Distinction by Blue Cross Blue Shield and  
17 been designated a Center of Excellence by the American  
18 Society of Metabolic and Bariatric Surgery.

19 We feel that we give excellent care to our  
20 patients, and we also spend some of our time doing  
21 revisional surgery on our patients who have had this  
22 surgery elsewhere and are having problems. Therefore,  
23 another bariatric surgery program is not advisable and it  
24 is not needed in our community. As a matter of fact, even

1    though I had a choice of doing these surgeries in any  
2    hospital, I choose to do them in one place, because  
3    duplication of service is just not good for our community.

4                   Over the years, I have had a lot of colleagues  
5    and friends from Mercy Hospital. The current hospitals  
6    where I practice have allowed privileges to Mercy  
7    physicians without any problems. I am concerned that if  
8    Mercy is allowed to build a new hospital, that they will  
9    limit the privileges to only Mercy physicians. I'm  
10   concerned because even currently, there are community  
11   members that need specific types of surgery that Mercy does  
12   not provide but some of us as surgeons do provide those,  
13   such as some pediatric surgeries. Many times my group as  
14   independent physicians has asked Mercy Hospital to become a  
15   member of their insurance group so we can give care to the  
16   patients of our community as needed; therefore, the  
17   patients don't have to travel elsewhere. But currently  
18   those patients have to travel elsewhere to get this care.  
19   I'm afraid if a new hospital is allowed to open physicians,  
20   privileges will not be based on qualification but rather  
21   their affiliation, and that is not right. As I stated,  
22   currently the other hospitals allow physicians from  
23   different affiliations to practice. With the whole history  
24   of Mercy I'm concerned.

1           We are blessed with high quality surgeons and  
2 physicians in this community, and I would like to be able  
3 to have my community members continue to have access to the  
4 high quality which already exists here. Because I'm  
5 absolutely opposed to having a new hospital built in  
6 Crystal Lake by Mercy Health System, I ask you to deny  
7 their request.

8           Thank you very much.

9           MS. AVERY: Thank you. Pam Smekrud.

10          MS. SMEKRUD: Hello. My name is Pam Smekrud,  
11 and I will be reading some statements from local residents  
12 who were not able to make it to the hearing today.

13          The Mercy Crystal Lake Hospital and Medical  
14 Center is a well-needed facility. Gary and Janice Hummel,  
15 Wonder Lake, Illinois.

16          The Mercy Crystal Lake hospital will offer  
17 more job opportunities and is a better convenience for  
18 emergencies. Debbie G., Wonder Lake, Illinois.

19          The Dose household from Crystal Lake states,  
20 The hospital I would normally visit is Centegra and  
21 Harvard. The biggest benefit I see to having a hospital in  
22 Crystal Lake is proximity. I wouldn't have to travel far.  
23 It will provide area citizens with healthcare options. I  
24 feel as though Centegra is extremely overrated.

1           The Kakish household from Crystal Lake. The  
2 hospital I would normally visit is Centegra in Woodstock.  
3 It is a bit overcrowded. The biggest benefit I see to  
4 having a hospital in Crystal Lake is proximity. I would  
5 like to have another hospital close to home in case of  
6 emergency. It would be nice to know a hospital is in  
7 Crystal Lake. A new hospital in Crystal Lake would be  
8 beneficial. People would be more encouraged to live in  
9 Crystal Lake. It would help the business in the area and  
10 stop the stores from closing.

11           Thank you.

12           MS. AVERY: Thank you.

13           Jean Marie Saidler.

14           MS. SAIDLER: Good afternoon. My name is Jean  
15 Marie Saidler, and I have been a resident of McHenry County  
16 for over 25 years. I'd like to express my opinions about  
17 why allowing Mercy Health System to build a new hospital in  
18 the area would be a mistake.

19           Because so many families in our community and  
20 across the county have been affected by the high  
21 unemployment rate, the potential for a new facility to  
22 create jobs is certainly welcome. But since this proposed  
23 hospital would not be serving a new base of patients or  
24 customers, in a business sense the hospital would not be

1 creating jobs. It would just be relocating jobs from one  
2 healthcare facility to another. This hospital would be  
3 adding nearly 50 percent more beds to the county in one  
4 fell swoop.

5 Building a new hospital now would be  
6 comparable to building new schools so that the children  
7 don't have to travel so far to get an education. Imagine  
8 if we built 50 percent more schools in McHenry County.  
9 That would provide a lot of construction jobs, wouldn't it?  
10 But would it be a good thing in the long run? No, it  
11 wouldn't. In addition, in the school situation if the same  
12 number of students were spread around more schools, the new  
13 school would not generate new teaching jobs. It just means  
14 that taxpayers bear the burden of new construction and  
15 operation of another school, and because some of the  
16 students would be transferred to the new school, the  
17 existing schools would most likely have to eliminate some  
18 of those teaching positions.

19 Back to the issue of the proposed new  
20 hospital. Spreading the required number of healthcare jobs  
21 among more hospitals may even make it harder for all  
22 hospitals to attract and retain quality staff. Hospitals  
23 would have to compete for staff; say, for example, nurses.  
24 And since we already are facing a nursing shortage, the

1 inevitable economic forces of supply and demand would drive  
2 up the salaries. This would, in turn, mean higher  
3 insurance premiums and out-of-pocket costs for everyone.  
4 This is not good for the local economy.

5 I hope you will take these points into  
6 consideration and consider the long-range negative impact  
7 of this project on the future of our county.

8 Thank you.

9 MS. AVERY: Thank you.

10 DuWayne Severson.

11 MR. SEVERSON: Hello. My name is DuWayne  
12 Severson, and I will be reading some statements from local  
13 residents who were not able to make it to the hearing  
14 today. Thank you very much.

15 I feel it is important to have a variety of  
16 hospitals to go to. It is a comfort to know that if you  
17 need it, you will not be stuck going to just one hospital.  
18 Rita Fugiel from Lake in the Hills.

19 I've been a patient in the Mercy Health System  
20 for the last couple of years. I really like it, and I  
21 would like to see it grow. Kim Rauhut from McHenry.

22 From the Palubicki household in Cary. The  
23 hospitals I would normally visit are Good Shepherd,  
24 Sherman, St. Joe's and Northern Medical. The biggest

1 benefit I see to having a hospital in Crystal Lake is  
2 proximity, convenience and job creation. A new hospital  
3 would greatly benefit the Crystal Lake area.

4 And from the Peterson household in Crystal  
5 Lake. The hospital I would normally visit is Centegra  
6 Woodstock. The service is not very good. We believe they  
7 cut too much staff. Biggest benefit I see from having a  
8 hospital in Crystal Lake is location. Crystal Lake is the  
9 largest city in McHenry County and never had a hospital and  
10 has been continuously passed over by other areas for a new  
11 hospital.

12 Thank you.

13 MS. AVERY: Thank you. We'll take a  
14 ten-minute break and resume at 2:40.

15 (Recess)

16 THE COURT: Again, if anyone wants to give  
17 written testimony only, feel free to do so.

18 Elyse Forkosh.

19 MS. CUTLER: My name is Elyse Forkosh Cutler.  
20 Thank you for the opportunity to address the Board. I'm  
21 Vice-President of Strategic Planning and Physician Network  
22 Development for Advocate Healthcare. Advocate is Illinois'  
23 largest healthcare system and a Thomson-Reuters Top Ten US  
24 health system. We oppose this project based on the

1 duplication of services and the unnecessary additional  
2 costs that it represents to the area communities and the  
3 health system. At the heart of the issue, community  
4 hospitals represent an investment of the community's  
5 resources, its time, talents, and financial resources.

6 The community we serve also invest their trust  
7 in us as not-for-profit institutions. For that reason  
8 alone, we must be good stewards of our limited healthcare  
9 resources. Those that work in the healthcare system every  
10 day know that we are moving away from a hospital-based  
11 acute care model to one that is more cost effective.

12 Mercy suggests that its project will improve  
13 quality, as Mercy has an employee physician model that more  
14 closely aligns its quality initiatives to the hospital.  
15 This implies that other providers are not doing the same.  
16 Advocate is a national leader in physician alignment, but,  
17 unlike the applicant, we recognize that there should be a  
18 focus on developing a value-based medicine approach rather  
19 than a volume-based approach to medicine. Through  
20 Advocate's physician-hospital organization, Advocate  
21 Physician Partners, we closely align both employed and  
22 independent physicians to help Advocate achieve its quality  
23 initiatives. We've been able to demonstrate tremendous  
24 cost savings through Chicagoland. This value-based



1 approach to medicine is something that we commit to all of  
2 the communities we serve.

3           In our experience as largest provider of  
4 healthcare in the state, we have also found that the most  
5 cost-effective way to serve the growing needs of a  
6 community is to reconfigure or expand on an existing  
7 hospital campus. This allows us to spread the very high,  
8 fixed costs of running a hospital over a greater base of  
9 patients, thereby lowering costs per patient served  
10 overall. By taking this approach, in combination with the  
11 community-based ambulatory service model, providers create  
12 an acute-care hub, with outpatient services acting as  
13 spokes that reach into communities where they demonstrate  
14 the greatest need.

15           Advocate Health Care's approach to meeting the  
16 needs of the communities we serve is a reflection of these  
17 realities. Advocate Good Shepherd Hospital serves as a hub  
18 in this region, while the spokes of outpatient services  
19 reach into Lake Zurich, Wauconda, Crystal Lake and  
20 Algonquin.

21           The lessons we've learned over the course  
22 of the past decade relative to these principles can be  
23 instructive to other healthcare providers with similar  
24 missions as ours. In 2007, we recognized that the existing

1 services in Lake County could not stand the projected  
2 population growth. Conventional wisdom at the time led us  
3 to initially propose the construction of an entirely new  
4 acute-care hospital in Round Lake at about the same cost as  
5 that of the applicant's Crystal Lake project. In the end,  
6 our strategic analysis concluded that it would be far  
7 better to use our system's resources and those of the  
8 community if we sought to invest in then Condell Medical  
9 Center. Through that merger, Advocate was able to deliver  
10 the first Level I trauma center to Lake County, and  
11 Advocate and Condell's new inpatient expansion is set to  
12 open April 7th.

13           The applicant's proposal clearly does not  
14 represent the industry's strategic best practices today.  
15 It's quarter-billion dollar, bricks and mortar price tag  
16 isn't part of the solution to today's healthcare challenges  
17 but part of the problem.

18           We respectfully oppose this new community  
19 hospital construction project because of the costs it  
20 represents to the very communities it seeks to serve.  
21 There exists today solutions in and for our industry that  
22 demonstrate a better, more cost-effective way forward than  
23 saturating the geography with additional acute care  
24 hospitals.

1 Thank you.

2 MS. AVERY: Thank you.

3 Next is Dr. Nathan Kakish.

4 MR. KAKISH: Hello. Thank you forgiving me  
5 the opportunity to speak. My name is Nathan Kakish, and  
6 I've been a local community physician and a resident of  
7 Crystal Lake for about five years now. I'm here to voice  
8 my support for the hospital, one as a physician, two as a  
9 community resident with three children and a wife.

10 And as a community physician, I've seen  
11 firsthand and heard from my patients the difficulties at  
12 the local hospitals with ER wait times, delays to testing,  
13 and then high census warnings at the hospital. And  
14 actually to get a good idea of what's going on between the  
15 output of these hospitals, the best way to go about this is  
16 to probably ask the doctors who are in the trenches, see  
17 patients, having to divert patients because the hospital  
18 has no beds. Not so much bypass, but because we have signs  
19 like this posted in our hospitals (indicating), telling us  
20 that we have a high census. As far as I'm concerned, this  
21 is basically equivalent to bypass. I only have privileges  
22 at one hospital. However, from personal experience I know  
23 this is not uncommon.

24 I recently had a patient admitted in the

1 Emergency Room for a heart condition at a local hospital.  
2 She ended up in a chair for a couple hours, wasn't  
3 connected to a heart monitor for a couple more, and luckily  
4 for her nothing, came about from that. But this is at the  
5 expense of us not calling it bypass. As far as I'm  
6 concerned that is about the same and probably more  
7 medically negligent. This is unacceptable for my patients,  
8 and sending them to the third nearest hospital -- which I  
9 even have to bypass Good Shepherd -- is also unacceptable.  
10 It puts the continuity of care at stake.

11 I always think that I do the best job with my  
12 own patients, and they're obviously taken away from their  
13 family loved ones. Some of the patients get much more  
14 confused when they're not in a hospital they're familiar  
15 with, and then they come back with lots of little papers  
16 that are confusing to them and to me and don't help with  
17 their continuity of care. A hospital closeby would help  
18 alleviate and provide better patient access for those  
19 problems.

20 The people that have come up here to object to  
21 this hospital have never had to call a patient who is 60 or  
22 65 or 50 and say, "I'm sorry I can't put you in this  
23 hospital, there are no beds. You have got to travel an  
24 hour south of here to get into a hospital." And they also

1 don't know the concern I have after they leave that I'm  
2 passing my patient out to some random stranger.

3           Anybody that can get up here and tell you that  
4 there is not a need for more hospital and inpatient care  
5 for these patients is putting politics ahead of patient  
6 care, as far as I'm concerned. And I'd also like to point  
7 out McHenry County and, by association, Crystal Lake  
8 because we are a part of that, does have a fair amount of  
9 uninsured and under insured patients. We have a fair  
10 amount of Medicaid patients, and just as of this week, as  
11 far as I know, our two highly touted immediate care centers  
12 in Crystal Lake declined access to -- those two places  
13 declined access to that population. They are sent away  
14 unless they have certain stipulations that meet criteria to  
15 be seen, and you have to either be a patient of one of the  
16 physicians that's on staff, but for the run-of-the-mill,  
17 Medicaid-type patient, they are not given medical care. I  
18 also have had patients in local health systems sent away  
19 because they developed State aid or State insurance, and a  
20 lot of the physicians in the other competing systems where  
21 I am, do not participate in the lower-paying insurances  
22 such as HMO's and the military government insurance.

23           As a resident of Crystal Lake, a local  
24 consumer of healthcare in Crystal Lake, physician in

1 McHenry County, I find that a hospital is needed for my  
2 patients so they can continue to get high quality  
3 healthcare in an integrated health system. I find it  
4 difficult to understand why I have to travel such a  
5 distance to go to a hospital for acute care for myself, my  
6 wife or my three children. I also wonder why my mayor is  
7 not supporting this plan to improve the Crystal Lake area.

8 As a physician and resident of the area I urge  
9 you to approve this much needed hospital.

10 MS. AVERY: Thank you.

11 Dr. Ted Lorenc.

12 MR. LORENC: Thank you. My name is Dr. Ted  
13 Lorenc. I am an independent internal medicine physician in  
14 Crystal Lake. I work with Congress Internal Medicine and  
15 I'm also the Vice-President of Medical Affairs at Centegra,  
16 and I am opposed to this project and want to discuss how  
17 Mercy's physician model would severely limit patient  
18 choice.

19 Mercy says that it would employ most of its  
20 physicians at Mercy Crystal Lake hospital. This means that  
21 the facility would serve only those inpatients who see a  
22 Mercy doctor. Local residents who now see Centegra or  
23 Advocate physicians and want to continue doing so would not  
24 be able to use this hospital. Likewise, if a local

1 resident currently sees a Mercy doctor, that patient would  
2 be forced to used either Mercy Crystal Lake Hospital or  
3 Mercy Harvard Hospital, whether they like it or not, even  
4 if they previously received care at the Centegra or  
5 Advocate facility.

6 Centegra Health System hospitals, on the other  
7 hand, can potentially take any patient of any of the areas  
8 of physicians. Right now 42 of Mercy's physicians have  
9 privileges to see patients at Mercy's Centegra Woodstock  
10 and McHenry hospitals. Centegra's physician model puts the  
11 patient first. Physicians are able to refer patients to  
12 the closest hospital where they can receive the quality of  
13 care and the level of service that is best for them. Care  
14 and convenience for the patient are the physician's top  
15 considerations.

16 For that reason, we were surprised to see that  
17 Mercy physicians working at Centegra signed an affidavit  
18 committing to refer 100 percent of their cases to proposed  
19 Mercy Crystal Lake Hospital. Patients of Mercy doctors  
20 would probably be shocked to know that their doctor  
21 promised to send them to a Crystal Lake hospital, even if  
22 they lived in city and towns like Woodstock, McHenry, Fox  
23 River Grove. Again, it seems apparent that Mercy  
24 physicians have been told that sending volume to a proposed

1 hospital in Crystal Lake would take precedence over  
2 patient's choice of their residence and their needs. It is  
3 clear that Mercy's physician model would limit the  
4 patient's choice of physician and hospital, and I firmly  
5 believe that corporate pressure should not guide  
6 physicians' positions.

7 I ask the Review Board to deny proposal.

8 Thank you.

9 MS. AVERY: Thank you.

10 Karen Weiderman.

11 MS. WEIDERMAN: My name is Karen Weiderman,  
12 and I support the Mercy Crystal Lake hospital proposal.

13 I live in McHenry, and feel that the need for  
14 another hospital in the area is great. For the past few  
15 years, I have had multiple contacts at Centegra McHenry  
16 where the obvious need for an additional hospital were  
17 felt. My father was scheduled for an elective surgical  
18 procedure that would require hospitalization after the  
19 procedure. He waited overnight in the recovery room until  
20 a bed opened up.

21 My mother had an emergency admission where she  
22 had to wait overnight in the ER on a gurney before she  
23 could get a bed. She was in her 70's, had had prior back  
24 surgery, and was admitted for a cardiac condition. She was



1 extremely uncomfortable and in pain. She was unable to  
2 sleep due to the noise in the Emergency Room. She was  
3 unable to be admitted due to the need for a bed to open up.

4 My most recent incident involved my husband.  
5 He underwent elective arterial by-pass surgery and was  
6 obviously going to need to be admitted after surgery. He  
7 had to wait in the recovery room for over four hours before  
8 a bed opened up in the Intensive Care Unit. I realize that  
9 might not sound long, but to the wife who sat and waited  
10 for surgery to be done and then was unable to see him until  
11 he was transferred to the Intensive Care Unit, it was like  
12 an eternity. He then had improved and could be transferred  
13 out of Intensive Care, but he had to wait over a day to get  
14 a telemetry bed because there was no open bed.

15 I feel there is a definitely a need in the  
16 area, but I also feel that the Crystal Lake location will  
17 help alleviate some of the overcrowding that has been going  
18 on at Centegra McHenry for years. A hospital in Huntley  
19 will not alleviate much at the McHenry site. The Crystal  
20 Lake area has a large population, and at this point, many  
21 come to McHenry to be treated. A Crystal Lake hospital  
22 would benefit the people in Crystal Lake and surrounding  
23 areas by having someplace close for emergencies and a  
24 facility in their area. It would benefit we who live in

1 McHenry by taking some of the strain and overcrowding out  
2 of the Centegra McHenry and hopefully allow patients to be  
3 admitted timely both after elective procedures and  
4 emergency admissions.

5 I also would like to comment on the fact that  
6 Centegra spent time and money promoting the women's  
7 hospital need in Woodstock. They now have dropped that  
8 Certificate of Need that they were able to obtain in 2007.  
9 Now suddenly there is no need in Woodstock for this plan,  
10 but it can be moved to Huntley. I'm very leery of a  
11 corporation that pleads for a need and then, within a few  
12 years, changes their plans and forgets those who worked to  
13 get the Certificate of Need. It makes me wonder if indeed  
14 there was a need, or was this their ploy to make a hospital  
15 in Crystal Lake not needed by getting additional beds in  
16 Woodstock.

17 Centegra also fought vehemently lent to oppose  
18 the original Mercy Crystal Lake hospital, citing no need  
19 for additional beds. But now we suddenly have a need for  
20 128 beds that they are proposing in Huntley. It is amazing  
21 that in a few short years, the need is present. I feel  
22 that a monopoly by Centegra in the area would be  
23 detrimental to working conditions and salaries.  
24 Competition is the best method for keeping down costs and

1 improving work conditions and salaries.

2 I feel that Mercy's proposal for Crystal Lake  
3 hospital meets the need in the area and offers an  
4 alternative to Centegra in the immediate area, allowing  
5 choice, competition, and jobs.

6 Thank you for your consideration.

7 MS. AVERY: Thank you.

8 Dr. Wool.

9 MR. HOGAN: My name is Bill Hogan, and I'll be  
10 reading remarks from Dr. Woll.

11 I'm a Board-certified general surgeon who  
12 practices in Barrington, Illinois. I completed a  
13 fellowship in minimally invasive surgery at Stanford  
14 University. I am unable to attend today's meeting but  
15 wanted to make sure that my opinion is heard in this  
16 important matter. Thank you for the opportunity to express  
17 my concerns.

18 This proposed hospital is simply not needed.  
19 The intended market area for the proposed hospital is  
20 already well-served by several area hospitals. This  
21 includes Good Shepherd Hospital, which is located only six  
22 miles from the proposed site. Much of the population  
23 intended to be served by the new hospital is closer to an  
24 existing hospital than to the proposed one.

1                   Construction of an additional hospital when  
2 there is capacity in other area hospitals, including  
3 Mercy's hospital in Harvard, is simply not needed. This  
4 unnecessary expenditure comes at a time when our federal  
5 and state governments have increasing budget deficits. It  
6 is the government taxpayers, employers, and individual  
7 premium payors who will be providing funds for this  
8 unwarranted project.

9                   The Mercy facility will hurt existing  
10 hospitals and impede their capacity to continue to serve  
11 their patients and community with high quality,  
12 cost-effective care, as well as provide a safety net for  
13 the medically indigent. The new facility, if built, will  
14 draw away a significant number of patients from existing  
15 hospitals. For many services, a solid patient base is  
16 needed to provide the ancillary support services and  
17 frequency of experience among the clinical team.

18                  I specialize in providing laparoscopic surgery  
19 as well as robotic-assisted surgery. These tools help us  
20 provide the best patient outcomes with the least pain and  
21 shortest hospital stays. Robotic-assisted surgery requires  
22 a high degree of specialization. Medical research supports  
23 the theory that surgeons and facilities that perform the  
24 highest numbers of the same types of surgeries have the

1 best success rates. It comes down to the adage of practice  
2 making perfect.

3           The addition of another hospital will reduce  
4 the number of specialty surgeries performed by the nursing  
5 and clinical team. This could reduce clinical  
6 competencies. If you or your family were the person  
7 needing the surgical procedure, would you want it performed  
8 by a surgical team that did it only a few times a year.

9           One of Mercy's arguments for building the new  
10 hospital is that it will provide a new integrated  
11 physician-hospital system, which will improve quality. I  
12 want you to be aware that an integrated physician-hospital  
13 organization is not a novel concept in our area. Advocate  
14 Healthcare, including Good Shepherd Hospital, has a  
15 physician-member, physician-hospital organization.  
16 Advocate Physician Partners has 3,400 members, including  
17 myself.

18           Advocate Physician Partners is very proud to  
19 be nationally recognized as a leader in developing measures  
20 which focus on quality outcomes, cost efficiencies and  
21 value. In our unique Clinical Integration Program,  
22 physicians work together to address the qualities and costs  
23 associated with an entire episode of care, not just one  
24 visit. Physicians also work directly with patients to

1 reduce the physical and financial effect of disease and  
2 illness by designing treatment plans that include medical  
3 intervention and lifestyle changes. Mercy's integrated  
4 approach will not bring anything new to the area.

5 I urge the Board to meet its mission and deny  
6 the project on the basis it is an unnecessary duplication  
7 of resources and it will adversely affect the quality of  
8 care to the area.

9 MS. AVERY: Thank you.

10 Casie Baran.

11 MS. BARAN: Casie Baran. I am presently an  
12 employee at Mercy McHenry, also a past employee of  
13 Centegra, and I am here today to speak in favor of the  
14 newly-proposed Crystal Lake hospital.

15 I recently, as a patient, had a visit to  
16 McHenry Centegra and was very upset at the quality of care  
17 I received. The Emergency Room physician, who I will  
18 name -- Dr. Pacani -- was very cold, short and uncaring and  
19 informed me that I had lung nodules or cancer and I needed  
20 to be admitted. I was there for chest pain. No rooms were  
21 available for me to be admitted to. EKGs and workups were  
22 done, without concern for my privacy, in the hallway with  
23 my chest exposed and other people walking by and looking at  
24 me. I was very upset about that. None of my family

1 members could find me. I was moved to three different  
2 rooms, one in the outpatient surgery -- the bathroom had  
3 flooded the whole area and the place was contaminated, I  
4 felt, with germs also. And I had my CT the next day. As  
5 it turned out, my CT was negative; there were no lung  
6 nodules. However I was very upset, because my sister died  
7 of lung cancer three years ago, and I know what she went  
8 through, and I am a single parent, and my daughter would be  
9 alone. I already had myself convinced I would be gone in  
10 six months and my daughter would be left alone.

11 As an employee of both facilities, I feel I  
12 can say my employment at Mercy has been far superior than  
13 my employment at Centegra. As an ultrasound tech at Mercy  
14 McHenry, I frequently am told by patients that Mercy's  
15 quality of care is much higher. As a patient, I would  
16 prefer to receive care at a Mercy Crystal Lake hospital.

17 Jean Marie Saidler stated a new Mercy facility  
18 would provide less community jobs and would be pulling  
19 people from other hospitals. I totally disagree with that  
20 statement, as the nursing shortage she spoke of, in my  
21 opinion, doesn't exist. New grads in this area, as well as  
22 radiology and physical therapy, currently have trouble  
23 finding employment in their chosen fields.

24 Thank you for your time. Casie Baran.

1 MS. AVERY: Thank you.

2 Kevin Richardson.

3 AUDIENCE MEMBER: Kevin Richardson is going to  
4 put his testimony in written form, but we would like to  
5 move Colette Fraterrigo up.

6 MS. FRATERRIGO: My name is Colette  
7 Fraterrigo. I'm the Director of Finance at Advocate Good  
8 Shepherd Hospital, located less than a mile from McHenry  
9 County. I've been in healthcare for over 25 years.

10 I have many concerns about this project,  
11 including project financing, impact on area hospitals, and  
12 unnecessary costs. Mercy proposes to borrow \$176 million  
13 dollars to fund the project, which will double its debt.  
14 This is a large increase in debt for a small system the  
15 size of Mercy. Mercy may face challenges in obtaining  
16 financing and meeting the high debt obligation.

17 Last month Moody's Investors Service published  
18 an article, "Negative Outlook for U.S. Not-For-Profit  
19 Healthcare Sectors Continues for 2011". The article  
20 highlights that the continuation of the negative outlook is  
21 driven by the slow economic recovery and ongoing revenue  
22 pressures.

23 LESS than three months ago, Centegra formally  
24 abandoned the \$50 million major modernization of its



1 Woodstock hospital, citing in part the hospital community  
2 as a whole was finding construction loans difficult to  
3 obtain. I wonder about the ability of a system the size of  
4 Mercy, with such high debt, to be able to acquire such  
5 capital to be able to fund the project.

6 As you likely know, there is a proposal of a  
7 second new hospital in the area. Should both CONs be  
8 approved, the demand forecasts for each would be invalid,  
9 and their ability to obtain financing would be even more  
10 questionable.

11 The proposed hospital will adversely impact  
12 Good Shepherd's ability to serve its patients and  
13 community. Over 90 percent of the patients using Good  
14 Shepherd live within the Mercy Crystal Lake Hospital  
15 service area. To reach an appropriate occupancy, the new  
16 128-bed facility will need to attract existing patients,  
17 not just additional patients resulting from growth. Good  
18 Shepherd will need to adjust as volumes decline at Good  
19 Shepherd. As good stewards of our resources, Good Shepherd  
20 regularly adjusts staffing to volume levels, not on an  
21 annual basis, not on a monthly basis or weekly basis, but  
22 on a daily basis. As the new hospital takes volume from  
23 Good Shepherd and other nearby hospitals, hospital  
24 employees will move to the new hospital. Very few

1 additional jobs will be created due to the additional  
2 hospital. In fact, to the extent that additional jobs are  
3 created, they're simply a duplication of resources, adding  
4 to the already high cost of healthcare.

5 I'm also concerned about the cost to construct  
6 another hospital just 6 miles or 13 minutes from an  
7 existing hospital. While in an ideal world it might be  
8 nice to have a hospital in every community, this is not the  
9 world in which we live. Proliferation of hospitals to  
10 provide immediate access must be balanced with limiting  
11 expenditures which drive up healthcare costs to taxpayers.  
12 Individual premium payors and employers. Many communities  
13 in Illinois are further than 13 minutes or the 6-mile  
14 distance between Crystal Lake and Good Shepherd. I'd like  
15 to direct your attention to this map, which shows the  
16 hospitals in Illinois and an eight-mile radius around each  
17 hospital. While Good Shepherd is only six miles from the  
18 proposed site in Crystal Lake, the map shows a more  
19 generous eight-mile distance around each hospital in  
20 Illinois. The map shows almost 100 areas that do not have  
21 a hospital within eight miles, farther than Crystal Lake is  
22 now from Good Shepherd Hospital. At \$200 million per  
23 hospital, the cost to provide that same access that Crystal  
24 Lake already has to nearby hospitals would be at \$20

1 billion. \$20 billion is an overwhelming cost to provide  
2 the same hospital proximity that Crystal Lake already has.

3 Even if hospitals are only located in  
4 communities with significant population, the cost would be  
5 overwhelming. Think of the precedent that approval of this  
6 project would set. Construction of a new hospital in a  
7 community with access to a full range of outpatient  
8 services and nearby inpatient facilities flies in the face  
9 of healthcare reform, prudent use of resources, and  
10 healthcare trends.

11 Thank you for your consideration of my  
12 perspective.

13 MS. AVERY: Thank you.

14 Andy Church.

15 MR. CHURCH: Hi. My name is Andy Church, and  
16 I'd like to defer my time to Dr. Albright.

17 MR. ALBRIGHT: I am Dr. Kim Albright. I  
18 support Mercy Hospital Crystal Lake.

19 I spoke before you eight years ago in support  
20 of Mercy Hospital Crystal Lake. I gave you several reasons  
21 back then for my support for this facility, and I can  
22 report to you today that things have changed since then.  
23 They are worse. As a family practice physician based in  
24 Richmond, Illinois for over 25 years, I speak only from my

1 experience at Centegra McHenry.

2 Last week, my cancer patient in acute renal  
3 failure was held in an outpatient procedure/overflow area,  
4 because there were no inpatient beds available, for 24  
5 hours. Last week our offices were called by administration  
6 at Centegra, asking if we had made rounds yet and to  
7 discharge our patients, if at all possible, because their  
8 beds were desperately needed for overflow patients. Also  
9 during the past month, general floor patients were placed  
10 on a maternity floor.

11 These patients crowding into Centegra McHenry  
12 are not from Huntley. They are from Crystal Lake, McHenry,  
13 McCullom Lake, Richmond, Spring Grove. Any current  
14 building activities at Centegra McHenry are to continue the  
15 stacking of patients in holding areas while they wait for  
16 actual beds. Crystal Lake and the surrounding communities  
17 need their own hospital to meet their needs and not to  
18 constantly be placed on hold.

19 I respectfully ask you once again, eight years  
20 later, to support Mercy Crystal Lake hospital.

21 Thank you.

22 MS. AVERY: Thank you.

23 Ilene Steiner.

24 MS. STEINER: Hi. My name is Ilene Steiner.

1 I work at Good Shepherd. I have 23 years experience as a  
2 health planner and a Master's Degree in health planning  
3 degree from Johns Hopkins university. I'd like to address  
4 the applicant's rationale for this project.

5 The application cites forecast increases in  
6 demand. I agree that demand will grow, but not enough to  
7 support a 128-bed hospital without adversely affecting  
8 other areas hospitals' abilities to meet the needs of its  
9 patients and communities. The addition of 120 beds  
10 increases the McHenry County bed supply by almost 50  
11 percent. In contrast, the Illinois Health Facilities and  
12 Services Planning Board forecasts only 3 percent annual  
13 growth in patient days in McHenry County, which translates  
14 into 20 percent growth over the next five years in McHenry  
15 County. The 50 percent growth in supply of beds far  
16 exceeds the 20 percent growth in demand, resulting in  
17 underutilized resources.

18 The application also cites a physician  
19 shortage. Construction of a \$200 million hospital is not  
20 needed to locate more physicians in a community. Mercy has  
21 a large physician group and could add more office space for  
22 physicians at a significantly lower cost than building a  
23 \$200 million hospital. Similarly, Mercy can address the  
24 application's stated need for a geriatric clinic through

1 additional physicians and office space rather than  
2 construction of a new hospital.

3           Lack of available emergency services due to  
4 bypass conditions is used by the applicant as a  
5 justification for the project. As you heard earlier, the  
6 applicant's conclusion of a need for more emergency  
7 capacity is based on old information. This is no longer a  
8 community need.

9           The applicant cites excessive traffic  
10 congestion and travel times. All of the proposed Mercy  
11 service area is within the board's 30-minute travel time  
12 guideline of an existing hospital, and 80 percent of the  
13 population is within a much lower 15-minute travel time to  
14 a nearby hospital. EMS lights and siren travel time for  
15 emergency patients, of course, is much shorter. For those  
16 who do have a travel time of more than 15 minutes to a  
17 hospital, none will have a reduced travel time through the  
18 construction of a hospital in Crystal Lake, because an  
19 existing hospital is already closer to those new  
20 communities than the proposed hospital in Crystal Lake.  
21 This project does not materially address a need to reduce  
22 traffic times.

23           The application indicates that the project  
24 will address a maldistribution of beds and outmigration.

1 The applicant states that access is limited due to the high  
2 occupancy of area hospitals, and patients migrate across  
3 the county line. I disagree. According to the IDPH Annual  
4 Survey, several area hospitals operate below the State's  
5 target utilization rates, including Mercy's own hospital in  
6 Harvard, located in McHenry County. Mercy Harvard operates  
7 below 30 percent on med/surg and ICU beds. Patients are  
8 traveling out of the area due to patient choice, not due to  
9 lack of bed capacity. As an example, over 10 percent of  
10 the patient days are attributed to patients leaving the  
11 county for advance of specialty care not offered in the  
12 county nor proposed by the applicant, traveling to  
13 university and specialty hospitals, such as the Rehab  
14 Institute of Chicago and University of Illinois.

15 The application states that the project will  
16 address insufficient access to care for the indigent  
17 population by operating an emergency department that  
18 provides services to the poor, by implementing a charity  
19 program with reduced fees or no fees, participating in  
20 Medicare and Medicaid, and reaching out to community-based  
21 organizations. Good Shepherd, and I believe all area  
22 hospitals, have long histories of these activities, already  
23 covering the communities in the proposed Mercy service  
24 area.

1 I believe that the Mercy project will have a  
2 detrimental impact on charity care. As detailed in other  
3 testimony, the reduced volumes at other hospitals will  
4 limit the revenue and financial capacity of existing  
5 hospitals to cross-subsidize charity care and community  
6 benefit activities.

7 The final rationale mentioned is that the  
8 project will allow for cost savings. The addition of 1,400  
9 new jobs and \$200 million facility price tag are all  
10 additional expenses, not savings. The application sites  
11 that the Mercy physician group model will allow cost  
12 savings and improve patient care. As you heard, an  
13 integrated physician hospital model is not a novel concept  
14 in the area. Advocate Good Shepherd as part of the  
15 Advocate system, is a national leader of physician  
16 alignment, focusing on value, higher quality at lower  
17 costs. While we applaud Mercy for this focus, this will  
18 not bring anything new to the area.

19 The application does not address the impact on  
20 Good Shepherd nor the other hospitals. There is not enough  
21 population growth for the proposed hospital to meet its  
22 volume forecast without taking volume from existing  
23 hospitals. Even the application itself identifies 4,000  
24 cases which Mercy physicians will redirect to other



1 hospitals. Over 90% of the patients using Good Shepherd  
2 live within the Mercy Crystal Lake area. Good Shepherd  
3 will be adversely affected by the addition of a 128-bed  
4 hospital located just six miles away.

5 I've heard much argument about which hospital,  
6 the Mercy Crystal Lake or Centegra-Huntley, is better. I  
7 don't believe it's an issue of which hospital but whether a  
8 hospital is needed. Building a hospital is not an  
9 appropriate use of resources, due to the cost of  
10 construction and operating another hospital, and the  
11 adverse impact the new hospital will have on the existing  
12 hospitals.

13 A key role, as you know, for the Illinois  
14 Health Facilities Planning Board is to prevent expenditures  
15 which are not needed. This is a prime opportunity for the  
16 board to fulfill its role. I urge the Board to deny this  
17 application. I thank you for your time and applaud your  
18 interest in hearing a variety of speaker perspectives.

19 MS. AVERY: Thank you.

20 Linda Coughlan.

21 MS. COUGHLAN: Good afternoon. My name is  
22 Linda Coughlan, and I will be reading some statements from  
23 local residents who were unable to make it to the hearing  
24 today.

1           Most of our doctors are from Mercy, which has  
2 immediate care clinics in Woodstock and McHenry. However,  
3 the closest Mercy hospital to my home is in Wisconsin. I  
4 think you can never have too many hospitals, and I like the  
5 care that my Mercy doctors give me. I also like the idea  
6 of a brand new facility to provide my care. This comes  
7 from Carol Lawrence in Wonder Lake, Illinois.

8           My husband and I do a lot of shopping in the  
9 Crystal Lake area. I feel it would be better to have  
10 access to good care there instead of having to travel to  
11 Harvard or Woodstock. Barbara Sergeant from Harvard,  
12 Illinois.

13           The Dahl household in Cary. The hospital I  
14 would normally visit is Good Shepherd. The biggest benefit  
15 I see to having a hospital in Crystal Lake is proximity and  
16 more options for healthcare. Options for healthcare are  
17 somewhat limited. I had to travel to Rush to have surgery.  
18 A new hospital in Crystal Lake would also be beneficial  
19 because it would stimulate job growth.

20           The Elwart household in Crystal Lake. The  
21 hospital I would normally visit is Good Shepherd.  
22 Excellent service and patient care was great. The biggest  
23 benefit I see from having a hospital in Crystal Lake is  
24 proximity. It would be much closer, especially in the case

1 of emergency. It is good to have a sense of security,  
2 knowing a hospital is nearby.

3 This is my own personal little statement.  
4 Linda Coughlan. My husband Robert and I have been  
5 residents of Crystal Lake for over 40 years. We have eight  
6 kids and seven grandchildren, with three of them owning  
7 their own businesses in the McHenry area.

8 We have also hoped that Crystal Lake would  
9 some day have a hospital of its own. Well, the time is  
10 now. More people live in Crystal Lake and the nearby  
11 surrounding subdivisions and communities than any other  
12 area. The bottom line is Crystal Lake deserves a hospital.  
13 Mercy's plan calls for that hospital, and we all are in  
14 full agreement of this.

15 Thank you.

16 MS. AVERY: Thank you.

17 Don Calcagno.

18 MR. CALCAGNO: Good afternoon. My name is Don  
19 Calcagno, and I live in Kane County. I serve as the  
20 Vice-President responsible for quality, professional  
21 services, and support operations at Advocate Good Shepherd  
22 Hospital in Barrington.

23 Access to quality healthcare is one of the  
24 reasons families settle in McHenry County, and to maintain

1 that quality, I encourage the Review Board to reject the  
2 Mercy hospital application to build a new facility at  
3 Crystal Lake. Another hospital in this region would dilute  
4 the quality of services that local residents deserve and  
5 receive today from a group of existing, excellent medical  
6 centers in the region. Dilution of services occurs when  
7 too few patients are spread across too many hospitals  
8 providing the same services. When that happens, none of  
9 those hospitals has enough volume to become truly expert at  
10 those services they provide.

11 This project will dilute volumes among  
12 hospitals and negatively impact patient quality and safety  
13 quality. There are numerous studies by the Agency for  
14 Healthcare Research and Quality and the Institute of  
15 Medicine, demonstrating that hospitals with higher volume  
16 of particular cases tend to have better outcomes than those  
17 hospitals with lower volume. This proposed hospital will  
18 add nearly 50 percent more beds in the McHenry County area.  
19 As you know, our hospital is located less than one mile  
20 away from McHenry County. There is little doubt that  
21 adding another hospital in the region will negatively  
22 impact volumes of area hospitals and may impact quality of  
23 care, as clinical staff need adequate patient care  
24 experience to maintain competencies.

1 I am sure that when Sherman forecasted their  
2 volumes for their new hospitals, that when St. Joseph  
3 forecasted the volumes for their new bed tower, and when  
4 St. Alexius for their new children's hospital, they foresaw  
5 certain volumes not only for financial reasons, but also to  
6 ensure adequate staffing and training of their staff. This  
7 proposed hospital would jeopardize those financial and  
8 staffing projections. It is important for McHenry County  
9 residents to feel they have adequate access to healthcare  
10 resources, but it is more important that residents feel  
11 they have access to quality healthcare resources. There is  
12 bed capacity at both Centegra hospitals and the Mercy  
13 Hospital Harvard. A more prudent approach would be to add  
14 beds to those existing facilities.

15 To summarize, one purpose for the Review Board  
16 looking at utilization and an appropriate allocation of  
17 resources is to ensure quality care. Approval of this  
18 project may jeopardize that care, because it will  
19 significantly dilute volumes across a number of hospitals.  
20 I urge the Board to deny this proposal.

21 Thank you.

22 MS. AVERY: Thank you.

23 Michael Chubirka.

24 MR. CHUBIRKA: Hello. My name is Michael

1 Chubirka, and I will be reading a letter from Dr. Douglas  
2 Henning, who is not able to make it to the hearing today.

3           As a Board-certified pediatrician, I began my  
4 practice in the Crystal Lake and Woodstock areas as an  
5 employed physician for Centegra Healthcare System from 1997  
6 to 2002 and have been an employed physician at Mercy Health  
7 Systems since October 2002. During my first winter here in  
8 1997, my patients with RSV -- in other words, infants and  
9 toddlers -- would often have to be held in the Emergency  
10 Room at either Centegra McHenry or Centegra Hospital  
11 Woodstock for up to six to eight hours, waiting for an open  
12 pediatric bed for them to be admitted.

13           As a past member of the Credentials Committee  
14 at Centegra Hospital Woodstock, I sat next to one of the  
15 Centegra Vice-Presidents on the committee at the time we  
16 were interviewing a prospective new Emergency Room  
17 physician to work at the Centegra hospitals. The  
18 particular interview I am thinking about occurred  
19 approximately one year or less after Mercy Health System's  
20 2002 attempt at building a hospital in Crystal Lake. I  
21 recall the timing, because this Centegra VP was telling a  
22 prospective ER physician that, working mostly at the  
23 Woodstock hospital, she wouldn't have as long wait time for  
24 a bed to open up for her ER patients there as she would if

1 she was working at the McHenry hospital. This was just  
2 months after Centegra administrators proclaimed to the  
3 local newspapers, as well as to your Board, that there was  
4 an excess supply of vacant beds at that hospitals at that  
5 time.

6 I encourage this current Planning Board to  
7 listen to the physicians and inhabitants in this area, and  
8 not the Centegra administration, for the real facts  
9 concerning access to healthcare in the area. I for one can  
10 give personal testimony, based on my practice here since  
11 1997, in both health systems by the way, that the proposed  
12 Mercy Crystal Lake hospital and medical clinic was a vital  
13 need in 2002, and the population obviously hasn't declined  
14 since then. The only things that have declined between  
15 then and now have been household incomes and insurance  
16 coverage.

17 I urge approval of Mercy Health System's  
18 application. Thank you very much.

19 MS. AVERY: Thank you.

20 Kent Snyder.

21 AUDIENCE MEMBER: I'll be turning in the  
22 testimony of Kent Snyder and deferring to Tom Zanck.

23 MR. ZANCK: Good afternoon. My name Tom  
24 Zanck. Thank you for the opportunity to visit with you

1 this afternoon. I've been a business owner in downtown  
2 Crystal Lake since 1974. In fact, my office is two blocks  
3 from where I'm testifying here today. I'm here to oppose  
4 the application of Mercy Health System with respect to this  
5 proposed project, but maybe I've got a little different  
6 tack on it.

7 I'd like to talk about the property size  
8 first, as set forth in the application. Ignoring the  
9 circumstances of the last Mercy application, which was  
10 submitted by the same executive officers of Mercy that are  
11 now submitting this application, I wanted to discuss the  
12 historical facts of this application and the previous one.  
13 I reviewed the documents with the City of Crystal Lake when  
14 Mercy proposed its 70-bed hospital and presented evidence  
15 before the Zoning Board of Appeals for the City of Crystal  
16 Lake. The board members at that time expressed concerns of  
17 building a hospital of that magnitude on a parcel which was  
18 only 16.38 acres, because there would be no room to expand.  
19 Notwithstanding those concerns that were expressed in 2004  
20 about a 70-bed hospital, we now have Mercy with the same  
21 executive officers submitting an application for a hospital  
22 almost twice that size, on what size parcel? The exact  
23 same size parcel, 16.38 acres, plus or minus. This is true  
24 notwithstanding Mercy apparently owns additional adjoining



1 land. How are Mercy's actions to be interpreted.

2           The Zoning Board expressed concerns to these  
3 very executives that are presenting this application and  
4 yet the only thing different about this application than  
5 the last one is that they have enlarged the number of beds  
6 so that it's almost twice as large. This sends a clear  
7 message, in my opinion, that either Mercy doesn't listen  
8 very well or they don't care what the concerns of the  
9 community are, and in either event, that scenario doesn't  
10 bode well for the citizens of Crystal Lake.

11           By the way, in reviewing the minutes of that  
12 zoning hearing, there were two Zoning Board members that  
13 were very concerned about this site and, in fact, the  
14 chairman of the Zoning Board made the comment that maybe  
15 the most appropriate place for the hospital should be at  
16 Del Webb, which, of course, happens to be a large community  
17 in the Huntley area.

18           With respect to construction timing, we've  
19 heard that there's the hope, that Mercy would like to break  
20 ground, they're ready right now, and they'd like to turn  
21 dirt before the end of this year. Let's look at the facts.  
22 I've been doing zoning in this county for over 40 years.  
23 This is what I know from the last application. First of  
24 all, in checking with the City of Crystal Lake today, no

1 application has been filed by Mercy to seek zoning for this  
2 parcel now, or as of yet.

3           Okay. Second in order to build this hospital  
4 in the City of Crystal Lake, Mercy is going to have to  
5 apply for a Planned Unit Development application. The  
6 steps are first you need a preliminary PUD, and then you  
7 need a final PUD. During the last application, when it was  
8 a smaller project, it took Mercy four months to obtain a  
9 preliminary PUD. After you obtain a preliminary PUD  
10 approval, you then go to final engineering, and then you  
11 make your submittals to the City of Crystal Lake, and Staff  
12 reviews it and perhaps Staff hires outside engineers to  
13 approve it. The bottom line, the magnitude of this project  
14 is so much that there's no way that the project can be  
15 approved by the City within the time period expressed by  
16 Mercy. They've got at least a seven-month process with the  
17 City of Crystal Lake, and they probably won't file their  
18 application -- at least it doesn't make sense they file  
19 their application until this Board makes its decision as to  
20 whether or not to approve the site.

21           The application is flawed. It was flawed the  
22 last time it was applied for. The Mercy application being  
23 promoted at this time, with the same officials who were in  
24 charge, is flawed and not responsive to the community

1 concerns, and I believe that these representatives are  
2 committed to saying anything to the community and this  
3 Board which they believe this Board would like to hear.

4 My personal reflection -- knowing I'm running  
5 out of time -- is I spend about 10 hours a work day two  
6 blocks away. I've had occasion to need hospital care. I'm  
7 very pleased with the hospital care I have received five  
8 and a half miles to the northwest of here with Centegra,  
9 five and a half miles north of here with Centegra. We have  
10 22 employees. I'm very comfortable with the excellent care  
11 we already receive. I believe Crystal Lake is adequately  
12 served, and I oppose this application.

13 Thank you.

14 MS. AVERY: Thank you.

15 Tamera Demodica.

16 MS. DEMODICA: Good afternoon my name is  
17 Tamera Demodica. Thank you for allowing me to speak today.  
18 Good afternoon everyone, everyone in the community, the  
19 Board.

20 I'm here today to express my sincere  
21 sentiments about the Mercy Health System and its proposal  
22 for a new hospital in Crystal Lake. This is the first time  
23 in my life that I believe in a health system. With my  
24 husband's health in need of constant monitoring, we needed

1 a physician who could treat him. We found Dr. Nathan  
2 Kakish with Mercy. Let me say, he saved my husband's life.  
3 He also spoke here, and I was very glad to see him.

4 I believe the environment the Mercy Health  
5 System practices allows Dr. Kakish to use his ability,  
6 knowledge, and compassion for his medical profession. This  
7 is a direct result of the dedication, service and equal  
8 compassion that Mercy has for its patients and the  
9 community.

10 There are main perspectives of a great quality  
11 healthcare system. The first is location. Without Mercy  
12 and its proposed strategic location, how would we as a  
13 community ever feel hopeful of receiving such great medical  
14 care? This hospital must be built. The future excellence  
15 of our community demands it.

16 Also, service of healthcare. Mercy offers a  
17 service to the community and its patients that cannot be  
18 equal. How fortunate we are to have such a health system  
19 in our area, for without it our choices would be so  
20 severely limited. For how else would we be able to measure  
21 our own healthcare if such minimal selection is before us.

22 Also, may I mention my husband received a  
23 blood test from Centegra before he went to Mercy. It was  
24 \$700. I called up the main office. Instead of working

1 with me, they sent me a certified letter, denying my family  
2 to ever use Centegra ever again and demanding we pick up  
3 our files from their offices. What kind of healthcare is  
4 that.

5 The service that Mercy provides is organized,  
6 professional, and effective. My blood pressure doesn't  
7 rise when I go for an appointment. I don't need to stress  
8 about waiting times, because they're always short. I don't  
9 need to be concerned about my lack of insurance, because  
10 their payment specialist works with my family. When I  
11 leave, I feel I've received the greatest possible  
12 healthcare available to my family.

13 Not only does my family finally have a  
14 physician that we so diligently searched for but a hope  
15 that we will have a hospital that will be operated by  
16 Mercy, where our doctors and other Mercy physicians can  
17 continue the care of my family, the hospital that offers an  
18 extension of a profoundly important quality of life and of  
19 this critical measure of whether to build a facility this  
20 community so desperately needs. May I urge you, please  
21 allow this hospital to be built.

22 Finally, may I also mention that my family's  
23 experience at the Mercy Health System is one of necessity  
24 and choice. Thank God we have them. A new hospital will

1 serve the community with excellence. Please allow us to  
2 have our freedom of choice.

3 Thank you.

4 MS. AVERY: Thank you.

5 Tim Yusk.

6 MR. YUSK: My name is Tim Yusk, Director of  
7 Ambulatory Services at Advocate Good Shepherd Hospital in  
8 Barrington, Illinois, located less than one mile east of  
9 McHenry County.

10 I oppose this project, because there are more  
11 cost effective means of providing additional access to  
12 healthcare than building new, expensive, inpatient  
13 facilities. Many healthcare services continue to shift in  
14 the outpatient arena where they can be provided at lower  
15 cost to patients. More complex services, such as open  
16 heart surgery, neurosurgery, et cetera, will continue to,  
17 of course, be delivered in acute care settings, but the  
18 applicant is not proposing such services.

19 It is simply incorrect to state that a new  
20 hospital is needed to provide greater access to healthcare  
21 in this community. Numerous local healthcare providers  
22 have recognized this and opened ambulatory centers in  
23 McHenry County, including Mercy, Centegra, Provena,  
24 Sherman, and Advocate. Those facilities are outlined in

1 the map and referenced for the Board's consideration, with  
2 over 35-plus facilities in McHenry County. Advocate alone  
3 currently operates three provider-based outpatient centers  
4 within McHenry County. These centers provide a combination  
5 of over 55,000 visits, treatments, and diagnostic tests  
6 annually.

7 Our rehabilitation department has been  
8 providing a comprehensive offering of both adult and  
9 pediatric therapist in Crystal Lake since 1990. At our  
10 other facilities in Crystal Lake and Algonquin, patients  
11 have access to both primary and specialty care physician  
12 services and comprehensive imaging service. In addition,  
13 our Crystal Lake center at 525 Congress Parkway offers  
14 immediate care 365 days per year, staffed by Good Shepherd  
15 Board-certified emergency medicine physicians. This center  
16 is located less than two miles from the proposed Mercy  
17 hospital site, and many Crystal Lake residents, regardless  
18 of ability to pay, receive healthcare at this facility. We  
19 believe these outpatient centers are less costly and a more  
20 efficient way to bring high quality healthcare services to  
21 the residents of McHenry County.

22 Mercy has also recognized the shift to  
23 outpatient services and has responded by providing  
24 residents access to care through new imaging services in

1 Crystal Lake. Three other area hospitals offer a range of  
2 ambulatory services, also including immediate care, to  
3 residents of McHenry County.

4 I also want to address Mercy's claims that  
5 there is a physician shortage in McHenry County. A  
6 physician shortage can be addressed through ambulatory  
7 sites, and a new hospital won't necessarily solve the  
8 physician shortage issue. Good Shepherd and Sherman are  
9 just outside the McHenry border, and both have plenty of  
10 physicians on their campus who see McHenry County residents  
11 every day. Mercy indicates they will have employed  
12 physician models to staff the hospital and has letters from  
13 Mercy employed physicians, stating they will send patients  
14 to this new hospital. But there is no documentation of  
15 physician support or referrals in over a dozen key  
16 specialties necessary to provide a full range of hospital  
17 services. Notable voids are in the specialties such as  
18 emergency medicine, cardiology, neurosurgery,  
19 anesthesiology, neurology, general surgery, thoracic  
20 surgery, pediatric sub-specialties, neonatology,  
21 rheumatology, endocrinology, pathology, hematology,  
22 oncology, nephrology, and pulmonology. The cost of  
23 building a hospital that Mercy quotes does not include the  
24 tens of millions of dollars it would cost Mercy to recruit



1 and employ these physicians.

2 In summary, I urge the Board to deny this  
3 application, because there are better ways to serve the  
4 residents of McHenry County than to build a brand new  
5 hospital.

6 Thank you.

7 MS. AVERY: Thank you.

8 Dr. Varma.

9 AUDIENCE MEMBER: Dr. Varma won't be here, but  
10 we're going to defer over Noelle Dina, please.

11 MS. DINA: My name is Noelle Dina, and I will  
12 be speaking on behalf of Dr. Robert Schwaner, who was  
13 unable to be here today.

14 Thank you for listening to a very concerned  
15 citizen who has firsthand knowledge of the current  
16 situation. I am a Mercy physician who works across the  
17 street from Centegra's Northern Illinois Medical Center,  
18 (NIMC) on Route 31 in McHenry. I have been a  
19 Board-certified emergency physician since being one of the  
20 fortunate few to pass the first Emergency Medicine Board  
21 Exam in 1980. I was Director of Elgin St. Joseph  
22 Hospital's Emergency Room for 22 years. St. Joe has paid  
23 out millions in emergency room malpractice before I got  
24 there, millions after I left. They paid out zero dollars

1 while I was in charge.

2 I've had the good fortune of knowing George  
3 Gallant, MD, the long-time Director of NIMC's emergency  
4 room, for many years. He and other physicians and nurses  
5 who work there are excellent, caring healthcare workers.  
6 They are not the reason that NIMC's emergency room has such  
7 a poor reputation.

8 NIMC has neither the facilities nor the  
9 personnel to take care of the massive number of patients  
10 that they receive. Just yesterday, March 15th, 2011, a  
11 three-month-old with a 101 degree fever was sent away from  
12 NIMC's emergency room and came to our facility. We had to  
13 send the poor child back where he could receive the proper  
14 workup and treatment that was only available in an ER.

15 A three-hour wait is standard at NIMC's  
16 waiting room, and this puts a tremendous and unnecessary  
17 amount of pressure on the emergency physicians and nurses.  
18 Without mentioning any names, it is common knowledge that  
19 if an emergency room physician working at NIMC's ER states  
20 the truth about his situation, he is fired by the  
21 administration that, unfortunately, appears to worry more  
22 about the bottom line than the care of the patients. I  
23 give Dr. Gallant and all the rest of the ER personnel that  
24 I've worked with over the past five or six years massive

1 credit for surviving an impossible situation. I know they  
2 all secretly hope that Mercy can build its new hospital  
3 with its new ER.

4 Right now Centegra has absolute power in the  
5 area. I know the majority of citizens would like to see  
6 some competition. We understand that this competition  
7 would force both administrations into worrying more about  
8 the care of the patients than about the bottom line.

9 I sincerely thank you for listening.

10 MS. AVERY: Thank you.

11 Would representatives of each side please come  
12 forward?

13 (Discussion held off the record.)

14 THE COURT: Thanks for your patience. We'll  
15 resume the hearing.

16 David Tomlinson.

17 And, again, if you have written testimony that  
18 you just want to turn in without giving an oral  
19 presentation, feel free to do so.

20 MR. HEINRICH: Good afternoon. My name is  
21 John Heinrich, and I'll be reading a letter from David  
22 Tomlinson, who is unable to be here.

23 I'm David Tomlinson. I'm Vice-President of  
24 Operations for Centegra, and I'm here to oppose Mercy

1 Hospital's project.

2           Before I begin, I want to address a comment  
3 made by one of Mercy's witnesses about Centegra's decision  
4 to delay moving forward with our Woodstock Women's Center.  
5 First, the original decision to delay the construction of  
6 the women's center was the direct result of the worse  
7 economic crisis since the Great Depression. Thereafter,  
8 Centegra engaged in a thorough planning analysis that  
9 revealed a greater need for services in southern McHenry  
10 County. Centegra's Huntley health campus is centrally  
11 located in this area of need, and our proposed new hospital  
12 will be used by the residents of Huntley, Lake in the  
13 Hills, Algonquin, Lakewood, and southern Crystal Lake.

14           Centegra has not abandoned its focus on  
15 women's services. We have simply made the decision to  
16 provide the services in a different way. We have opened  
17 the Centegra Gavers Breast Center in Crystal Lake and the  
18 Centegra Breastfeeding Resource Center in Woodstock. As  
19 our Certificate of Need application reflects, the proposed  
20 Centegra Hospital Huntley will include the women's center.  
21 Consistent with our mission, vision and values, Centegra  
22 continues to responsibly develop services that best meet  
23 the needs of our community residents.

24           Mercy claims in their application that wait

1 times at emergency departments in McHenry County are  
2 lengthy, and that those same emergency departments are  
3 bypassed to accommodate urgent patient care. Those claims  
4 are not based on current, relevant data. Let me explain.

5 Centegra has responsibly added beds and  
6 created efficiencies and patient throughput initiatives so  
7 that no bypass has occurred recently. We also opened two  
8 immediate care centers to take pressure off our busy  
9 emergency departments. Mercy did not update the data in  
10 its application, thereby misleading you. Neither Centegra  
11 Hospital McHenry nor Centegra Woodstock has been on bypass  
12 due to capacity issues for more than a year and a half.

13 Our EMS providers have special training and  
14 equipment to help them evaluate each patient's physical  
15 condition. They provide quality pre-hospital care and  
16 timely transport to the closest hospital emergency  
17 department to provide patients access to definitive medical  
18 care. The key to successful outcomes in patient conditions  
19 rests with prompt assessment, timely transport, and arrival  
20 to the nearest comprehensive emergency department.

21 MS. AVERY: You have one minute.

22 MR. HEINRICH: To further prove how things  
23 have changed since Mercy's last Crystal Lake application,  
24 the Chest Pain Centers at Centegra Hospital McHenry and

1 Centegra Hospital Woodstock have been accredited by the  
2 Society of Chest Pain Centers, an international  
3 organization dedicated to eliminating heart disease as the  
4 number one cause of deaths worldwide. This advanced  
5 accreditation makes Centegra two of only eleven in Illinois  
6 to earn this level of distinction. Mercy Harvard is not  
7 one of those accredited.

8 Centegra Health System has made a commitment  
9 to the community throughout McHenry County to provide  
10 access to quality emergency care by providing two hospitals  
11 with comprehensive emergency services, two Level II trauma  
12 centers, access to critical care emergency air transport  
13 through the Flight for Life program, and maintaining the  
14 commitment to EMS as a resource hospital with the Illinois  
15 Department of Public Health.

16 Mercy has provided limited emergency medical  
17 services to our community. For nearly 100 years, Centegra  
18 hospital have provided access to outstanding emergency care  
19 that is close to home. I ask the Illinois Health  
20 Facilities and Services Review Board to say no to the Mercy  
21 Health System.

22 Thank you.

23 MS. AVERY: Thank you.

24 Kathy Wynes.

1 MS. WYNES: Hi. I'm Kathy Wynes. I'm here to  
2 read a couple of letters from citizens who couldn't be here  
3 today. The first one is from Jerome Baumgart.

4 On March 4th, 2011 I went to the Northern  
5 Illinois Medical Center Emergency Room at your request for  
6 elevated blood pressure. This was a letter to  
7 Dr. (inaudible). You requested I go to the ER only after  
8 exhausting all other attempts for me to be seen by my  
9 primary care physician or at the immediate care center.  
10 Upon entering the ER, I observed that the waiting area was  
11 full. It was four p.m. The nurse took my information and  
12 asked me to wait to be called. I was then called into a  
13 small room and my vitals taken, which indicated a  
14 significantly high blood pressure. At this time, I asked  
15 is the ER normally this busy, and the nurse stated yes,  
16 this is quite normal.

17 At that time, I was again asked to have a seat  
18 in the waiting room. While sitting in the waiting room, I  
19 observed at least ten times the paramedics and ambulance  
20 medical support staff bring stretchers with what appeared  
21 to be people with significant health issues. About three  
22 hours later, I was taken to an examination room in the ER.  
23 IV's were administered, an EKG, pulse and blood pressure  
24 monitors were attached. I was in this area for about 15

1 minutes. An ER doctor came in and said he has looked at my  
2 chart and there was really nothing for him to do; he has  
3 seen blood pressures much higher than this, and there is  
4 nothing he would do for high blood pressure like this. He  
5 then told me the nurse would be in to remove my monitoring  
6 devices.

7 I could see my nurse working on other  
8 patients, and after 15 minutes, I removed the EKG and pulse  
9 monitor, got dressed and went to the front desk to have the  
10 IV removed from my hand. The front desk staff sent me back  
11 to the ER and told me to wait for the nurse. I waited  
12 about another 10 minutes and finally she had time to remove  
13 the IV and I was discharged. The entire process from the  
14 time I entered to the time I left was well over three and a  
15 half hours.

16 It appeared to me that the facility was  
17 overwhelmed and possible patient care was suffering. I am  
18 not faulting the staff as much as the system and the  
19 overcrowded hospital. I believe the patient care is in  
20 jeopardy.

21 Thank you for your time reading these  
22 comments. I think there needs to be changes to the  
23 availability of healthcare in this community and feel  
24 another hospital is needed.



1                   One other letter from Richard Johns, Sr. from  
2 Woodstock, Illinois.

3                   I am 77 years old and live in McHenry County,  
4 approximately seven miles from Crystal Lake. Since moving  
5 to McHenry County, I've had the unfortunate experience of  
6 needing hospitalization on several occasions. Wanting to  
7 stay close to home, my choice of hospitals is limited.  
8 Being the one who waits for hours in the emergency  
9 department and then in a holding area overnight, I can  
10 definitely say that the lack of hospital beds in my  
11 community is significant.

12                   Centegra officials tell us that another  
13 hospital is not needed in Crystal Lake, but they want to  
14 build one in Huntley, Illinois, even though there are two  
15 hospitals close by. Both hospitals do not have bed  
16 shortages. They want to build it when the population  
17 grows. What if the population does not grow? We need a  
18 hospital where the community needs it.

19                   Approving Mercy's application for a new  
20 hospital will improve access for patients and quality of  
21 care. I have had multiple opportunities to use Mercy  
22 Health Systems Services, and they have always been  
23 topnotch.

24                   I strongly urge the Illinois Health Facilities

1 Planning Board to approve Mercy's application for a new  
2 hospital in Crystal Lake, Illinois. It is many years  
3 overdue.

4 Thank you.

5 MS. AVERY: Thank you.

6 Trent Gordon.

7 MR. GORDON: My name is Trent Gordon, and I am  
8 the Director of Business Development at Advocate Good  
9 Shepherd Hospital. Good Shepherd is located less than 6  
10 miles and less than 15 minutes from the proposed Mercy  
11 site.

12 I oppose the construction of another hospital,  
13 particularly one so close to existing hospitals. Mercy is  
14 proposing to build a new hospital less than 8 miles from  
15 three existing hospitals in Barrington, Woodstock, and the  
16 City of McHenry.

17 In an ideal world, we might consider building  
18 more hospitals so that each community could have its own  
19 hospital. However, we must be rational and understand this  
20 is not the world in which we live. Our resources are not  
21 unlimited. In fact, being rational about healthcare  
22 resources is the very purpose of the Illinois Health  
23 Facilities and Services Review Board. In our world, the  
24 proliferation of hospitals providing immediate access must

1 be balanced with limiting expenditures which drive up  
2 healthcare costs to taxpayers, individual premium payers  
3 and employers.

4 In its application, Mercy sites a physician  
5 shortage in McHenry County as a rationale for a new  
6 hospital. The application includes letters from physicians  
7 indicating support and expected referrals to the new  
8 facility. However, there are no such letters from  
9 physicians in many important specialties such as  
10 cardiology, anesthesiology and neurosurgery. Does the  
11 application include the cost to hire these specialists and  
12 provide specialty equipment and facilities in their offices  
13 and the hospital.

14 If McHenry County does have a physician  
15 shortage, then Mercy, which operates a large physician  
16 group, should simply locate more physician offices in  
17 McHenry County rather than building a \$200 million  
18 hospital. This is clearly a less expensive option and  
19 merits serious consideration, particularly with a full  
20 service hospital located only six miles from the proposed  
21 cite. Mercy physicians admit their inpatients to area  
22 hospitals now, and they can continue to do so.

23 Mercy states that there is a physician  
24 shortage in McHenry County, as I mentioned. Just because

1 there is a hospital does not mean that more physicians will  
2 be attracted to the area. Furthermore, there may be a  
3 shortage in McHenry County, but there are plenty of  
4 physicians in Crystal Lake. In the past four years, Good  
5 Shepherd, Centegra and Mercy have all opened new imaging  
6 centers in Crystal Lake. These imaging centers need  
7 physicians in the area in order to refer to them. Patients  
8 can't just walk off the street and request an MRI without a  
9 physician order. These hospital systems, as I mentioned,  
10 are smart organizations, and they would not have all opened  
11 up imaging centers in the same location if there was a  
12 shortage of physicians in Crystal Lake and the surrounding  
13 zip codes. They need for there to be a lot of physicians  
14 in the area so they can have a good patient load to support  
15 their investments.

16 I urge the Board to take a very close look at  
17 this application and realize that this area's healthcare  
18 needs are more than well served. We do not need a hospital  
19 in Crystal Lake. Good Shepherd looks forward to continuing  
20 to serve the needs of McHenry County.

21 And very quickly I would like to read a letter  
22 of a local citizen, Linda Serafin.

23 I have worked in the healthcare industry for  
24 over 30 years in Illinois. I am a resident of Crystal

1 Lake, Illinois and I oppose Mercy Healthcare's application  
2 to build a new hospital in Crystal Lake. We already have  
3 three hospitals in the area. This project would duplicate  
4 services in McHenry County that already exist.

5 The only services lacking in McHenry County  
6 are pediatric specialists. There is no mention in their  
7 application by Mercy regarding the possible expansion of  
8 this much-needed service to our community. We have built  
9 new schools to accommodate the growth spurt of our younger  
10 generations, but when these children become extremely ill  
11 or are victims of serious traumatic events, they are  
12 transferred to hospitals that are far from their homes.  
13 Most of the children are sent to Loyola in Maywood or  
14 Luthern General in Park Ridge, Illinois. Many times they  
15 are transported via helicopter because of long distances.

16 McHenry County does not need another hospital.  
17 We need to expand our horizons and develop what we already  
18 have. McHenry County does not need to watch another  
19 corporation extend their debt to build another hospital.

20 I urge the Illinois Health Facilities and  
21 Review Board to deny the Mercy application proposal to  
22 build a new hospital in Crystal Lake, Illinois.

23 Sincerely, Linda Serafin.

24 MS. AVERY: Thank you.

1 Kevin Potter.

2 MR. POTTER: Hello. My name is Kevin Potter,  
3 and I will be reading a statement from a local resident who  
4 is not able to make it to the hearing today. Thank you.

5 Here's a story of why I feel another hospital  
6 in McHenry County, but not one that is run by Centegra  
7 Health System, is needed. The following is an incident  
8 that my family was involved with just in the past week.  
9 (This is dated March 7th, 2011 to March 11, 2011) involving  
10 Centegra Northern Illinois Medical Center and sadly my  
11 father, who had been there twice before in the past 12  
12 months, all 3 of our visits and our stories will be  
13 similar.

14 My father, Larry Sorg was brought to the  
15 Emergency Room by ambulance on Monday, March 7th at 5:40  
16 p.m. He was found unresponsive at his home by his wife  
17 Barbara. They had no room for any of the patients that  
18 were at Centegra's Northern Illinois Medical Center. They  
19 were lined up head-to-toe on their beds and wheelchairs,  
20 down hallways and around the nurse's station. It wasn't  
21 until Tuesday morning when they found a place in radiology  
22 with very little privacy, that's where he and two others  
23 waited for a room.

24 As we waited for the doctor to come in to talk

1 to us about labs and x-rays that had been done the night  
2 before, and they were ready to be read, we were passed off  
3 to three different doctors. Dr. Number 1 was to come down  
4 and see us at 10:00 a.m., but he couldn't because he had  
5 office hours that day. So Dr. Number 2 would come down to  
6 talk to us at eleven a.m. Dr. Number 2 came down, and we  
7 knew it was him, and he talked to the patient next to my  
8 father and then he started to leave. We stopped him and  
9 asked about our dad, and he said that Dr. Number 3 would  
10 come down and talk to us but he didn't know what time.

11 It's now 2:00 p.m. and we were still waiting  
12 to see Dr. Number 3. We had to call, because the nurse  
13 wouldn't, and all the three doctors are from the same  
14 office. We were informed that Dr. Number 3 had been doing  
15 procedures and he's still at NIMC. Why would Centegra  
16 Health System have doctors do hospital hours while doing  
17 procedures and having their own office hours.

18 It's now about 3:30 p.m. and Doctor Number 3  
19 comes down to talk to us. He didn't listen to a word we  
20 said. We kept telling Dr. Number 3 that our father has  
21 Alzheimer's and he would have to ask us any questions, but  
22 we would ask Dad instead and write down what he said. Dad  
23 doesn't know what season it is or what year it is. It's  
24 now 6:00 p.m. Tuesday night, and they finally have a room

1 for Dad, where he stayed for further testing and  
2 observation. Every doctor that came to see him, we had to  
3 tell them that Dad has Alzheimer's and would have to talk  
4 to us, and all of their replies were the same, they were  
5 not aware of that. He was finally discharged to his wife's  
6 care on, Friday, March 11th, in fair condition. We vowed  
7 never to go to NIMC again for an emergency, and I'm sure we  
8 are not the only family with a story like this.

9           The lack of communication, the lack of care,  
10 and unable to handle the work flow is why we need a Mercy  
11 hospital in Crystal Lake and not a poorly-run Centegra  
12 hospital in Huntley. A Huntley hospital would do very  
13 little for McHenry. The Huntley, Gilberts and other towns  
14 people go to Sherman in Elgin or Advocate in Barrington or  
15 even Alexian Brothers in Hoffman Estates. It's straight  
16 down Route 72 for them. A Mercy hospital in Crystal Lake  
17 is a much wiser choice. Centegra's Northern Illinois  
18 Medical Center is overcrowded and poorly run. A Mercy  
19 hospital in Crystal Lake will lighten the load at NIMC and  
20 service McHenry, McHenry County and the other surrounding  
21 counties more efficiently.

22           Thank you very much for listening. Thomas C.  
23 Sorg, Woodstock.

24           MS. AVERY: Thank you.



1 Robert Rosenberger.

2 MR. ROSENBERGER: My name is Bob Rosenberger.  
3 As Centegra's Chief Financial Officer, I oppose Mercy's  
4 proposal for a hospital in Crystal Lake. Data shows that  
5 Mercy Crystal Lake hospital is only viable at the expense  
6 of Centegra's existing hospitals. Let me explain.

7 Mercy's physician referral letters document  
8 that almost 90 percent of the patient volume for the  
9 proposed facility will come from Centegra's existing  
10 hospitals. 53 percent of the patient volume would come  
11 from Centegra Woodstock, while 36 percent would come from  
12 Centegra Hospital McHenry. To meet the required  
13 utilization targets identified on page 178 of Mercy's  
14 application, the proposed facility will require 32,960  
15 med/surg patient days, 5,482 OB patient days, and 1,752 ICU  
16 patient days. If 53 percent of this patient volume comes  
17 from our Woodstock Hospital and 36 percent comes from our  
18 McHenry hospital, as Mercy's CON application indicates,  
19 Mercy's project would have a major impact on Centegra.

20 Based on our 2009 Hospital Profiles and the  
21 referral numbers provided by Mercy, the occupancy of  
22 medical/surgical and OB beds at Centegra Hospital Woodstock  
23 would plunge to 10 percent and 5 percent respectively. ICU  
24 occupancy would be reduced to 58 percent. The occupancy of

1 medical/surgery and OB beds at Centegra Hospital McHenry  
2 would be reduced to 53 percent and 14 percent respectively,  
3 far below the State's target occupancy levels.

4           These high impacts on Centegra's patient  
5 volumes would be necessary for Mercy Crystal Lake to attain  
6 the utilization rates required of its new hospital. It  
7 makes no sense to sacrifice two existing, thriving  
8 hospitals for the sake of a new one, especially when the  
9 owner of that new hospital has the abysmal track record in  
10 the State that Mercy has. Mercy has owned and operated  
11 Mercy Harvard hospital since 2003 and has been singularly  
12 unable to improper the poor utilization of that facility.  
13 According to its 2009 Hospital Profile, its latest  
14 medical/surgical utilization was 27 percent, and its ICU  
15 utilization was 10.5 percent. The 2009 Hospital Profiles  
16 for Centegra McHenry, Centegra Woodstock, and Mercy Harvard  
17 Hospital are included with my written testimony.

18           It is also important to note that the  
19 financial impact study prepared by Deloitte was based only  
20 on the actual patient referrals documented in Mercy's CON  
21 application, yet those patients represent only 40 percent  
22 of patient admissions required for Mercy Crystal Lake to  
23 meet the required utilization levels. Consequently,  
24 Deloitte's calculated financial impact to Centegra of \$10

1 million to \$11.7 million annually would more than double if  
2 Mercy is to attain its target utilization by taking 88  
3 percent of its patient volume from Centegra.

4           These great losses could have far-reaching  
5 ramifications in the community. Right now, Centegra  
6 supports a wide range of health services that are viable to  
7 the community, yet result in large financial losses for  
8 Centegra each year. In fiscal year 2010, Centegra lost  
9 \$5.6 million on mental health services, \$5.5 million on a  
10 skilled rehab nursing facility, \$1.1 million on free  
11 community health screenings and \$650 thousand on neuro-day  
12 trauma treatment center. All of that is in addition to our  
13 contributions to area social service agencies that are  
14 currently seeing cuts in Medicaid payments from the State.  
15 If we experience major losses at the hand of Mercy Crystal  
16 Lake Hospital, we may not be able to continue supporting  
17 these kinds of services.

18           There is a state-identified bed need in  
19 McHenry County, and the best place for a new hospital is  
20 southern McHenry County. Why? Because it is where the  
21 largest population growth is and will not negatively impact  
22 other area hospitals. Centegra is committed to responsible  
23 development of healthcare services in McHenry County, which  
24 is why we believe Centegra Hospital Huntley is the best CON

1 project.

2 I urge this board to consider the impact a new  
3 hospital in Crystal Lake would have on Centegra Health  
4 System and the community at large. Do not sacrifice two  
5 existing hospitals for one new hospital. Please reject  
6 Mercy Crystal Lake Hospital.

7 Thank you.

8 MS. AVERY: Mike Ploszek.

9 MR. PLOSZEK: Good afternoon. Mike Ploszek.

10 Today has been a long day. We have spent  
11 almost an entire day discussing whether an additional  
12 hospital should be built in our area. Ms. Avery, we thank  
13 you for spending this day with us and listening to the  
14 debate, some of which was spirited, on this issue and  
15 having you come out here two times in one month --  
16 hopefully we'll quit meeting like this in the future. How  
17 high quality healthcare is to be provided in an efficient,  
18 cost-effective manner is clearly important to all of us,  
19 and whether you are for or against this project, I thank  
20 everyone for attending.

21 I am the Vice-President of Ambulatory Services  
22 and Community Strategy at Advocate Good Shepherd Hospital.  
23 There are a few points I would like to address today in  
24 summary.

1                   Number one, there is no need to solve a bypass  
2 problem that doesn't exist. Hospitals in this area were on  
3 bypass a total of 16 hours in the last year. We don't need  
4 a \$200 million hospital for 16 hours of bypass.

5                   Number two, you cannot take 4,000 cases from  
6 existing hospitals without hurting existing hospitals.

7                   Number three, proximity is not a justification  
8 for this hospital. Virtually every affected zip code is  
9 within 30 minutes of a hospital.

10                   And number four, although there could be many  
11 other points we could address, I do want to make sure that  
12 one important fact is clarified. A Mercy physician had  
13 referenced the two immediate care facilities in Crystal  
14 Lake and alleged that both were turning away Medicaid  
15 patients. I cannot speak for the other facility, but as  
16 Vice-President for Ambulatory Services, I can emphatically  
17 assure you that Advocate Good Shepherd's Immediate care  
18 center accepts Medicaid patients, and I would not want  
19 anyone here to think otherwise.

20                   Rather than inundating you with facts, I want  
21 to acknowledge the difficulty of a new hospital is complex.  
22 While in an additional hospital might be convenient for  
23 some residents, that convenience comes at a considerable  
24 cost to the healthcare system. Many of us choose

1 convenience over quality when it comes to lunch.  
2 Fortunately, we do not choose our hospital as if it were a  
3 Taco Bell, and as an aside, I would just like to state I  
4 love Taco Bell. Often I am rushed for lunch or need to  
5 work late. Regrettably I eat another meal in the car. Is  
6 that food good or nutritious? No, but it is convenient.  
7 However, if you have a parent needing cardiac care, or a  
8 spouse with cancer, or a child with any type of serious  
9 illness, would anyone here select a hospital because it was  
10 two miles closer and more convenient? No. We would want  
11 our loved ones to have the best care possible.

12 As a long time health professional, I can tell  
13 you that there is a trade-off between quantity and quality.  
14 How so? Take, for example, a hospital that desires to  
15 bring on a new cancer specialist but determines they cannot  
16 do so because there would not be enough volume. Similarly,  
17 a hospital wishes to offer greater charity care but cannot  
18 because insufficient volumes do not allow the hospital to  
19 operate on even a break-even basis or a hospital that may  
20 want to make the DaVinci robot available for its surgical  
21 patients but they cannot because there is insufficient  
22 volume because of too many facilities. I believe residents  
23 in our area want better care, not marginally closer care.

24 I'm not here just to oppose a competing

1 hospital but rather to advocate for the best quality care  
2 in our area. I ask the Review Board to follow their rules  
3 and to not diminish the care in this area with a new  
4 hospital.

5 Thank you.

6 MS. AVERY: Thank you.

7 Mr. Gruber.

8 MR. GRUBER: I'd like to, as well, thank you,  
9 Madam Hearing Officer and the Court Reporter for enduring  
10 this day. It's been a long day. It's been an interesting  
11 day. It's been a remarkably informative day in many, many  
12 respects, and I'd like to thank the good folks that have  
13 lasted all day long for you tenacity and willing to endure  
14 sometimes more than the bottom can handle. So thank you.

15 My name is Richard Gruber. I'm the  
16 Vice-President with Mercy Health System Corporation as well  
17 as being Secretary and an officer of Mercy Crystal Lake  
18 Hospital and Medical Center, which is an Illinois  
19 not-for-profit corporation in good standing in the state of  
20 Illinois. My business address is 2000 Lake Avenue in  
21 Woodstock, Illinois.

22 Today you've heard starkly contrasting views  
23 on the need for Mercy Crystal Lake Hospital and Medical  
24 Center. Opponents have argued everything from it being a

1 duplication of existing operations, that it will negatively  
2 impact their ability to provide safety net services, will  
3 deplete those institutions of health professionals, such as  
4 nurses and other professionals, and increase the cost of  
5 healthcare in this region.

6           On the other hand, you've heard recognized  
7 experts such as David Eisenstadt, PhD, an anti-trust  
8 economist and co-owner of Microeconomic Consulting and  
9 Research Associates, located in Washington, DC, talk about  
10 the importance of increased hospital competition in McHenry  
11 County. Among the benefits he cited were the greater  
12 consumer choice, better quality, and, most importantly,  
13 lower costs and prices.

14           You've also heard from other experts, such as  
15 Brett Turner, who is the Managing Principal of Legacy  
16 Healthcare Consultants, speak to the fact that this project  
17 is needed based upon bed-need requirements, how the project  
18 will not increase the healthcare costs for residents of  
19 this area and, in fact, will lower costs with the increased  
20 presence of Mercy Crystal Lake Hospital and Medical Center.  
21 He also spoke eloquently about the advantages of an  
22 integrated health delivery system such as Mercy, and cited  
23 Chicago-based Hewitt Associates 2007 study that found that  
24 integrated systems such as Mercy and Kaiser Permanente



1 provide 22 percent greater cost efficiency than competing  
2 systems. Finally, he testified that the Mercy project is  
3 the most cost effective compared to the other hospital  
4 project proposed in McHenry County.

5 But most of all, you heard from the people in  
6 this area who can best speak to the need of this project to  
7 go forward. Nearly 6,000 people have signed petitions  
8 requesting approval of this project. More than 800 have  
9 taken the time to write a letter of support for the  
10 project. Many of those folks spoke glowingly of our  
11 commitment and active presence in each of the communities  
12 which we serve and thank us for our \$10 million-plus  
13 investment in capital to bring and save the Mercy Harvard  
14 Hospital in Harvard, Illinois.

15 As I was reading various letters of support,  
16 one stuck out to me, and I originally had intended to read  
17 it into the record. The letters from Richard L. Persino,  
18 M.D. But for the sake of time, you have a copy of it in my  
19 remarks.

20 Seven years ago, we believed that there was a  
21 need for greater access to healthcare in this area, and  
22 since then, we've only seen that need grow. More  
23 importantly, the residents and healthcare professionals,  
24 like Dr. Persino, have spoken compassionately once again to

1 the need and their desire to have a hospital in Crystal  
2 Lake.

3 This is the right project at the right  
4 location, and it's at the right time. Mercy has chosen to  
5 locate its hospital and medical center in the most densely  
6 populated area of McHenry County that suffers from  
7 excessive traffic congestion. Crystal Lake is also home of  
8 the most diverse population in McHenry County and has a  
9 growing geriatric population in need of additional  
10 services. The location will also provide easier access for  
11 emergency medical services providers. It will also provide  
12 an additional safety net option for those most in need of  
13 services but unable to pay for the cost of healthcare.

14 Ultimately it's all about ready access and  
15 quality care to the patients we serve. This is the only  
16 application that improves access to care and reduces the  
17 cost of providing that care. Those are the stated  
18 principles of the Certificate of Need process. These are  
19 also significant benefits that accrue to all consumers.

20 I want to depart from my prepared remarks just  
21 for a moment or two. I listened to some outrageous  
22 comments today about our Mercy leader. This is a man with  
23 35 years experience as a highly successful leader, the past  
24 20-plus years with Mercy, and with impeccable credentials,

1 experience, and most importantly impeccable integrity.  
2 Those smear tactics and innuendo are patently false and,  
3 frankly, disingenuous, as the originator of those smear  
4 tactics and innuendo have their own former lawyer lobbyist  
5 who was smack dab in the middle of the entire mix of the  
6 Rezko affair and demanded immunity from prosecution before  
7 he would appear before federal authorities and answer any  
8 questions.

9           We, as an institution, were just as shocked  
10 and just as surprised as all the other 13 million people in  
11 Illinois when this whole fiasco surfaced. Fortunately, a  
12 couple of really very bad apples were caught and indicted  
13 in this horrible, horrible, terrible political web of  
14 conspiracy that we hopefully are through with in Illinois.  
15 In spite of the innuendo that we heard today, I need to go  
16 on record and state that the federal investigators publicly  
17 stated that Mercy had no culpability in this issue, end of  
18 story.

19           Let's move on to the real purpose while we are  
20 here. We are here to discuss the merits or the demerits of  
21 the project in front of you, Mercy Crystal Lake Hospital  
22 and Medical Center, Inc. That is why we're respectfully  
23 requesting your favorable consideration of Mercy's  
24 application for a Certificate of Need for Mercy Crystal

1 Lake Hospital and Medical Center.

2 I thank you for your time and your patience  
3 and, for the record, we would like to add these additional  
4 documents of support to make sure that you have a full  
5 knowledge of the wealth and breadth of the support that  
6 Crystal Lake Mercy has from the residents of this  
7 community.

8 Thank you far your time.

9 MS. AVERY: Thank you.

10 MS. AVERY: Thank you all for coming today and  
11 those who testified. Hopefully everyone has had the  
12 opportunity to either testify orally or give their written  
13 comments. I will remind you that you can still submit your  
14 written comments to us so that we have this information for  
15 the record.

16 This project is scheduled for consideration by  
17 the Illinois Health Facilities and Services Review Board at  
18 its May 10th, 2011 meeting. The public has until April  
19 20th, 2011 to submit written comments. April 30th is  
20 comment on the SAR, and then written comment pertaining  
21 that goes to the Board is April 20th. I know there's a lot  
22 of dates. Just check the web site. The comments can be  
23 sent to the Illinois Department of Public Health at 525  
24 West Jefferson Street, Second Floor, Springfield Illinois

1 62761-001. Or, if you prefer, you may fax your comments to  
2 (217) 785-4111.

3 If there are any questions or other comments,  
4 please let me know now.

5 If not, we will deem this meeting adjourned.

6 Thank you.

7

8 PROCEEDINGS CONCLUDED AT 4:40 P.M.

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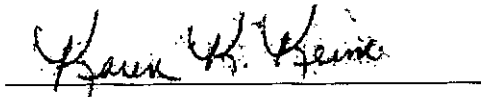
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CERTIFICATE OF REPORTER

I, KAREN K. KEIM, RPR, CRR, a Certified Court Reporter in the State of Illinois and in the State of Missouri, do hereby certify that the proceedings in the above-entitled cause were taken by me to the best of my ability and thereafter reduced to typewriting under my direction; that I am neither counsel for, related to, nor employed by any of the parties to the action, and further that I am not a relative or employee of any attorney or counsel employed by the parties thereto, nor financially or otherwise interested in the outcome of the action.



KAREN K. KEIM.  
CRR, RPR, CSR-IL, CCR-MO

<p><b>A</b>  <b>Aaron</b> 80:24 81:2  <b>AARP</b> 71:13  <b>abandon</b> 26:3  <b>abandoned</b> 159:24  187:14  <b>abandoning</b> 107:6  <b>abdominal</b> 65:13  <b>abide</b> 81:11  <b>abided</b> 16:5  <b>abilities</b> 164:8  <b>ability</b> 12:2 25:23  34:24 49:14 51:3  51:19 52:10 55:19  56:13 82:20 83:9  91:7 102:24  118:10 160:3,9,12  179:5 182:18  207:2 213:7  <b>able</b> 21:23 48:6  52:6 65:15 75:18  94:16 96:11 100:1  103:24 107:8  110:3 114:15  118:24 121:24  127:21 138:2,12  141:13 143:23  145:9 149:24  150:11 153:8  160:4,5 173:2  179:20 197:4  202:16  <b>about</b> 7:1 11:20  13:15 14:4,5,16  16:17 26:1 42:1  43:2 44:14,19  45:14 54:11 67:23  68:22 69:16 70:21  73:15 74:22 77:8  77:12 82:4,14  83:13,20,23 90:5  90:7 94:19 95:21  97:21 99:13,14,20  100:11,15 101:12  102:24 107:3,14  107:17 111:10,12  112:7,8 113:8,15  116:16,21 125:9  125:13 126:21,22  127:7 129:19,24  131:9,13 132:13  135:18 139:16  145:4 146:7,15  147:4,6 157:24  159:10 160:3  161:5 168:5  173:18 175:7,20</p>	<p>176:4,13 178:5,21  180:8,9 185:20,22  186:7,8 187:3  190:21,24 191:12  193:21 198:1,9,18  207:9,21 209:14  209:22  <b>above</b> 14:15 86:5  135:5  <b>above-entitled</b>  213:6  <b>absence</b> 16:4  <b>absolute</b> 186:4  <b>absolutely</b> 88:4  134:3 135:4 138:5  <b>absorb</b> 25:24 55:24  <b>abstention</b> 39:9  <b>absurd</b> 135:2  <b>abysmal</b> 201:9  <b>academic</b> 52:5  <b>accepts</b> 204:18  <b>access</b> 6:7,10,20,23  6:24 8:4,8,16 14:2  14:8,16 24:2 38:7  45:9 50:4 51:9  52:23 56:2 57:16  60:11 69:2 79:9  93:16 106:20  116:18 117:19  120:15 121:12  129:19 131:23  132:2,10 138:3  147:18 148:12,13  161:10,23 162:7  166:1,16 169:10  170:23 172:9,11  174:9 181:11,20  182:11,24 188:17  189:10,12,18  192:20 193:24  208:21 209:10,14  209:16  <b>accessed</b> 75:12  <b>accessibility</b> 41:23  42:1  <b>accessible</b> 116:7  123:5  <b>accident</b> 43:14  <b>accommodate</b> 52:24  100:1 188:3 196:9  <b>accommodated</b>  76:7  <b>accomplished</b> 69:14  <b>accordance</b> 37:22  39:5 61:15  <b>according</b> 18:10  30:17,24 82:8</p>	<p>117:2,9,11 166:3  201:13  <b>Accordingly</b> 64:12  <b>account</b> 36:15 70:2  <b>accountable</b> 67:10  <b>accounted</b> 108:23  <b>accounting</b> 61:24  63:9  <b>accreditation</b> 189:5  <b>accredited</b> 189:1,7  <b>accrue</b> 209:19  <b>accurate</b> 112:17  <b>achieve</b> 11:22  143:22  <b>acknowledge</b>  204:21  <b>acknowledges</b>  39:24 40:16  <b>acquire</b> 160:4  <b>acquiring</b> 18:8  <b>acres</b> 175:18,23  <b>across</b> 72:22 90:12  120:10 139:20  166:2 171:7  172:19 184:16  <b>Act</b> 4:10  <b>acting</b> 144:12  <b>action</b> 213:9,12  <b>actions</b> 32:6 40:12  176:1  <b>active</b> 77:18 133:23  134:11 208:11  <b>actively</b> 72:21  <b>activities</b> 107:14  123:19 163:14  166:22 167:6  <b>activity</b> 38:21 61:2  61:6  <b>actual</b> 33:23 34:5  75:6 163:16  201:20  <b>actually</b> 41:19  50:11 73:15 97:8  100:1 130:11  146:14  <b>acute</b> 2:16 6:14  17:23 37:9 59:22  67:12 69:21 76:22  94:6 120:12,19  121:5 143:11  145:23 149:5  163:2 181:17  <b>acute-care</b> 144:12  145:4  <b>adage</b> 89:11 156:1  <b>Adams</b> 70:15,16,16  <b>add</b> 41:12 68:6</p>	<p>111:18 112:14  164:21 171:18  172:13 211:3  <b>added</b> 188:5  <b>adding</b> 93:5 125:20  126:4 140:3 161:3  171:21  <b>addition</b> 14:19  16:19 19:19 20:14  38:20 47:7 52:13  54:4 61:1 66:16  72:3,23 73:6 80:6  105:12 130:18  135:24 140:11  156:3 164:9 167:8  168:3 182:12  202:12  <b>additional</b> 6:23  23:24 25:24 26:24  29:6 38:5 61:6  64:10 66:14 68:13  74:11 75:16,18  80:1,2 105:18  123:12,17 135:21  143:1 145:23  151:16 153:15,19  155:1 160:17  161:1,1,2 165:1  167:10 175:24  181:11 203:11  204:22 209:9,12  211:3  <b>Additionally</b> 20:6  40:8 51:18 68:14  104:23 109:8  <b>address</b> 6:2 7:19  17:2 35:21 47:18  107:13,16 142:20  156:22 164:3,23  165:21,24 166:16  167:19 183:4  187:2 203:23  204:11 206:20  <b>addressed</b> 39:14  183:6  <b>addressing</b> 6:14  18:17 25:18 47:6  <b>adequate</b> 42:10  104:6 171:23  172:6,9  <b>adequately</b> 178:11  <b>adjoining</b> 2:17 80:1  175:24  <b>adjourned</b> 212:5  <b>adjust</b> 160:18  <b>adjusted</b> 64:7  <b>adjusts</b> 160:20</p>	<p><b>administered</b>  190:23  <b>administration</b> 72:6  97:12 163:5 174:8  185:21  <b>administrations</b>  186:7  <b>Administrative</b>  34:15  <b>administrator</b> 2:4  59:3 123:7 124:4  <b>administrators</b>  174:2  <b>admission</b> 151:21  <b>admissions</b> 153:4  201:22  <b>admit</b> 194:21  <b>admitted</b> 58:19  65:22 92:2 146:24  151:24 152:3,6  153:3 157:20,21  173:12  <b>adopt</b> 78:15  <b>adopted</b> 78:17  <b>adult</b> 120:18 182:8  <b>adults</b> 120:10 121:6  135:20  <b>advance</b> 166:11  <b>advanced</b> 15:21  35:19 36:7 52:9  93:12 95:7 104:2  133:7 189:4  <b>advantage</b> 120:24  123:13  <b>advantages</b> 10:7  207:21  <b>adverse</b> 93:6 168:11  <b>adversely</b> 51:2  157:7 160:11  164:7 168:3  <b>advisable</b> 136:23  <b>advises</b> 55:20  <b>advocate</b> 11:12 16:2  21:16,18,21 41:16  50:6 55:16 57:17  74:1,4 102:2  110:12 116:5  129:11 130:5  134:2,5 142:22,22  143:16,20,22  144:15,17 145:9  145:11 149:23  150:5 156:13,16  156:18 159:7  167:14,15 170:21  181:7,24 182:2  193:8 199:14</p>
--	---	---	---	--

203:22 204:17 206:1 <b>Advocate's</b> 143:20 <b>affair</b> 210:6 <b>Affairs</b> 33:14 149:15 <b>affect</b> 24:22 116:18 118:9,11 157:7 <b>affected</b> 139:20 168:3 204:8 <b>affecting</b> 164:7 <b>affidavit</b> 150:17 <b>affiliation</b> 137:21 <b>affiliations</b> 137:23 <b>affluent</b> 117:21 <b>afford</b> 2:7 23:9 24:17 <b>afraid</b> 85:1 137:19 <b>after</b> 5:1 18:8 19:1 31:9,20 32:10 34:12 65:22 84:12 90:6 95:12 98:1,3 98:21 109:3 124:24 128:5 148:1 151:18 152:6 153:3 173:19 174:2 177:9 184:24 190:7 191:8 <b>afternoon</b> 81:1 87:9 96:1 98:16 106:1 106:4 110:1 111:6 113:23 114:24 127:19 129:9 139:14 168:21 170:18 174:23 175:1 178:16,18 186:20 203:9 <b>again</b> 2:19 3:17 39:8 43:12 47:11 63:4 84:6 85:1 100:7,20,22 103:5 131:5 142:16 150:23 163:19 180:2 186:17 190:17 199:7 208:24 <b>against</b> 33:15 45:16 135:7 203:19 <b>age</b> 121:6 <b>aged</b> 96:15 <b>agencies</b> 202:13 <b>Agency</b> 3:12,17,18 171:13 <b>agent</b> 30:7 <b>aging</b> 126:10 <b>ago</b> 18:8 25:11	44:20 48:12 49:12 52:3 57:1 78:6 91:6 100:9 106:19 107:15,19 134:12 158:7 159:23 162:19 208:20 <b>agree</b> 32:3 110:4 164:6 <b>agreed</b> 30:1 44:21 126:3 <b>agreement</b> 170:14 <b>agreements</b> 29:24 <b>agricultural</b> 42:21 <b>ahead</b> 8:10 109:12 148:5 <b>aid</b> 148:19 <b>aimed</b> 67:8 68:7 <b>air</b> 189:12 <b>Albright</b> 162:16,17 162:17 <b>alert</b> 75:11 <b>Alexian</b> 33:14 34:2 34:4 87:13,18 88:7 111:9 199:15 <b>Alexius</b> 11:13 34:3 35:3,8 50:7 55:17 76:3 87:11,12 88:10,17,22 91:4 91:23 92:2 111:11 111:15 132:6 172:4 <b>Algonquin</b> 9:20 49:17 65:9 103:17 116:11 124:10,20 126:18 133:6 144:20 182:10 187:13 <b>align</b> 143:21 <b>aligning</b> 52:4 <b>alignment</b> 69:21 143:16 167:16 <b>aligns</b> 9:1 143:14 <b>alleged</b> 47:12 204:14 <b>alleviate</b> 147:18 152:17,19 <b>Alliance</b> 2:22 <b>allocation</b> 172:16 <b>allotted</b> 5:1 <b>allow</b> 4:15 6:4 37:7 59:20 111:19 137:22 153:2 167:8,11 180:21 181:1 205:18 <b>allowed</b> 65:3 137:6 137:8,19 <b>allowing</b> 139:17	154:4 178:17 <b>allows</b> 105:11 144:7 179:5 <b>almost</b> 20:14 21:9 67:20 93:18 161:20 164:10 175:22 176:6 200:8 203:11 <b>alone</b> 41:17 84:12 143:8 158:9,10 182:2 <b>along</b> 50:15 68:20 95:9 96:19 102:4 106:2 <b>already</b> 3:19 25:19 34:7 35:23 41:14 46:16 49:18 55:7 57:7,13 58:3 68:9 74:9 83:20 89:2 94:8 102:1 103:21 116:19 124:15 125:20 126:24 129:15 135:10 138:4 140:24 154:20 158:9 161:4,24 162:2 165:19 166:22 178:11 196:2,4,17 <b>alternative</b> 83:19 83:23 154:4 <b>alternatives</b> 81:23 83:15 <b>although</b> 82:23 204:10 <b>always</b> 22:18 36:2 86:5 147:11 180:8 192:22 <b>Alzheimer's</b> 123:1 198:21 199:3 <b>amazed</b> 86:23 <b>amazing</b> 153:20 <b>ambulance</b> 95:6 105:7 114:11 190:19 197:15 <b>ambulances</b> 7:1 <b>ambulatory</b> 23:12 67:14 144:11 181:7,22 183:2,6 203:21 204:16 <b>Ambutal</b> 78:12,18 78:21,22,23,24 79:2 <b>America</b> 11:16 <b>American</b> 67:15 72:5 136:17 <b>Amir</b> 133:20,21 <b>among</b> 13:20 24:14	44:11 73:6 86:16 91:19 93:16 94:9 102:14 116:11 123:10 131:7 140:21 155:17 171:11 207:11 <b>amount</b> 27:21 148:8 148:10 185:17 <b>ample</b> 79:1 <b>analyses</b> 107:10 <b>analysis</b> 63:20 64:18 145:6 187:8 <b>analyzed</b> 63:8 <b>anchored</b> 15:19 <b>ancillary</b> 73:1 155:16 <b>Andrew</b> 124:8,9 <b>Andy</b> 162:14,15 <b>and/or</b> 2:8 37:21 122:24 <b>Anesthesia</b> 124:10 <b>anesthesiology</b> 183:19 194:10 <b>Angie</b> 48:11 <b>annexation</b> 78:21 <b>annexed</b> 78:18 <b>annual</b> 17:19 63:19 64:21 108:22 160:21 164:12 166:3 <b>annually</b> 182:6 202:1 <b>another</b> 20:6,12 21:2 25:6,10 30:24 33:10 36:7 36:11 43:11 57:8 58:2 68:10,12 74:7 83:13,23 86:14 89:12 93:5 101:18,23 102:10 102:12,19 107:11 109:15 112:2,3,18 116:7 119:7 122:20 125:13,20 128:9,20 130:10 134:24 135:7,7,13 136:23 139:5 140:2,15 151:14 156:3 161:6 168:10 171:3,21 191:12,24 192:12 193:12 196:16,18 196:19 197:5 205:5 <b>answer</b> 36:4 53:22 54:20 210:7 <b>answers</b> 114:17	<b>anticipated</b> 10:21 38:8 60:13 69:1 <b>Antioch</b> 110:6 <b>antitrust</b> 26:15,17 <b>anti-trust</b> 207:7 <b>Anybody</b> 148:3 <b>anymore</b> 119:19 <b>anyone</b> 4:24 66:10 100:22 113:12 142:16 204:19 205:9 <b>anything</b> 81:17 96:19 99:22 135:8 157:4 167:18 178:2 <b>anytime</b> 12:17 <b>anywhere</b> 48:24 89:14 <b>apologize</b> 21:23 <b>apparent</b> 150:23 <b>apparently</b> 82:18 175:24 <b>appeal</b> 32:3 81:22 <b>Appeals</b> 175:15 <b>appear</b> 210:7 <b>appearance</b> 106:8 <b>appeared</b> 97:12 190:20 191:16 <b>appears</b> 88:15 185:21 <b>applaud</b> 167:17 168:17 <b>applause</b> 5:14 <b>apples</b> 210:12 <b>applicant</b> 5:7,16 25:11,16,19 29:14 32:17 34:11 83:14 143:17 165:4,9 166:1,12 181:18 <b>applicants</b> 2:20 3:12 26:20 <b>applicant's</b> 25:15 145:5,13 164:4 165:6 <b>application</b> 2:15,23 3:1,5,11 5:13,24 6:16 7:16 8:10 9:17 10:16 12:22 16:11,14,16,19 17:13 18:17 19:6 19:12,13 29:15,19 29:20 30:2,4,8,21 31:6,9 32:6,11 36:16 37:2 39:2 39:20 43:24 44:3 44:7,9,12,18 45:15,17 46:1,4
---	---	--	---	--



46:13,14,15 47:20 47:22,22 52:20 53:4 59:16 61:12 62:17,23 63:20 64:6,17 70:14,21 76:20 84:7,11,14 88:20 90:8,11 91:13,15 98:12 108:19 109:21 114:7 115:2 120:6 127:14 132:20 134:8 164:5,18 165:23 166:15 167:10,19,23 168:17 171:2 174:18 175:4,8,9 175:11,12,21 176:3,4,23 177:1 177:5,7,18,19,21 177:22 178:12 184:3 187:19,24 188:10,23 192:19 193:1 194:4,6,11 195:17 196:1,7,21 200:14,18 201:21 209:16 210:24 <b>application's</b> 164:24 <b>applied</b> 107:4 177:22 <b>apply</b> 177:5 <b>appointment</b> 119:21 180:7 <b>appointments</b> 57:20 121:14 122:14 <b>appreciate</b> 10:7 22:2 53:1 77:4,6 77:11 85:23 133:5 <b>appreciative</b> 25:1 <b>approach</b> 72:15 77:7 143:18,19 144:1,10,15 157:4 172:13 <b>approached</b> 44:13 <b>appropriate</b> 3:6 6:13 45:6 52:20 160:15 168:9 172:16 176:15 <b>approval</b> 35:4,7 37:8,19 39:2,9,19 59:21 61:12 81:18 162:5 172:17 174:17 177:10 208:8 <b>approvals</b> 20:1 37:22 39:5 61:15 <b>approve</b> 19:12 30:1	31:8 33:23 87:5 108:7 126:15 128:22 149:9 177:13,20 193:1 <b>approved</b> 6:4 19:13 31:9 37:6 59:19 63:18 66:10 82:12 91:5,18 104:4 160:8 177:15 <b>approves</b> 19:24 <b>approving</b> 17:3 192:19 <b>approximate</b> 2:22 <b>approximately</b> 7:15 19:22 27:21 28:17 28:22 38:14 40:12 43:9 60:19 63:19 64:21 65:17,18 67:22 71:22 72:2 72:4 73:3 104:22 173:19 192:4 <b>April</b> 3:9,14,15 31:5 132:17 145:12 211:18,19,21 <b>arbitrary</b> 17:3 116:17 <b>area</b> 6:19 7:5 8:7,15 9:13 10:11 12:1 12:17 14:11 17:22 18:2 19:15 20:5 24:11 27:1,2,9,12 27:22 28:9,13,14 28:15,19 29:2,3,4 34:7,14,17,23 35:7,21 36:2,11 37:16 38:2 40:4 41:13,19 42:4,9 42:20 43:4 45:9 48:19 49:3 50:3,6 50:20 53:13 54:3 54:5,15,20 60:6,9 62:19,21 68:6 70:24 72:18 73:1 73:4 74:20 75:2,6 75:21 76:1 78:16 80:9 84:22 88:18 88:18,19,19 89:1 89:6,8,9,13,14,19 89:21 90:1,3,13 91:8,17,19 93:5 94:7 95:22 97:3 98:20 99:6 102:1 102:9 104:5,7,15 105:19 106:18 110:9,16,24 111:1 115:7 116:3,13 117:3 119:3,8,12	120:19,21 121:4 122:3 124:16,19 125:12,20 130:11 130:22 132:8 134:12,14,19 135:10 138:23 139:9,18 142:3 143:2 149:7,8 151:14 152:16,20 152:24 153:22 154:3,4,19,20 155:2 156:13 157:4,8 158:3,21 159:11 160:7,15 163:3 165:11 166:2,4,8,21,24 167:14,18 168:2 169:9 170:7,12 171:18,22 174:7,9 176:17 179:19 183:1 186:5 187:11 190:10,24 192:9 194:21 195:2,7,14 196:3 202:13,22 203:12 204:2 205:23 206:2,3 207:19 208:6,21 209:6 <b>areas</b> 10:5 15:11 17:24 27:4,15,17 27:20 49:18 51:6 54:9 79:18 80:8 88:16,20,23 89:2 125:9 142:10 150:7 152:23 161:20 163:15 164:8 173:4 <b>area's</b> 10:14 11:21 11:21 18:17,21 195:17 <b>arena</b> 124:17 181:14 <b>argue</b> 25:3 <b>argued</b> 23:5 118:8 206:24 <b>argument</b> 112:15 124:15 168:5 <b>arguments</b> 46:14 47:1 124:13 156:9 <b>Arizona</b> 115:8 <b>Army</b> 98:19 <b>around</b> 25:7 43:3 48:18 85:1 86:7 88:15 106:9 115:12 140:12 161:16,19 197:20 <b>arrival</b> 188:19	<b>arrive</b> 7:6 105:7,12 <b>arrived</b> 65:16,23 <b>arterial</b> 152:5 <b>article</b> 74:22 159:18 159:19 <b>Arts</b> 15:20 <b>ASC</b> 25:12 <b>ASHHRA</b> 72:7,13 <b>aside</b> 42:19 205:3 <b>asked</b> 48:12 59:5,12 108:12 127:14 131:21,24 137:14 190:12,14,17 198:9 <b>asking</b> 128:21 163:6 <b>asks</b> 131:13 <b>aspect</b> 131:20 <b>aspects</b> 115:14 131:21 132:1 <b>assembling</b> 105:3 <b>assert</b> 105:18 <b>assertion</b> 46:10 <b>assertions</b> 46:12 <b>assessed</b> 115:17 <b>assessment</b> 188:19 <b>asset</b> 128:16 <b>assistance</b> 118:17 <b>assisted</b> 122:22 <b>Assisting</b> 123:9 <b>associated</b> 38:21 55:19 61:2 126:9 156:23 <b>associates</b> 22:12 133:24 207:9,23 <b>association</b> 67:16 78:14 85:3 148:7 <b>assuming</b> 64:19 <b>assure</b> 204:17 <b>assures</b> 136:13 <b>athletics</b> 96:16 <b>Atlas</b> 55:10 <b>attached</b> 40:21 190:24 <b>attack</b> 94:6 101:13 101:14 <b>attain</b> 201:5 202:2 <b>attempt</b> 69:12 173:20 <b>attempts</b> 190:8 <b>attend</b> 74:7 154:14 <b>attending</b> 203:20 <b>attention</b> 48:1 161:15 <b>attest</b> 57:21 <b>attorney</b> 29:22 46:21 213:10 <b>attract</b> 91:8 110:23	140:22 160:16 <b>attracted</b> 195:2 <b>attractive</b> 49:4 117:21 <b>attributable</b> 64:13 <b>attributed</b> 166:10 <b>audience</b> 21:20 120:1 159:3 174:21 184:9 <b>August</b> 45:2,4,11 85:3 <b>authorities</b> 210:7 <b>authorization</b> 4:14 4:15 <b>availability</b> 191:23 <b>available</b> 3:13 5:3 7:22 11:8,12 16:4 22:8 24:16 52:23 56:9 57:23 63:13 65:19 66:13,15 79:14 83:19 93:21 97:19,20 103:21 110:18 125:12,23 128:1 132:9 157:21 163:4 165:3 180:12 185:14 205:20 <b>Avenue</b> 1:21 6:2 42:18 206:20 <b>average</b> 10:22 11:10 71:24 109:5 <b>averaged</b> 76:3 <b>averages</b> 43:9 <b>Avery</b> 1:15 2:3,3 9:23 12:24 14:23 17:16 18:14,24 21:13,19 24:19 26:11 29:8 31:15 32:9,20 33:11 36:18 39:13 40:24 42:14 43:16 46:11 48:2 49:6 53:6 56:5,17 58:6,9,21 61:19 64:24 66:21 68:24 69:6 70:15 73:21 76:24 80:23 84:15 87:7 91:11 92:12,16 95:24 97:4 98:14 100:21 103:9 105:23 108:9 109:23 111:4 113:18 114:23 118:12,20 119:23 121:20 124:7 127:17 129:7 132:22 133:20 138:9
--	--	--	---	--

139:12 141:9 142:13 146:2 149:10 151:9 154:7 157:9 159:1 162:13 163:22 168:19 170:16 172:22 174:19 178:14 181:4 184:7 186:10 188:21 189:23 193:5 196:24 199:24 203:8,12 206:6 211:9,10 avoid 12:21 86:8 128:13 award 8:21 13:16 29:16 53:16 71:7 107:24,24 awarded 71:6 73:9 107:23 aware 82:18,23 121:8 156:12 199:5 away 7:8 10:12 11:24 12:18 23:12 33:4 34:22 51:13 59:9 67:12 68:11 90:4,14 95:13 101:16 102:3 111:12 123:5 128:19 143:10 147:12 148:13,18 155:14 168:4 171:20 178:6 185:11 204:14 awesome 99:4,12 A-10 54:3 a.m 2:1 3:15 198:4 198:6 A2 56:3	194:1 Baldrige 8:20,24 13:16 29:16 53:16 71:7,7 107:24 ballpark 112:22 bar 52:11 Baran 157:10,11,11 158:24 Barbara 169:11 197:17 bariatric 133:22 136:7,9,18,23 barriers 116:23 Barrington 41:3,3 41:16 74:5 110:13 116:6 134:3 154:12 170:22 181:8 193:15 199:14 base 42:10 139:23 144:8 155:15 based 3:11 10:2,18 17:9 27:18 28:4 47:15 53:13 62:10 64:7,16,18 67:14 67:15 70:4 81:10 93:1,4,23 94:18 121:12 132:19 137:20 142:24 162:23 165:7 174:10 188:4 200:20 201:19 207:17 basic 36:6,9 123:9 basically 146:21 basis 84:12 157:6 160:21,21,21,22 205:19 bathroom 98:24 158:2 Baumgart 190:3 Bay 90:16 Bea 5:19,19 30:4,10 30:14 31:7,17,18 44:24 45:2,10 bear 140:14 Bea's 45:3 became 85:10 become 35:17 55:6 69:10 102:20 130:13 137:14 171:9 196:10 becomes 66:13,14 103:23 becoming 69:9 86:17 bed 11:3 12:16	98:23 151:20,23 152:3,8,14,14 164:10 166:9 172:3,12 173:12 173:24 192:15 202:18 beds 6:15 7:8 8:3 11:3,9,12 17:23 34:8 37:15 40:3 41:17 42:9 52:23 54:1,4,5,7,9,18 58:16 60:5 68:1,6 79:13 108:21 109:9,10 125:12 126:4 140:3 146:18 147:23 153:15,19,20 163:4,8,16 164:9 164:15 165:24 166:7 171:18 172:14 174:4 176:5 188:5 192:10 197:19 200:22 201:1 bed-need 10:18 207:17 before 1:15 30:22 31:5 42:10 44:7 65:19 66:14 85:5 85:22 86:10,15 105:12 113:12 151:22 152:7 162:19 175:15 176:21 179:21,23 184:23 187:2 197:11 198:2 210:6,7 began 85:3,23 173:3 begin 19:23 37:8 59:21 105:11 111:21 187:2 beginning 5:4 69:13 112:10 123:13 behalf 39:16 53:18 73:24 82:6 114:1 184:12 behavior 97:23 behind 27:3 28:5 being 15:2 17:11 26:6 41:7 42:7,7 42:19 48:16,23 54:4 69:14 71:4 71:10,13,14 73:18 84:20 85:4 94:9 94:16 97:23 100:1 115:16 118:8	122:22 128:22 177:22 184:19 192:8 193:21 206:17,24 belabor 46:22 107:2 believe 22:19 26:5 33:20 41:10 53:20 56:12 58:12 76:9 81:13 83:10 87:15 96:17 101:7 108:3 121:17 125:8 135:8 142:6 151:5 166:21 167:1 168:7 178:1,3,11 178:23 179:4 182:19 191:19 202:24 205:22 believed 208:20 believes 49:14 Bell 205:3,4 below 34:14,18 62:19,21 71:24 72:11 166:4,7 201:3 benchmark 72:14 benchmarks 71:21 72:5,7 beneficial 139:8 169:18 benefit 26:23 29:4 40:7 48:22 80:1 110:21 119:16 122:18 133:7,14 138:21 139:3 142:1,3,7 152:22 152:24 167:6 169:14,23 benefits 78:3 79:23 94:13 110:13 112:23 207:11 209:19 bent 84:5 best 6:12 7:19 17:21 18:1,15 22:7 33:2 52:5 71:4,10,13 71:16 73:18 80:15 87:2,4,4 90:19 95:12,16,21 100:6 106:11 109:19 114:9,20 131:21 132:1 145:14 146:15 147:11 150:13 153:24 155:20 156:1 187:22 202:19,24 205:11 206:1 208:6 213:6	better 8:8 22:23 36:2 37:13 40:1 41:8 50:3 52:2 57:14 60:2 66:19 72:13 79:7,9,13 80:6 86:5 124:18 127:9 128:18 129:13 130:23 138:17 145:7,22 147:18 168:6 169:9 171:16 184:3 205:23 207:12 between 10:21 11:10 20:15 30:22 77:22 124:21 128:10 135:11 146:14 161:14 174:14 205:13 beyond 12:10 13:18 14:15 41:20 86:5 94:24 127:2 Bianca 85:11,12,16 biased 136:7 bid 124:12 Bier 132:23,24,24 big 115:15 biggest 23:1 48:22 86:23 110:13,21 119:16 133:14 138:21 139:3 141:24 142:7 169:14,22 Bill 154:9 billion 12:5 113:6 162:1,1 bills 69:11 130:16 birth 109:3 births 108:23 bit 43:2 96:19 139:3 blessed 138:1 blocks 81:6 175:2 178:6 blood 179:23 180:6 190:6,14,23 191:3 191:4 blue 3:22 88:19 89:6,8,9,13 136:16,16,16 board 1:2 2:5,13 3:3,7 10:16 12:21 14:18 17:1 18:21 19:4,7,12,24 21:19 24:5 26:7 29:12 30:1,13,22 31:6,11 32:7,12 32:15 33:21,22
<b>B</b>				
B 34:16 babies 24:12 Baby 126:9 back 3:20 10:21 19:1 57:2 67:6 84:6 86:1 96:5,5 101:2 114:13 140:19 147:15 151:23 162:21 185:13 191:10 background 29:13 29:14,16,18 32:17 bad 210:12 balance 33:21 balanced 161:10				

35:13 36:14 37:3 41:9 43:23 44:2,4 46:19,20 47:5,21 49:10,20 53:3 59:5,11,17 61:11 65:10 66:20 67:1 70:13 75:4 76:19 77:23 82:7 84:13 91:6,22 92:21 95:20 98:12 107:14 108:7 109:20 114:5 115:1 117:10,23 124:11 126:15 127:12 132:20 134:7 142:20 151:7 157:5 164:12 168:14,16 168:16 171:1 172:15,20 174:3,6 175:15,16 176:2 176:12,14 177:19 178:3,3,19 184:2 184:20 189:20 193:1,23 195:16 196:21 203:2 206:2 211:17,21 board's 4:7 16:12 29:23 34:10 45:7 165:11 182:1 board-certified 76:13 92:24 103:12 133:22 154:11 173:3 182:15 184:19 Bob 42:15,16 200:2 bode 176:10 bodies 41:7 Boeder 114:23,24 115:4 118:13 bond 56:3 boom 56:23,24 Boomers 126:9 boon 21:6 border 115:15 183:9 born 5:20 56:21 borrow 159:12 both 13:13 20:23 22:8 48:22 51:5 64:9 73:8 74:15 82:14 89:5 91:23 100:1,10 134:10 143:21 153:3 158:11 160:7 172:12 174:11 182:8,11 183:9	186:7 192:15 204:14 bottom 97:13 102:20 170:12 177:13 185:22 186:8 206:14 Botts 127:18,19,20 boundaries 59:9 box 30:5 boyhood 81:6 brand 52:3 169:6 184:4 breadth 211:5 break 58:7 92:13 111:10 142:14 176:19 breaking 35:8 break-even 205:19 breast 15:14,17 187:17 Breastfeeding 187:18 breath 127:7 breathe 81:15 Brett 53:6,7 113:19 113:20 207:15 Brian 85:18 bricks 145:15 Bridge 15:18 121:2 brief 4:21 briefly 83:14 111:19 brightest 106:11 bring 10:10 79:21 90:9 91:16 97:2 98:7 123:16 157:4 167:18 182:20 190:20 205:15 208:13 bringing 12:14 16:23 69:8 126:5 briugs 19:20 57:9 broke 99:11,23 Brothers 33:14 34:2 87:13,18 88:8 111:9 199:15 brought 23:24 197:14 Brown 108:10,12 108:14 BSNs 73:8 budget 12:4,5,7 126:12 135:22 155:5 budgets 41:14 build 6:5 23:6 25:12 33:16 37:8 41:11	42:2 52:14 56:20 57:4,11 58:1 59:21 74:19 78:7 80:20 83:24 87:15 91:13 95:22 107:5 112:21 114:8 115:2 120:7 127:13,15 129:13 132:20 134:9 137:8 139:17 171:2 177:3 180:19 184:4 186:2 192:14,16 193:14 196:2,19 196:22 building 8:11 10:9 10:24 15:20 24:2 25:12 42:8 74:12 78:21 87:5,19 90:24 94:24 101:7 102:9 103:20 105:18 126:3 128:16,24 133:10 140:5,6 156:9 163:14 164:22 168:8 173:20 175:17 181:12 183:23 193:17 194:17 buildings 125:17 built 10:22 23:10 34:21 36:12 59:8 80:10 84:5 95:3 101:14,21 102:11 102:16 122:22 128:22 138:5 140:8 155:13 179:14 180:21 196:8 203:12 bullet 113:14 bundled 67:10 burden 41:13 101:21 140:14 business 6:2 13:10 13:20 32:2 42:20 42:21 49:2 59:4 61:24 77:20 139:9 139:24 175:1 193:8 206:20 businesses 170:7 bust 56:23 busy 188:8 190:15 Butler 58:9,10,10 buyers 111:2 bypass 7:2,5 17:4,6 74:19,23,24 75:5 75:11,15,17,24	76:3,5,6 146:18 146:21 147:5,9 165:4 188:7,11 204:1,3,4 bypassed 188:3 by-pass 152:5 <hr/> <b>C</b> <hr/> C 199:22 cafeteria 99:21 Calcagno 170:17,18 170:19 calculate 63:6 calculated 11:3 201:24 calculations 10:18 call 3:5 22:12 94:4 134:14,15 147:21 198:12 called 31:7,16 41:7 115:21 130:4 163:5 179:24 190:12,12 calling 147:5 calls 43:8,9 114:18 170:13 came 4:18 96:5 99:15 100:4,5 134:12 147:4 185:12 191:1 198:6 199:2 Cameron 59:2 campus 87:21 144:7 183:10 187:10 cancer 15:17 52:7 96:11 104:2 157:19 158:7 163:2 205:8,15 candid 66:9 cane 100:17 capabilities 105:17 capability 118:14 capable 95:14 capacity 7:9 8:4 25:23 68:10 69:20 70:7 74:24 75:2 75:20 89:23 104:6 125:4 126:16 155:2,10 165:7 166:9 167:4 172:12 188:12 capital 55:22 56:2 70:6 80:1 94:23 104:10 160:5 208:13 capitalism 13:12,13 13:18	capricious 17:3 car 205:5 cardiac 93:6 95:4,8 104:1 151:24 205:7 cardiologist 92:20 92:24 93:10 95:11 cardiologists 93:12 94:15 cardiology 94:7,11 183:18 194:10 cardiovascular 95:16 care 2:16 6:15,20 9:3,8,15,18 13:7 14:3,8,17 15:16 15:21,22 17:23 18:13 23:12,13,13 23:15,18,22 24:18 24:18,22 33:6 35:17,20 36:7,10 37:9 50:16 51:3,9 51:10,11 52:6,7,7 52:9 55:17 57:12 57:17,21,24 58:1 59:22 66:19 67:11 67:12 69:19,21 74:17 76:13,16,17 77:13 79:7,7,9,14 80:7 83:7,7 85:9 86:24 87:2 91:24 92:4,5,7 93:2,6,12 93:12,14,17,20 94:2,14,16,18,21 94:21 95:2,15,16 96:7,13,19 97:11 97:13,15,18 98:1 98:3,10 99:5 102:18 103:3,15 103:17,24 104:1,2 104:3,3,11,13,16 104:20 105:3,18 108:15 110:15 111:14 114:10,20 117:7,9 118:1,6 120:5,10,12,12,16 120:19,21 121:5,9 122:13,24 125:3 126:5 127:8 128:4 128:6 131:6,23 133:17 135:4,12 136:6,19 137:15 137:18 143:11 145:23 147:10,17 148:4,6,11,17 149:5 150:4,13,13 152:8,11,13
--	---	--	---	--

<p>155:12 156:23                  157:8,16 158:15                  158:16 166:11,16                  167:2,5,12 169:2                  169:5,6,10,22                  171:23,23 172:17                  172:18 176:8                  178:6,7,10 179:14                  180:17 181:17                  182:11,14,24                  183:2 185:9,22                  186:8 188:3,8,15                  188:18 189:10,12                  189:18 190:9,9                  191:17,19 192:21                  199:6,9 204:13,17                  205:7,11,17,23,23                  206:1,3 209:15,16                  209:17                  career 33:19 107:9                  careful 91:2                  carefully 85:20                  caregivers 22:11                  Care's 144:15                  caring 106:12 185:5                  Carol 169:7                  Carpentersville                  51:5                  carry 115:14                  Cary 9:20 48:11                  49:18 59:1,3,6                  60:3 61:7,11 65:9                  101:5 110:11,19                  119:14 122:3,7,23                  123:19 124:1                  141:22 169:13                  Cary's 59:9                  Cary-Grove 123:20                  124:4                  case 25:11 34:21                  35:8 76:9 93:19                  104:23 139:5                  169:24                  cases 35:5 62:11,24                  62:24 63:4,4,7,15                  63:21 64:2,3,4,8                  64:17 89:15,16                  104:20,21 118:15                  125:2 150:18                  167:24 171:16                  204:5                  cash 56:9                  Casie 157:10,11                  158:24                  categories 82:2                  catering 121:11                  cath 88:2 94:1</p>	<p>caught 210:12                  cause 24:9 96:7                  136:11 189:4                  213:6                  causes 42:3                  caution 91:1                  CCR-MO 213:17                  census 146:13,20                  Centegra 8:12                  11:12 15:2,2,6,7,9                  15:13,14,17,18,20                  15:22 16:1,4 17:5                  17:6,15,19,20                  18:4,16 23:22                  26:21 27:2,4,5,8,9                  27:11,22 28:8,9                  28:13,16,20,24                  29:2,11 31:19                  43:20 44:14,16,19                  48:15 55:15 62:3                  62:6,6,8,10,12                  63:7,8,9,15,17                  64:12,20 65:14                  75:22,22 77:8,11                  81:3,24 82:10,13                  82:15,20 83:21                  87:20 97:14,19                  98:1 107:4,8,16                  108:15 119:3,11                  119:15 120:5,22                  120:22,23 121:2,8                  124:22 127:14                  128:8,15,15                  131:16 132:5                  133:14 134:2,2,5                  134:22 135:20                  136:10,10,12,14                  138:20,24 139:2                  142:5 149:15,22                  150:4,6,9,17                  151:15 152:18                  153:2,6,17,22                  154:4 157:13,16                  158:13 159:23                  163:1,6,11,14                  172:12 173:5,10                  173:10,14,15,17                  173:21 174:2,8                  178:8,9 179:23                  180:2 181:23                  186:4,24 187:8,14                  187:17,18,20,21                  188:5,10,11,24                  189:1,5,8,17                  192:12 195:5                  197:6,10 198:15                  199:11 200:11,12</p>	<p>200:19,22 201:1                  201:16,16,24                  202:3,5,8,8,22,24                  203:3                  Centegra's 6:16 7:2                  7:7,8,16 8:10                  17:11 18:19 27:12                  27:15,20,23 28:3                  28:5,6,22 32:1                  62:5 63:1 64:5                  87:24 89:5 91:13                  109:4 118:4                  150:10 184:17                  187:3,10 197:18                  199:17 200:3,6,9                  201:4                  Centegra-Huntley                  168:6                  Centegra-Huntle...                  28:19                  center 1:11 2:10,20                  2:21 6:1,6,18 10:3                  15:15,15,19,21                  20:17 21:6 23:21                  23:22,23 25:13                  32:19 34:3,4                  37:20 38:1,17,22                  39:4,21 40:18                  50:16,19,23 52:8                  53:19 60:8,22                  61:3,9,14 71:3                  74:17 76:14,17                  77:9,12 79:16                  87:11,13,24 88:10                  91:4 94:13 95:7                  104:15 105:8                  107:5 121:10                  122:15 124:11,20                  124:23 127:1                  133:8,9,11 136:17                  138:14 145:9,10                  182:13,15 184:17                  187:4,6,17,18,20                  190:5,9 197:10,18                  199:18 202:12                  204:18 206:18,24                  207:20 209:5                  210:22 211:1                  centers 34:8 35:20                  35:24 36:9 52:5                  103:17 121:2                  122:16 136:15                  148:11 171:6                  181:22 182:3,4,19                  188:8,24 189:2,12                  195:6,6,11                  central 54:10 73:11</p>	<p>122:5                  centralized 134:16                  centrally 54:13                  187:10                  cents 117:6,7                  century 49:12                  CEO 5:23 10:1 30:6                  31:1,3,3 44:21                  87:10 117:9                  certain 37:22 39:5                  61:15 122:8                  148:14 172:5                  certainly 22:5,16                  57:10 82:24 83:9                  139:22                  certificate 2:15 6:4                  13:3 33:16,22                  37:2,6 39:3,20                  59:15,19 61:13                  70:21 120:7                  121:17 126:17,17                  134:8 153:8,13                  187:19 209:18                  210:24 213:1                  certified 105:14                  180:1 213:3                  certify 213:5                  cetera 86:14 181:16                  chair 147:2                  chairman 49:9                  66:24 176:14                  chairs 102:13                  challenged 46:24                  challenges 12:7                  52:16 145:16                  159:15                  Chambers 1:14                  chance 80:15                  change 13:22 32:8                  35:16 97:10                  changed 30:9 47:13                  162:22 188:23                  changes 23:1 62:16                  117:13 127:4                  153:12 157:3                  191:22                  character 29:13,15                  29:17 32:17                  characteristics                  117:1                  characterization                  82:14                  characterize 25:9                  characterized 82:13                  charge 92:4 130:20                  177:24 185:1                  charged 26:6</p>	<p>charges 46:21 68:16                  Charlie 119:24                  charitable 118:1,17                  charity 91:24 118:3                  118:6,15 166:18                  167:2,5 205:17                  chart 112:4,6 191:2                  Chavez 129:5                  check 211:22                  checked 45:21                  checking 176:24                  chest 157:20,23                  188:24 189:2                  Chicago 1:22 35:11                  53:13 166:14                  Chicagoland                  143:24                  Chicago's 10:3                  Chicago-based                  207:23                  chief 5:6 15:1                  113:24 114:2,4                  124:10 200:3                  child 185:13 205:8                  children 84:20                  140:6 146:9 149:6                  196:10,13                  children's 35:9                  111:10 112:14                  172:4                  choice 14:8 29:5                  87:3 127:24 128:7                  128:9,14,17 137:1                  149:18 151:2,4                  154:5 166:8                  180:24 181:2                  192:7 199:17                  207:12                  choices 128:2                  179:19                  choose 4:19 25:20                  35:24 42:4 137:2                  204:24 205:2                  choosing 50:1                  chores 86:13                  chosen 6:17 25:24                  37:24 60:7 76:16                  158:23 209:4                  Chris 109:24 110:1                  Christmas 19:24                  Chubirka 172:23                  172:24 173:1                  Church 162:14,15                  162:15                  circle 88:15                  Circuit 16:21 31:19                  46:24</p>
---	--	--	--	---

<p>circumstances 175:9  cite 7:22 8:1 15:11 194:21  cited 207:11,22  cites 164:5,18 165:9  cities 87:1  citing 153:18 160:1  citizen 115:5 184:15 195:22  citizens 6:7 57:21 114:10,14,20 116:14 122:23 129:23 130:4 133:16 138:23 176:10 186:5 190:2  city 1:14 35:10 36:20,20 37:23 38:24 39:1,6,16 40:13 48:8 49:4 61:16 77:21 78:15 79:1,3,5,24 80:13 80:19 86:23 96:22 113:24 114:6,8,15 121:9 126:19,20 142:9 150:22 175:13,15 176:24 177:4,11,15,17 193:16  city's 39:23 78:22 79:21  civilian 99:2,5  claim 16:23 47:17 81:22  claimed 47:2,4  claiming 47:11 89:6  claims 44:13 74:21 183:4 187:24 188:3  Clancy 33:12,13,13  claps 5:15  clarified 204:12  classes 121:1  cleaning 86:13 99:13  clear 24:20 98:12 101:20 151:3 176:6  clearinghouses 4:12  clearly 17:5 23:12 23:13 56:12 63:4 80:10 89:19 113:6 145:13 194:18 203:18  climate 52:13,16  clinic 37:10 44:15</p>	<p>50:18 52:18 59:23 70:23 71:3 128:19 164:24 174:12  clinical 14:10 21:15 67:10 69:22 72:23 73:24 94:13 123:11 155:17 156:5,5,21 171:23  clinically 67:14 70:9  clinicians 125:19  clinics 122:20 130:6 169:2  clinic's 20:21  close 10:8 15:7 18:14 48:7 54:15 65:11 66:4 95:18 105:1 106:19 116:2 123:1 134:19 135:11 139:5 152:23 189:19 192:7,15 193:13 195:16  closeby 147:17  closely 72:16 84:13 143:14,21  closeness 65:14 66:2  closer 15:10 41:19 48:10 50:2 51:5 69:9,21 88:11 90:19 104:15 110:22 119:9 133:3 154:23 165:19 169:24 205:10,23  closest 150:12 169:3 188:16  closing 18:15 49:2 73:14 80:6 91:21 108:5 128:21 139:10  Club 123:21 124:4  code 15:9,10 16:3 34:15 90:2 204:8  codes 195:13  coincided 45:22  Colby 19:8,9,10 39:15 45:12  cold 157:18  Colette 159:5,6  collaborate 83:21  collaboration 69:22  collaborative 111:14  colleagues 137:4  collective 22:20</p>	<p>college 5:21 72:17 72:17 73:5 123:7 124:4  colleges 72:19,20  Colorado 115:7  colored 88:21  column 27:16  combination 144:10 182:4  combined 11:11 88:16  come 7:20 9:10 10:6 19:1 32:22 57:2 58:17 59:13 85:23 90:22 129:24 147:15,20 152:21 186:11 197:24 198:3,5,10 200:9 200:10,11 203:15  comes 21:7,8,11 99:21 115:11 155:4 156:1 169:6 198:19 200:16,17 204:23 205:1  comfort 66:3 130:20 141:16  comfortable 178:10  coming 2:6 58:4 63:5 96:12 211:10  commencement 31:21  comment 66:16 153:5 176:14 187:2 211:20,20  comments 2:9 3:8,9 42:13 77:7,24 107:13 191:22 209:22 211:13,14 211:19,22 212:1,3  Commerce 8:24  commercial 28:3  Commission 36:24 39:23  commit 144:1  commitment 18:5,6 18:7 26:2 74:7 92:10 106:17,21 189:8,14 208:11  commitments 17:13 94:23  committed 6:12 121:9 178:2 202:22  committee 39:12,17 39:18 40:5,16,22 173:13,15  committing 150:18</p>	<p>common 115:12 131:22 132:2 185:18  communication 105:10 199:9  communications 30:22  communities 16:6 22:7 24:1 37:14 40:2,8 49:17 51:9 51:16 52:12 54:14 60:4 93:20 117:21 130:23 133:8 143:2 144:2,13,16 145:20 161:12 162:4 163:16 164:9 165:20 166:23 170:11 208:11  community 6:13 12:15 14:2,9 15:4 18:3,5,6,16 22:5 33:19,24 36:5 42:23 49:21 50:7 52:15,24 54:23 57:8 72:17,17 75:22 76:2 77:19 79:19 81:15 82:22 96:23 101:9 102:12 103:22 104:11 106:20 109:19 113:15 115:2 121:10,11 123:3,20 125:24 129:10,18 131:14 131:20 132:17 134:11 135:17,19 135:23 136:12,12 136:24 137:3,10 137:16 138:2,3 139:19 143:3,6 144:6 145:8,18 146:6,9,10 155:11 158:18 160:1,13 161:8 162:7 164:20 165:8 167:5 176:9,16 177:24 178:2,18 179:9,13,15,17 180:20 181:1,21 187:23 189:9,17 191:23 192:11,18 193:18 196:8 202:5,7,11 203:4 203:22 211:7  community's 18:6 143:4</p>	<p>community-based 144:11 166:20  Commute 119:17  company 30:21  comparable 140:6  compared 64:3 71:21 72:2,4,9 118:3 208:3  comparison 45:24 46:3  compassion 179:6,8  compassionately 208:24  COMPdata 18:10 45:23 46:1,2,5 63:22,24 64:3,4,8  compelled 107:17  compete 24:7 140:23  competencies 156:6 171:24  competing 148:20 205:24 208:1  competition 13:12 13:14,19 26:18,21 27:4 66:17 68:15 79:12 118:13 119:3 135:21 153:24 154:5 186:6,6 207:10  competitive 26:19 29:5  competitor 27:7,11 27:14 28:12,18,20  complete 3:1 5:5 95:7  completed 7:17 154:12  completely 43:3 88:5 89:2  completion 34:13  complex 23:15 35:17 181:15 204:21  complications 84:19  component 11:16  components 108:17  comprehensive 8:8 9:2 36:9 50:19 104:2,13 120:17 130:4 136:13 182:8,12 188:20 189:11  compromised 13:8 97:18  CON 16:14,21,24</p>
---	--	---	---	--

19:12,24 29:15,19 30:4,8,12,21 31:9 31:20 32:1,5 43:24 44:1,12 45:16 46:9,14,20 47:22 53:3 62:17 62:23 63:20,24 64:3,6,12,17 70:13,14 84:7 90:8 91:12 107:14 126:15 127:12 200:18 201:20 202:24 <b>concept</b> 93:7 156:13 167:13 <b>concern</b> 148:1 157:22 <b>concerned</b> 25:15 26:1 33:24 34:9 99:14 101:11 102:24 137:7,10 137:24 146:20 147:6 148:6 161:5 176:13 180:9 184:14 <b>concerning</b> 174:9 <b>concerns</b> 48:1 57:6 66:5 97:21 121:7 154:17 159:10 175:16,19 176:2,8 178:1 <b>conclude</b> 26:8 32:9 43:12,13 56:5 <b>concluded</b> 107:10 145:6 212:8 <b>conclusion</b> 26:5 64:18 165:6 <b>Condell</b> 145:8 <b>Condell's</b> 145:11 <b>condition</b> 147:1 151:24 188:15 199:6 <b>conditions</b> 76:5 153:23 154:1 165:4 188:18 <b>conducted</b> 78:11 131:11 <b>confessed</b> 29:24 <b>confidence</b> 85:22 97:24 <b>confident</b> 62:18 79:15 <b>confidentiality</b> 4:8 <b>confused</b> 147:14 <b>confusing</b> 147:16 <b>congestion</b> 6:20 8:5 42:1,3,5 165:10	209:7 <b>congestive</b> 131:1 <b>congratulate</b> 132:5 <b>Congress</b> 107:23 149:14 182:13 <b>congressmen</b> 126:2 <b>connected</b> 29:20 147:3 <b>CONs</b> 160:7 <b>Consequently</b> 201:23 <b>conservative</b> 52:18 <b>consider</b> 36:4 109:20 141:6 193:17 203:2 <b>considerable</b> 24:10 56:14 204:23 <b>consideration</b> 3:6 127:16 141:6 154:6 162:11 182:1 194:19 210:23 211:16 <b>considerations</b> 150:15 <b>considered</b> 52:19 56:6 81:23 83:15 <b>consist</b> 77:24 <b>Consistent</b> 187:21 <b>consistently</b> 55:1 <b>conspiracy</b> 210:14 <b>constant</b> 13:19 178:24 <b>constantly</b> 85:16 163:18 <b>constitute</b> 37:19 <b>constraints</b> 23:2 <b>construct</b> 161:5 <b>construction</b> 7:17 12:10 19:23 20:15 24:23 30:3,20 37:20,21 38:10 40:7 60:15 80:4 81:20 91:18 111:16,24,24 112:5,13,13 113:4 129:2 133:9 140:9 140:14 145:3,19 155:1 160:2 162:6 164:19 165:2,18 168:10 176:18 187:5 193:12 <b>construction-rela...</b> 7:12 19:22 38:9 40:6 60:14 <b>consultant</b> 63:2 <b>Consultants</b> 53:12 207:16	<b>consulting</b> 26:15 53:13 61:24 207:8 <b>consumer</b> 69:14 148:24 207:12 <b>consumers</b> 68:20,23 69:10,16 107:11 209:19 <b>contact</b> 45:12 73:1 <b>contacted</b> 44:19 <b>contacts</b> 151:15 <b>contained</b> 2:24 <b>contains</b> 17:13 <b>contaminated</b> 158:3 <b>contingent</b> 39:4 61:14 <b>continuation</b> 159:20 <b>continue</b> 10:6 12:2 13:22 17:4 45:8 45:12 52:11 91:7 97:1 114:13 138:3 149:2,23 155:10 163:14 180:17 181:13,16 194:22 202:16 <b>continues</b> 159:19 187:22 <b>continuing</b> 76:22 195:19 <b>continuity</b> 147:10 147:17 <b>continuously</b> 142:10 <b>continuum</b> 53:24 <b>contract</b> 30:3 <b>contractor</b> 29:21 46:19,20 <b>contractor's</b> 112:24 <b>contrary</b> 44:20 62:22 121:3 <b>contrast</b> 28:18 94:9 164:11 <b>contrasting</b> 206:22 <b>contributed</b> 63:7 <b>contribution</b> 63:10 63:11,16 <b>contributions</b> 50:21 202:13 <b>control</b> 126:6 <b>controls</b> 13:19 <b>convenience</b> 79:10 138:17 142:2 150:14 204:23 205:1 <b>convenient</b> 23:16 50:4 52:23 104:16 116:2,10 204:22	205:6,10 <b>Conventional</b> 145:2 <b>convinced</b> 158:9 <b>Cook</b> 41:4 90:15 115:10 <b>cooperation</b> 99:8 <b>cooperative</b> 99:16 123:15 <b>coordinate</b> 57:23 <b>coordinated</b> 9:3 15:16 67:14 120:16 <b>copayments</b> 68:21 69:15 <b>copies</b> 5:3 19:5 <b>copy</b> 3:1,4 47:9 88:15 208:18 <b>copying</b> 3:6 <b>corner</b> 2:17 122:10 123:3 <b>corners</b> 88:24 115:7 115:7,11 <b>coronary</b> 93:24 94:5 <b>corporate</b> 59:9 151:5 <b>corporation</b> 153:11 196:19 206:16,19 <b>corporations</b> 30:7 <b>correct</b> 22:18 54:7 <b>corrected</b> 44:8 <b>corrections</b> 16:16 16:16 44:9 <b>correspondence</b> 44:23 <b>corrupt</b> 46:19 <b>corruption</b> 46:21 <b>cost</b> 2:22 10:14 23:16 24:17 25:21 57:11 63:9 66:19 82:21 94:18 112:19 113:8 143:11,24 145:4 156:20 161:4,5,23 162:1,4 164:22 167:8,11 168:9 181:11,15 183:22 183:24 194:11 204:24 207:4 208:1,3 209:13,17 <b>costly</b> 182:19 <b>costs</b> 11:15,16,17 24:1,11 41:13 51:12 54:20,21 55:5 57:13 63:12 63:14 67:9 68:8 68:13,14,18 69:13	69:14 79:11,13 112:21 114:15 125:14 126:5,6,8 127:9 141:3 143:2 144:8,9 145:19 153:24 156:22 159:12 161:11 167:17 194:2 207:13,18,19 <b>cost-effective</b> 144:5 145:22 155:12 203:18 <b>Cotta</b> 42:17 <b>Coughlan</b> 168:20 168:21,22 170:4 <b>Council</b> 1:14 36:21 39:1 77:21 78:15 79:1,3 80:19 <b>Councilman</b> 36:20 <b>counsel</b> 106:7 213:8 213:11 <b>counselor</b> 130:12 <b>count</b> 81:9 114:17 <b>counted</b> 91:9 <b>counter</b> 23:7 <b>counties</b> 22:9 41:5 199:21 <b>counting</b> 90:8 91:1 91:13 <b>country</b> 106:23 <b>county</b> 6:19,22 7:20 7:24 8:8,12 9:8,9 9:10,13,16,19 10:22,24 13:5,9 13:11,13,17,22,23 14:6,11 15:3 16:22 17:22 19:17 19:18,20 20:8 21:6,7,9 22:5,13 22:14,15,15 25:16 25:22 26:2 31:20 36:5 38:2,4 40:14 41:4,6,6,6 47:1,3 47:12 49:16 50:2 50:24 54:8,8,10 54:12,14 55:12 56:8,13,24 60:4,9 61:4 62:5 66:6,19 74:6,12,15 75:3 76:23 79:5 80:14 82:17 86:23 87:1 90:15,15 93:7 95:17 98:20 101:8 102:7 104:17 105:16,17 115:3,9 115:9,10,11,13,15 115:19,20 116:1,1
---	--	--	--	--

116:7,10,10,17,17 117:10,18,23 118:9,15 121:4,16 122:3,10 123:6 124:2,3 127:23 128:17,22,24 129:4,14,18,24 130:1,2,2,3,9 131:7,10,13,22 132:1,8,12,15 139:15,20 140:3,8 141:7 142:9 145:1 145:10 148:7 149:1 159:9 164:10,13,15 166:3,6,11,12 170:19,24 171:18 171:20 172:8 176:22 181:9,23 182:2,4,21 183:3 183:5,10 184:4 187:10 188:1 189:9 192:3,5 194:5,14,17,24 195:3,20 196:4,5 196:16,18 197:6 199:20 202:19,20 202:23 207:11 208:4 209:6,8 <b>County's</b> 50:9 <b>couple</b> 88:24 141:20 147:2,3 190:2 210:12 <b>coupled</b> 126:10 <b>courage</b> 100:14 <b>course</b> 11:24 86:12 102:8 112:1 144:21 165:15 176:16 181:17 <b>court</b> 5:5 16:21 17:1 31:19 46:24 70:19 84:7 106:6 142:16 186:14 206:9 213:3 <b>courteous</b> 122:16 <b>courtesy</b> 66:20 <b>Courtney</b> 1:15 2:3 <b>Court's</b> 47:9 <b>cover</b> 24:11,17 63:14 68:18 <b>coverage</b> 25:21 92:4 174:16 <b>covered</b> 4:9,15 83:1 83:6 130:17 <b>covering</b> 166:23 <b>coveted</b> 8:20 <b>co-owner</b> 77:19	207:8 <b>create</b> 24:13 25:2,7 49:1 68:12,13 102:10 110:23 112:16 113:7,11 125:15,16 133:9 139:22 144:11 <b>created</b> 12:10 20:7 21:3 40:6 161:1,3 188:6 <b>creates</b> 21:9 <b>creating</b> 8:18 71:19 111:18 112:20 125:15 140:1 <b>creation</b> 67:5 102:9 102:22 142:2 <b>credentials</b> 173:13 209:24 <b>credible</b> 47:15 <b>credit</b> 186:1 <b>Creek</b> 70:19 <b>crew</b> 85:24 112:2,3 <b>crews</b> 114:13 <b>criminal</b> 31:21 <b>crisis</b> 187:7 <b>criteria</b> 17:1 45:7 47:6 148:14 <b>critical</b> 13:7 45:16 52:10 69:23 95:15 104:19 105:3 180:19 189:12 <b>cross</b> 115:13 136:16 <b>cross-subsidize</b> 167:5 <b>crowding</b> 163:11 <b>CRR</b> 1:20 213:3,17 <b>CRR-MO</b> 1:20 <b>crucial</b> 88:4 <b>crutches</b> 98:23 <b>Crystal</b> 1:11,13,15 2:10,10,16,18,19 2:21 5:21 6:1,12 6:18,20 7:13,21 8:7 9:13,20 10:4 13:4,22 15:7,8,9 15:11,13,18,20 16:2,3,4,8,21,24 17:24 19:12,20 20:9,16 21:5 23:18,19,21,23 26:22,24 27:14,19 28:7,12,15 29:1,4 29:18 32:6,11,13 32:18 33:17 34:9 36:20 37:4,10,14 37:23 38:3,11,17 38:22 39:1,3,6,11	39:16,21 40:2,8 40:10,17 41:20 42:2,17,18 43:1,3 43:8,21 44:1,15 44:19 45:6,20 46:15 47:8,15,16 47:18 48:9,20,23 49:1,2,3,11,15,17 52:9 53:2,18 54:6 54:12,22 56:20 57:5 58:4,12 59:6 59:17,23 61:16 62:4,13 65:9 66:8 66:9 67:3 70:13 73:11,12,17 74:17 76:10,12 77:3,3 77:14,16,17,20,21 77:23 78:1,1,2,2,4 78:5,8,8,10,13,14 78:16,18,19,23 79:3,4,6,15,18,22 80:7,11,12,16,17 80:18,19,20 81:5 84:18 86:22 87:3 87:3,6,16 88:11 89:1,14,17,22 90:10,17 92:23 95:5,18,23 96:2 96:17,20,22 101:6 103:19 107:7 110:4,8,14,15,21 110:23,24 111:8 113:22,24 114:6,7 114:11,21 115:2 116:5 119:10,12 119:16 120:7,20 120:21 121:18 122:2,5,15,18,19 123:12,17,19 124:1 127:13 130:24 132:21 133:3,15,18,24 134:9,10,16,21,24 135:12 138:6,13 138:16,19,22 139:1,4,7,7,9 142:1,3,4,8,8 144:19 145:5 146:7 148:7,12,23 148:24 149:7,14 149:20 150:2,19 150:21 151:1,12 152:16,19,21,22 153:15,18 154:2 157:14 158:16 160:14 161:14,18 161:21,23 162:2	162:18,20 163:12 163:16,20 165:18 165:20 168:2,6 169:9,15,18,20,23 170:5,8,10,12 171:3 173:4,20 174:12 175:2,13 175:15 176:10,24 177:4,11,17 178:11,22 182:9 182:10,13,17 183:1 187:13,17 188:23 192:4,13 193:2 195:4,6,12 195:19,24 196:2 196:22 199:11,16 199:19 200:4,5 201:5,22 202:15 203:3,6 204:13 206:17,23 207:20 209:1,7 210:21,24 211:6 <b>CSR-IL</b> 1:20 213:17 <b>CT</b> 75:20 158:4,5 <b>culpability</b> 210:17 <b>cultural</b> 117:1 <b>curious</b> 125:6 <b>current</b> 8:2 27:23 27:24 37:13 40:1 60:3 68:3 69:20 72:1 73:8 74:10 79:6 101:15 109:6 131:13 132:6 137:5 163:13 174:6 184:15 188:4 <b>currently</b> 7:24 9:5 15:6 25:22 28:16 28:21 34:17 57:16 62:21 70:18 71:21 104:7 110:18 116:14 118:2 130:8 133:17 135:16 137:10,17 137:22 150:1 158:22 182:3 202:14 <b>customer</b> 85:14 <b>customers</b> 118:14 139:24 <b>cut</b> 100:11,12 114:12 135:21 142:7 <b>Cutler</b> 142:19,19 <b>cuts</b> 202:14 <b>C-o-l-b-y</b> 19:10	<b>C-section</b> 109:9,10 109:13 <b>C-sections</b> 109:14 <hr/> <b>D</b> <b>D</b> 130:15 <b>dab</b> 210:5 <b>dad</b> 198:9,22,22 199:1,3 <b>Dahl</b> 169:13 <b>daily</b> 115:14 120:14 160:22 <b>Dale</b> 56:17 <b>daming</b> 10:9 <b>Dan</b> 19:8,9 29:9,10 39:14 45:11 <b>Dartmouth</b> 55:10 <b>data</b> 11:9 45:15,22 46:1 47:7,16,16 63:9,24 67:15 74:21 75:11 188:4 188:9 200:4 <b>date</b> 44:16 <b>dated</b> 39:7 45:2,3 197:9 <b>dates</b> 211:22 <b>daughter</b> 158:8,10 <b>daughters</b> 81:6 <b>daughter-in-law</b> 128:3 <b>David</b> 26:12,14 108:11 186:16,21 186:23 207:7 <b>DaVinci</b> 205:20 <b>Davis</b> 59:2,2 <b>Dawson</b> 41:1,2,3 <b>day</b> 31:5,9 32:2 39:7 61:17 74:15 84:1,2 112:1,1 115:12,12 122:8 143:10 152:13 158:4 170:9 178:5 183:11 198:5 203:10,11,13 206:10,10,11,11 206:13 <b>days</b> 67:18,22,23,24 108:24 109:6 164:13 166:10 182:14 200:15,15 200:16 <b>DC</b> 26:15 126:2 207:9 <b>deal</b> 115:15 <b>Dean</b> 123:8 <b>Dear</b> 21:19 <b>dearth</b> 121:5
--	--	---	--	---

<p>deaths 189:4  debate 126:12  203:14  Debbie 138:18  debt 55:19 56:15  159:13,14,16  160:4 196:19  decade 18:8 144:22  decades 33:20  December 16:13  30:13 37:1 40:14  44:7 59:15  decent 48:22  decide 102:17  decision 14:20 32:4  36:15 47:9 177:19  187:3,5,15  decisions 77:5  115:16  declared 2:24  decline 11:17 28:3,5  28:6 160:18  declined 148:12,13  174:13,14  decrease 117:16  decreased 67:18  117:15  decreases 67:21  decreasing 51:14  67:17 69:4 125:22  125:23 126:4  dedicated 109:9  120:13 189:3  dedication 179:7  deductibles 68:21  69:15  deem 212:5  deemed 37:19  deep 127:7  deeply 12:2 101:10  defer 120:2 162:16  184:10  deferring 174:22  deficit 12:4,5  deficits 155:5  define 88:17  defined 4:9 63:12  88:19  definite 110:16  definitely 100:6  122:11 152:15  192:10  definitive 188:17  degree 73:7 135:6  155:22 164:2,3  185:11  DeKalb 5:22</p>	<p>Del 176:16  delay 102:18 187:4  187:5  delays 6:20 146:12  deliver 23:11 24:12  93:20 94:21  103:24 108:13  111:14 145:9  delivered 86:8  181:17  delivering 104:16  delivery 51:12  54:24 55:1,4,7  67:11,13 69:19  70:2 93:4 104:8  108:22 207:22  Deloitte 61:22  201:19  Deloitte's 201:24  DelPeral 118:21,22  118:22  delve 67:1  demand 24:14  69:18 127:3,5  141:1 160:8 164:6  164:6,16  demanded 210:6  demanding 180:2  demands 126:8  179:15  demerits 210:20  Demodica 178:15  178:16,17  demographics  13:22  demonstrate 84:3  143:23 144:13  145:22  demonstrated 47:4  54:5 81:17  demonstrating  171:15  demonstration  127:6  denied 121:18  Denise 133:5  Dennis 121:21,22  121:22  dense 54:15  densely 38:1 60:8  209:5  densely-populated  6:18  deny 32:17 36:15  47:21 53:3 70:14  98:12 109:21  134:7 138:6 151:7</p>	<p>157:5 168:16  172:20 184:2  196:21  denying 180:1  depart 209:20  department 3:10  7:3 8:24 26:17  54:2 74:10,14  76:21 85:12  103:14,16 104:22  107:23 113:22  114:1,6,17 166:17  182:7 188:17,20  189:15 192:9  211:23  departments 74:2  74:12,14 76:18  188:1,2,9  DePaul 73:4  dependent 17:10  depending 28:8  deplete 207:3  Depression 56:22  187:7  depth 71:8  DeRaedt 113:23,24  derive 64:10  derived 111:22  described 44:4  deserve 86:24 171:4  deserves 87:4  170:12  designated 136:16  136:17  designed 81:21  104:12 109:4  121:1 130:4  designing 157:2  desire 25:1 78:5  209:1  desires 126:21,22  205:14  desk 191:9,10  desperately 163:8  180:20  despite 67:17,19  106:8  destined 70:8  destroyed 32:5 85:2  detailed 89:18  167:2  details 3:5  determination 94:5  determine 63:10  determined 54:2  78:11  determines 205:15</p>	<p>detract 105:20  detractors 25:9  detrimental 153:23  167:2  devastating 82:10  develop 78:23  103:19 127:8  187:22 196:17  developed 72:18  95:4 123:9 148:19  developing 55:20  94:23 123:14  143:18 156:19  development 7:10  16:5,9 24:24 25:4  36:24 37:19,21,23  39:6,12,17,23  40:22 50:23 54:6  61:7,7,16 70:18  113:13 142:22  177:5 193:8  202:23  devices 191:6  devote 94:16  devoted 26:17  diabetes 84:20  diagnose 96:11  diagnosed 15:17  65:21  diagnostic 69:18  182:5  dialogue 53:21  died 158:6  difference 128:10  differences 55:11  different 27:20  72:22,24 96:10  136:3 137:23  158:1 175:5 176:4  187:16 198:3  difficult 51:15 85:6  86:6,18 121:14  149:4 160:2  difficulties 146:11  difficulty 57:19  135:6 204:21  diligently 180:14  dilute 171:3,11  172:19  diluted 94:9  dilutes 24:14 94:13  diluting 58:1  Dilution 171:6  diminish 206:3  Dina 184:10,11,11  direct 68:6 75:4  93:21 161:15</p>	<p>179:7 187:6  director 213:8  directly 55:12 69:23  156:24  director 70:17 74:1  100:3 103:13  108:15 111:15  118:16 124:10  129:10 159:7  181:6 184:21  185:3 193:8  Directors 49:10  67:1 92:22  dirt 176:21  disadvantaged 92:8  92:10  disagree 158:19  166:3  disappointing 81:15  discharge 163:7  discharged 191:13  199:5  discloses 4:13  discounted 12:3  discourages 94:14  discovered 63:22  discuss 49:10 126:2  130:16 149:16  175:11 210:20  discussing 203:11  discussion 13:20  186:13  discussions 45:8,12  disease 101:12  130:19 157:1  189:3  dishes 86:14  disingenuous 210:3  disregard 84:11  distance 128:2,13  149:5 161:14,19  distances 114:14  196:15  distant 94:20  distinction 71:14  136:16 189:6  district 43:1,2,3  diverse 6:21 13:23  19:18 38:4 209:8  divert 146:17  diverticulosis 65:21  divide 43:7 54:8  Division 26:17  doctor 33:9 74:4  85:8 96:5 99:5  128:5 149:22  150:1,20 191:1</p>
--	--	---	---	--



<p>197:24 198:18 199:2 <b>doctors</b> 33:4 48:13 48:16 57:19,20,22 57:23 90:9 99:4 106:15 122:12,12 122:17 146:16 150:19 169:1,5 180:16 198:3,13 198:16 <b>document</b> 34:12 47:24 200:7 <b>documentation</b> 17:10 183:14 <b>documented</b> 201:20 <b>documents</b> 29:15,17 32:14 175:13 211:4 <b>doing</b> 53:19 77:6 81:10,10,13 85:20 100:19 132:7 136:20 137:1 143:15 149:23 176:22 198:14,16 <b>dollar</b> 117:6,8 145:15 <b>dollars</b> 20:11 41:12 79:24 106:18 113:3,5,6 115:23 159:13 183:24 184:24 <b>dominant</b> 29:1 <b>Don</b> 170:17,18 <b>done</b> 3:19 31:4 77:12 100:13,14 152:10 157:22 198:1 <b>DONNELL</b> 101:4 <b>donut</b> 43:3 <b>doors</b> 9:10 <b>Dose</b> 138:19 <b>double</b> 159:13 202:1 <b>double-count</b> 91:2 <b>doubt</b> 171:20 <b>Doug</b> 21:14 <b>Douglas</b> 173:1 <b>down</b> 8:11 21:11 30:14 31:12 49:2 83:12 86:12 99:12 153:24 156:1 197:20 198:3,5,6 198:10,19,22 199:16 <b>downtown</b> 175:1 <b>downward</b> 42:8 68:3</p>	<p><b>downward-use</b> 70:3 <b>dozen</b> 99:20 121:1 183:15 <b>Dozier</b> 119:2 <b>Dr</b> 26:14 73:22,24 74:3 82:6,9,14,23 83:11 85:9 92:18 92:19 97:5,6 103:10,12 108:10 108:12,14 110:7 120:3,4 124:8,9 133:20,21 146:3 149:11,12 154:8 154:10 157:18 162:16,17 173:1 179:1,5 184:8,9 184:12 185:23 190:7 198:3,5,6,9 198:12,14,20 208:24 <b>draw</b> 11:24 49:3 51:13 68:11 73:4 95:13 104:6 155:14 <b>drawing</b> 10:12 12:18 <b>drawn</b> 88:15 <b>dressed</b> 191:9 <b>drive</b> 41:22 57:18 65:15 76:8 82:21 85:1 89:15,18 90:4 94:20 122:6 122:6,7 128:12 141:1 161:11 194:1 <b>driven</b> 159:21 <b>driver</b> 71:11 <b>driving</b> 41:24 67:11 89:22 90:1 128:2 <b>dropped</b> 153:7 <b>dubious</b> 100:11 <b>Dudley</b> 108:10,14 <b>due</b> 4:22 8:3,4 50:20 56:14 65:14 74:7 75:19,20 84:19 114:3 116:23 131:1 152:2,3 161:1 165:3 166:1,8,8 168:9 188:12 <b>Dundee</b> 110:10 <b>Dunning</b> 49:7,8,9 <b>duplicate</b> 12:8 34:1 34:6 57:7,13 68:11 103:20 126:16 135:9 196:3</p>	<p><b>duplicates</b> 58:3 <b>duplicating</b> 12:20 127:8 <b>duplication</b> 24:4,6 68:3 76:20 88:5 103:23 124:14 135:15 137:3 143:1 157:6 161:3 207:1 <b>durable</b> 12:12 <b>duration</b> 112:5 <b>Duray</b> 119:14 <b>during</b> 6:10 8:24 12:10 22:1 34:17 38:10 40:6 46:5 60:15 65:19 72:11 112:6 123:7 130:21 131:20 163:9 173:7 177:7 <b>duties</b> 24:5 <b>DuWayne</b> 141:10 141:11</p> <hr/> <p style="text-align: center;"><b>E</b></p> <hr/> <p><b>each</b> 4:23 27:17 63:10,15,16 86:1 108:23 123:23 125:16 160:8 161:16,19 186:11 188:14 193:18 202:8 208:11 <b>earlier</b> 37:13 40:1 60:2,2 94:10 165:5 <b>early</b> 19:24 67:6 78:7 <b>earn</b> 189:6 <b>ease</b> 6:7,23 8:4,16 <b>easier</b> 6:24 22:18 119:17 209:10 <b>easily</b> 111:19 <b>east</b> 42:17 59:7 110:10 181:8 <b>easy</b> 38:6 60:11 77:4 123:5 <b>eat</b> 205:5 <b>economic</b> 7:10 19:21 21:6 24:24 25:4 28:2 36:24 38:21 39:11,16,23 40:22 42:11 52:13 52:16 61:2,6,7 80:8 107:10 113:13 141:1 159:21 187:7 <b>economics</b> 26:14 69:8</p>	<p><b>economist</b> 26:16 107:9 207:8 <b>economy</b> 14:5 24:24 141:4 <b>Ed</b> 74:22,24 87:8 <b>edge</b> 8:11 <b>educates</b> 130:12 <b>education</b> 70:17 130:18 140:7 <b>educational</b> 130:7 <b>Edward</b> 87:10 <b>Eesley</b> 44:21 45:3,7 <b>Eesley's</b> 45:1 <b>effect</b> 20:8,13 21:4 69:8 157:1 <b>effective</b> 23:17 143:11 180:6 181:11 208:3 <b>effectively</b> 105:9 <b>effects</b> 55:10 <b>efficiencies</b> 156:20 188:6 <b>efficiency</b> 55:10 94:21 125:23 208:1 <b>efficient</b> 83:17 93:16 102:18 126:23 182:20 203:17 <b>efficiently</b> 105:9 199:21 <b>efforts</b> 23:24 <b>egregious</b> 44:11 <b>eight</b> 30:14 58:17 98:1 112:7 125:1 125:5 134:21 161:21 162:19 163:19 170:5 173:11 <b>eight-mile</b> 161:16 161:19 <b>Eisenstadt</b> 26:12,13 26:14 82:6,9,14 82:23 83:11 207:7 <b>either</b> 81:11,13 83:1 111:18 148:15 150:2 173:10 176:7,9 211:12 <b>EKG</b> 190:23 191:8 <b>EKGs</b> 157:21 <b>Elect</b> 124:5 <b>elective</b> 151:17 152:5 153:3 <b>electrical</b> 112:3 <b>elevated</b> 190:6 <b>cleven</b> 189:5 198:6 <b>Elgin</b> 10:2 33:3</p>	<p>49:24 50:16,17,21 50:21 51:5,8 55:15 72:17 87:22 89:7 92:21 102:5 103:17,17 116:9 118:5 184:21 199:14 <b>eligible</b> 130:14 <b>eliminate</b> 140:17 <b>eliminating</b> 189:3 <b>Elmhurst</b> 73:5 <b>eloquently</b> 207:21 <b>elsewhere</b> 136:22 137:17,18 <b>Elwart</b> 169:20 <b>Elyse</b> 142:18,19 <b>embarrassment</b> 66:11 <b>emergencies</b> 138:18 152:23 <b>emergency</b> 6:8,24 7:2,6 33:6,7 38:7 54:16 58:15,18 60:11 65:15,17,23 66:12 74:1,4,9,12 74:13,16 75:2,16 75:18 76:13,18 77:13 79:7,8 80:7 94:4 103:12,14,15 104:20,21 105:3 105:10,11,13 110:15 128:8 134:14 135:12 139:6 147:1 151:21 152:2 153:4 157:17 165:3,6,15 166:17 170:1 173:9,16 182:15 183:18 184:19,20,22,23 185:3,6,12,17,19 188:1,2,9,16,20 189:10,11,12,16 189:18 190:5 192:8 197:15 199:7 209:11 <b>emergent</b> 93:23 94:2 <b>Emerging</b> 69:18 <b>emotional</b> 81:21 <b>emotions</b> 81:14 <b>emphatically</b> 204:16 <b>employ</b> 7:14 20:3 38:12 40:10 60:17 71:21 130:11 149:19 184:1</p>
--	---	---	--	---

<p><b>employed</b> 9:6 17:13 26:16 143:21 173:5,6 183:11,13 213:9,11 <b>employee</b> 71:18,22 73:13 143:13 157:12,12 158:11 213:10 <b>employees</b> 9:6 123:18 160:24 178:10 <b>employer</b> 71:1 <b>employers</b> 69:13 155:6 161:12 194:3 <b>employment</b> 14:14 60:18 70:22 129:2 158:12,13,23 <b>empty</b> 58:13,16,19 <b>EMS</b> 105:2 114:18 165:14 188:13 189:14 <b>encounters</b> 93:21 <b>encourage</b> 171:1 174:6 <b>encouraged</b> 103:4 139:8 <b>end</b> 5:13 16:13 19:1 44:7 81:20 112:10 123:24 145:5 176:21 210:17 <b>ended</b> 147:2 <b>endless</b> 56:22 <b>endocrinology</b> 183:21 <b>endorse</b> 39:1,19 61:11 <b>endorsing</b> 78:16 <b>endure</b> 206:13 <b>enduring</b> 206:9 <b>engaged</b> 187:8 <b>engaging</b> 71:19 <b>engine</b> 80:8 <b>engineering</b> 177:10 <b>engineers</b> 177:12 <b>enhance</b> 14:13 105:20 <b>enhancing</b> 123:19 <b>enjoy</b> 56:24 123:18 <b>enlarged</b> 176:5 <b>enough</b> 19:2 75:2 90:23 100:15 108:2,4 124:15 164:6 167:20 171:9 205:16 <b>enroll</b> 130:15 <b>enrollee</b> 55:14</p>	<p><b>enrollment</b> 130:14 <b>ensure</b> 4:6 104:10 109:13 172:6,17 <b>ensuring</b> 9:2 <b>enter</b> 36:23 39:10 <b>entered</b> 191:14 <b>entering</b> 126:9 190:10 <b>entire</b> 35:6 49:22 50:3 85:15 104:14 113:8 156:23 191:13 203:11 210:5 <b>entirely</b> 145:3 <b>entities</b> 4:9 <b>entity</b> 4:15 <b>entry</b> 26:23 27:14 28:7 <b>environment</b> 11:23 52:17 53:23 71:19 111:13 179:4 <b>epicenter</b> 19:15 <b>episode</b> 156:23 <b>equal</b> 179:7,18 <b>equally</b> 95:2 <b>equals</b> 113:1 <b>equate</b> 24:2 <b>equipment</b> 68:19 125:17 188:14 194:12 <b>equipping</b> 94:24 <b>equity</b> 56:15 <b>equivalent</b> 146:21 <b>ER</b> 146:12 151:22 173:22,24 185:14 185:19,23 186:3 190:7,10,15,22 191:1,11 <b>errors</b> 16:14 44:10 47:23 <b>escalating</b> 41:12 <b>especially</b> 56:24 61:7 110:9 135:17 169:24 201:8 <b>essential</b> 11:18 93:17 120:17 <b>establish</b> 2:15 23:18 43:24 <b>established</b> 23:20 23:22 47:6 55:3 95:14 <b>establishing</b> 50:16 <b>establishment</b> 52:22 <b>estate</b> 57:1 <b>Estates</b> 87:11 111:11 123:2 199:15</p>	<p><b>estimate</b> 62:9 63:17 64:19 111:22 <b>estimated</b> 7:11 20:19 38:9,18,19 40:5,18,20 60:14 60:22,24 <b>estimates</b> 112:20 113:8 <b>estimating</b> 62:14 <b>et</b> 86:14 181:16 <b>eternity</b> 152:12 <b>ethic</b> 81:12 <b>ethnic</b> 116:24 <b>evaluate</b> 84:13 188:14 <b>even</b> 7:7 16:16 22:1 31:20 36:2 44:3,9 57:4 63:2 65:4 78:9 88:11 89:16 90:13,18,21 99:13 101:18 105:12 125:7 127:3 130:1 136:8,24 137:10 140:21 147:9 150:3,21 160:9 162:3 167:23 192:14 199:15 205:19 <b>event</b> 96:18 176:9 <b>events</b> 196:11 <b>eventually</b> 65:24 <b>ever</b> 44:2 106:12 179:13 180:2,2 <b>every</b> 10:22 19:3 49:1 55:2 74:15 75:13 84:2 99:9 112:1 115:12 119:20 131:11 143:9 161:8 183:11 199:2 204:8 <b>everybody</b> 99:8 <b>everyone</b> 5:2,13 14:1 19:2 36:13 48:11 83:2 85:24 102:8 125:18 127:10 141:3 178:18,18 203:20 211:11 <b>everything</b> 7:22 32:14 81:18 85:17 86:2 206:24 <b>everywhere</b> 84:10 <b>evidence</b> 55:3 132:18 175:14 <b>evidenced</b> 69:17 71:5</p>	<p><b>evolution</b> 93:4 <b>evolve</b> 93:2 <b>exact</b> 175:22 <b>exactly</b> 34:20 <b>exam</b> 65:19,19 66:12 184:21 <b>examination</b> 71:9 190:22 <b>examine</b> 112:18 <b>examiners</b> 71:8 <b>example</b> 27:7,22 47:2 86:6 87:19 117:14 140:23 166:9 205:14 <b>exceeds</b> 164:16 <b>excellence</b> 94:13 136:17 179:14 181:1 <b>excellent</b> 48:15,16 79:19 102:6 114:19 135:10 136:19 169:22 171:5 178:10 185:5 <b>except</b> 88:24 89:14 <b>exception</b> 36:22 <b>exceptional</b> 9:14,18 <b>excess</b> 47:16 70:7 174:4 <b>excessive</b> 6:19 74:19 76:9 165:9 209:7 <b>exchange</b> 30:2 <b>exciting</b> 22:16 <b>exclusively</b> 93:18 <b>executive</b> 108:1 115:4 118:16 123:8 175:10,21 <b>executives</b> 81:16 82:24 125:19 176:3 <b>exhausting</b> 190:8 <b>exist</b> 135:10,13 158:21 196:4 204:2 <b>existing</b> 10:11 11:7 11:21,24 12:1,13 12:18 17:9,12 18:20 24:10,15,21 27:5 34:23 45:19 51:7,14,23 57:15 58:1 62:5,12 63:1 68:12 75:1 88:16 88:22 89:7,23 90:2,3 95:18 116:16 124:19 126:16 140:17</p>	<p>144:6,24 154:24 155:9,14 160:16 161:7 165:12,19 167:4,22 168:11 171:5 172:14 193:13,15 200:6,9 201:7 203:5 204:6 204:6 207:1 <b>exists</b> 138:4 145:21 <b>exited</b> 73:15 <b>expand</b> 25:17,20 26:1 52:6 57:14 69:2 87:20 144:6 175:18 196:17 <b>expanded</b> 74:24 <b>expanding</b> 25:21 73:16 <b>expansion</b> 87:23 88:1 145:11 196:7 <b>expect</b> 64:10 112:8 112:11 113:7 <b>expected</b> 7:14 11:1 11:5 12:5 28:3,7 30:2 38:12 40:10 60:17 64:13 117:16 194:7 <b>expenditure</b> 105:19 155:4 <b>expenditures</b> 161:11 168:14 194:1 <b>expense</b> 147:5 200:5 <b>expenses</b> 68:17 167:10 <b>expensive</b> 11:19 35:12,17 36:13 57:10,11 74:13,14 76:20 88:5 181:12 194:18 <b>experience</b> 8:18 57:2 73:17,19 79:19 84:21 85:13 93:2 96:24 100:6 110:20 144:3 146:22 155:17 163:1 164:1 171:24 180:23 192:5 202:15 209:23 210:1 <b>experienced</b> 65:13 74:20 <b>experiencing</b> 98:3 <b>expert</b> 171:9 <b>experts</b> 207:7,14 <b>explain</b> 22:22 93:9 188:4 200:6</p>
---	---	--	---	--

<p><b>exposed</b> 157:23  <b>express</b> 53:1 70:12  73:14 92:22  139:16 154:16  178:20  <b>expressed</b> 78:4  97:21 175:16,19  176:2 177:15  <b>expressly</b> 16:22  107:19  <b>extend</b> 196:19  <b>extended</b> 131:6  <b>extension</b> 180:18  <b>extensive</b> 84:21  <b>extent</b> 34:16 161:2  <b>External</b> 33:14  <b>extra</b> 101:21 135:14  <b>extreme</b> 98:24  <b>extremely</b> 88:5 94:1  96:13 100:19  116:7 133:16  136:10,13 138:24  152:1 196:10  <b>ex-parte</b> 30:22  <b>eye</b> 115:18</p> <hr/> <p style="text-align: center;"><b>F</b></p> <p><b>face</b> 7:1 159:15  162:8  <b>faced</b> 126:7  <b>Facilitator</b> 1:15  <b>facilities</b> 1:2 2:4,13  3:2 4:6,10 9:5  14:10 17:9 26:7  34:11 35:5 37:3  41:9 43:23 45:19  52:2 57:7,15  59:16 63:1 64:5  74:13 91:22 95:2  98:11 102:7 109:4  111:15 114:5  119:3 120:12  121:5 127:6,11  128:18 131:2,7  134:7 135:11,13  135:18 155:23  158:11 162:8  164:11 168:14  172:14 181:13,24  182:2,10 185:8  189:20 192:24  193:23 194:12  196:20 204:13  205:22 211:17  <b>facility</b> 6:9 7:13  17:12 18:9 22:17  23:18 25:20 26:1</p>	<p>27:7,10,14 28:18  38:11 40:9 47:21  47:24 48:10 54:12  57:10 58:2 60:16  63:5,18 64:19  65:11,14 66:3,5  66:17 86:9 89:17  96:17 97:16 102:9  103:14,20 104:13  108:21 109:12  110:5 116:4  122:21,22 124:23  125:6,8,14,16,20  135:19,20 138:14  139:21 140:2  149:21 150:5  152:24 155:9,13  158:17 160:16  162:21 167:9  169:6 171:2  180:19 182:18  185:12 191:16  194:8 200:9,14  201:12 202:10  204:15  <b>facings</b> 52:15 140:24  <b>fact</b> 8:3 11:2 15:10  16:2 17:5 41:17  44:22 47:16 49:24  56:21 67:15 68:6  82:24 88:9 89:12  89:19 94:2 125:22  134:19 135:9  136:24 153:5  161:2 175:2  176:13 193:21  204:12 207:16,19  <b>factor</b> 17:2 104:23  105:3  <b>factors</b> 16:20,22  <b>facts</b> 94:19 115:19  174:8 175:12  176:21 204:20  <b>fail</b> 86:2  <b>fails</b> 47:22 81:8  <b>failure</b> 131:2 163:3  <b>fair</b> 148:8,9 199:6  <b>fairs</b> 72:20,22  <b>fall</b> 20:2 27:21,23  82:2 131:2  <b>falls</b> 131:5,7  <b>false</b> 83:12 210:2  <b>familiar</b> 147:14  <b>families</b> 139:19  170:24  <b>family</b> 20:9,11,12  22:1 42:19 50:16</p>	<p>77:9 79:11,19  81:3,5 86:19 87:2  96:3 101:11,21  122:4 128:3  134:17 135:3  136:4 147:13  156:6 157:24  162:23 180:1,10  180:12,13,17  197:8 199:8  <b>family's</b> 180:22  <b>famous</b> 32:24  <b>far</b> 55:9 82:2 90:14  92:1 94:10 120:18  138:22 140:7  145:6 146:20  147:5 148:6,11  158:12 164:15  196:12 201:3  211:8  <b>farther</b> 67:1 161:21  <b>far-flung</b> 90:23  <b>far-reaching</b> 202:4  <b>faster</b> 79:8 96:19  <b>father</b> 151:17  197:11,14 198:8  198:20  <b>faulting</b> 191:18  <b>favor</b> 26:3 32:1  157:13  <b>favorable</b> 210:23  <b>favored</b> 23:4  <b>fax</b> 212:1  <b>features</b> 99:16  <b>February</b> 30:16  36:22 39:7,18  100:18  <b>federal</b> 31:21 41:14  46:21 126:13  127:4 155:4 210:7  210:16  <b>federally-qualified</b>  50:18  <b>feel</b> 65:10 86:5  95:11 107:17  110:8 132:9  136:19 138:24  141:15 142:17  151:13 152:15,16  153:21 154:2  158:11 169:9  172:9,10 179:13  180:11 186:19  191:23 197:5  <b>feeling</b> 128:19  <b>fees</b> 3:6 166:19,19  <b>fell</b> 140:4</p>	<p><b>fellowship</b> 154:13  <b>Fellowship-trained</b>  120:9  <b>felt</b> 86:4 97:13,22  128:5 151:17  158:4  <b>Fenske</b> 110:11  <b>fetal</b> 65:20  <b>fever</b> 185:11  <b>few</b> 35:2,10 42:22  86:11 112:11  118:14 136:15  151:14 153:11,21  156:8 160:24  171:7 184:20  203:23  <b>fewer</b> 8:13 35:19  51:11 68:1 94:10  125:16  <b>flasco</b> 210:11  <b>field</b> 33:18 114:13  <b>fields</b> 158:23  <b>field-trained</b> 114:18  <b>fifth</b> 20:5 21:2 31:8  <b>fight</b> 24:7  <b>fighting</b> 99:7  <b>file</b> 16:13 44:6  177:17,18  <b>filed</b> 29:19 37:2  44:2,3 59:15  177:1  <b>files</b> 180:3  <b>filing</b> 44:18  <b>filled</b> 7:8 8:3 16:14  <b>filling</b> 20:3 38:13  40:11 60:18  <b>final</b> 66:16 132:16  167:7 177:7,10  <b>finally</b> 12:9 40:16  55:18 70:3 131:9  180:13,22 191:12  198:24 199:5  208:2  <b>Finance</b> 159:7  <b>financial</b> 23:2 50:20  52:21 53:12 55:19  55:24 56:1,14  62:4,9,14 63:6,9  63:17 64:7,14,16  64:20 126:7,24  143:5 157:1 167:4  172:5,7 200:3  201:19,24 202:7  <b>financially</b> 70:9  92:8 213:11  <b>financing</b> 104:9  159:11,16 160:9</p>	<p><b>find</b> 11:18 78:7  103:2 119:20  121:13 124:12  149:1,3 158:1  <b>finding</b> 57:19  158:23 160:2  <b>findings</b> 3:11,17  62:1,7  <b>fine</b> 88:8 102:2  <b>finished</b> 35:3  <b>fire</b> 43:1,14 99:16  113:22,24 114:2,5  <b>fired</b> 185:20  <b>firm</b> 26:15 29:11  53:13,15 55:20  61:22,23  <b>firmly</b> 108:3 151:4  <b>first</b> 5:8,17 7:12  8:19 13:7 16:11  20:10 21:1 26:20  30:12 38:11,18  40:9,19 53:22  60:16,23 71:2  72:11 77:8,24  82:15 85:5,9,10  85:13 98:13 100:4  100:14 101:24  106:5 108:20  124:15 145:10  150:11 173:7  175:8 176:23  177:6 178:22  179:11 184:20  187:5 190:3  <b>firsthand</b> 93:5  146:11 184:15  <b>first-hand</b> 73:17  <b>fiscal</b> 45:19 63:21  125:21 202:8  <b>fitness</b> 15:19 121:1  121:2  <b>five</b> 20:11 23:17  38:19 40:20 43:21  60:24 71:12,16  72:24 73:9 92:2  96:12 99:19 102:3  123:4 146:7  164:14 178:7,9  185:24  <b>fixed</b> 24:11 63:14  68:18 125:14  144:8  <b>flag</b> 41:17  <b>flagrant</b> 84:11  <b>Flanagan</b> 85:12,18  <b>flat</b> 20:21  <b>flawed</b> 177:21,21</p>
--	--	---	---	--

<p>177:24 flies 162:8 Flight 189:13 flip 95:2 flooded 158:3 floor 1:3 65:20 66:12 109:15 163:9,10 211:24 flow 199:10 Floyd 9:23,24 10:1 117:9,19,23 118:4 flu 130:6 focus 104:18 121:12 131:3 143:18 156:20 167:17 187:14 focused 33:19 97:13 focuses 126:12 focusing 167:16 Fojtik 110:7 folks 107:3,4 206:12 208:10 follow 206:2 followed 25:16 following 44:12 71:5 77:17 197:7 food 99:21 205:6 fooled 12:9 force 7:22 23:2 135:15 186:7 forced 68:16 150:2 forces 141:1 forecast 28:2 164:5 167:22 forecasted 172:1,3 forecasts 160:8 164:12 foresaw 172:4 Foresman 48:20 forgets 153:12 forgiving 146:4 Forkosh 142:18,19 form 3:21,22,24 159:4 formally 159:23 formed 78:7 former 80:18 115:4 210:4 forms 3:20 formula 70:1 forth 175:8 fortunate 14:2 35:22 92:5 179:18 184:20 Fortunately 205:2 210:11 fortune 185:2</p>	<p>forward 73:18 76:22 145:22 186:12 187:4 195:19 208:7 forwarded 19:6 foster 66:17 fought 31:22 153:17 found 3:18 45:21 99:3 144:4 179:1 197:16,21 207:23 foundation 112:2 founded 13:11 founding 49:12 50:17 fountains 130:24 four 27:17 50:18 54:8 73:12 75:21 93:13 115:6,11 125:7 128:9 131:11 152:7 177:8 190:11 195:4 204:10 fourth 131:22 132:1 Fox 35:6 49:23 50:4 51:6 52:1 122:7 133:24 150:22 fragmentation 53:24 frail 121:13 frankly 210:3 Franks 30:5 31:1 Fraterrigo 159:5,6 159:7 Fred 77:1,2 119:2 Fredrick 95:24 96:2 free 12:2 68:22 130:5,7,20 142:17 186:19 202:10 freedom 181:2 frequency 155:17 frequently 7:8 8:4 158:14 Friday 199:6 friendly 99:8,14 friends 79:11 86:19 86:20 135:3 136:4 137:5 from 4:14 5:16 6:19 7:22 8:21 9:11 10:12,19 11:24 12:13 17:5,11,13 17:15 21:1,17,22 23:12,20 25:6 26:23 27:16 28:7 28:8 29:4,5 30:3 30:24 32:22,22 33:4 34:2,22</p>	<p>35:24 36:24 37:6 38:17 39:11 40:18 41:16 42:19 44:23 45:17 46:19 48:5 48:9,11,16,19,19 48:20 50:17 51:13 56:2 57:2 59:1,9 59:19 60:22 62:12 63:1,5,13,23,24 64:8,11,17 67:12 67:15,18,21,22 68:4,11 73:4 74:5 74:6,22,23 75:11 76:10,15 77:3,10 78:3 80:1,2 81:6 84:20 85:18 88:10 89:23 90:1,12,14 90:22 91:8,14 93:10 94:16,20 95:13 96:9,14 97:14,17 98:4 101:16 102:3,3,11 104:7 105:20 106:19 107:3,4,16 110:2,6,11,19,21 111:12 112:7 116:5,13,20 117:6 117:15 118:23 119:2,6,14,20 120:11,20 121:23 122:7 123:13 127:20 129:17,22 129:24 131:10 133:1 135:7 137:5 137:22 138:11,19 139:1,10 140:1 141:12,18,21,22 142:4,7 143:10 146:11,22 147:4 147:12 154:10,22 155:14 158:19 159:8 160:17,22 161:6,17,22 162:24 163:12,12 164:3 167:22 168:22 169:1,7,11 169:23 171:5,20 173:1,5 175:3 176:23 179:23 180:3 182:16 183:12 184:17 185:11 186:21 190:2,3 191:10,13 192:1,1,4 193:10 193:14 194:6,8,20 196:12 197:3 198:13 200:9,11</p>	<p>200:11,17,17 202:3,14 204:5 206:24 207:14 208:5,17 209:6,20 210:6 211:6 front 28:6 30:8 191:9,10 210:21 Fugiel 141:18 fulfill 32:16 168:16 fulfills 129:15 full 5:6 53:9 57:17 116:15 162:7 170:14 183:16 190:11 194:19 211:4 fully 24:9 55:6 80:19 full-service 33:7 54:16 full-time 20:3 38:13 40:11 60:18 112:20 113:11,16 129:1 functional 120:13 functionality 124:19 functions 86:11 fund 51:16 56:13 159:13 160:5 funded 79:24 131:15 funds 117:24 125:23 155:7 funny 85:13 107:1 further 7:7 34:6,16 37:8 59:21 161:13 188:22 199:1 213:9 Furthermore 195:2 future 11:3 24:17 37:13,20 40:1 56:2 60:3 68:2 70:5 74:11 131:14 141:7 179:14 203:16</p>	<p>gem 85:16 Gene 41:1,2 general 83:7 106:7 133:22 154:11 163:9 183:19 196:14 generate 7:11 19:22 20:9,17 38:9,23 60:14 61:3 117:3 117:24 128:24 140:13 generated 20:13,18 129:3 generating 20:14 38:20 61:1 generations 10:6 196:10 generous 161:19 gentleman 59:1 geographic 35:21 117:1 geographical 120:18 geographically 116:2 geography 145:23 George 185:2 geriatric 6:22 38:5 164:24 209:9 geriatrician 120:9 germs 158:4 gets 85:8 getting 57:20 132:14 135:5 153:15 Gianguasso 73:22 73:24 74:3 gift 80:17 Gilberts 199:13 give 4:4 5:5 19:1,5 29:12 32:16 93:9 98:22,23 109:3 114:20 136:19 137:15 142:16 169:5 174:10 185:23 211:12 given 2:14 24:11,22 68:3 70:7 93:11 96:20 99:5 105:17 108:22 117:12 148:17 gives 66:2 giving 4:5,20,21 100:23 105:3 109:3 186:18 glad 179:3 glimpse 93:9</p>
---	---	--	---	--

<p><b>glowingly</b> 208:10  <b>go</b> 23:8 33:3,6,7  48:24 83:12 86:8  94:24 99:4 100:12  100:14 101:1,2,3  102:17 115:13,13  115:20 128:1,7,17  128:19 135:24  141:16 146:15  149:5 177:10  180:7 190:7 199:7  199:14 208:7  210:15  <b>God</b> 180:24  <b>goes</b> 19:5 43:3  81:24 85:16  113:13 211:21  <b>going</b> 9:11 23:8  31:13 58:18 85:17  85:19,21 86:2,3  90:17 97:1 98:6  100:6 107:2  113:21 120:2  124:12 128:5  141:17 146:14  152:6,17 159:3  177:4 184:10  <b>Goldberg</b> 87:8,9,10  91:12  <b>golden</b> 13:6,7,8  <b>gone</b> 22:24 84:24  86:5 106:17 158:9  <b>good</b> 2:3 5:19 9:24  11:13 13:2 14:24  16:2 18:21 19:9  21:14,16,18,19,21  23:20 24:7 26:13  33:13 41:2,11,11  41:16,19,22 42:16  43:18 48:8 49:8  50:7 53:7 55:16  57:17 58:23 59:2  59:7 61:21 66:17  66:23 74:1,4,16  74:23 75:14,17  76:1,10 77:2 81:1  87:9 88:2,16,21  96:1 98:16 102:2  102:4 106:1,4  108:1,3 110:1,12  110:18,20,20  111:6 113:14,23  114:24 116:5,6,18  119:7,15 121:19  127:19 129:9,11  129:15,21 131:16  134:3,23 137:3</p>	<p>139:14 140:10  141:4,23 142:6  143:8 144:17  146:14 147:9  154:21 156:14  159:7 160:12,13  160:17,18,19,19  160:23 161:14,17  161:22 164:1  166:21 167:14,20  168:1,2,21 169:10  169:14,21 170:1  170:18,21 174:23  178:16,18 181:7  182:14 183:8  185:2 186:20  193:8,9 195:4,14  195:19 203:9,22  204:17 205:6  206:12,19  <b>Gordon</b> 193:6,7,7  <b>gotten</b> 96:9  <b>government</b> 41:7  83:2,4,5 107:18  108:2 126:14  148:22 155:6  <b>governmental</b>  131:17  <b>governments</b> 20:18  38:23 155:5  <b>grads</b> 158:21  <b>graduates</b> 73:3  <b>Grady</b> 113:19,20,20  <b>grandchildren</b>  84:21 170:6  <b>grandkids</b> 86:11  <b>granted</b> 84:24  <b>gratifying</b> 132:3  <b>great</b> 18:19 48:8  56:22 61:5 66:2  71:23 86:20  106:23 110:16  119:8,13 131:19  132:7 134:16,17  134:17 136:11  151:14 169:22  179:10,13 187:7  202:4  <b>greater</b> 27:6 28:11  35:21 50:16,17,21  51:8 68:2 79:10  102:14 121:19  144:8 181:20  187:9 205:17  207:11 208:1,21  <b>greatest</b> 17:23  19:16 67:5 144:14</p>	<p>180:11  <b>greatly</b> 40:7,13  133:7 135:22  142:3  <b>green</b> 3:21 88:22  <b>grew</b> 11:2  <b>gross</b> 117:12  <b>ground</b> 35:8 84:1,1  111:10 176:20  <b>grounds</b> 16:10  <b>group</b> 36:8 78:6  85:4,9 86:4,16,17  137:13,15 164:21  167:11 171:5  194:16  <b>groups</b> 131:17  <b>Grove</b> 122:7 150:23  163:13  <b>grow</b> 8:12 69:12  78:21 141:21  164:6 192:17  208:22  <b>growing</b> 6:22 10:20  10:20 38:4 67:17  81:9 110:5,17  121:6,12,15 144:5  209:9  <b>grown</b> 6:11 50:17  <b>grows</b> 192:17  <b>growth</b> 11:5 42:7  48:18 66:6 126:5  126:13 145:2  160:17 164:13,14  164:15,16 167:21  169:19 196:9  202:21  <b>Gruber</b> 30:5,11,16  30:18,19,19,23  45:12 206:7,8,15  <b>Gruber's</b> 30:17  <b>guess</b> 43:12  <b>guide</b> 151:5  <b>guideline</b> 165:12  <b>guidelines</b> 41:23  <b>guilty</b> 46:22  <b>gurney</b> 151:22  <b>Guy</b> 65:6,7,7</p>	<p><b>hallways</b> 197:20  <b>hand</b> 88:15 150:7  191:10 202:15  207:6  <b>handle</b> 48:18 55:19  85:18 95:7 199:10  206:14  <b>happen</b> 34:21 96:18  101:12  <b>happened</b> 99:23  107:18  <b>happens</b> 49:24 84:2  104:19 171:8  176:16  <b>happy</b> 70:20 119:4  122:1  <b>hard</b> 48:24 86:19  <b>harder</b> 140:21  <b>hard-headed</b> 85:7  <b>harm</b> 10:11 12:18  18:20 24:10,21  <b>Hartford</b> 97:16  <b>Harvard</b> 9:7 14:9  14:18 18:7,10,12  19:10 25:19 27:17  48:14 71:3 89:8  97:17,20 99:19  103:1 106:17  128:1,15 129:5  138:21 150:3  155:3 166:6,6  169:11,11 172:13  189:6 201:11,16  208:13,14  <b>having</b> 7:6 29:5  36:1 48:23 66:11  69:8 86:8 96:17  106:19 110:14,21  110:24 119:16  122:10 133:2,14  135:7 136:22  138:5,21 139:4  142:1,7 146:17  152:23 169:10,15  169:23 198:17  203:15  <b>Hawthorn</b> 53:14  <b>head-to-toe</b> 197:19  <b>health</b> 1:2 2:4,12  3:2,10 4:6,8,11,13  4:16 5:23 6:11,17  7:4 8:19 9:15 10:2  13:4,15 14:18  15:2,4,18,23  19:11 26:7 29:11  33:15,19 34:3,11  37:1,3,7,12,17,24</p>	<p>38:15 39:2,24  41:9,10 43:20,23  44:14,16 47:21  48:16 49:15 50:8  50:14,18,23 52:8  53:17 54:2,22,23  55:1,7,13,18,21  56:3,19 57:4 59:8  59:15,16,20 60:1  60:7,20 61:12,14  62:3,8,10 63:17  64:20 66:24 69:2  70:18,20,23 73:16  75:11 81:3,16  82:10,17 87:14,14  87:18 88:8 91:22  92:21 95:21 97:9  98:11 101:15  106:8 107:20,20  107:23 109:11  114:4 115:1  118:16 120:6,17  121:2 122:17  123:16,24 126:5,7  127:11,13 128:17  130:6,23 131:10  131:13,14 132:11  132:12 134:7,8  135:17,19,22  138:6 139:17  141:19 142:24  143:3 144:15  148:18 149:3  150:6 164:2,2,11  168:14 173:6,19  174:11,17 175:4  178:21,23,24  179:4,18 180:23  187:10 189:8,15  189:19,21 190:21  192:22,24 193:22  196:20 197:7  198:16 202:6,9,11  203:3 205:12  206:16 207:3,22  211:17,23  <b>healthcare</b> 4:11  6:11 7:19 8:9,21  9:1,4 10:13,15  11:15,16,20 12:11  12:12,19 13:17,18  13:20,21 14:1,13  16:4 18:4,18,21  22:7,9,21 23:1,3,5  23:6,8,9,11,13,24  24:2 25:16,18  26:6,9,18 33:18</p>
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<p>35:12,16 36:10 41:12,13 45:9 50:5,10,12,19 51:12,18,20,24 52:16,24 53:12,12 53:16 54:20 55:5 55:11 57:9 67:4,8 67:12 68:7,15 69:7,8,10,11,12 69:16 70:4,10 72:6,18,20,22,24 73:7 82:22 83:2,3 83:12,17 84:22 88:6 93:4 97:2,3 103:21 104:8 106:10,13 115:4 115:16,17,21 116:3,18,22,23 117:19,22 118:18 121:14 122:21 124:17 125:21 126:3,6,12,14,23 127:4,9 129:19 132:2,7,10,14,16 135:20 138:23 140:2,20 142:22 142:23 143:8,9 144:4,23 145:16 148:24 149:3 156:14 159:9,19 161:4,11 162:9,10 169:16,16 170:23 171:14 172:9,11 173:5 174:9 179:11,16,21 180:3,12 181:12 181:13,20,21 182:18,20 185:5 191:23 193:21 194:2 195:17,23 202:23 203:17 204:24 207:5,16 207:18 208:21,23 209:13 <b>Healthcare's</b> 196:1 <b>healthy</b> 101:9,10 <b>Health's</b> 39:20 <b>hear</b> 9:11 103:1 178:3 <b>heard</b> 22:3 46:16 58:13 74:8 98:5 107:2 115:6 146:11 154:15 165:5 167:12 168:5 176:19 206:22 207:6,14 208:5 210:15</p>	<p><b>hearing</b> 1:10,13 2:6 4:17 5:12 20:1 21:24 22:2 48:6 53:9 58:5 74:8 75:8 92:13,16 106:2,5 118:24 121:24 127:21 138:12 141:13 168:18,23 173:2 176:12 186:15 197:4 206:9 <b>hearings</b> 4:7 104:18 <b>heart</b> 9:21 43:4 52:7 87:23 88:1 93:2,12 94:6,8,24 101:11,13,14,23 118:17 131:2 133:2 143:3 147:1 147:3 181:16 189:3 <b>Heinrich</b> 186:20,21 188:22 <b>held</b> 1:13 163:3 173:9 186:13 <b>helicopter</b> 196:15 <b>Hello</b> 48:4 56:18 70:16 101:4 111:6 113:20 121:22 124:9 138:10 141:11 146:4 172:24 197:2 <b>help</b> 48:7,11 61:6 86:5 114:9,19 117:24 130:14 131:7 139:9 143:22 147:16,17 152:17 155:19 188:14 <b>helpful</b> 119:12 <b>helping</b> 82:7 90:7 120:13 <b>helps</b> 57:22 130:13 <b>hematology</b> 183:21 <b>Henning</b> 173:2 <b>her</b> 31:1 85:17 100:14 120:2 128:7 147:4 151:23 173:24 <b>Herald</b> 74:22 <b>Herb</b> 30:5 31:1 <b>hereinafter</b> 37:5 <b>Hewitt</b> 207:23 <b>Heydari</b> 133:20,21 133:21 <b>HFSRB</b> 37:4,7 59:20 <b>Hi</b> 32:21 58:10</p>	<p>84:17 97:6 133:21 162:15 163:24 190:1 <b>high</b> 5:21 7:2 9:1 13:9 73:8,10,11 79:21 93:17 96:15 96:16 116:13 138:1,4 139:20 144:7 146:13,20 149:2 155:11,22 159:16 160:4 161:4 166:1 182:20 190:14 191:4 201:4 203:17 <b>higher</b> 46:2,2 52:12 56:7 68:20,21 69:15 127:9 141:2 158:15 167:16 171:15 191:3 <b>highest</b> 98:9 107:24 155:24 <b>highlights</b> 159:20 <b>highly</b> 35:23 117:13 148:11 209:23 <b>highly-successful</b> 8:18 <b>high-priority</b> 37:15 40:3 60:5 <b>high-quality</b> 36:8 95:15 120:15 129:19 <b>high-traffic</b> 42:4 <b>Hilario</b> 118:21,22 <b>Hills</b> 9:20 32:22 49:18 65:9 116:11 119:6 126:19 141:18 187:13 <b>him</b> 30:12,19 33:5 152:10 179:1,3 191:2 198:7,8 199:2 <b>himself</b> 44:24 55:4 <b>hire</b> 30:12 112:19 194:11 <b>hired</b> 30:15 32:11 134:4 <b>hires</b> 177:12 <b>historical</b> 45:18 175:12 <b>histories</b> 166:22 <b>history</b> 50:12 101:11 137:23 <b>hits</b> 43:4 <b>HMO's</b> 148:22 <b>Hoffman</b> 87:11 111:11 199:15</p>	<p><b>Hog</b> 84:1,1 <b>Hogan</b> 154:9,9 <b>hold</b> 5:11 163:18 <b>holding</b> 163:15 192:9 <b>holds</b> 27:5 28:24 <b>home</b> 6:21 10:8 15:13 22:13 38:3 69:9 81:6 105:1 111:2 115:20 120:11 133:3 139:5 169:3 189:19 192:7 197:16 209:7 <b>homes</b> 10:22 67:9 90:19 196:12 <b>honest</b> 130:1 <b>honestly</b> 58:12 <b>honored</b> 14:17 <b>hope</b> 81:19 141:5 176:19 180:14 186:2 <b>hoped</b> 170:8 <b>hopeful</b> 179:13 <b>hopefully</b> 153:2 203:16 210:14 211:11 <b>hopes</b> 106:1 <b>hoping</b> 8:12 <b>Hopkins</b> 164:3 <b>horizons</b> 196:17 <b>horrible</b> 210:13,13 <b>Hosp</b> 133:5 <b>hospital</b> 1:11 2:10 2:16,20,21,23 4:11 6:1,5,8,15,17 7:2,13,21 8:3,7,15 8:16 9:2,7,12,18 10:8,9,10 11:4,13 11:13,14,14,17,17 11:23 12:17 13:4 14:9,16,19 15:8 16:2,8 17:22 18:7 18:8,18,20 20:9 20:16 21:5,16,18 21:21,23 22:4,15 22:15,17,20 23:7 23:10 24:3,8,13 24:21,23 25:3,5,6 25:10,14,19,22 26:3,24 27:15 28:21 29:2,6,18 31:1 32:13,18 33:1,5,16 34:6,8,9 34:21 35:2,3,9,17 35:18 36:7,12,12 37:10,15,20 38:1</p>	<p>38:12,17,22 39:4 39:21 40:3,18 41:11,15,16,17,19 41:20 42:2,8 44:1 44:15 45:6,21 46:15 47:5,13,18 48:8,18,21,23,24 49:3,9,11,15,19 49:20,22 50:1,8 50:11 51:2,13,19 51:21 52:4,10,15 52:22 53:2,19 54:1,3,5,6,7,17 55:20 56:7,13,20 57:5,6,8,9,18 58:12 59:8,23 60:5,8,16,22 61:3 61:9,13 62:5,6,6 62:13 63:7,8,16 63:16 65:11,22 66:2,7,10 67:2,2 67:15,16 68:1,10 68:12,22 70:8,12 70:23 74:5,7,19 74:24 75:11,14 76:4,7 77:16 78:1 78:2,3,5,7,10,10 78:13,14,16,18,22 78:23,24 79:4,9 79:15,24 80:2,10 80:16,16,20 83:24 84:4,8,9 85:4 86:24 87:6,16,19 87:22 88:9,18 89:7,8,20,23 90:2 90:10,10,17,22,24 91:9,13,18 92:20 92:23 93:5,7,11 93:15,19 95:3,5 95:14,15,18,23 96:17,21 97:14,15 98:5,7 99:2 100:4 101:6,7,13,15,16 101:20,22,24 102:10,11,16,19 102:21 103:1,1,5 103:16,19,24 104:4,15 105:1,4 105:7,12,19 106:19 107:7 108:16,24 109:2 109:12 110:4,8,12 110:14,15,17,19 110:21,22 111:1,8 111:9,11,11 112:14,22 114:8 114:11,21 115:2</p>
--	--	---	--	---

115:20 116:6 117:5,9 118:5,8 119:7,9,11,11,12 119:13,14,16,18 119:20 120:7,22 120:22,23 121:17 122:2,10,17,20 123:1,4,12,16,24 124:12 125:5,11 125:14,15 126:18 126:20 127:3,13 127:15,23 128:16 128:22,24 129:2 129:11,13 130:2,3 130:11,12 132:20 133:3,11,13,15 134:2,3,9,10,22 134:23,23 135:1,7 135:8,14 137:2,5 137:8,14,19 138:5 138:13,16,20,21 139:2,4,5,6,7,17 139:23,24 140:2,5 140:20 141:17 142:1,2,5,8,9,11 143:14 144:7,8,17 145:4,19 146:8,13 146:17,22 147:1,8 147:14,17,21,23 147:24 148:4 149:1,5,9,20,24 150:2,3,12,19,21 151:1,4,12,14,16 152:18,21 153:7 153:14,18 154:3 154:18,19,21,23 154:24 155:1,3,21 156:3,10,14 157:14 158:16 159:8 160:1,1,7 160:11,14,22,23 160:24 161:2,6,7 161:8,17,19,21,22 161:23 162:2,6,18 162:20 163:17,20 164:7,19,23 165:2 165:12,14,17,18 165:19,20 166:5 167:13,21 168:4,5 168:7,8,8,10,11 169:3,13,15,18,21 169:23 170:2,9,12 170:13,22 171:2,3 171:17,19,21 172:4,7,13 173:10 173:14,20,23 174:1,12 175:14	175:17,20,21 176:15 177:3 178:6,7,22 179:14 180:15,17,21,24 181:7,20 182:17 183:7,12,14,16,23 184:5 186:2 187:11,20 188:11 188:16,24 189:1 189:14,18 191:19 191:24 192:10,13 192:18,20 193:2,9 193:12,14,19 194:6,13,18,20 195:1,9,18 196:2 196:16,19,22 197:5 198:16 199:11,12,12,16 199:19 200:4,5,12 200:17,18,20,22 201:1,6,9,11,13 201:15,17 202:16 202:19,24 203:3,5 203:6,12,22 204:4 204:8,9,21,22 205:2,9,14,17,18 205:19 206:1,4,18 206:23 207:10,20 208:3,14 209:1,5 210:21 211:1 <b>hospitalization</b> 151:18 192:6 <b>hospitalizations</b> 23:15 51:12 <b>hospitals</b> 7:4,7,7 10:12 11:8,10,12 11:19,22 12:1,13 12:18 15:7,10 17:5,12,14,15,19 17:20 18:1,20 22:23 23:7,12,18 24:7,9,10,15 27:5 34:17,23 35:6,10 36:2,3,5 48:13,14 50:6,21 51:7,14 51:23 52:23 54:1 55:13,21,22,23 58:14 62:6,12,21 68:12,16 74:1,20 75:1,5,21 76:1,6 88:8,11,17,23 89:3,5,16,18 90:4 90:18 91:20 94:3 102:2,5,15 104:5 104:7,9 109:10,11 110:17 116:1,9,13 116:16 117:2,6,15	117:24 118:9 124:19 126:4,15 127:1,15 128:9 129:16 134:13,19 134:20 135:5,21 135:24 136:2 137:5,22 140:21 140:22,22 141:16 141:23 143:4 145:24 146:12,15 146:19 150:6,10 154:20 155:2,10 155:15 158:19 159:11 160:23 161:9,16,24 162:3 164:8 166:2,4,13 166:22 167:3,5,20 167:23 168:1,12 169:4 171:7,9,12 171:15,17,22 172:2,12,19 173:17 174:4 183:1 189:10 192:7,15,15 193:13,15,18,24 194:22 196:3,12 200:6,10 201:8 202:22 203:5 204:2,6,6 <b>hospital's</b> 33:16 63:11 74:16 91:8 103:13 114:19 117:12 132:11 184:22 187:1 <b>hospital-based</b> 54:17 143:10 <b>hospital-driven</b> 67:13 <b>hot</b> 57:12 <b>hour</b> 13:6,7,7,8 112:23 147:24 <b>hourly</b> 113:2 <b>hours</b> 17:4 58:17 65:22 66:14 75:10 75:15,17,19,24 76:3 113:1,2 128:9 147:2 152:7 163:5 173:11 178:5 190:22 191:15 192:8 198:5,16,17 204:3 204:4 <b>house</b> 86:8 102:3 <b>household</b> 48:20 110:11,19 119:10 119:14 133:18 138:19 139:1	141:22 142:4 169:13,20 174:15 <b>housing</b> 11:4 <b>How's</b> 99:21 <b>hub</b> 144:12,17 <b>huge</b> 56:24 128:16 <b>Human</b> 72:6 <b>humbly</b> 9:17 <b>Hummel</b> 138:14 <b>hundred</b> 80:3 104:22 <b>hundreds</b> 11:11 106:14 115:23 <b>Huntley</b> 8:13,14 28:13 29:3 43:10 56:11 80:10 91:14 116:11,21 117:20 121:4,10 127:15 134:1 152:18 153:10,20 163:12 176:17 187:10,12 187:20 192:14 199:12,12,13 202:24 <b>Huntley's</b> 27:2 <b>hurt</b> 155:9 <b>hurting</b> 204:6 <b>husband</b> 33:4 58:15 98:17 99:24 119:19 133:2 152:4 169:8 170:4 179:22 <b>husband's</b> 178:24 179:2	4:6,9 5:20,22 6:3 7:3 9:4 10:2 19:10 20:18 34:15 37:3 37:5 41:9 42:18 42:20 48:9,11,19 48:21 54:1 59:16 59:18 65:8 67:20 70:19 71:1,3,22 71:23 72:20,22 73:4,5,10,13,14 73:16 77:9,11 84:4 87:16,24 91:21 98:11 103:4 106:14 108:4 110:6,10 114:4 117:2 119:6 127:11 129:5 131:12 133:6 134:6 136:15 138:15,18 142:22 154:12 161:13,16 161:20 162:24 164:11 166:14 168:13 169:7,12 181:8 184:17 189:5,14,19 190:5 192:2,14,24 193:2 193:22 195:24 196:1,14,20,22 197:10,18 199:17 206:18,20,21 208:14 210:11,14 211:17,23,24 213:4 <b>illness</b> 157:2 205:9 <b>illustrate</b> 88:13 <b>ill-fated</b> 16:21 <b>ill-gotten</b> 31:23 <b>Imagine</b> 140:7 <b>imaging</b> 15:21 23:23 25:12 182:12,24 195:5,6 195:11 <b>immediate</b> 14:10,15 15:21 23:18,22 33:6 41:5 74:17 76:13,17 79:14 95:4 103:16 128:4 128:6 148:11 154:4 161:10 169:2 182:14 183:2 188:8 190:9 193:24 204:13,17 <b>immunity</b> 210:6 <b>impact</b> 2:24 7:10 8:1 10:9 17:9,18 18:19 19:21 20:24
--	---	---	---	--

<p>26:22 27:15 34:10 38:16 40:17 51:2 51:19 60:21 62:4 62:9,14 63:6,17 64:7,14,16,20 69:23 70:22 82:10 93:6 95:9 141:6 159:11 160:11 167:2,19 168:11 171:12,22,22 200:19 201:19,24 202:21 203:2 207:2 impacts 201:4 impeccable 209:24 210:1 impede 155:10 implementing 166:18 implications 69:20 implies 143:15 importance 13:24 207:10 important 8:6 13:12 13:13 35:16 43:5 43:12 64:9 76:4 85:11 86:12 93:17 95:2 104:23 123:11 131:24 133:16 134:15 141:15 154:16 172:8,10 180:18 194:9 201:18 203:18 204:12 importantly 23:19 82:19 114:16 134:18 207:12 208:23 210:1 impossible 186:1 impressed 30:20 122:13 impression 85:6 improper 45:9 201:12 improve 13:14 40:13 49:15 50:8 55:4 143:12 149:7 156:11 167:12 192:20 improved 24:2 152:12 improvements 25:8 80:1 improves 209:16 improving 14:5 18:9 50:10 124:18 154:1</p>	<p>inability 116:24 inaccurate 45:14 74:21 107:1 inappropriate 88:5 inaudible 34:4 85:9 85:11 190:7 Inc 1:11 2:21 210:22 incentive 69:23 incident 152:4 197:7 incidents 93:24 incite 81:21 include 45:1 62:23 73:4 109:8 157:2 183:23 187:20 194:11 included 4:4 30:11 46:3 47:9 63:23 64:6 71:9 91:7 201:17 includes 14:6 45:17 55:15 90:12 112:23 125:5 154:21 194:6 including 9:6 10:4 14:1 15:14,18,20 16:23 26:7 29:15 29:21 36:13 44:23 53:16 55:3,22 73:8,11 75:21 95:17 101:23 104:8 131:15 155:2 156:14,16 159:11 166:5 181:23 183:2 income 20:9,11,12 20:18 38:21 51:16 61:2 63:19 64:21 incomes 174:15 inconsistencies 47:20 inconsistent 22:20 Incorporated 2:22 incorrect 181:19 increase 24:18 27:19,24 28:4 42:9 54:19 67:20 68:14,16 79:13,17 82:21 83:10 102:12 159:14 207:4,18 increased 6:10 54:21 61:4 67:22 68:17 126:8 207:10,19 increases 68:19</p>	<p>164:5,10 increasing 37:14 40:2 60:4 155:5 incremental 63:13 incur 57:13 indeed 153:13 independence 120:14 independent 62:2 134:4 136:8 137:14 143:22 149:13 independently 8:23 indicate 43:10 indicated 76:7 190:13 indicates 76:8 165:23 183:11 200:18 indicating 75:24 98:6 146:19 194:7 indication 122:20 indicted 29:20 32:2 46:21 210:12 indigent 9:9 155:13 166:16 indirect 20:23 individual 4:14 5:7 155:6 161:12 194:2 individuals 4:13,22 7:14 14:7 38:13 40:11 60:17 individual's 4:8,16 induced 20:23 industry 20:24 21:3 26:18 38:16 40:17 60:21 83:3 145:21 195:23 industry's 145:14 inefficiencies 68:13 inefficient 102:15 inevitable 141:1 infants 173:8 inflation 62:15 influence 30:1 inform 39:17 information 4:9,13 4:16 19:5 45:21 75:13 165:7 190:11 211:14 informative 206:11 informed 69:9 157:19 198:14 infrastructure 132:7 Ingleside 90:15</p>	<p>inhabitants 174:7 initially 145:3 initiate 37:7 59:20 94:4 initiatives 51:7 68:7 143:14,23 188:6 injury 96:19 innovations 52:11 70:3 innovative 51:18,20 51:21 innuendo 210:2,4 210:15 inpatient 62:11 63:11 64:7,17 67:12,18,22,23,23 69:21 70:5 74:13 117:7 118:3 145:11 148:4 162:8 163:4 181:12 inpatients 149:21 194:21 instead 169:10 179:24 198:22 Institute 166:14 171:14 institution 101:18 210:9 institutions 136:5 143:7 207:3 instructive 144:23 instrumental 35:7 insufficient 166:16 205:18,21 insurance 4:10 52:17 69:2 116:24 117:5,23 133:4 137:15 141:3 148:19,22 174:15 180:9 insurances 148:21 insured 92:9 117:7 148:9 integral 49:13 50:15 92:5 integrated 6:15 54:24 55:1,4,7 67:14 149:3 156:10,12 157:3 167:13 207:22,24 integration 67:10 69:22 156:21 integrity 30:19 32:5 33:21 210:1 Intellimed 63:22,24 intended 154:19,23</p>	<p>208:16 intensive 93:14 152:8,11,13 intent 25:12,17 33:20 interest 77:15 121:15 168:18 interested 2:8 45:10 213:12 interesting 99:3 206:10 interests 18:16 90:20 95:12 98:8 internal 63:9 149:13,14 international 61:23 115:15 123:21 189:2 internet 3:13 interpreted 176:1 intervention 157:3 interview 173:18 interviewing 173:16 interviews 131:20 introduced 30:16 85:10 100:5 inundating 204:20 invalid 160:8 invalidated 16:24 32:1 invasive 154:13 invest 24:16 143:6 145:8 invested 18:9 104:10 124:18 investigated 107:18 investigation 31:21 investigators 210:16 investment 21:9 25:8 52:1 70:7,8 143:4 208:13 investments 35:4,15 195:15 Investors 56:4 117:11 159:17 invite 36:3 involved 86:21 96:15 106:9 111:16 152:4 197:8 involvement 107:21 involves 93:13 involving 197:9 in-patient 18:11 23:14 25:5 27:9 28:3 54:1,9</p>
---	--	--	---	--



<p><b>Irrefutable</b> 55:3  <b>irresponsible</b> 93:8  <b>isolation</b> 117:1  <b>issuance</b> 31:22  <b>issue</b> 75:20 77:8,12  136:11 140:19  143:3 168:7 183:8  203:14 210:17  <b>issued</b> 10:23 46:17  <b>issues</b> 26:19 43:24  53:20 115:18  126:3 188:12  190:21  <b>IV</b> 191:10,13  <b>IV's</b> 190:23</p> <hr/> <p style="text-align: center;"><b>J</b></p> <p><b>J</b> 48:9  <b>Jacob</b> 29:21 133:12  <b>Jakle</b> 66:22,23,24  69:1,7  <b>James</b> 114:2  <b>Jan</b> 127:18,19  <b>Janesville</b> 87:15  <b>Janice</b> 138:14  <b>January</b> 3:1 40:14  <b>Jason</b> 14:23,24  <b>Javon</b> 5:19 30:4,10  30:14 31:7,10,17  31:18 44:24 45:2  <b>Jean</b> 139:13,14  158:17  <b>Jeff</b> 36:18  <b>Jefferson</b> 1:3 3:3  211:24  <b>Jeffrey</b> 36:19  <b>jeopardize</b> 34:23  172:7,18  <b>jeopardizing</b> 56:1  <b>jeopardy</b> 191:20  <b>jerk</b> 88:3  <b>Jerome</b> 190:3  <b>Joan</b> 58:22  <b>Joanne</b> 58:9,10,23  <b>job</b> 44:5 72:22  81:10 102:8  111:22 132:7  138:17 142:2  147:11 169:19  <b>jobs</b> 7:12,15 12:10  12:10,12,12,12  14:5,14,15,17  19:22,23 20:4,4,4  20:5,7,8,14,16,19  21:10,10 25:1,2,7  38:10,14,20 40:6  40:12 49:1 60:15</p>	<p>60:19 61:1 80:3,4  80:4 91:15,16,17  91:18 102:10,11  102:13,21 110:23  111:18 112:10,13  112:16,20,21,24  113:7,10,12,12,14  113:16 123:17  133:10,11 139:22  140:1,1,9,13,20  154:5 158:18  161:1,2 167:9  <b>Joe</b> 73:22 184:22  <b>Joe's</b> 141:24  <b>John</b> 186:21  <b>Johns</b> 105:24 106:1  164:3 192:1  <b>joint</b> 44:14 45:9  124:21  <b>Joseph</b> 11:14 35:2  50:6,15 55:17  74:3 75:23 89:7  172:2 184:21  <b>Joseph's</b> 87:23  <b>Jost</b> 13:1,2,2  <b>Jr</b> 108:14  <b>judge</b> 31:24 32:4  47:1,5,7  <b>judging</b> 57:2  <b>judicious</b> 52:21  69:16 70:10  <b>Julie</b> 129:8,9  <b>July</b> 45:2  <b>June</b> 45:3 84:18  112:8  <b>just</b> 10:23 15:5  20:20 22:14,24  32:15 35:2 42:5  43:2,11 49:24  57:8,13 58:2 84:1  88:9 89:8 91:19  102:2,18 111:12  116:1 125:16,22  127:13 128:1,3,13  128:20 129:1  130:2 135:1 137:3  140:1,13 141:17  148:10 156:23  160:17 161:6  168:4 174:1 183:9  185:10 186:18  194:24 195:8  197:8 205:3,24  209:20 210:9,10  211:22  <b>Justice</b> 26:17  <b>justification</b> 91:6</p>	<p>108:21 165:5  204:7  <b>justify</b> 8:13 11:4  90:24</p> <hr/> <p style="text-align: center;"><b>K</b></p> <p><b>K</b> 1:20 213:3,16  <b>Kaiser</b> 207:24  <b>Kakish</b> 139:1 146:3  146:4,5 179:2,5  <b>Kane</b> 41:5 105:15  115:3,9 116:10  117:10,18 118:15  170:19  <b>Karen</b> 1:20 21:13  21:17,20 151:10  151:11 213:3,16  <b>Kathleen</b> 98:15,16  <b>Kathy</b> 48:3,4 70:15  70:16 189:24  190:1  <b>keep</b> 11:18 18:24  19:2 31:22 33:21  116:15 125:13  <b>keeping</b> 153:24  <b>Keim</b> 1:20 213:3,16  <b>Kelley</b> 33:12  <b>Kelly</b> 33:13  <b>Ken</b> 98:17 100:8  <b>Kent</b> 174:20,22  <b>Kept</b> 125:17 198:20  <b>Keri</b> 119:6  <b>Kevin</b> 159:2,3  197:1,2  <b>key</b> 53:20 71:10  131:20 168:13  183:15 188:18  <b>kickback</b> 30:3  <b>kicker</b> 90:21  <b>kick-back</b> 46:18  <b>kids</b> 119:8 170:6  <b>kid-friendly</b> 111:13  <b>Kierna</b> 59:4,10  <b>Kiferbaum</b> 29:21  29:24 30:10,15,16  30:18 31:3,4,6,16  31:17 32:2  <b>Kiferbaum's</b> 30:3  30:20  <b>Kim</b> 141:21 162:17  <b>kind</b> 43:4,7 96:19  98:18 180:3  <b>kindness</b> 133:5  <b>kinds</b> 202:17  <b>knee</b> 88:3 99:10,23  99:24 100:20  <b>knees</b> 100:10</p>	<p><b>knew</b> 85:19 86:3  99:9 108:1 134:12  198:7  <b>know</b> 7:5 23:21  31:8 36:1 42:23  42:23,24 49:22  57:11,22 58:17  75:7 77:4,5 78:24  83:21 84:6 88:14  100:17 101:16  106:23 111:9,23  112:17 114:5  125:7 128:14  133:4 139:6  141:16 143:10  146:22 148:1,11  150:20 158:7  160:6 168:13  171:19 176:23  186:1,5 198:10,23  211:21 212:4  <b>knowing</b> 170:2  178:4 185:2  <b>knowledge</b> 130:8  131:6 179:6  184:15 185:18  211:5  <b>known</b> 78:12  <b>knows</b> 29:14 31:18  83:3 86:6,13  <b>Kuchnert</b> 118:16  <b>Kus</b> 48:3,4,4  <b>K&amp;L</b> 29:11</p> <hr/> <p style="text-align: center;"><b>L</b></p> <p><b>L</b> 208:17  <b>lab</b> 88:2 94:1  <b>labor</b> 108:22 112:21  <b>labs</b> 198:1  <b>lack</b> 7:22 8:4 18:5,7  52:13 108:18  109:20 116:23  127:5 165:3 166:9  180:9 192:10  199:9,9  <b>lacking</b> 196:5  <b>ladies</b> 99:13  <b>lady</b> 99:20  <b>laid</b> 65:20 85:20  <b>Lake</b> 1:11,14,15  2:10,11,16,18,19  2:21 5:21 6:1,2,12  6:18,20 7:13,21  8:7 9:13,20,20  10:4 13:4,23 15:7  15:8,10,11,13,18  15:20 16:2,3,4,8</p>	<p>16:21,24 17:24  19:12,20 20:9,16  21:5 22:8,15  23:19,19,21,23  27:14,19 28:7,12  28:15 29:1,4,18  32:6,11,13,18,22  33:17 34:10 36:20  37:4,10,14,23  38:3,11,17,22  39:1,3,6,11,16,21  40:2,8,10,18 41:6  41:20 42:2,17,18  43:1,4,9,21 44:1  44:15,19 45:6,20  46:15 47:9,15,16  47:18 48:9,20,23  49:1,2,4,11,15,17  49:17 52:10 53:2  53:18 54:6,12,22  56:20 57:5 58:4  58:12 59:18,23  61:16 62:5,13  65:9,9 66:8,10  67:3 70:13 73:11  73:12,17 74:17  76:10,13 77:3,3  77:14,17,18,20,21  77:23 78:1,1,2,2,4  78:5,8,9,10,13,14  78:16,18,19,24  79:3,4,6,15,18,22  80:7,11,13,16,17  80:18,19,20 81:5  84:18 86:22 87:3  87:3,6,16 88:11  89:1,14,17,22  90:10,15,17 92:23  95:5,19,23 96:2  96:17,20,22 97:8  101:6 103:19  107:7 110:5,8,14  110:16,22,23,24  111:8 113:22,24  114:6,7,11,21  115:2,10 116:5,11  119:2,6,10,12,17  120:8,20,21  121:18 122:2,5,16  122:18,19 123:12  123:17,19 124:1  126:19 127:13  130:1,3,24 132:21  133:3,15,18,24  134:9,11,16,21,24  135:12 138:6,13  138:15,16,18,19</p>
--	--	--	---	--

138:22 139:1,4,7 139:7,9 141:18 142:1,3,5,8,8 144:19,19 145:1,4 145:5,10 146:7 148:7,12,23,24 149:7,14,20 150:2 150:19,21 151:1 151:12 152:16,20 152:21,22 153:15 153:18 154:2 157:14 158:16 160:14 161:14,18 161:21,24 162:2 162:18,20 163:12 163:13,16,20 165:18,20 168:2,6 169:7,9,15,18,20 169:23 170:5,8,10 170:12 171:3 173:4,20 174:12 175:2,13,16 176:10,24 177:4 177:11,17 178:11 178:22 182:9,10 182:13,17 183:1 187:12,13,17 188:23 192:4,13 193:2 195:4,6,12 195:19 196:1,2,22 199:11,16,19 200:4,5 201:5,22 202:16 203:3,6 204:14 206:17,20 206:23 207:20 209:2,7 210:21 211:1,6 <b>Lakes</b> 26:23 133:12 <b>Lakewood</b> 56:19 187:13 <b>Lake's</b> 26:24 59:7 <b>Lambert</b> 21:13,17 21:20 <b>land</b> 61:8 176:1 <b>Lane</b> 13:5 95:24 96:1,2,2 <b>laparoscopic</b> 155:18 <b>large</b> 6:5 17:10 37:9 50:20 52:1 55:21 59:22 125:18 152:20 159:14 164:21 176:6,16 194:15 202:7 203:4 <b>largely</b> 126:3 <b>larger</b> 28:17 35:19	48:18 69:11 130:7 <b>largest</b> 7:4 11:16 27:5 28:20 55:13 79:5 80:13 142:9 142:23 144:3 202:21 <b>Larry</b> 110:5 197:14 <b>last</b> 23:17 28:11 29:19 33:19 35:2 44:18 67:16 71:19 72:21 73:9 80:15 85:13 92:1 93:3 102:23 112:7 123:7 124:13 128:3 141:20 159:17 163:2,5 175:9 176:5,23 177:7,22 188:23 204:3 <b>lasted</b> 206:13 <b>late</b> 33:10 205:5 <b>later</b> 3:14 16:18 38:19 40:20 60:24 131:18 163:20 190:22 <b>latest</b> 16:19 30:7 32:11 34:18 201:13 <b>law</b> 29:11,12 76:7 <b>Lawler</b> 29:9,10,10 31:16 32:10 <b>Lawrence</b> 169:7 <b>lawyer</b> 31:10 210:4 <b>lay</b> 66:11 <b>leader</b> 13:10 143:16 156:19 167:15 209:22,23 <b>leaders</b> 131:21 132:13 <b>leading</b> 27:7,10,14 28:18 51:24 <b>learned</b> 144:21 <b>learning</b> 99:1 <b>least</b> 27:19 58:16 85:5 155:20 177:16,18 190:19 <b>leave</b> 108:12 120:1 148:1 180:11 198:8 <b>leaving</b> 102:12 122:22 166:10 <b>led</b> 50:22 145:2 <b>Lee</b> 61:20,21 <b>leery</b> 153:10 <b>left</b> 39:13 69:5 85:21 158:10 184:24 191:14	<b>leg</b> 84:19 98:22 99:11 <b>legacy</b> 22:8 53:11 207:15 <b>legal</b> 2:13 5:3 <b>legislation</b> 67:8 <b>lengthy</b> 188:2 <b>lent</b> 153:17 <b>leopard</b> 32:8 <b>less</b> 11:2 14:1 21:22 21:22 22:24 23:3 23:19 32:10 56:10 59:8 65:15 74:5,6 76:15 78:9 91:6 92:5 93:21 102:18 103:23 129:21,22 158:18 159:8,23 171:19 173:19 181:8 182:16,19 193:9,10,14 194:18 <b>lessons</b> 144:21 <b>less-advantaged</b> 91:24 <b>less-costly</b> 83:19 <b>let</b> 22:21 24:6 44:17 93:9 100:13 101:20 179:2 188:4 200:6 212:4 <b>letter</b> 21:17 25:11 36:24 39:10,14,19 45:11 122:1 127:20 173:1 180:1 186:21 190:6 192:1 195:21 208:9 <b>letters</b> 27:18 44:23 45:2,3,17 46:8 183:12 190:2 194:6,8 200:7 208:15,17 <b>let's</b> 24:20 42:1 90:6 111:17 112:18,21 176:21 210:19 <b>level</b> 94:12 96:7,13 105:18 122:13 126:11 145:10 150:13 189:6,11 <b>levels</b> 56:15 160:20 201:3,23 <b>Levine</b> 29:23,24,24 30:17,18,23 31:2 31:7,10,16 32:2 <b>licensed</b> 124:23 <b>lickety-split</b> 99:9 <b>life</b> 12:11 85:2,11 93:10 101:24	111:20 112:2 113:5 115:14 123:1 178:23 179:2 180:18 189:13 <b>lifestyle</b> 157:3 <b>lifetime</b> 23:1 <b>life-long</b> 49:21 <b>life-saving</b> 104:3 <b>life-threatening</b> 76:5 104:24 <b>light</b> 111:1 <b>lighten</b> 199:19 <b>lights</b> 76:10 165:14 <b>like</b> 2:5,13 4:2,4 5:7 5:17 10:5 33:15 35:12 36:23 39:8 39:10 41:8 49:1 50:6 51:3,8 52:18 58:17 65:10 75:4 81:19,22 82:5 84:1,1 86:4 87:17 88:13 90:5 91:1 91:21 100:23 102:8,23 104:9,18 104:20 106:2,5 108:5 113:21 116:20 119:2 127:14 131:23 132:9,19 138:2 139:5,16 141:20 141:21 146:19 148:6 150:3,22 152:11 153:5 159:4 161:14 162:16 164:3 169:4,5 175:7 176:19,20 178:3 186:5 191:4 195:21 199:8 203:16,23 205:3 206:8,12 208:24 211:3 <b>likelihood</b> 61:5 <b>likely</b> 54:21 103:23 117:22 135:9 140:17 160:6 <b>liken</b> 102:13 <b>Likewise</b> 149:24 <b>limb</b> 84:23 <b>limit</b> 5:14 137:9 149:17 151:3 167:4 <b>limitations</b> 86:11 <b>limited</b> 4:23 68:15 133:18 143:8 166:1 169:17	179:20 189:16 192:7 <b>limited-service</b> 36:3 <b>limiting</b> 161:10 194:1 <b>Linda</b> 168:20,22 170:4 195:22 196:23 <b>line</b> 97:13 102:20 105:16 115:15 166:3 170:12 177:13 185:22 186:8 <b>lined</b> 197:19 <b>lines</b> 88:21 96:20 115:11,13 116:17 116:17 <b>Lippert</b> 109:24 110:1,1 <b>list</b> 81:24 128:20 <b>listed</b> 44:10 <b>listen</b> 174:7 176:7 198:19 <b>listened</b> 209:21 <b>listening</b> 42:13 184:14 186:9 199:22 203:13 <b>Litigation</b> 1:21 <b>little</b> 11:3 18:9 43:2 52:3 88:24 96:18 100:9 102:24 128:12 147:15 170:3 171:20 175:5 197:22 199:13 <b>live</b> 13:5 19:10 41:19,21 42:17 49:4 53:14 56:19 65:12 66:4 70:18 81:5,14 89:21 90:1 94:3 96:2 115:8,12,24,24 116:8 119:9 122:9 123:18 126:18,19 134:17,20 139:8 151:13 152:24 160:14 161:9 168:2 170:10,19 192:3 193:20 <b>lived</b> 77:17 84:18 122:2,4 150:22 <b>liver</b> 52:9 104:2 <b>lives</b> 80:9 115:24 120:14 130:21 <b>living</b> 49:16 123:3 131:22 132:1 <b>load</b> 55:19 195:14
---	---	--	--	--

199:19	<b>long-range</b> 141:6	<b>luck</b> 48:8	204:11 205:20	197:9,9,15 199:6
<b>loans</b> 160:2	<b>long-standing</b> 6:14	<b>luckily</b> 147:3	211:4	<b>Marengo</b> 48:12,19
<b>lobbying</b> 32:12	18:4	<b>lunch</b> 92:13 205:1,4	<b>makes</b> 41:5 46:13	90:16
<b>lobbyist</b> 31:1 32:12	<b>long-term</b> 26:1	<b>lung</b> 157:19 158:5,7	117:12,21 153:13	<b>margin</b> 63:10,11,16
210:4	65:24 104:11	<b>Luthern</b> 196:14	177:19 189:5	<b>marginally</b> 205:23
<b>local</b> 14:5 20:1,18	120:12	<b>luxury</b> 83:4	201:7	<b>margins</b> 11:23
38:23 48:5 53:14	<b>long-time</b> 80:18	<b>L-a-m-b-e-r-t</b> 21:17	<b>making</b> 51:15 98:9	51:15
58:14 72:16 79:10	185:3		156:2	<b>Margo</b> 48:19
110:2 114:19	<b>look</b> 18:7 43:8 55:9	<b>M</b>	<b>Malcolm</b> 8:20 13:15	<b>Marie</b> 139:13,15
118:23 121:23	73:18 76:21 84:10	<b>M 87:10</b>	29:16 53:15 71:6	158:17
127:20 133:1	89:11 90:11 99:4	<b>Machesney</b> 70:19	<b>maldistribution</b>	<b>market</b> 69:21
138:11 141:4,12	101:9 108:17	<b>Madam</b> 206:9	165:24	115:17 116:8
146:6,12 147:1	111:17 112:10,18	<b>made</b> 3:13 35:5	<b>malpractice</b> 184:23	154:19
148:18,23 149:22	113:10,14 176:21	52:1 86:7 94:21	<b>mal-distribution</b>	<b>markets</b> 56:3
149:24 168:23	195:16	97:24 115:16	54:7	<b>marks</b> 116:13
171:4 174:3	<b>looked</b> 191:1	131:5 163:6	<b>man</b> 30:18 99:6,15	<b>mark-up</b> 112:24
181:21 195:22	<b>looking</b> 43:7 63:2,3	176:14 187:3,15	209:22	<b>married</b> 84:20
197:3	63:3 95:12 99:15	189:8	<b>managed</b> 83:6,7	<b>Marsha</b> 32:20,21
<b>locate</b> 6:17 38:1	107:9 157:23	<b>magazine</b> 71:16	<b>management</b>	<b>Marvin</b> 133:5
60:8 164:20	172:16	<b>magic</b> 113:13	130:19	<b>massive</b> 185:9,24
194:16 209:5	<b>looks</b> 195:19	<b>magnitude</b> 55:24	<b>manager</b> 61:22	<b>masterful</b> 31:17
<b>located</b> 8:7 19:16	<b>Loren</b> 29:22 31:10	56:9 175:17	<b>managers</b> 125:19	<b>Master's</b> 164:2
19:17 21:22 49:24	<b>Lorenc</b> 149:11,12	177:13	<b>managing</b> 8:18	<b>material</b> 93:6
51:5 54:3,13 56:8	149:13	<b>Maifield</b> 124:3	53:11 111:16	<b>materially</b> 165:21
66:7 76:15 77:20	<b>lose</b> 64:13 84:23	<b>main</b> 109:14 179:10	207:15	<b>maternity</b> 163:10
88:9 89:8 90:18	86:20 97:24	179:24	<b>mandate</b> 32:16	<b>math</b> 112:21 113:7
102:2 109:13	<b>loss</b> 17:18	<b>mainstream</b> 116:23	<b>mandated</b> 66:7	<b>Matt</b> 103:10
116:7 129:21	<b>losses</b> 17:20 202:4,7	<b>maintain</b> 4:8 56:2	<b>manner</b> 128:14	<b>matter</b> 23:3 46:16
130:1 154:21	202:15	73:1 92:9 93:18	203:18	66:13 77:16
159:8 162:3 166:6	<b>lost</b> 63:7,15 64:15	120:13 170:24	<b>many</b> 12:10 14:7	113:10 125:11
168:4 171:19	68:17 80:10 84:19	171:24	15:13,19 22:4	136:24 154:16
181:8 182:16	202:8	<b>maintained</b> 125:17	24:12 25:5 33:9	<b>Matthew</b> 103:12
187:11 193:9	<b>lot</b> 57:24 97:2	<b>maintaining</b> 189:13	35:20 36:1 41:18	<b>Maureen</b> 31:24
194:20 207:9	106:22 119:17	<b>maintains</b> 27:9	44:2,7,10 46:13	<b>may</b> 3:2,7 4:19 5:1
<b>location</b> 6:9,23 7:18	121:12 137:4	28:16	52:16 56:23 57:22	5:17 8:1 11:3 20:1
14:20 18:1 19:14	140:9 148:20	<b>maintenance</b> 68:18	58:13 71:2 73:1	23:4 31:24 36:1
25:13 38:6 54:13	169:8 195:13	80:4 99:15 125:19	75:7 78:1 79:5	66:16 73:2,2
60:10 93:19 94:20	211:21	<b>major</b> 35:4,15	86:16 89:15 93:3	86:20 101:9 109:9
105:15 110:22	<b>lots</b> 126:21 134:14	43:23 159:24	96:10 107:16	111:9 115:20
119:13 134:16	147:15	200:19 202:15	109:1 115:6,19	116:6 118:14
142:8 152:16	<b>love</b> 205:4	<b>majority</b> 186:5	117:18 123:17	135:15,21 140:21
179:11,12 195:11	<b>loved</b> 147:13 205:11	<b>make</b> 5:7,17 36:15	133:9,10 135:3	159:15 171:22
209:4,10	<b>low</b> 11:4 72:3,8	42:5 46:23 48:6	137:13 139:19	172:18 179:22
<b>locations</b> 71:23	<b>lower</b> 25:21 34:13	49:4 57:5,12,24	152:20 155:15	180:20,22 195:2
93:13,16	34:16 51:12,16	68:21 77:5 83:16	159:10 161:12	202:16 205:19
<b>logical</b> 87:3	54:21 62:19,20	83:18 85:17 86:18	169:4 171:7	211:18 212:1
<b>logistics</b> 86:21	66:19 79:11,12	94:12 98:22	181:13 182:17	<b>maybe</b> 5:14 21:11
<b>long</b> 41:24 43:15	84:19 94:12	102:23 104:5	185:4 193:2 194:9	33:2 175:5 176:14
57:1,3 78:4 81:4	107:11 127:3	110:3 112:15	196:14 204:10,24	<b>Mayer</b> 129:8,9,10
90:24 105:1 106:9	164:22 165:13	118:24 121:24	205:22 206:11,11	<b>mayor</b> 59:4,10,12
109:2 129:23	167:16 171:17	125:21 127:21	208:10	107:7 149:6
140:10 152:9	181:14 207:13,19	129:17 132:4	<b>map</b> 88:13 89:1,11	<b>Maywood</b> 196:13
166:22 173:23	<b>lowering</b> 144:9	135:2 138:12	161:15,18,20	<b>MC</b> 101:4
196:15 203:10	<b>lower-paying</b>	140:21 141:13	182:1	<b>McCullom</b> 163:13
205:12 206:10,13	148:21	153:14 154:15	<b>March</b> 1:13 31:2	<b>McDonnell</b> 101:3,5
<b>longer</b> 94:19 103:2	<b>loyal</b> 86:16	168:23 173:2	59:10 61:17	<b>McHenry</b> 6:19,21
105:5 165:7	<b>Loyola</b> 196:13	177:11,18 197:4	185:10 190:4	7:20,24 8:7,11 9:8

<p>9:13,15,19 10:22 10:24 13:9,13,17 14:11 15:3,9 16:22 17:22 18:13 19:20 21:7 22:5,9 22:13,14,15 25:15 25:22 26:2 27:11 31:20 38:2,4 40:14 41:6 46:24 47:3,12 48:22 49:16 50:2,9,24 54:8,9,11,13 55:12,16 56:8,13 56:24 60:4,9 62:5 62:6 63:7 66:6,18 72:16 74:6,10,12 74:15 75:3,22 76:1,14,22 79:5 80:13 82:16 86:23 89:5 90:16 93:7 95:17 98:20 101:8 102:7 104:17 105:15,16 115:9 115:19,24 116:10 118:9 119:15 120:22 121:16 122:3,6,9 123:6 124:1,3 127:23 128:2,15,16,22 129:14,18,23,24 130:2,9 131:7,10 131:13,22 132:1,8 132:12 134:1,2,22 139:15 140:8 141:21 142:9 148:7 149:1 150:10,22 151:13 151:15 152:18,19 152:21 153:1,2 157:12,16 158:14 159:8 163:1,11,12 163:14 164:10,13 164:14 166:6 169:2 170:7,24 171:18,20 172:8 173:10 174:1 181:9,23 182:2,4 182:21 183:3,5,9 183:10 184:4,18 187:9 188:1,11,24 189:9 192:3,5 193:16 194:5,14 194:17,24 195:3 195:20 196:4,5,16 196:18 197:6 199:13,20,20 200:12,18 201:1</p>	<p>201:16 202:19,20 202:23 207:10 208:4 209:6,8 <b>McIntyre</b> 31:24 <b>McIntyre's</b> 32:4 <b>MD</b> 185:3 <b>meal</b> 205:5 <b>mean</b> 102:19 141:2 195:1 <b>means</b> 7:6 11:2,11 20:8 25:18 42:6 68:1 94:8 112:12 127:9 134:4 140:13 149:20 181:11 <b>measure</b> 28:9 179:20 180:19 <b>measures</b> 156:19 <b>Medicaid</b> 14:3 67:6 83:1 91:23 92:3 117:8 118:7 148:10 166:20 202:14 204:14,18 <b>Medicaid-type</b> 148:17 <b>medical</b> 1:11 2:10 2:20,21 6:1,6,17 10:3 14:15 15:20 15:21 17:14 20:16 21:5 25:12 32:18 34:3,4,7 35:20,23 36:9 37:20 38:1,7 38:17,22 39:4,21 40:18 48:7 52:5 53:19 57:11,24 58:1,2 60:8,11,22 61:3,9,14 66:19 67:9 74:4 77:9,10 77:12 79:16,21 80:5,12 85:18 86:17 87:11,13,24 88:10 91:4 92:3 95:7 102:6,16 105:8,21 108:15 114:3 120:21 122:15,16 133:8,9 133:11 135:4 136:5,11 138:13 141:24 145:8 148:17 149:15 155:22 157:2 171:5 174:12 179:6,13 184:17 188:17 189:16 190:5,20 197:10 197:18 199:18 206:18,23 207:20</p>	<p>209:5,11 210:22 211:1 <b>medically</b> 51:6 147:7 155:13 <b>medical/surgery</b> 201:1 <b>medical/surgical</b> 200:22 201:14 <b>Medicare</b> 55:14,14 55:15,17 67:6 83:1 117:8,12,14 117:15 118:6 126:7 130:12,13 130:15,17 166:20 <b>medicine</b> 74:4 76:14 105:13 131:12 143:18,19 144:1 149:13,14 171:15 182:15 183:18 184:20 <b>med/surg</b> 166:7 200:15 <b>meet</b> 8:9 16:12 17:21 18:1 34:24 36:10 44:22,22 47:22 79:20 80:12 81:8 104:10 115:8 148:14 157:5 163:17 164:8 167:21 187:22 200:12 201:23 <b>meeting</b> 40:22 77:12 85:5,9,21 117:10 144:15 154:14 159:16 203:16 211:18 212:5 <b>meetings</b> 79:3 <b>meets</b> 6:13 85:14,14 154:3 <b>member</b> 14:18 44:4 46:19,20 49:20 80:18 92:21 120:1 123:20 137:15 159:3 173:13 174:21 184:9 <b>members</b> 21:19,20 31:11 36:14 117:23 122:15 129:18 136:4 137:11 138:3 156:16 158:1 175:16 176:12 <b>memory</b> 122:24 <b>men</b> 30:4,8 <b>mental</b> 135:17,19 135:20,22 202:9</p>	<p><b>mention</b> 89:4 129:2 129:17 179:22 180:22 196:6 <b>mentioned</b> 35:15 59:12 135:5 167:7 194:24 195:9 <b>mentioning</b> 185:18 <b>mercy</b> 1:11 2:10,19 2:21,22 5:23 6:5 6:11,16 7:13,18 7:21 8:6,7,9,14,17 8:22 9:7,12,15 13:3,14,16,24 14:4,6,8,11,12,16 14:18 16:13,21 18:3,7,8,11 19:11 20:9,16 21:5 25:24 26:22,24 27:14,17,19 28:7 28:9,12,15 29:1,4 29:14,18 30:3,7 31:1,19,22 32:3,6 32:11,18 33:16 34:4 37:1,7,12,17 37:24 38:11,15,16 38:22 39:2,3,20 39:21,24 40:9,17 41:10,21 42:1,4 43:24 44:13,18,22 44:23 45:8,10,20 46:13 47:2,2,11 48:14,15,16,17,17 49:14 53:17,18 54:6,22,23 55:7 55:12,18 56:3,8 56:12,19 57:4 58:11,11 59:7,15 59:20 60:1,7,16 60:20,21 61:3,9 61:12,13,14 62:4 62:11,13,18 63:5 63:18 64:10,14 66:9,17 70:18,20 70:23 71:1,3,3,6,8 71:15 72:8,11 73:9,12,16,18 74:18 76:8,15 78:3 79:16,20,20 80:2,16 81:14,16 82:2,5,11,19,23 83:19 84:3,11 85:4 86:15,17,20 87:1,4,6,14 88:15 88:19 89:6 90:13 91:12,16 92:23 95:11 96:4,8,14 96:24 97:9,20,22</p>	<p>97:24 98:2,5,13 99:7,19 100:15,20 101:6 102:4,9 103:5 106:8,17 107:20,20,23 108:23,24 110:8 111:21 112:20 113:7,8,11 114:7 114:8,21 115:1 119:4,5 120:6 122:12,17,17 123:4,14,16,17,22 123:24 124:14,22 125:5,8 127:12 128:17,19 129:13 130:8 131:6 132:5 133:2,4 134:5,7 135:18 137:5,6,8 137:9,11,14,24 138:6,13,16 139:17 141:19 143:12,13 149:19 149:20,22 150:1,2 150:3,17,19,19,23 151:12 153:18 155:9 157:12 158:12,13,16,17 159:12,15,15 160:4,14 162:18 162:20 163:20 164:20,23 165:10 166:6,23 167:1,11 167:17,24 168:2,6 169:1,3,5 171:2 172:12 173:6,19 174:12,17 175:4,9 175:10,14,20,24 176:7,19 177:1,4 177:8,16,22 178:21 179:2,4,8 179:11,16,23 180:5,16,16,23 181:23 182:16,22 183:11,13,23,24 184:16 186:2,24 187:24 188:9 189:6,16,20 192:21 193:10,13 194:4,15,21,23 195:5 196:1,7,21 199:10,16,18 200:5,21 201:5,10 201:10,11,16,22 202:2,15 203:6 204:12 206:16,17 206:23 207:20,22 207:24 208:2,13</p>
---	---	---	---	---

<p>209:4,22,24 210:17,21,24 211:6 <b>Mercy's</b> 6:12,23 7:10 9:3 15:11 16:8,11,19,24 17:8,9,12,12,15 18:5,17 27:19,24 28:4 29:21 30:1,4 30:7,14,21 31:3,3 31:5,9,10 32:1,8 36:12,15 44:6,12 44:20 45:15,16 46:1,4,12,19,20 46:20,24 47:7,17 49:11 52:19 53:2 53:3 54:3,12 59:12 62:10,17 63:20,23 64:2,12 64:17,19 67:2 70:12,14 72:12,15 80:19 81:7,11 82:6,7 89:7,21 90:2,8 95:22 97:7 97:16 98:3,6,8,12 102:24 103:1,4,19 108:16,17 109:8 109:18,21 111:7 111:17 116:4,8 122:2 124:12 125:13 127:2 149:17 150:8,9 151:3 154:2 155:3 156:9 157:3 158:14 166:5 170:13 176:1 183:4 187:3 188:23 192:19 193:1 200:3,7,13 200:18,19 201:20 210:23 <b>mere</b> 18:2 <b>merely</b> 25:7 51:22 102:11 103:20 <b>merger</b> 145:9 <b>merits</b> 194:19 210:20 <b>message</b> 176:7 <b>met</b> 31:2 85:19 132:4 <b>Metabolic</b> 136:18 <b>metal</b> 112:3 <b>method</b> 25:21 153:24 <b>metropolitan</b> 90:13 <b>Mexico</b> 115:8 <b>Michael</b> 84:16</p>	<p>172:23,24 <b>Michigan</b> 1:21 <b>Microeconomic</b> 207:8 <b>middle</b> 50:2 210:5 <b>midst</b> 91:4 <b>Midwest</b> 1:21 <b>might</b> 33:24 80:9 82:23 94:20 111:21 130:17 152:9 161:7 193:17 204:22 <b>migrate</b> 166:2 <b>Mike</b> 44:21 45:1 84:17 111:5,7 132:23,24 203:8,9 <b>mile</b> 74:5 159:8 171:19 181:8 <b>miles</b> 15:8,9 16:3 18:2 21:22 23:20 41:15 74:6 76:10 76:15 102:3,3 116:5 129:21 154:22 161:6,17 161:21 168:4 178:8,9 182:16 192:4 193:10,14 194:20 205:10 <b>Milford</b> 43:17,18 43:19 46:12 83:20 <b>military</b> 98:21 148:22 <b>million</b> 6:1 10:14 12:8,21 17:20 19:21 20:10,11,12 20:12 21:1,1,2,3,9 23:9 37:4 38:18 38:19 40:19,20 46:18 47:17 52:3 52:14 56:10,10 59:17 60:23,24 63:20 64:8,22 67:23,23 69:3 91:5,9 104:12 113:3,5,9 118:5,6 159:12,24 161:22 164:19,23 167:9 194:17 202:1,1,9 202:9,10 204:4 210:10 <b>millions</b> 106:18 115:23 183:24 184:23,24 <b>million-dollar-plus</b> 30:2 <b>million-plus</b> 208:12 <b>mind</b> 9:22 18:16,24</p>	<p>19:3 125:13 <b>minimal</b> 179:21 <b>minimally</b> 154:13 <b>minus</b> 63:12 175:23 <b>minute</b> 17:6,16 24:19 31:15 39:13 43:15 46:11 68:24 69:6 86:18 91:11 118:12 188:21 <b>minutes</b> 4:24 18:12 18:13 21:22 33:10 40:21 57:19 65:16 65:18 66:12 76:10 79:2 88:9 89:22 90:1 94:3,5 97:17 111:12 122:8 123:4 129:22 134:20,21,22,23 161:6,13 165:16 176:11 191:1,8,12 193:10 204:9 <b>misleading</b> 82:3,15 188:10 <b>misrepresentation</b> 44:11 <b>mission</b> 15:3 22:21 92:6 157:5 187:21 <b>missions</b> 144:24 <b>Missouri</b> 213:5 <b>mistake</b> 68:22 139:18 <b>mistakes</b> 16:17 44:8 <b>mistreated</b> 99:17 <b>misunderstanding</b> 65:1 <b>misunderstood</b> 111:19 <b>mix</b> 62:16 63:3 210:5 <b>model</b> 23:11 35:19 54:24 68:5 70:2,5 143:11,13 144:11 149:17 150:10 151:3 167:11,13 <b>modeling</b> 28:2 <b>models</b> 67:8 69:19 69:23 183:12 <b>modernization</b> 91:5 159:24 <b>Moll</b> 56:17,18,18 <b>moment</b> 85:19 209:21 <b>momentum</b> 11:6 <b>mom's</b> 33:4 <b>Monday</b> 197:15 <b>money</b> 41:8 58:1 98:9 105:20</p>	<p>114:15 124:17 153:6 <b>monitor</b> 147:3 191:9 <b>monitoring</b> 178:24 191:5 <b>monitors</b> 190:24 <b>monopoly</b> 81:22 82:13,15,18,20 153:22 <b>month</b> 30:15 32:10 35:9 112:5 131:19 159:17 163:9 203:15 <b>monthly</b> 160:21 <b>months</b> 17:7 34:12 112:7 158:10 159:23 174:2 177:8 197:12 <b>Moody's</b> 56:4 117:11 159:17 <b>Moore</b> 114:2,4 <b>more</b> 4:24 6:14 7:14 8:17 14:14 16:15 18:20 20:5 22:16 22:23 23:3,6,16 23:16,19 24:1 26:23 27:10,13 28:24 29:4 32:15 35:17,17,19 36:1 36:7 38:12 40:10 41:17 43:9 49:3,4 51:15 52:17,20,20 57:18 60:17 67:7 67:13 68:14 69:9 69:13,14,16 75:2 77:18,20 78:6 82:19 85:24,24 86:18,18 89:23 90:4 91:19 94:11 94:16 95:6 97:12 98:8 102:17,19 103:22 104:5 109:6 110:22 117:20,22,24 118:13 121:1,11 126:23 128:6 132:18 133:10 138:17 139:8 140:3,8,12,21 143:11,13 145:22 147:3,6,13 148:4 160:9 161:18 164:20,21 165:6 165:16 169:16 170:10 171:18 172:10,13 181:10</p>	<p>181:15 182:19 185:21 186:7 188:12 193:18 194:16 195:1,18 199:21 202:1 205:10 206:14 208:8,22 <b>Moreover</b> 67:9 <b>morning</b> 2:3,6 5:19 9:24 13:2 14:24 19:9 21:14,19 26:13 33:13 41:2 42:16,19,22 43:18 49:8 53:7 58:23 59:2 61:21 66:23 75:13 77:2 106:22 107:3 197:21 <b>mortar</b> 145:15 <b>most</b> 6:13,18,21 8:8 9:2,8 10:14 11:21 13:23 18:12 19:18 23:15 38:1,4 41:20 44:11 50:14 51:6 60:8 72:8 86:4 95:17 98:18 104:23 105:8 106:12 109:11 111:23 114:15 115:12 131:22 132:2 134:18 140:17 144:4 149:19 152:4 169:1 176:15 196:13 207:12 208:3,5 209:5,8 209:12 210:1 <b>mostly</b> 121:13 173:22 <b>mother</b> 32:24 151:21 <b>mothers</b> 71:15,17 <b>motion</b> 39:18 <b>motivation</b> 25:15 <b>move</b> 102:14 159:5 160:24 210:19 <b>moved</b> 48:12 81:5 96:4 97:24 99:1 102:11 104:14 153:10 158:1 <b>movement</b> 68:4 <b>moves</b> 25:7 89:14 <b>moving</b> 23:12,13 25:6 49:2 67:7 106:2 109:15 143:10 187:4 192:4 <b>MRI</b> 195:8</p>
--	--	---	---	---

<p><b>Mroz</b> 98:17 100:8 100:8 <b>much</b> 5:9 10:20 22:14 24:1 32:15 33:18 52:20 53:5 56:16 57:18 69:5 69:16 70:11 72:13 73:20 90:18 107:2 118:19 128:14 130:2 133:3 138:8 141:14 142:7 146:18 147:13 149:9 152:19 154:22 158:15 165:13,15 168:5 169:24 174:18 177:14 191:3,18 199:17,22 <b>much-needed</b> 196:8 <b>multi</b> 37:9 <b>multiple</b> 36:5 133:17 135:12 151:15 192:21 <b>multiplier</b> 20:7,13 21:3 <b>multiply</b> 112:24 113:2,4 <b>Multiplying</b> 63:15 <b>multi-disciplinary</b> 111:14 <b>multi-specialty</b> 6:5 44:15 59:22 <b>municipal</b> 56:3 <b>municipalities</b> 61:4 <b>Murdock</b> 110:19 <b>muscle</b> 95:8 <b>musical</b> 102:13 <b>must</b> 3:9 10:8 11:7 11:15 22:23 54:1 89:4 92:8 94:21 125:17,17 143:8 161:10 179:14 193:19,24 <b>myself</b> 42:18 96:3 116:14 134:18 149:5 156:17 158:9 <b>M.D</b> 208:18</p> <hr/> <p style="text-align: center;"><b>N</b></p> <hr/> <p><b>N</b> 1:21 119:6 <b>name</b> 5:6,19 9:24 13:2 14:24 19:9 26:13 29:10 32:21 36:19 41:2 42:16 43:18 48:4 49:8 53:7 56:18 58:10</p>	<p>58:23 61:21 65:7 66:23 70:16 73:23 74:3 77:2 81:1 84:17 87:9 92:19 96:1 101:4 103:11 106:4 108:11,14 111:7 113:20,23 115:3 118:22 120:4 121:22 127:19 129:9 132:24 133:21 138:10 139:14 141:11 142:19 146:5 149:12 151:11 154:9 157:18 159:6 162:15 163:24 168:21 170:18 172:24 174:23 178:16 181:6 184:11 186:20 193:7 197:2 200:2 206:15 <b>named</b> 136:2 <b>names</b> 5:9 185:18 <b>Nathan</b> 146:3,5 179:1 <b>nation</b> 8:20 11:14 22:24 136:2 <b>national</b> 8:20 71:7 71:21 72:1,2,4,10 126:11 143:16 167:15 <b>nationally</b> 67:19 156:19 <b>nation's</b> 12:5 23:2,6 126:7 <b>nature</b> 93:24 <b>NC</b> 77:11 <b>near</b> 24:8 105:15 <b>nearby</b> 51:16 95:13 110:24 160:23 161:24 162:8 165:14 170:2,10 <b>nearest</b> 33:7 147:8 188:20 <b>nearly</b> 9:6 18:8 22:13 54:9 69:2 75:1 77:19 79:6 82:1 95:17 113:6 140:3 171:18 189:17 208:7 <b>necessarily</b> 97:19 102:10 183:7 <b>necessary</b> 35:12 93:24 135:16 183:16 201:5</p>	<p><b>necessity</b> 180:23 <b>need</b> 2:15 6:4,10,14 6:22 8:8 11:3 12:3 12:16 13:3 14:12 16:6 17:23 18:1 18:14 19:17 26:21 26:22 27:3 28:11 32:9 33:16,22,23 34:5 36:11 37:2,6 38:5 39:3,20 42:3 47:4,13 48:18 52:14 54:4,5 55:9 56:5 59:16,19 61:13 65:10 66:7 70:1,21 74:11 78:5,6,9 79:4,7,8 79:9,10,11,13 81:22 90:10 95:6 100:17 101:17 102:6 110:16 114:19 116:15 119:13 120:7 121:17 122:24 126:17,22,23 127:6,23 129:15 132:16 134:8 135:13 137:11 141:17 144:14 148:4 151:13,16 152:3,6,15 153:7 153:8,9,11,13,14 153:18,19,21 154:3 160:16,18 163:17 164:24 165:6,8,21 171:23 174:13 177:6,7 178:6,24 180:7,9 187:9,11,19 192:17 195:6,13 195:18 196:16,17 196:18 199:10 202:18 204:1,3 205:4 206:23 208:6,21,22 209:1 209:9,12,18 210:15,24 <b>needed</b> 10:10 13:7 16:7 17:22 18:19 21:10 33:1 41:18 47:18,24 49:15 53:22 76:21 89:20 100:10 101:8 103:6 110:4,8 112:4 124:17 127:15 128:6 135:4,22 136:24 137:16 149:1,9</p>	<p>153:15 154:18 155:3,16 157:19 163:8 164:20 168:8,15 178:24 181:20 191:24 192:13 197:7 207:17 <b>needing</b> 156:7 192:6 205:7 <b>needlessly</b> 34:1 36:13 <b>needs</b> 6:13 7:19 8:10 9:13 17:21 18:18,21 21:7 25:18 36:10 37:13 40:1 48:8 52:24 58:12 60:3 70:6 75:3 76:22 77:13 78:2 79:5,16,21 80:12,12 93:22 95:4 96:22 104:11 110:5 113:15 115:17,22 116:24 125:18 129:14 130:23 131:14,15 132:4 134:24 144:5,16 151:2 163:17 164:8 180:20 187:23 191:22 192:18 195:18,20 <b>negative</b> 8:1 17:9 17:18 52:15 95:9 111:1 141:6 158:5 159:18,20 <b>negatively</b> 171:12 171:21 202:21 207:1 <b>negligent</b> 147:7 <b>neighbor</b> 41:5 59:7 <b>neighborhoods</b> 14:7 <b>neighboring</b> 118:9 <b>Neise</b> 73:23,23 <b>neither</b> 12:17 185:8 188:10 213:8 <b>neonatology</b> 183:20 <b>nephrology</b> 183:22 <b>Nester</b> 48:9 <b>net</b> 2:24 10:13 11:20 12:19 19:17 50:10,13 51:3,17 63:19 64:21 102:12 116:21,22 117:4 118:11 155:12 207:2 209:12 <b>network</b> 75:12</p>	<p>105:10 111:10 142:21 <b>neurology</b> 183:19 <b>neurosurgery</b> 181:16 183:18 194:10 <b>neurotrauma</b> 15:23 <b>neuro-day</b> 202:11 <b>neutral</b> 4:2 <b>never</b> 44:21 45:13 66:10 100:11 142:9 147:21 169:4 199:7 <b>new</b> 5:24 7:15 10:9 10:10,11,22,23 11:4,23 12:10,11 12:12,14,17 13:4 14:13,16,19 16:23 17:22 18:20 20:4 20:17 22:17 23:7 23:9,12 24:2,8,13 24:13 25:1,2 26:8 28:11 32:7 34:6,9 34:10,21 35:9 38:14 40:12 41:11 42:8 45:6 46:15 48:24 50:8,11,23 51:2,13,18,21 52:3,22 55:20,22 56:13,20 57:6,10 60:19 64:19 69:23 70:2,7,8 74:13 77:16 87:15,22 88:18 90:22,24 93:7 95:3,5 98:7 101:5,7,13,15 102:9,10,21,21,24 103:5,14,20 107:6 108:16 109:12 110:15,16,22 111:10 112:14 115:8 118:8 119:12,13 120:7 121:17 124:12 125:15 126:3,4,15 126:24 127:15,23 128:16,22,24 129:17 134:9 135:9,14 137:8,19 138:5 139:7,17,21 139:23 140:5,6,12 140:13,14,16,19 142:2,10 145:3,11 145:18 154:23 155:13 156:9,10 157:4 158:17,21 160:7,15,22,24</p>
--	--	---	---	--

<p>162:6 165:2,19 167:9,18 168:11 169:6,18 171:2 172:2,3,4 173:16 178:22 180:24 181:12,19 182:24 183:7,14 184:4 186:2,3 187:11 192:19 193:1,14 194:5,7 195:5 196:2,9,22 201:6 201:8,9 202:19 203:2,5 204:21 205:15 206:3 newer 109:11 newest 15:14 newly-proposed 157:14 news 131:19 newspaper 116:21 newspapers 174:3 next 9:23 19:8 26:12 30:15 31:9 32:1 35:8 46:10 58:9,22 65:6 94:21 112:8 117:16 146:3 158:4 164:14 173:14 198:7 nice 48:10 139:6 161:8 niece 48:7 night 198:1,24 NIMC 184:18 185:8 198:15 199:7,19 NIMC's 185:3,6,12 185:15,19 nine 3:15 nodules 157:19 158:6 Noelle 184:10,11 noise 152:2 none 10:10 26:5 157:24 165:17 171:8 nonexistent 75:1 nonprofits 117:3 normal 71:24 86:2 190:16 normally 48:21 110:12,20 119:11 119:15 133:13 138:20 139:2 141:23 142:5 169:14,21 190:15 norms 72:1 north 178:9</p>	<p>northeast 55:12 115:9 northern 5:21 9:7 26:2 35:6 42:20 72:22 73:3,5 77:9 77:11 87:24 115:3 141:24 184:17 190:4 197:10,18 199:17 northwest 10:4 50:7 74:22 75:22 76:2 89:9 115:10 178:8 northwestern 41:4 92:1 Notable 183:17 notarized 46:9 note 3:14,21 4:18 39:8 64:9 76:4 201:18 noted 47:5,7 notes 77:7 79:2 nothing 30:9 47:13 147:4 191:2,4 notice 2:14,14 5:3 94:2 noticed 97:10 noting 46:7 notwithstanding 175:19,24 not-for-profit 143:7 159:18 206:19 not-for-profits 131:17 novel 156:13 167:13 November 30:10 78:14 100:20 112:7 nuisance 119:19 number 2:9,19 4:22 11:4 19:14,16 37:15 40:3 42:9 43:8 58:13 60:5 62:15 64:2,17 66:4 68:15 71:14 79:20,23 89:20 91:16 102:14,15 110:9 112:4,9 128:20 130:7 140:12,20 155:14 156:4 172:19 176:5 185:9 189:4 198:3,5,6,9,12,14 198:18,20 204:1,5 204:7,10 numbers 68:2 82:9 83:10 111:18 112:15 155:24</p>	<p>200:21 numerous 47:20 81:8 94:9 123:22 171:13 181:21 nurse 105:14 123:9 190:11,15 191:5,7 191:11 198:12 nurses 100:5 125:18 140:23 185:4,17 207:4 nurse's 197:20 nursing 72:24 73:2 73:3 94:15 123:8 123:11,14 140:24 156:4 158:20 202:10 nutritionist 99:20 nutritious 205:6 Nzeribe 120:3,4,4</p> <p style="text-align: center;"><b>O</b></p> <p>Oak 13:5 Oakbrook 123:2 Oaks 2:18 6:6 37:11 59:24 61:8 122:10 OB 103:2 108:17,19 108:21 109:4,9,11 109:13,18 200:15 200:22 201:1 object 147:20 obligated 130:17 obligation 159:16 observation 120:18 199:2 observe 55:9 observed 17:1 190:10,19 obstetrical 109:7 obstetrician 97:7 Obstetrics 108:15 obtain 3:4 16:20 153:8 160:3,9 177:8,9 obtained 46:17 obtaining 39:5 61:15 159:15 obvious 127:24 151:16 obviously 147:12 152:6 174:13 occasion 178:6 occasions 192:6 occupancy 34:14,18 34:24 62:20 160:15 166:2 200:21,24,24 201:3</p>	<p>occupational 15:22 occurred 107:14 173:18 188:7 occurring 7:15 occurs 171:6 October 50:24 78:19 173:7 odds 68:7 126:4 off 100:12,13 186:13 188:8 195:8 198:2 offer 35:10,20 36:9 45:8 51:22 73:6 95:14 116:15 118:15 129:16 130:3,5,8,10 135:8,14 136:1 138:16 183:1 205:17 offered 102:5 166:11 offering 80:17 95:16 182:8 offers 94:14 103:2 154:3 179:16 180:17 182:13 office 2:17 3:3,5 8:22 25:12 93:15 164:21 165:1 175:2 179:24 198:5,14,17 officer 15:1 106:6 200:3 206:9,17 officers 175:10,21 offices 133:24 163:5 180:3 194:12,16 official 116:17 117:5 officials 118:5 177:23 192:12 offset 68:17 often 57:21 93:22 93:23,24 96:10 105:5 173:9 205:4 Oh 125:7 okay 13:8 85:19 177:3 old 20:20 74:20 89:10 165:7 192:3 older 119:18 120:10 120:18 121:16 once 163:19 208:24 oncology 183:22 one 7:4 17:6,16 18:19 19:14 22:17 22:23,24 24:5,19 25:6,10 27:7</p>	<p>31:15 32:24 36:22 39:9,13 43:14 44:1,4 46:11 57:6 57:9 58:19 67:13 68:24 69:6 71:14 74:5,18 75:6 76:17 77:23 82:2 82:3 83:20 84:11 89:15,20 90:2 91:11 92:2,13 94:20 99:17 102:11,23 104:22 104:22 107:20 112:2,9,15 113:3 118:12 119:4 124:22,23,24 129:12 131:19 136:14 137:2 140:1,3 141:17 143:11 146:8,22 148:15 154:24 156:9,23 158:2 170:23 171:19 172:15 173:14,19 174:9 175:12 176:5 180:23 181:8 184:19 187:3 188:21 189:4,7 190:3 192:1,8,14 193:13 197:6 201:8 203:5 203:15 204:1,12 208:16 ones 83:8 147:13 205:11 one-quarter-mile 61:8 one-third 125:4 ongoing 42:6 130:18 159:21 only 16:1 18:10 23:16 24:12,14 25:4 32:2 36:6 41:12,15 45:22 57:7 64:16 75:15 75:17 76:3 86:19 90:1 101:8 105:20 112:8,12 116:5 117:7 124:23 125:1,3 126:8 137:9 142:17 146:21 149:21 154:21 156:8 161:17 162:3,24 164:12 172:5 174:14 175:18 176:4 180:13</p>
--	---	---	---	--

<p>185:14 189:5 190:7 194:20 196:5 199:8 200:5 201:19,21 208:22 209:15 <b>on-site</b> 130:12 <b>open</b> 20:2,5 50:24 61:8 62:14 64:19 87:23 88:1 101:22 101:23 127:3 135:19 137:19 145:12 152:3,14 173:11,24 181:15 <b>opened</b> 15:15 52:3 78:19 151:20 152:8 181:22 187:16 188:7 195:5,10 <b>opening</b> 7:13 38:11 40:9 60:16 <b>opens</b> 20:4,15 <b>operate</b> 58:2 98:22 166:4 205:19 <b>operated</b> 100:18 180:15 201:10 <b>operates</b> 15:6 25:19 34:3 55:13 166:6 182:3 194:15 <b>operating</b> 11:22 15:1 20:16 25:23 34:18 51:14 62:21 63:14 68:17 93:13 94:14 95:1 105:6 124:14,16,24 125:1,9,10 166:17 168:10 <b>operation</b> 20:6 38:18 40:19 60:23 125:1 140:15 <b>operational</b> 8:9 <b>operations</b> 8:2 21:15 98:21 99:10 127:5 170:21 186:24 207:1 <b>opinion</b> 57:14 66:7 77:8 127:24 132:10,11,12 154:15 158:21 176:7 <b>opinions</b> 139:16 <b>Opponents</b> 7:21 206:24 <b>opportunities</b> 14:14 123:13 134:18 138:17 192:21 <b>opportunity</b> 2:7 5:2 22:2,4 43:22 53:1</p>	<p>70:11 73:19 87:17 126:1 142:20 146:5 154:16 168:15 174:24 211:12 <b>oppose</b> 25:14,21 56:19 81:7 87:19 87:22,24 88:1 98:4 101:5 111:7 120:6 132:20 142:24 145:18 153:17 175:3 178:12 181:10 186:24 193:12 196:1 200:3 205:24 <b>opposed</b> 7:16 16:9 97:7 108:16 138:5 149:16 <b>opposes</b> 18:16 49:11 67:2 <b>opposing</b> 22:18 25:10 134:9 <b>opposite</b> 125:22 <b>opposition</b> 3:16,24 4:2 53:2 70:12 87:12,12,13 88:2 92:22 103:18 <b>oppositions</b> 101:1 <b>optimal</b> 109:15 <b>option</b> 194:18 209:12 <b>options</b> 79:8 101:22 110:22 133:17 138:23 169:16,16 <b>oral</b> 3:21,23 4:1,5 4:12,20,21 5:4 65:4 100:23 186:18 <b>orally</b> 19:4 65:3 211:12 <b>orange</b> 88:21 <b>order</b> 5:9 63:6 81:18 82:12 92:9 108:24 177:3 195:7,9 <b>Ordinance</b> 37:23 39:6 <b>Ordinances</b> 61:16 <b>organization</b> 55:23 56:2 98:4 123:21 143:20 156:13,15 189:3 <b>Organizational</b> 70:17 <b>organizations</b> 67:11 131:15 166:21</p>	<p>195:10 <b>organization's</b> 50:23 <b>organized</b> 180:5 <b>original</b> 153:18 187:5 <b>originally</b> 208:16 <b>originator</b> 210:3 <b>other</b> 7:7 8:6 9:12 15:19 34:11,14,17 34:23 45:8,23 50:5,21 55:6 56:7 60:3 62:19,21 75:8 81:23 82:17 83:15 84:12 87:1 88:8,10 90:18 98:5 100:20 104:5 104:19 115:14 123:23 125:18 128:2 129:16 130:11 131:2 132:11 133:23 135:15,21 137:22 142:10 143:15 144:23 148:20 150:6 155:2 157:23 158:19 160:23 164:8 167:2,3,20,24 170:11 173:8 180:16 182:10 183:1 185:4 190:8 191:7 192:1 199:13,20 202:22 204:11,15 207:4,6 207:14 208:3 210:10 212:3 <b>others</b> 73:6,19 116:12 197:22 <b>otherwise</b> 80:10 204:19 213:12 <b>out</b> 2:6 11:18 21:8 24:7 43:22 49:2 58:4,5 59:4 82:5 85:16,20 87:18 95:12 97:16,18 115:7,14 148:2,7 152:13 153:1 158:5 166:8,20 178:5 184:23,24 203:15 208:16 <b>outcome</b> 213:12 <b>outcomes</b> 55:5 95:10 155:20 156:20 171:16 188:18 <b>outcome-based</b></p>	<p>67:7 <b>outdated</b> 70:4 110:18 <b>outlined</b> 62:8 88:20 181:24 <b>outlook</b> 159:18,20 <b>outmigration</b> 115:21 165:24 <b>outpatient</b> 23:14,21 52:18 54:17 64:11 64:15 97:24 110:15 144:12,18 158:2 162:7 163:3 181:14 182:3,19 182:23 <b>output</b> 146:15 <b>outrageous</b> 209:21 <b>outreach</b> 129:23 <b>outside</b> 35:10 89:8 115:20 116:1 132:15 177:12 183:9 <b>outstanding</b> 96:8 99:22 120:21 133:23 189:18 <b>out-of-pocket</b> 141:3 <b>out-of-state</b> 96:4 <b>Oval</b> 8:22 <b>over</b> 5:23 6:7 8:12 8:15 9:5,6 10:5 20:3 22:12,21 44:8,19 49:12,21 52:3 54:14,23 56:23 58:24 67:16 71:13,16 72:5,20 72:21 73:9 86:22 87:2 93:1,11 97:9 100:9 106:10 112:22 113:5 114:18 121:6 135:3 137:4 139:16 142:10 144:8,21 151:1 152:7,13 159:9 160:13 162:24 164:14 166:9 168:1 170:5 176:22 182:2,5 183:15 184:10 185:24 191:14 195:24 205:1 <b>overabundance</b> 34:8 <b>overall</b> 82:21 90:3 144:10 <b>overcrowded</b> 139:3 191:19 199:18</p>	<p><b>overcrowding</b> 152:17 153:1 <b>overdue</b> 193:3 <b>overestimation</b> 70:5 <b>overextended</b> 41:14 <b>overflow</b> 163:8 <b>overlaps</b> 89:2 <b>overly-high</b> 56:15 <b>overnight</b> 151:19 151:22 192:9 <b>overrated</b> 138:24 <b>oversee</b> 103:15 <b>overstated</b> 45:24 <b>overstatement</b> 64:4 <b>overturned</b> 84:7 <b>overwhelmed</b> 66:3 191:17 <b>overwhelming</b> 162:1,5 <b>own</b> 14:7 17:10 30:17 35:13 47:7 63:2 86:24 115:11 147:12 163:17 166:5 170:3,7,9 179:21 193:18 198:17 210:4 <b>owned</b> 201:10 <b>owner</b> 13:10 26:14 56:7 175:1 201:9 <b>owners</b> 13:20 <b>owning</b> 170:6 <b>owns</b> 15:6 175:24 <b>o'clock</b> 92:14</p> <hr/> <p style="text-align: center;"><b>P</b></p> <p><b>Pacani</b> 157:18 <b>packed</b> 65:18 <b>page</b> 30:8 44:13 200:13 <b>pages</b> 16:15 44:8 62:17 <b>paid</b> 55:14,17 117:6 184:22,24 <b>pain</b> 152:1 155:20 157:20 188:24 189:2 <b>pains</b> 65:13 <b>Palatine</b> 90:15 <b>Palubicki</b> 141:22 <b>Pam</b> 138:9,10 <b>panacea</b> 69:3 <b>pancreatic</b> 52:9 104:2 <b>panicking</b> 31:7 <b>pants</b> 43:14 <b>papers</b> 147:15 <b>paramedics</b> 33:1</p>
--	--	---	--	--



<p>105:2,10 190:19 parcel 175:17,22,23 177:2 parent 158:8 205:7 parents 81:9 Park 70:19 196:14 Parkway 182:13 part 15:3 19:6 49:13 50:13,20 121:3 122:5,9 130:15 145:16,17 148:8 160:1 167:14 participate 148:21 participated 72:21 participating 2:6 72:19 166:19 particular 29:13 32:16 171:16 173:18 particularly 35:1 49:16 52:22 121:4 121:5 193:13 194:19 parties 2:8 213:9,11 partner 18:4 71:19 130:22 partnering 131:6 partners 71:18,22 73:9,13 106:12,14 143:21 156:16,18 partnership 71:2 pass 184:20 passed 36:22 39:18 59:6,11 61:17 68:20 142:10 198:2 passing 148:2 passion 15:5 past 17:6 43:21 54:23 57:1 71:12 89:15 144:22 151:14 157:12 163:9 173:13 185:24 195:4 197:8,11 209:23 patently 210:2 pathology 183:21 patience 186:14 211:2 patient 8:10 11:24 17:18 32:22 35:18 55:5 63:8 66:14 79:17 85:6 86:4 89:13 91:1 93:12 93:21 95:13 97:13 97:18 105:5,7</p>	<p>108:12,23 109:5 141:19 144:9 146:24 147:18,21 148:2,5,15,17 149:17 150:1,7,11 150:14 155:15,20 157:15 158:15 163:2 164:13 166:8,10 167:12 169:22 171:12,23 188:3,6,18 191:17 191:19 195:14 198:7 200:8,10,15 200:15,16,16 201:4,20,22 202:3 patients 7:6 9:3,11 10:12 12:18 17:11 17:15 19:17 22:12 22:13 23:16 24:15 24:17 25:5,6,24 34:22 35:14 50:3 51:13 68:11 69:9 74:15 75:16,18 76:5,6,12 79:11 83:1,6 89:24 90:6 90:7,9,10,12,14 90:20,22,23 91:2 91:8,10,14,19 92:2,5,9 93:7,10 93:16,22 94:8,17 95:4,12,16 96:3 97:14,15,20 98:7 98:10,13 102:14 102:19 104:6,19 105:11 106:16 109:2,15,16,19 114:16 117:7,8 120:13,20,24 121:8 122:19 125:2,15,16 127:2 127:8 129:24 131:1 136:1,4,14 136:20,21 137:16 137:17,18 139:23 144:9 146:11,17 146:17 147:7,12 147:13 148:5,9,10 148:18 149:2 150:9,11,19 153:2 155:11,14 156:24 158:14 160:12,13 160:16,17 163:7,8 163:9,11,15 164:9 165:15 166:2,7,10 168:1 171:7 173:8 173:24 179:8,17 181:15 182:10</p>	<p>183:13 185:9,22 186:8 188:17 191:8 192:20 195:7 197:17 201:21 204:15,18 205:21 209:15 patient's 95:10 151:2,4 188:14 patient-centered 67:9 Patricia 110:10 Patrick 85:11,17,19 85:24 86:6 patterns 69:24 115:19 Paul 113:22,23 118:16 pay 49:14 68:23 83:4,8 116:24 125:18 182:18 209:13 payers 194:2 paying 118:14 payment 67:7 68:5 69:19 70:2,7 117:15 180:10 payments 67:10 202:14 payor 62:16 63:3 payors 67:7 69:13 155:7 161:12 peak 112:6,9 pediatric 35:11 51:10 52:7 137:13 173:12 182:9 183:20 196:6 pediatrician 173:3 pending 6:16 30:21 people 8:14,15 9:15 9:19 11:18 20:3 29:20 32:7 36:1 41:21 48:13 49:3 49:4 54:16 58:13 68:3 71:13 73:7 75:7 77:13 78:4 80:3,7,11,12,17 81:14 82:16 85:10 89:21,24 97:3 98:18 99:6 100:15 102:7 104:18,24 106:20,23 107:16 110:9,24 111:23 112:12,12 115:12 117:22 125:3 126:20 128:23 129:1 130:14 133:4 139:8</p>	<p>147:20 152:22 157:23 158:19 170:10 190:21 199:14 208:5,7 210:10 per 2:12 5:2 10:24 55:14 64:4 112:5 117:6,8 144:9 161:22 182:14 percent 7:24 11:10 20:21 25:23 27:9 27:13,23,24,24 28:1,8,16,21,22 42:9 46:2 54:9,14 62:24 64:4 67:19 67:20,22 71:20 72:1,3,4,5,9,10,11 72:12,13,14 75:16 75:19 76:12 82:24 83:6 89:20,24 92:1,3 104:22 117:12,16,16 118:3,4 140:3,8 150:18 160:13 164:11,12,14,15 164:16 165:12 166:7,9 171:18 200:8,10,11,16,17 200:23,23,24 201:2,2,14,15,21 202:3 208:1 perception 132:12 perfect 156:2 perfectly 105:16 perform 24:13 70:9 70:9 155:23 performed 66:1 156:4,7 performing 72:13 109:14 perhaps 57:10 177:12 period 19:23 34:18 46:6 64:1 177:15 periods 56:23 112:13 permanent 25:2 113:12,15 133:11 Permanente 207:24 permission 107:5 permit 16:24 30:12 31:20,22 46:17,24 53:4 70:14 127:12 permits 5:1 10:24 Persino 208:17,24 person 3:8 9:23 21:24 22:2 29:22</p>	<p>58:18 65:6,11 85:14,14 86:10 99:17 119:18 156:6 personal 128:17 146:22 170:3 174:10 178:4 personally 31:2 81:13 86:7 109:17 personnel 80:5 185:9,23 persons 66:4 116:22 perspective 32:23 93:2 104:21 109:3 120:19 162:12 perspectives 168:18 179:10 persuaded 45:5 pertaining 5:12 211:20 Peterson 142:4 petitions 208:7 phase 133:10 phases 120:10 PhD 207:7 philosophy 33:20 98:3 phlebotomy 15:22 phrases 81:21 physical 68:18 157:1 158:22 188:14 physician 2:17 6:6 6:15 15:23 17:2 27:18 47:6,8,18 59:22 62:23 63:21 63:23 64:6 69:24 72:10 81:22 95:20 103:13 120:5 124:22 134:4 135:6 136:9 142:21 143:13,16 143:21 146:6,8,10 148:24 149:8,13 149:17 150:10 151:3,4 156:16,18 157:17 162:23 164:18,21 167:11 167:13,15 173:5,6 173:17,22 179:1 180:14 182:11 183:5,6,8,12,15 184:16,19 185:19 190:9 194:4,14,15 194:16,23 195:9 200:7 204:12 physicians 9:1,7</p>
--	--	--	--	--

16:23 17:14 22:11 45:17,22,24 46:4 46:5,8 47:3,12,15 47:17 50:18 69:22 76:14 79:10,20 90:5 94:20 98:6 101:16 103:3 105:13 137:7,9,14 137:19,22 138:2 143:22 148:16,20 149:20,23 150:8,8 150:11,17,24 151:6 156:22,24 164:20,22 165:1 167:24 174:7 180:16 182:15 183:10,13 184:1 185:4,17 194:6,9 194:21 195:1,4,7 195:12,13 physician's 150:14 physician-hospital 143:20 156:11,12 156:15 physician-member 156:15 pick 180:2 picking 86:1 picture 89:10 Piekarz 61:20,21,22 Pietrini 48:11 place 71:4,10,13,16 73:18 107:15 108:6 134:16 137:2 158:3 176:15 197:21 202:19 placed 163:9,18 places 90:23 102:17 148:12 placing 12:1,19 plan 6:12 20:2 26:3 81:19 103:19 108:18 109:8,12 109:18 111:7 149:7 153:9 170:13 planned 20:5 177:5 planner 164:2 planning 2:13 4:7 6:8 17:22,24 19:15 43:20 52:8 54:2,5 70:4 82:7 84:13 91:22 142:21 164:2,12 168:14 174:6 187:8 193:1	plans 4:11 37:8,13 40:1 59:21 60:2,2 91:3 104:9 153:12 157:2 plant 68:18 play 31:18 player 97:23 plea 29:23 pleaded 46:22 pleads 153:11 please 3:5,14,19 4:18,21 5:3,5 18:24 24:1 40:21 44:17 91:11 100:24 180:20 181:1 184:10 186:11 203:5 212:4 pleased 53:8 57:16 178:7 pledge 35:5 plenty 125:20 183:9 195:3 Ploszek 203:8,9,9 ploy 153:14 plunge 200:23 plus 103:22 105:9 122:11 175:23 point 19:3 22:23 23:11 24:4 34:2,9 43:22 46:22,23 47:13 87:17 88:14 102:23 148:6 152:20 pointed 97:16,18 points 8:6 27:20 77:24 141:5 203:23 204:11 political 126:11 210:13 politicians 126:10 politics 77:18 148:5 poor 42:11 106:18 166:18 185:7,13 201:12 poorest 9:8 poorly 199:18 poorly-run 199:11 populated 38:2 60:9 209:6 population 6:21,22 8:12 10:19 11:1,5 13:23 19:15,18 38:4,5 42:6,10 43:7,10 54:10,11 54:15 66:6 67:17 67:20 74:11 78:8	79:6 80:13 96:20 102:20 110:17 118:10 120:20 121:6,13,15 126:10 145:2 148:13 152:20 154:22 162:4 165:13 166:17 167:21 174:13 192:16,17 202:21 209:8,9 populations 9:9 50:14 51:4 117:4 Portability 4:10 portion 20:21,22 84:19 89:1 position 22:18,19 29:1 65:20 positioned 105:16 positions 38:13 40:11 60:18 129:1 140:18 151:6 positive 11:22 77:10 93:3 97:1 124:1 possibility 73:15 possible 4:22 5:9 22:7 45:8 114:20 163:7 180:11 191:17 196:7 205:11 possibly 102:18 post 3:10 posted 146:19 post-operative 93:22 post-partum 109:2 post-surgical 95:1 potential 62:4 63:17 64:20 111:1 139:21 potentially 150:7 Potter 197:1,2,2 power 186:4 powers 128:21 practically 89:14 practice 69:24 93:18 97:9 109:7 136:9 137:6,23 156:1 162:23 173:4 174:10 practices 98:1 145:14 154:12 179:5 Prairie 73:11 96:16 precedence 151:1 precedent 162:5 precious 114:17	prefer 158:16 212:1 preferred 78:13 preliminary 129:17 131:10 177:6,9,9 premise 13:11 premium 155:7 161:12 194:2 premiums 68:20 69:11,15 141:3 prepared 4:19 16:12 62:2 105:6 201:19 209:20 presence 25:17 54:22 94:6 207:20 208:11 present 2:8 62:1 65:3,3 153:21 presentation 4:19 4:23 5:4,8,17 19:1 19:4 186:19 presented 5:13 175:14 presenting 176:3 presently 7:1 51:23 157:11 president 5:22 8:21 10:1 15:1 21:17 21:21 22:17 55:4 87:10 107:22 108:2 124:5 pressure 97:14 151:5 180:6 185:17 188:8 190:6,14,23 191:4 pressures 159:22 191:3 prevent 24:5 82:12 131:7 168:14 preventative 120:16 prevention 130:19 131:3 previous 68:9 175:12 previously 21:24 26:16 96:6 150:4 pre-hospital 188:15 price 145:15 167:9 prices 28:4,6 82:21 83:10,11 107:11 207:13 pricing 13:19 pride 71:18 92:7 prides 95:15 primarily 12:13 primary 15:22 19:14 24:5 27:8 27:11,22 28:12,13	28:15,19 29:2 51:9,10,11 77:13 78:20 79:7 80:7 85:8,8 91:23 108:15 120:5,11 182:11 190:9 prime 168:15 Principal 53:11 207:15 principle 16:5 81:12 principles 144:22 209:18 prior 5:4 44:18 122:4 151:23 priority 94:22 privacy 4:7 157:22 197:22 privately 92:9 privileges 134:1,13 137:6,9,20 146:21 150:9 probably 111:23 115:6 146:16 147:6 150:20 177:17 problem 23:6 35:1 82:1 115:22 119:19 135:5 145:17 204:2 problems 136:22 137:7 147:19 procedure 69:18 124:24 151:18,19 156:7 procedures 24:13 94:5 95:8 122:14 153:3 198:15,17 procedure/overfl... 163:3 proceed 92:13 proceeding 26:20 proceedings 212:8 213:5 process 5:12 8:24 32:5 33:22 70:22 123:14,20 177:16 191:13 209:18 proclaimed 174:2 proclamation 59:6 produce 20:19 profession 179:6 professional 32:11 61:23 72:18 122:16 123:17 170:20 180:6 205:12
--	---	--	---	--

<p>professionals 102:6 207:3,4 208:23 Profile 201:13 Profiles 200:20 201:15 profit 63:13 profits 62:11 64:13 profoundly 180:18 program 91:5 94:24 95:3 123:8,9,10 123:14 126:7 130:4,5,15 136:13 136:23 156:21 166:19 189:13 programs 23:4 51:11 67:6 72:19 72:24 73:1 94:7 94:10,11 123:10 progress 131:4 prohibited 30:23 project 1:11 2:9,19 2:20,22 3:9,22,24 4:3 7:11,18 10:15 12:11 14:13 15:12 16:10 17:3,8,10 17:17,21 18:18 19:19,21 20:1,2 20:22 21:7,10 25:2,4,14 26:4,8 30:14 31:12 32:18 33:23,24 34:5,12 34:13 37:4,5 38:8 38:10 39:4,22 40:7 46:17 52:18 53:4,22 54:19 56:9,10,11 59:12 59:17 60:13,15 61:14 62:10,18 81:12,18 82:6,8 82:11 91:7 107:11 108:6 111:16,20 111:24 112:2,6,11 113:6,8 114:9 141:7 142:24 143:12 145:5,19 149:16 155:8 157:6 159:10,11 159:13 160:5 162:6 164:4 165:5 165:21,23 166:15 167:1,8 171:11 172:18 175:5 177:8,13,14 181:10 187:1 196:3 200:19 203:1,19 207:16 207:17 208:2,4,6</p>	<p>208:8,10 209:3 210:21 211:16 projected 50:24 69:20 145:1 projections 10:19 172:8 projects 35:12 55:22,24 83:11 87:19 project's 20:24 proliferated 94:8 proliferation 94:11 161:9 193:24 promise 12:9 46:18 81:17 91:15 104:14 111:17 promised 31:12 45:11 150:21 promising 113:11 promote 127:9 promoted 16:20 177:23 promoting 153:6 prompt 188:19 pronounce 81:19 proper 185:13 property 20:22 175:7 proponents 25:3 proposal 8:13 23:5 41:11 80:20 81:7 87:14,20,21 95:22 97:7 108:16 109:21 145:13 151:7,12 154:2 160:6 172:20 178:21 196:21 200:4 propose 57:7 145:3 proposed 10:10 11:8 15:11 16:8 17:12,17,21 21:23 22:20 23:7,20 24:20 27:1,1,2 28:12,13,15,19 29:1,3 34:13 38:16,21 39:3,21 40:17 41:15,18 47:24 49:11,14 51:21 52:9 53:2 54:3,12 57:8 59:7 60:10,21 61:2,9 61:13 62:4,13 63:18 67:2 70:12 74:6 79:23 80:21 84:8 88:9,18 89:12,17,19,21</p>	<p>90:3,9 92:23 98:5 101:6 102:4 103:5 104:4 108:21 109:18 112:22 116:4 122:2 125:5 129:22 133:8 134:10 139:22 140:19 150:18,24 154:18,19,22,24 160:11 161:18 165:10,20 166:12 166:23 167:21 171:17 172:7 174:11 175:5,14 179:12 182:16 187:11,19 193:10 194:20 200:9,14 208:4 proposes 8:11 159:12 proposing 8:14 22:17 25:13 124:15 153:20 181:18 193:14 proposition 74:14 prosecution 210:6 prospective 173:16 173:22 prosthetic 85:4 86:15 protect 4:7 protected 4:13,16 Protection 43:1 protocol 94:2 proud 5:24 9:17 14:17 15:2 53:14 74:15 92:6 106:13 131:4 136:10 156:18 prove 44:24 82:7 188:22 proved 98:8 proven 8:23 34:5 Provena 11:13 35:2 50:6,15 55:16 75:23 76:2 89:7 102:5 116:9 118:2 118:15 181:23 provide 4:23 5:3 6:24 9:18 12:2 14:2,7 15:4 16:6 22:6,9 35:9 36:6 38:6 43:6 44:14 51:19,21 53:8,24 60:11 66:18 79:16 79:17 80:3,3 92:7 92:8 94:3 96:18</p>	<p>104:13 106:15,20 114:9 117:3,24 118:2,10 120:10 122:23 123:5,12 124:16 125:2 130:18 133:16 135:17 137:12,12 138:23 140:9 147:18 155:12,16 155:20 156:10 158:18 161:10,23 162:1 169:6 171:10 181:20 182:4 183:16 187:16 188:15,17 189:9 194:12 207:2 208:1 209:10,11 provided 37:16 40:3 50:5 51:23 87:2 92:4 104:1 116:22 124:20 136:12 181:14 189:16,18 200:21 203:17 provider 14:15 16:1 51:24 52:15 91:23 101:15 144:3 providers 4:11 6:24 13:21 23:3 24:15 24:21 34:14 38:7 51:3 55:6 60:12 62:19 69:21 83:2 83:3,7 84:22 94:9 97:11 109:16 126:16 143:15 144:11,23 181:21 188:13 209:11 provider-based 182:3 provides 9:8,15 14:8 15:16 61:23 118:5 130:11,20 166:18 180:5 providing 3:21,23 4:1 9:1,4 13:24 50:13,19 80:6 92:5 94:16 98:9 118:17 121:9 155:7,18 171:8 181:11 182:8,23 189:10 193:24 209:17 provision 63:13 120:19 proximity 15:7 24:9 48:23 66:4 110:14</p>	<p>119:17 133:15 138:22 139:4 142:2 162:2 169:15,24 204:7 prudent 162:9 172:13 public 1:10,13 3:10 3:15 4:7 7:3 46:16 53:9 54:2 118:3 118:16 189:15 211:18,23 publicly 107:19 210:16 published 159:17 publishes 55:11 PUD 177:6,7,9,9 pull 21:8 pulled 63:24 pulling 158:18 pull-up 75:9 pulmonology 183:22 pulse 190:23 191:8 purple 88:21 purpose 2:7 32:12 62:13 78:20,20,22 79:2 172:15 193:22 210:19 pursue 107:6 pursuing 73:7 put 18:18 25:11 56:14 75:13 100:12,12 101:24 104:20 109:21 147:22 159:4 puts 147:10 150:10 185:16 putting 8:15 98:13 148:5 puzzlement 107:12 puzzling 106:23 p.m 65:17 190:11 197:16 198:11,18 198:24 212:8</p>
<p><b>Q</b></p>				
<p>qualification 137:20 qualities 156:22 quality 8:21 9:1,3 9:14 13:14,16,18 13:24 14:2,4,8,8 14:17 24:18,22 25:8 50:5 52:11 53:16 55:5 71:7 79:17,21 85:2 93:17 97:21 98:10</p>				

<p>99:3 107:24 122:19 124:18 131:23 132:2 133:17 138:1,4 140:22 143:13,14 143:22 149:2 150:12 155:11 156:11,20 157:7 157:16 158:15 167:16 170:20,23 171:1,4,12,13,14 171:22 172:11,17 179:10 180:18 182:20 188:15 189:10 192:20 203:17 205:1,13 206:1 207:12 209:15 <b>quantified</b> 64:15,16 <b>quantity</b> 205:13 <b>quarter-billion</b> 145:15 <b>quarter-mile</b> 59:9 <b>questionable</b> 160:10 <b>questions</b> 5:11 36:4 107:3 198:21 210:8 212:3 <b>quickly</b> 11:6 195:21 <b>quit</b> 203:16 <b>quite</b> 53:23 81:4 99:2 190:16 <b>quote</b> 31:12 <b>quotes</b> 183:23 <b>quoting</b> 17:4</p> <hr/> <p style="text-align: center;"><b>R</b></p> <p><b>radiology</b> 158:22 197:21 <b>radius</b> 161:16 <b>raised</b> 5:20 <b>Ralph</b> 106:3,5 <b>ramifications</b> 202:5 <b>Randall</b> 33:2 <b>random</b> 148:2 <b>Randy</b> 96:1,2 <b>range</b> 21:1 28:7 57:17 95:7 116:15 162:7 183:1,16 202:6 <b>ranges</b> 38:17 40:18 60:22 <b>rapidly-growing</b> 54:15 <b>rate</b> 7:24 10:20 20:21 40:13 72:1 72:2,12 126:5</p>	<p>139:21 <b>rated</b> 55:1 56:3 <b>rates</b> 7:3 11:9,17 62:15,16 71:24 72:3,9,10 117:15 156:1 166:5 201:6 <b>rather</b> 18:17 36:4,8 50:10 51:22 76:17 101:15 105:20 116:16 137:20 143:18 165:1 194:17 204:20 206:1 <b>rating</b> 56:7 <b>rational</b> 193:19,21 <b>rationale</b> 164:4 167:7 194:5 <b>Rauhut</b> 141:21 <b>Re</b> 1:11 <b>reach</b> 12:6 105:2 109:1,4 144:13,19 160:15 <b>reaching</b> 166:20 <b>reaction</b> 88:3 128:4 <b>read</b> 2:13 59:5,13 110:2 190:2 195:21 198:2 208:16 <b>readily</b> 132:9 <b>reading</b> 21:16 48:5 73:24 118:23 121:23 127:20 133:1 138:11 141:12 154:10 168:22 173:1 186:21 191:21 197:3 208:15 <b>readmissions</b> 131:1 <b>ready</b> 9:18 176:20 198:2 209:14 <b>real</b> 56:24 105:3 112:19 119:19 174:8 210:19 <b>realities</b> 144:17 <b>reality</b> 70:8 91:17 92:6 126:24 <b>realize</b> 152:8 195:17 <b>really</b> 7:23 31:11 48:8 57:22 73:15 73:18 82:19 90:14 90:19 97:23 100:17 113:15 120:17 135:18 141:20 191:2 210:12 <b>rearrange</b> 94:1</p>	<p><b>reason</b> 58:11 83:16 143:7 150:16 185:6 <b>reasonable</b> 24:1 109:6 <b>reasons</b> 14:21 19:14 19:19 24:8 74:18 114:3 129:12 162:20 170:24 172:5 <b>reasserting</b> 47:2 <b>reassure</b> 31:3 <b>recalculated</b> 42:7,8 <b>recall</b> 173:21 <b>receipt</b> 2:14 <b>receive</b> 8:20 69:17 76:16 77:10 78:3 87:1 105:4 120:21 150:12 158:16 171:5 178:11 182:18 185:10,13 <b>received</b> 18:11 20:2 35:4 96:7,14 107:5 122:14 150:4 157:17 178:7 179:22 180:11 <b>receiving</b> 35:7 97:15 132:14,16 179:13 <b>recent</b> 70:3 72:9 117:11 152:4 <b>recently</b> 53:15 59:6 117:10 126:1 146:24 157:15 188:7 <b>receptionist</b> 85:12 85:15 <b>Recess</b> 58:8 92:15 142:15 <b>recession</b> 21:8 42:6 <b>recipient</b> 13:15 <b>recipients</b> 13:20 <b>recognize</b> 10:8 11:7 143:17 <b>recognized</b> 71:8,12 71:15 144:24 156:19 181:22 182:22 207:6 <b>recognizes</b> 40:5 <b>recommended</b> 48:13 <b>reconfigure</b> 144:6 <b>reconsidered</b> 31:6 <b>record</b> 2:14 4:2,4 8:23 12:6 36:23 39:10 44:17 46:16</p>	<p>53:10 59:13 103:4 186:13 201:9 208:17 210:16 211:3,15 <b>recovery</b> 93:14 151:19 152:7 159:21 <b>recreational</b> 123:18 <b>recruit</b> 183:24 <b>recruitment</b> 72:15 72:20 <b>red</b> 41:17 <b>redirect</b> 45:20 62:12 167:24 <b>redirected</b> 63:1 <b>redirecting</b> 63:4 <b>redistributes</b> 24:14 <b>reduce</b> 11:15 53:24 55:5 62:15 118:14 131:1 156:3,5 157:1 165:21 <b>reduced</b> 165:17 166:19 167:3 200:24 201:2 213:7 <b>reduces</b> 209:16 <b>reducing</b> 67:9 68:7 114:14,16 131:5 <b>reduction</b> 63:19 64:21 <b>refer</b> 36:6 150:11 150:18 195:7 <b>reference</b> 40:21 74:21 <b>referenced</b> 75:8 182:1 204:13 <b>referral</b> 45:15,17 46:8 200:7,21 <b>referrals</b> 45:19,24 46:2 62:23 63:23 183:15 194:7 201:20 <b>referred</b> 64:5 <b>refers</b> 116:22 <b>reflect</b> 35:16 <b>reflected</b> 18:6 <b>reflection</b> 22:11 144:16 178:4 <b>reflects</b> 187:19 <b>reform</b> 23:4,5 52:17 67:8 68:7 69:2,7 127:4 162:9 <b>regain</b> 11:5 <b>regard</b> 29:13 32:13 32:16 83:11 84:3 103:8 <b>regarded</b> 35:23</p>	<p><b>regarding</b> 131:19 196:7 <b>regardless</b> 49:14 132:15 182:17 <b>region</b> 18:5 35:14 35:22 49:13,23 50:3 51:4,8,20 52:2 55:15 68:10 75:6,6 88:7 93:11 103:22 104:14 105:21 115:17 127:1 144:18 171:3,6,21 207:5 <b>regional</b> 10:3 34:7 35:20,23 36:8 105:8 115:18,18 <b>regional's</b> 50:11 <b>regions</b> 49:23 55:11 <b>region's</b> 50:13 <b>registered</b> 30:5,7 123:8 <b>registers</b> 5:10 <b>registration</b> 3:20 <b>Regrettably</b> 205:5 <b>regular</b> 122:14 <b>regularly</b> 72:19 160:20 <b>regulations</b> 45:16 <b>rehab</b> 166:13 202:10 <b>rehabilitation</b> 15:24 120:23 182:7 <b>reimbursement</b> 62:16 <b>reimbursements</b> 117:14 <b>reject</b> 10:16 12:21 18:22 76:19 84:14 95:22 115:1 124:11 127:12,14 171:1 203:5 <b>rejected</b> 16:22 47:1 52:19 82:8 <b>related</b> 62:11 64:14 213:8 <b>relates</b> 62:3 <b>Relations</b> 129:10 <b>relationship</b> 85:16 <b>relationships</b> 72:18 <b>relative</b> 144:22 213:10 <b>relatively</b> 101:10,10 <b>released</b> 131:18 <b>relevant</b> 2:9 26:19 47:14 107:15 188:4 <b>relies</b> 16:19</p>
--	---	--	--	--

<p>relinquish 106:2 113:21 relocating 140:1 reluctant 88:3 rely 35:13 remain 4:2 remaining 5:8 remains 16:17 44:9 remarkable 89:12 remarkably 206:11 remarks 154:10 208:19 209:20 remedied 115:22 remember 11:15 56:22 85:4 90:6 remind 91:21 211:13 remove 191:5,12 removed 191:8,10 renal 163:2 repeat 131:23 replaced 100:10 replacement 50:1 52:4 55:22 91:9 99:11,24 104:13 replied 30:19 replies 199:4 report 3:12,12,17 3:18 31:17 62:8 75:23 162:22 reported 1:19 7:3 45:23 46:1,4 63:5 64:2 123:10 Reporter 5:5 106:6 206:9 213:1,4 reports 46:5 represent 29:11 88:22 107:4 143:4 145:14 201:21 representatives 87:5 178:1 186:11 represented 38:15 60:20 representing 36:21 42:18 45:18 54:14 106:13 represents 10:15 56:12 63:12 143:2 145:20 reputation 71:4 185:7 request 53:3 56:20 62:2 70:13 87:23 88:1,2 134:6 138:7 190:5 195:8 requested 78:15 190:7</p>	<p>requesting 208:8 210:23 requests 44:17 require 24:10 37:21 84:8 151:18 200:14 required 29:12 46:9 68:2 76:6 127:4 140:20 200:12 201:6,22,23 requirement 83:14 requirements 16:12 47:23 207:17 requires 94:3 109:14 155:21 requiring 25:5 Rescue 114:1,6 research 155:22 171:14 207:9 reservations 136:3 reserves 56:9 reserving 23:14 residence 151:2 resident 42:19 43:21 49:21 53:14 65:8,8 73:15 80:18 86:22 101:5 115:3 121:23 127:20 134:10 139:15 146:6,9 148:23 149:8 150:1 195:24 197:3 residential 10:23 residents 7:20 9:14 9:19 18:11,12 22:5,10,10,14 25:22 26:2,24 27:1 29:3 35:6,22 41:18 45:10 48:5 50:4,9,19 51:8,24 52:2 54:20 59:10 66:18 75:3 76:14 76:16 79:22 91:24 95:17,22 104:17 105:17,21 110:2 115:20 116:8 117:18 118:23 121:9,11,16 123:2 123:4 130:9,23 131:3,13 132:4,8 133:1 135:1 138:11 141:13 149:22 168:23 170:5 171:4 172:9 172:10 182:17,21 182:24 183:3,10</p>	<p>184:4 187:12,23 204:23 205:22 207:18 208:23 211:6 resolution 36:21 37:18 59:11,13,14 78:15,17 resolved 38:24 61:10 resource 49:22 187:18 189:14 resources 24:16 26:6,9 42:11 52:21 70:10 72:6 83:18 127:8 143:5 143:5,9 145:7 157:7 160:19 161:3 162:9 164:17 168:9 172:10,11,17 193:20,22 respect 62:2,7 63:10 83:5 84:10 106:24 175:4 176:18 respectfully 53:3 70:13 145:18 163:19 210:22 respective 28:9 respectively 30:6 88:23 200:23 201:2 respects 206:12 respond 65:23 responded 44:16,21 182:23 response 43:5,8 88:4 131:22 132:2 responses 3:16 responsibility 22:6 responsible 16:5,9 18:3 26:8 69:10 170:20 202:22 responsibly 187:22 188:5 responsive 177:24 rest 185:23 rests 188:19 result 8:5 35:18 51:11 61:6 68:16 69:16 70:5,6 77:17 102:21 132:3 136:14 179:7 187:6 202:7 resulting 17:19 160:17 164:16 results 71:20 129:17 131:10,18</p>	<p>132:17 resume 92:16 142:14 186:15 retain 140:22 retired 48:17 98:19 retirement 130:22 revealed 11:9 187:9 revenue 10:12 11:24 20:17 38:23 61:4 64:11,13 68:17 117:3 129:3 159:21 167:4 revenues 12:19 51:14 62:11 63:12 117:13 reverse 31:20 69:3 Review 1:2 2:5 3:3 10:16 12:20 24:5 26:7 37:3 41:9 43:23 47:21 59:17 91:6,22 95:20 98:12 109:20 114:5 115:1 127:12 134:7 151:7 171:1 172:15 189:20 193:23 196:21 206:2 211:17 reviewed 60:1 175:13 reviewing 176:11 reviews 177:12 revised 37:12 39:24 60:2 revisional 136:21 rewards 29:17 Rex 120:4 Rezko 210:6 rheumatology 183:21 Rich 45:12 Richard 30:4,11,17 65:6,7 192:1 206:15 208:17 Richardson 159:2,3 Richmond 162:24 163:13 Rick 9:23,24 66:22 66:23 117:9 rid 135:16 riddled 16:17 44:10 47:23 rides 119:20 Ridge 73:11 96:16 196:14 right 7:18,18,19 14:19,20,20,21</p>	<p>21:7,11 52:14 68:5 74:17 81:10 84:19 86:3 96:5 105:4 108:6,6,6 109:13 130:24 137:21 150:8 176:20 186:4 202:5 209:3,3,4 rights 37:18 right-sized 25:18 ring 89:11 rise 11:1 20:10 180:7 rising 69:12 126:6,8 risk 12:1,19 56:14 101:24 Rita 141:18 River 122:7 150:23 RN 48:17 72:3,12 road 2:18 6:6 21:11 33:2 37:11 59:24 61:8 122:10 123:3 124:20 roads 80:2 roadways 13:9 Robert 170:4 184:12 200:1 robot 205:20 robotic-assisted 155:19,21 robust 94:11 Rockford 5:20 131:12 role 103:15 168:13 168:16 room 33:8 54:16 58:15,18 65:15,17 65:19,19,23 66:12 66:12,14 74:16 79:8 93:14,14 94:15 100:2 105:6 124:24 128:5,8 147:1 151:19 152:2,7 157:17 173:10,16 175:18 184:22,23 185:4,6 185:12,16,19 190:5,13,18,18,22 197:15,17,23 198:24 rooms 58:14,19 95:1 99:13 108:22 109:13 124:14,16 124:24 125:6,10 157:20 158:2 Roseanne 73:23 Rosenberger 200:1</p>
--	---	---	---	---

200:2,2 <b>Rotary</b> 123:21,22 124:4 <b>rotation</b> 101:2 <b>Round</b> 145:4 <b>rounds</b> 163:6 <b>Route</b> 2:18 6:6 37:10 59:23 78:12 122:11 123:3 184:18 199:16 <b>routine</b> 51:10 <b>routinely</b> 55:20 136:2 <b>row</b> 27:7,12 28:14 28:20 <b>RPR</b> 1:20 213:3,17 <b>RSV</b> 173:8 <b>Rule</b> 34:10,11 <b>ruled</b> 31:24 <b>rules</b> 2:12 46:9 84:3 84:5,12 206:2 <b>run</b> 114:12,14,16 140:10 197:6 199:18 <b>running</b> 144:8 178:4 <b>runs</b> 23:7 99:20 <b>run-of-the-mill</b> 58:2 148:16 <b>Rural</b> 43:1 <b>rush</b> 16:13 44:6 169:17 <b>rushed</b> 205:4 <b>Ryder</b> 21:14,14 24:20 <b>R-y-d-e-r</b> 21:15 <b>R11-03-01</b> 59:14 <hr/> <p style="text-align: center;"><b>S</b></p> <hr/> <b>sacrifice</b> 201:7 203:4 <b>sadly</b> 197:10 <b>safeguard</b> 100:18 <b>safest</b> 33:3 <b>safety</b> 2:24 10:13 11:20 12:19 19:16 50:10,13 51:3,16 75:12 99:15 116:21,21 117:4 118:11 155:12 171:12 207:2 209:12 <b>Saidler</b> 139:13,14 139:15 158:17 <b>sake</b> 201:8 208:18 <b>salaries</b> 141:2 153:23 154:1	<b>salary</b> 112:23 <b>sales</b> 20:23,24,24 21:2,3 38:16 40:17 60:21 80:2 <b>same</b> 16:20 27:21 28:22 30:8,9 32:8 41:10 46:5,5,13 47:1 51:22 55:17 64:1 83:5 84:2 86:24 96:5 100:2 102:14 117:8 124:13 140:11 143:15 145:4 147:6 155:24 161:23 162:2 171:8 175:10,20 175:23 177:23 188:2 195:11 198:13 199:4 <b>Sands</b> 123:3 <b>SAR</b> 211:20 <b>sat</b> 152:9 173:14 <b>satisfaction</b> 71:20 <b>satisfied</b> 48:17 96:13 100:19 110:7 <b>satisfy</b> 45:7 <b>satürating</b> 145:23 <b>Saturday</b> 65:16 <b>save</b> 80:9 114:15 208:13 <b>saved</b> 106:19 179:2 <b>saves</b> 114:12,16 <b>saving</b> 123:2 <b>savings</b> 143:24 167:8,10,12 <b>saw</b> 71:10 78:9 99:19,20 <b>saying</b> 30:11 82:19 178:2 <b>says</b> 41:21 42:2 74:18 90:8 119:2 119:10 149:19 <b>scarce</b> 70:10 <b>scary</b> 84:23 <b>scattered</b> 14:10 <b>scenario</b> 109:6,16 176:9 <b>scenarios</b> 64:10 <b>schedule</b> 94:1 111:20 <b>scheduled</b> 3:7 21:24 99:24 151:17 211:16 <b>scholarships</b> 73:7 73:10,12 <b>school</b> 5:21 73:8,10	73:12 96:15,16 131:12 140:11,13 140:15,16 <b>schools</b> 72:16 73:2,4 134:17 140:6,8,12 140:17 196:9 <b>Schwaner</b> 184:12 <b>Sciarrò</b> 14:23,24 15:1 17:17 18:15 <b>screen</b> 75:6,9 82:9 <b>screenings</b> 130:6 202:11 <b>searched</b> 180:14 <b>season</b> 198:23 <b>seat</b> 13:6 190:17 <b>Secemsky</b> 92:18,19 92:20 <b>second</b> 26:21 44:6 45:14 54:19 78:1 82:18 100:4 160:7 177:3 211:24 <b>Secondly</b> 77:15 <b>seconds</b> 114:17 <b>Secretary</b> 206:17 <b>secretly</b> 186:2 <b>section</b> 108:19 <b>Sectors</b> 159:19 <b>securing</b> 30:12 <b>security</b> 125:19 170:1 <b>see</b> 27:16 48:22 57:20 65:21 66:9 75:9,9,14,17 84:11 88:14 89:9 90:11 96:9 101:13 102:8 104:21 107:9 110:13,21 112:6,11 119:3,16 133:14 135:13 138:21 139:3 141:21 142:1,7 146:16 149:21,22 150:9,16 152:10 169:15,23 179:3 183:10 186:5 191:7 198:4,12 199:2 <b>seeing</b> 48:15 202:14 <b>seek</b> 18:13 37:8 59:21 66:5 177:1 <b>seeking</b> 76:17 95:4 <b>seeks</b> 145:20 <b>seemingly</b> 56:22 <b>seems</b> 49:1 69:7 121:4 150:23 <b>seen</b> 23:17 67:21 76:12 93:2 97:11	106:12 146:10 148:15 190:8 191:3 208:22 <b>sees</b> 150:1 <b>Seiph</b> 98:15,16,17 <b>select</b> 36:8 205:9 <b>selection</b> 179:21 <b>seminars</b> 130:7 <b>senators</b> 126:2 <b>send</b> 7:6 39:19 41:17 150:21 183:13 185:13 <b>sending</b> 136:3 147:8 150:24 <b>sends</b> 176:6 <b>senior</b> 43:19 48:24 57:21 61:22 81:2 115:5 116:14,15 122:23 123:2 126:9 130:4,5 <b>seniors</b> 121:2,13 129:14 130:13,19 131:5,8 <b>sense</b> 57:5,12,24 85:21 125:21 135:2 139:24 170:1 177:18 201:7 <b>sent</b> 148:13,18 180:1 185:11 191:10 196:13 211:23 <b>sentiments</b> 178:21 <b>September</b> 15:15 <b>Serafin</b> 195:22 196:23 <b>Sergeant</b> 169:11 <b>serious</b> 12:7 35:1 194:19 196:11 205:8 <b>seriously</b> 22:6 <b>serve</b> 9:12,21 10:1 14:17 19:18 22:4 22:10,12,13 35:6 37:13 40:1 41:21 50:3 51:15 52:2 52:12 54:7 60:3 72:23 74:10,15 75:2,15,18 76:22 80:11 96:22 102:7 103:13 104:7 105:16 109:19 114:13 127:2 129:13 143:6 144:2,5,16 145:20 149:21 155:10 160:12 170:19	181:1 184:3 195:20 208:12 209:15 <b>served</b> 10:3 34:7 49:19 51:4,6 77:21,22 82:17 88:7 106:18 120:20 144:9 154:23 178:12 195:18 <b>serves</b> 16:1 49:23 144:17 <b>service</b> 22:8 24:21 27:1,2,4,8,11,22 28:8,13,14,15,19 29:2,3,4 38:7 41:19 50:2 56:4 60:11 68:6 79:13 79:18 88:16,17,19 88:23 89:1,13,13 89:21 90:3 97:10 99:12 104:15 123:21 128:6 130:10 137:3 142:6 144:11 150:13 159:17 160:15 165:11 166:23 169:22 179:7,16,17 180:5 182:12 194:20 196:8 199:20 202:13 <b>services</b> 1:2,21 2:5 3:3 6:8,11,15,23 8:9 9:2 10:11 12:3 12:8,14,20 15:14 15:18,19,21,22,23 15:24 16:6 18:11 22:9 23:14 24:4,6 25:5 26:7 30:11 34:1,6 35:10,21 36:6 37:3,15 38:5 40:3 41:9 43:6,23 47:21 50:14 51:9 51:17,22,22 52:6 52:7 53:24 54:17 59:17 60:5 61:23 61:24 63:11,13 64:11,14,15 68:3 68:11 69:17 74:10 76:21 77:10 79:9 88:6 90:11 91:22 91:24 92:9 94:12 97:18,22 98:12 100:7 102:5 103:2 103:3,21,23 104:3 105:21 106:6,15
--	---	---	--	--

<p>114:5 115:21 116:3,15,22 117:4 118:3,7,10 119:5 122:23,24 124:21 125:21 127:12 129:16,20 130:8 130:16,20 132:10 134:7 135:10,14 135:15,16 136:1,3 143:1 144:12,18 145:1 155:15,16 162:8 164:12 165:3 166:18 170:21 171:4,6,8 171:10 181:7,13 181:15,18 182:12 182:20,23,24 183:2,17 187:9,15 187:16,22 189:11 189:17,20 192:22 193:23 196:4,5 202:6,9,17,23 203:21 204:16 207:2 209:10,11 209:13 211:17 serving 9:10 35:14 91:14 98:19 99:23 set 44:17 52:11 85:15 145:11 162:6 175:8 setbacks 85:24 settings 181:17 settle 170:24 seven 6:9,10 73:10 76:1 107:14,19 170:6 192:4 208:20 seven-month 177:16 several 11:21 16:10 25:11 34:7 35:11 35:23 48:13 53:20 72:21 75:10 80:3 88:8,10 90:18 98:20 99:18 102:1 121:8 131:15 154:20 162:20 166:4 192:6 severe 23:2 65:13 severely 149:17 179:20 Severson 141:10,11 141:12 shaded 88:18 89:6,9 Shadel 58:23,24 share 4:15 27:5,6,6</p>	<p>27:9,12,15,17,19 27:21,23,24 28:4 28:5,16,17,21,22 28:23 65:10 69:11 116:20 shared 91:19 132:17 shares 28:10 sheds 111:1 sheet 112:3 sheets 98:22 shepherd 11:13 16:2 21:16,18,21 23:21 41:16,19,22 50:7 55:16 57:17 74:1,5,23 75:14 75:17 76:1,11 88:16,21 102:2,4 110:13,18,20 116:5,6 119:15 129:11,15,21 131:16 134:3,23 141:23 144:17 147:9 154:21 156:14 159:8 160:14,18,19,19 160:23 161:14,17 161:22 164:1 166:21 167:14,20 168:1,2 169:14,21 170:21 181:7 182:14 183:8 193:9,9 195:5,19 203:22 Shepherd's 74:16 88:2 160:12 204:17 Shepley 80:24 81:1 81:2 Sherman 10:1,2 11:14 28:21 35:3 49:9,10,13,19,20 49:22,23 50:5,12 50:15 51:3,4,15 52:1 55:16 66:24 67:2 76:2 78:23 88:17,22 91:8 92:20,21 93:19 95:15 102:4 103:13 104:1,9,11 104:14 116:9 117:9 118:2,4,15 124:22 131:16 141:24 172:1 181:24 183:8 199:14 Sherman's 51:19</p>	<p>52:10 70:12 87:21 103:16 105:17 Shield 136:16 shift 69:13 181:13 182:22 shifted 12:13 Shinherr 108:11,11 Shirley 129:5 shocked 150:20 210:9 shoddiest 44:2 shoddily 16:11 shop 123:18 shopping 115:13 169:8 short 43:13 94:2 153:21 157:18 180:8 shortage 47:3,4,8 47:12,15,19 116:3 140:24 158:20 164:19 183:5,6,8 194:5,15,24 195:3 195:12 shortages 17:2 47:6 192:16 shorter 35:18 165:15 shortest 155:21 short-lived 91:17 shot 75:6 130:6 shoulders 94:19 show 59:5 63:3 115:19 showed 47:8 71:20 82:9 shown 27:12 28:19 75:23 83:10 shows 18:10 27:3,8 28:6,14 47:12,16 75:5 112:4 132:6 161:15,18,20 200:4 shrug 94:19 side 32:8 75:8 85:18 86:12 95:2 186:11 Sieger 42:15,16,17 sign 3:19 signed 46:8 150:17 208:7 significant 17:18 56:8 69:19 77:15 78:3 79:17 91:16 95:9 104:10 155:14 162:4 190:21 192:11 209:19</p>	<p>significantly 24:21 27:6 28:24 164:22 172:19 190:14 signs 146:18 similar 56:11 67:21 144:23 197:13 Similarly 164:23 205:16 simply 25:10 53:23 70:1 81:12 82:3 83:12 93:8 128:18 154:18 155:3 161:3 181:19 187:15 194:16 since 6:9 25:24 47:14 49:12 50:17 64:16 67:5 74:23 83:22 84:18 87:1 95:8 96:4,12 99:1 107:16 109:1 122:5 124:21 125:6 134:19 139:22 140:24 162:22 173:7 174:10,14 175:2 182:9 184:19 187:7 188:23 192:4 201:11 208:22 sincere 178:20 sincerely 124:3 129:5 186:9 196:23 single 11:16 84:2 93:18 158:8 singularly 201:11 sir 18:14 39:13 siren 76:9 165:14 sister 158:6 site 11:8 23:20 41:15 42:4 50:1 61:9 71:9 75:7 76:15 78:12,13,24 80:20 88:11 89:17 89:22 102:4 112:9 112:12 116:4 129:22 152:19 154:22 161:18 176:13 177:20 182:17 193:11 211:22 sites 72:24 167:10 183:7 194:4 sitting 30:5 190:18 situated 50:1 situation 83:9 86:17 140:11 184:16</p>	<p>185:20 186:1 situations 104:24 six 18:2 27:10 41:15 46:7 54:13 65:17 102:3 104:5 116:5 127:1 154:21 158:10 161:17 168:4 173:11 185:24 194:20 size 27:13 105:17 159:15 160:3 175:7,22,22,23 skilled 202:10 sleep 152:2 slide 27:3,8,12,16 28:5,14,20 63:3 slow 159:21 slower 10:20 smack 210:5 small 27:18 36:3,11 50:17 86:5 159:14 190:13 smaller 52:17 103:22 177:8 smart 195:10 smear 210:2,3 Smekrud 138:9,10 138:10 Smith 133:18 smoothly 85:17 snow 32:24 Snyder 174:20,22 social 202:13 society 72:6 126:20 136:18 189:2 softening 69:17 sole 78:20 solely 25:15 solid 155:15 Solomon 92:18,19 solution 23:5 57:14 145:16 solutions 145:21 solve 183:7 204:1 some 15:10 24:6 25:9 48:5 52:4 77:5,16 89:16 97:21,21 106:19 107:3 109:3 110:2 118:23 129:17 131:9,19,21,24 132:11 133:1 135:9,16 136:20 137:12,13 138:11 140:15,17 141:12 147:13 148:2 152:17 153:1</p>
---	---	---	--	---

168:22 170:9 186:6 203:14 204:23 209:21 someone 5:16 82:16 132:3 someplace 152:23 something 13:14 96:18 107:17 116:20 128:4 144:1 sometimes 86:2 106:24 107:1,1 128:12 206:14 somewhat 169:17 son 96:15 128:7 soon 12:17 84:21 sorely 21:10 Sorg 197:14 199:23 sorry 20:6 75:16 147:22 sort 130:16 sought 63:21 145:8 sound 152:9 source 47:7 117:13 south 103:17 121:16 147:24 southeast 2:17 54:13 60:4 101:7 102:7 122:3,9 southeastern 115:9 115:24 southern 8:11 66:6 66:18 88:24 118:9 121:3 187:9,13 202:20 southwestern 115:10 space 2:17 123:11 164:21 165:1 speak 4:24 5:2 53:19 58:24 113:21 146:5 157:13 162:24 178:17 204:15 207:16 208:6 speaker 19:8 168:18 speakers 68:9 speaking 53:18 70:20,21 93:1 114:1 184:12 special 86:4 116:24 188:13 specialist 180:10 205:15 specialists 105:4,14 194:11 196:6	specialization 94:12 94:15 95:1 155:22 specialize 155:18 specialized 52:6 57:9 94:14,18 specialties 96:10 183:16,17 194:9 specialty 35:20 36:10 120:23 156:4 166:11,13 182:11 194:12 specialty-physician 37:9 specific 137:11 specifically 64:11 104:12 105:13 121:1 specified 34:15 spectrum 120:11 spelling 5:5 spend 57:24 99:18 136:20 178:5 spending 10:15 115:23 126:14 203:13 spends 107:9 spent 98:19 104:12 153:6 203:10 spirited 203:14 spite 210:15 spoke 117:10 158:20 162:19 179:3 207:21 208:10 spoken 19:2 208:24 spokes 144:13,18 spokesperson 5:6 sponsors 5:24 spot 58:24 spots 32:8 spouse 205:8 spread 140:12 144:7 171:7 Spreading 140:20 Spring 163:13 Springfield 1:4 3:4 211:24 spurt 196:9 Sr 192:1 St 11:13,13 34:3 35:2,3,8 50:6,7,15 55:16 75:23 76:2 87:10,12,22 88:10 88:17,22 89:7 91:4,23 92:2 111:11,15 132:6 141:24 172:2,4	184:21,22 stability 56:1 stabilize 105:2 stahle 56:4 stacking 163:15 staff 17:14 22:11 94:12,15 95:1 97:11 99:5 102:16 102:24 103:3 110:8 114:19 122:15 125:18 140:22,23 142:7 148:16 171:23 172:6 177:11,12 183:12 190:20 191:10,18 staffed 182:14 staffing 68:14 71:23 121:10 160:20 172:6,8 stage 99:9 stake 147:10 stakeholder 14:11 stakeholders 14:12 126:11 stand 9:18 86:10,15 145:1 standard 34:15 185:15 standards 34:19,24 62:20,22 81:8 84:8 standing 77:16 106:13 206:19 standpoint 29:5 stands 7:24 12:4 Stanford 154:13 starkly 206:22 start 2:1 18:14 82:5 started 97:8 198:8 starting 109:12 state 1:1 2:18 3:7,12 3:17,17 11:9 16:12 17:1,24 20:17,20,20 29:12 29:23 30:1,13,22 31:6 32:12,15 33:21 35:7 36:14 38:23 41:14,23 44:2,4 45:7 46:19 46:20 47:5 52:5 63:4 81:8 83:14 83:16 84:4,8,13 88:20 103:5 108:4 136:15 144:4 148:19,19 155:5 181:19 201:10	202:14 205:3 206:19 210:16 213:4,4 stated 5:24 32:12 63:2 96:24 137:21 158:17 164:24 190:15 209:17 210:17 statement 2:24 30:18,24 44:20 62:22 121:23 132:18 158:20 170:3 197:3 statements 48:5 110:2 118:23 133:1 138:11 141:12 168:22 states 7:16 8:22 26:16 34:11 55:2 55:12 62:18 67:4 98:19 107:22 108:1,2,3 138:19 166:1,15 185:19 194:23 State's 10:18 12:4 47:23 62:20 166:4 201:3 state-identified 202:18 state-of-the-art 51:20 102:6 103:14 104:1,16 105:8 111:13 State-specified 34:24 stating 183:13 station 197:20 status 131:14 statute 117:2 statutory 32:16 stay 108:24 109:2,5 192:7 stayed 128:8 199:1 stays 35:18 155:21 steadily 67:17 Steiner 163:23,24 163:24 steps 37:8 59:21 177:6 step-down 93:15 Steven 29:22 31:10 stewards 22:21 26:6 41:8 143:8 160:19 Stewart 31:2 still 10:20 19:4 47:14,14 64:8 65:3 90:23 96:21	125:17 198:11,15 211:13 Stilson 103:10,11 103:12 stimulate 169:19 stipulations 148:14 stop 95:8 139:10 stopped 198:8 stores 139:10 stories 197:12 storms 32:24 story 86:14 197:5 199:8 210:18 straight 44:17 199:15 strain 10:13 153:1 stranger 148:2 strategic 43:19 142:21 145:6,14 179:12 strategy 53:12 203:22 street 1:3,14 3:3 184:17 195:8 211:24 strength 71:11 stress 180:7 stretchers 190:20 strikes 125:6 strive 22:6 94:4 stroke 52:6 104:3 strong 56:6 71:4 94:24 116:16 127:6 strongly 95:11 98:4 192:24 struck 108:18 struggles 11:15 struggling 11:22 Stuart 29:22 30:17 31:17 stubborn 85:7 stuck 141:17 208:16 students 73:8,10 123:11 140:12,16 studies 171:13 study 26:18 62:2,3 62:7 78:10 89:18 131:10,18,20 201:19 207:23 stuff 99:7,16 sub 54:8 subdivisions 170:11 subject 20:22,23 submission 32:14 81:11 submit 3:8,9,15
--	---	--	--	---



4:20 16:15 44:8 100:23 211:13,19 <b>submittals</b> 177:11 <b>submitted</b> 3:11 16:13 29:14 45:22 53:10 62:8 63:23 175:10 <b>submitting</b> 4:12 29:16 44:24 120:2 175:11,21 <b>subsequently</b> 16:15 78:19 <b>substantial</b> 17:8 <b>substantive</b> 46:13 47:1 <b>suburban</b> 23:6 <b>suburbs</b> 10:4 92:1 <b>sub-acute</b> 120:12 120:23 <b>sub-area</b> 54:10 <b>sub-specialties</b> 35:11 183:20 <b>success</b> 50:22 71:23 156:1 <b>successful</b> 51:11 136:14 188:18 209:23 <b>sudden</b> 93:23 <b>suddenly</b> 102:19 153:9,19 <b>sued</b> 31:19 <b>suffer</b> 66:11 <b>suffering</b> 191:17 <b>suffers</b> 6:19 209:6 <b>sufficient</b> 24:10,15 74:9 <b>suggested</b> 83:24 <b>suggesting</b> 84:4,5 <b>suggests</b> 143:12 <b>suited</b> 121:5 <b>suites</b> 125:7 <b>summarize</b> 172:15 <b>summary</b> 12:16 53:9 62:1 76:19 184:2 203:24 <b>Sun</b> 121:9 <b>superior</b> 55:18 56:12 158:12 <b>Supervisor</b> 41:3 <b>supply</b> 141:1 164:10,15 174:4 <b>support</b> 3:16,22 4:2 13:3 14:12,19 18:2 27:18 31:13 39:2,19 42:10 50:20 59:11 61:11 70:20 80:19 96:6	97:11 114:8,19,21 122:1,24 123:22 132:18 146:8 151:12 155:16 162:18,19,21 163:20 164:7 170:21 183:15 190:20 194:7 195:14 208:9,15 211:4,5 <b>supported</b> 7:23 8:2 87:20,21 121:7 <b>supporters</b> 9:12 <b>supporting</b> 58:11 58:11 78:22 136:11 149:7 202:16 <b>supportive</b> 123:15 <b>supports</b> 10:13 89:19 114:7 155:22 202:6 <b>supposed</b> 33:6,7 90:7 112:16 <b>sure</b> 25:2,8 83:17 83:18 85:17 86:7 132:4 154:15 172:1 199:7 204:11 211:4 <b>surely</b> 80:9 89:11 <b>surfaced</b> 210:11 <b>surgeon</b> 133:22 134:11,14 135:6 136:7 154:11 <b>surgeons</b> 133:23 137:12 138:1 155:23 <b>surgeries</b> 137:1,13 155:24 156:4 <b>surgery</b> 65:24 101:17,23 124:11 124:20,21 127:1 136:9,18,21,22,23 137:11 151:24 152:5,6,10 154:13 155:18,19,21 158:2 169:17 181:16 183:19,20 <b>surgical</b> 24:12 105:5 133:23 136:5 151:17 156:7,8 205:20 <b>surplus</b> 68:10 <b>surprised</b> 96:21 150:16 210:10 <b>surrounding</b> 10:5 11:8,10 32:6 37:14 40:2,8	79:18 80:8 117:20 133:8 152:22 163:16 170:11 195:12 199:20 <b>survey</b> 129:18 131:11,12 132:8 132:13 166:4 <b>surveyed</b> 64:6 <b>survive</b> 126:24 <b>surviving</b> 186:1 <b>survivor</b> 96:11 <b>Susan</b> 43:17,18 83:20 124:3 <b>suspicious</b> 85:5 <b>sustain</b> 125:7 <b>sustainable</b> 35:13 126:5,13 <b>sworn</b> 140:4 <b>sworn</b> 30:17,24 <b>Syl</b> 114:23 115:3 <b>system</b> 5:23 6:12,17 8:19 9:15 13:15 15:2 19:11 22:21 23:1,9 29:11 33:15 34:3 37:2 38:15 39:24 43:20 44:14,16 48:16 50:12 51:13 53:17 54:22,23 55:7,13 55:18 56:3 57:4 59:8,15,20 60:1,7 60:20 61:14 62:3 62:8,10 63:18 64:20 66:24 67:4 67:13 70:18,20,23 73:16 75:13 76:13 81:3,16 82:10 87:14,14,18 88:8 93:11 96:4,8,14 97:9,22 99:2 104:8 106:8 107:20,20,23 115:1 118:18 126:24 128:18 135:7 138:6 139:17 141:19 142:23,24 143:3,9 149:3 150:6 156:11 159:14 160:3 167:15 173:5 175:4 178:21,23 179:5 179:11,18 180:23 189:8,21 191:18 197:7 198:16 203:4 204:24 206:16 207:22	<b>systems</b> 13:4 14:18 37:7,12,17,24 54:24 55:2,4,7,21 82:17 106:10 109:11 122:17 123:16,24 127:13 135:15 148:18,20 173:7 174:11 192:22 195:9 207:24 208:2 <b>system's</b> 39:2 41:10 56:20 61:12 120:6 132:11 134:8 145:7 173:19 174:17 <b>S-h-a-d-e-l</b> 58:22 <hr/> <b>T</b> <hr/> <b>table</b> 3:20 <b>tack</b> 175:6 <b>Taco</b> 205:3,4 <b>tactics</b> 210:2,4 <b>tag</b> 145:15 167:9 <b>take</b> 22:6 34:22 36:14 58:7 71:18 87:17 89:23 92:7 97:14 98:21 101:16 103:3 111:17 113:14 119:18 120:24 122:8 127:7 141:5 142:13 150:7 151:1 185:9 188:8 195:16 204:5 205:14 <b>taken</b> 5:9 101:14,22 147:12 190:13,22 208:9 213:6 <b>takes</b> 58:17 105:1,5 134:14,21 160:22 <b>taking</b> 103:7 144:10 153:1 167:22 202:2 <b>talents</b> 143:5 <b>talk</b> 16:17 42:1 43:13 45:14 82:4 83:13,23 90:5 175:7 197:24 198:6,10,19 199:3 207:9 <b>talked</b> 82:14 83:20 83:22 198:7 <b>talking</b> 99:13,14 <b>talks</b> 74:22 <b>Tamera</b> 121:21,22 178:15,17 <b>target</b> 109:1,5	116:8 166:5 201:3 202:2 <b>targets</b> 200:13 <b>taught</b> 81:9 <b>tax</b> 20:17,18 38:23 61:4,24 80:2 <b>taxes</b> 20:22,24 68:21 <b>taxpayer</b> 41:8 <b>taxpayers</b> 36:13 68:23 79:24 140:14 155:6 161:11 194:2 <b>Taylor</b> 32:20,21,21 <b>teaching</b> 72:23 140:13,18 <b>team</b> 97:23 105:4,5 108:1 155:17 156:5,8 <b>tech</b> 158:13 <b>technology</b> 133:7 <b>Ted</b> 149:11,12 <b>telemetry</b> 152:14 <b>tell</b> 33:15 42:22 43:2,5 56:21 57:22 82:16 83:8 93:4 106:10 107:21 129:14 131:9 148:3 192:12 199:3 205:12 <b>telling</b> 83:4 86:1 132:9 146:19 173:21 198:20 <b>tells</b> 83:5 <b>temporary</b> 113:12 133:10 <b>ten</b> 142:23 190:19 <b>tenacity</b> 206:13 <b>tend</b> 171:16 <b>tens</b> 106:15 183:24 <b>tentatively</b> 3:7 <b>ten-minute</b> 58:7 142:14 <b>term</b> 116:21 <b>terms</b> 83:7 115:21 <b>Terra</b> 42:17 <b>terrible</b> 44:5 210:13 <b>Terry</b> 49:7,8 <b>tertiary</b> 103:24 <b>test</b> 179:23 <b>testament</b> 9:14 <b>testified</b> 68:9 82:6 82:11 208:2 211:11 <b>testify</b> 211:12 <b>testifying</b> 175:3
--	---	--	--	--

<p><b>testimonies</b> 5:8  <b>testimony</b> 3:22,23                  4:1,3,5,12,19,20                  4:21,23 5:4 25:9                  44:11 45:1 46:3                  47:10 53:9 65:2,4                  65:5 100:22,23                  108:13 120:2                  132:19 142:17                  159:4 167:3                  174:10,22 186:17                  201:17  <b>testing</b> 69:18                  146:12 199:1  <b>tests</b> 182:5  <b>text</b> 4:20  <b>thank</b> 2:5 9:22                  12:23,24 14:22                  18:23 19:7 21:12                  26:10,11 29:7,8                  33:11 36:17 40:23                  40:24 42:12,12,14                  43:16,22 48:1,2                  49:5,6 53:5,6                  56:16,17 58:4,5,6                  58:20,21 61:18,19                  64:23,24 66:20,21                  70:11,15 73:20,21                  76:24 80:22,23                  84:15 87:6,7                  92:11,12,14 95:24                  97:4 98:14 100:21                  103:7,9,11 105:22                  105:23 106:5                  108:8,9 109:22,23                  111:3,4 113:17,18                  114:22,23 118:19                  118:20,24 119:22                  119:23 121:20,24                  124:6,7 127:16,17                  127:21 129:6,7                  132:21,22 133:19                  138:8,9 139:11,12                  141:8,9,14 142:12                  142:13,20 146:1,2                  146:4 149:10,12                  151:8,9 154:6,7                  154:16 157:9                  158:24 159:1                  162:11,13 163:21                  163:22 168:17,19                  170:15,16 172:21                  172:22 174:18,19                  174:24 178:13,14                  178:17 180:24                  181:3,4 184:6,7                  184:14 186:9,10</p>	<p>189:22,23 191:21                  193:4,5 196:24                  197:4 199:22,24                  203:7,12,19 206:5                  206:6,8,12,14                  208:12 211:2,8,9                  211:10 212:6  <b>thanking</b> 82:5  <b>Thanks</b> 65:5 186:14  <b>their</b> 4:2 8:2,3,13                  11:5 12:2 13:4                  14:9,9 17:15                  24:11 25:17,17                  26:1 29:15,23                  30:12 35:4,13                  36:15 45:24 47:13                  56:10 62:23 63:2                  69:11 71:8 74:21                  76:16 81:18 82:11                  84:7 86:4,8 87:22                  90:6,9,11,19 92:4                  93:22 96:6 97:10                  97:15 98:7,10,13                  99:5 100:7 105:1                  109:5,11 115:20                  120:14 121:14                  122:18 125:10,11                  126:9 128:20                  129:19 130:16,21                  130:23 131:3,13                  131:14,14 132:4                  132:14 135:22                  136:1 137:15,21                  138:7 143:6                  147:12,17 150:18                  150:20 151:2,2                  152:24 153:12,14                  155:10,11 158:23                  160:9 163:7,17,17                  170:7 172:1,2,3,4                  172:6 177:17,19                  180:3,10 183:10                  187:24 194:12,21                  195:15 196:6,12                  196:19 197:19                  198:17 199:4                  206:2 207:2 209:1                  210:4 211:12  <b>themselves</b> 98:9                  100:5  <b>theory</b> 155:23  <b>therapist</b> 182:9  <b>therapy</b> 99:22                  158:22  <b>thereto</b> 213:11  <b>they'd</b> 176:20  <b>thing</b> 43:11 45:14</p>	<p>83:13 84:2 125:13                  140:10 176:4  <b>things</b> 8:1 31:4                  42:22 81:19,19                  82:1,4,4 84:24                  86:7 106:22                  162:22 174:14                  188:22  <b>think</b> 36:1 42:23                  65:1 84:10,12                  90:14 95:21 96:22                  97:2 98:8 99:19                  113:15 119:7                  123:22 128:23                  129:19 147:11                  162:5 169:4                  191:22 204:19  <b>thinking</b> 113:13                  173:18  <b>third</b> 26:23 29:22                  54:11 78:2 147:8  <b>Thomas</b> 48:9                  199:22  <b>Thomson-Reuters</b>                  142:23  <b>thoracic</b> 183:19  <b>thorough</b> 187:8  <b>Thorsen</b> 36:18,19                  36:19 39:14  <b>though</b> 22:1 130:1                  136:8 137:1                  138:24 192:14  <b>thought</b> 33:2 84:23                  109:20  <b>thoughtful</b> 127:7  <b>thoughtfulness</b>                  108:18  <b>thoughts</b> 103:7  <b>thought-out</b> 88:4                  109:18  <b>thousand</b> 38:12                  60:17 89:10                  202:11  <b>thousands</b> 106:14                  106:15  <b>threat</b> 52:10  <b>threatening</b> 126:6  <b>three</b> 2:18 4:24 6:6                  18:1 26:19 27:13                  28:17 29:19 30:8                  37:10 41:5 44:19                  55:13 59:23 61:8                  76:17 77:24 81:6                  82:2,3 83:19                  88:23 89:3,16                  112:22 113:4,4                  119:8 122:10</p>	<p>124:24 133:23                  134:13,19 135:11                  135:24 146:9                  149:6 158:1,7                  159:23 170:6                  182:3 183:1                  190:21 191:14                  193:15 196:3                  198:3,13 204:7  <b>three-hour</b> 185:15  <b>three-month-old</b>                  185:11  <b>thriving</b> 201:7  <b>through</b> 14:2,9 20:7                  20:13 22:24 25:17                  25:17 51:7 58:18                  68:20 69:15 71:8                  74:16 75:12 86:3                  96:8 111:20 117:4                  120:11 130:5,16                  132:8 136:10                  143:19,24 145:9                  158:8 164:24                  165:17 182:24                  183:6 189:13                  210:14  <b>throughout</b> 14:10                  20:8 35:14 50:3                  50:12 55:21                  105:21 112:1,1                  189:9  <b>throughput</b> 188:6  <b>throw</b> 32:3  <b>Thursday</b> 128:3  <b>Tichenor</b> 84:16,17                  84:17  <b>tighter</b> 126:23  <b>Tim</b> 101:3,4 181:5,6  <b>time</b> 2:1 5:1,1,18                  7:19 8:12 10:9                  12:6 14:20 19:2                  20:15 21:7,11                  22:1 25:14 29:19                  42:12 43:5,11,15                  44:4,18 52:14                  57:3 58:5 64:1                  65:20 68:5 69:5                  74:20 75:5,19                  76:8,10 78:8 79:1                  84:2 86:1 89:22                  90:1 92:17 94:16                  95:8 96:12 100:4                  100:5 106:3,9                  108:6 112:9                  113:17,22 114:12                  114:17 119:20                  123:8 124:13,13</p>	<p>127:2 128:10                  130:21 133:15                  136:20 143:5                  145:2 153:6 155:4                  158:24 162:16                  165:11,13,14,16                  165:17 168:17                  170:9 173:15,23                  174:5 175:16                  177:15,22,23                  178:5,22 190:14                  190:17 191:12,14                  191:14,21 198:10                  205:12 208:9,18                  209:4 211:2,8  <b>timely</b> 128:13 153:3                  188:16,19  <b>times</b> 27:10,13                  28:17 33:9 43:8                  58:16 74:23,24                  89:18 98:6 99:18                  99:20 114:12,16                  122:8 137:13                  146:12 156:8                  165:10,22 180:8                  188:1 190:19                  196:14 203:15  <b>timing</b> 173:21                  176:18  <b>tiny</b> 88:24  <b>tip</b> 9:7 41:4  <b>titles</b> 30:9  <b>today</b> 2:7 9:11                  11:12 12:17 13:3                  13:6 16:18 17:4                  19:11 22:10,19                  35:1,16,18 48:6                  53:8 57:12 59:4,5                  59:13 62:14 64:19                  67:1 75:8 81:2                  87:11 92:22 93:1                  97:12 98:5 103:18                  106:6 110:3                  113:21 114:1,2                  118:24 121:24                  127:21 134:6                  138:12 141:14                  145:14,21 157:13                  162:22 168:24                  171:5 173:2 175:3                  176:24 178:17,20                  184:13 190:3                  197:4 203:10,23                  206:22 209:22                  210:15 211:10  <b>today's</b> 24:24 25:9                  53:23 107:15</p>
---	--	---	---	---

<p>145:16 154:14  <b>toddlers</b> 173:9  <b>together</b> 26:3 100:2            105:6 156:22  <b>told</b> 30:18 31:1,10            33:5,9 48:14            97:23 100:9            117:23 150:24            158:14 191:5,11  <b>Tom</b> 174:22,23  <b>Tomlinson</b> 186:16            186:22,23  <b>tone</b> 85:15  <b>tools</b> 155:19  <b>top</b> 55:1 71:20            72:13 136:2            142:23 150:14  <b>topic</b> 41:24 57:12            91:1  <b>Topinka</b> 106:3,4,5  <b>topnotch</b> 127:6            192:23  <b>top-level</b> 122:21  <b>top-of-the-line</b>            136:1  <b>total</b> 11:11 20:24            38:16 40:17 45:18            60:21 64:2 99:18            112:16 128:8            129:1 204:3  <b>totaling</b> 62:24  <b>totally</b> 85:2 158:19  <b>tough</b> 77:5  <b>touted</b> 148:11  <b>toward</b> 23:13  <b>towards</b> 67:7  <b>towel</b> 32:3  <b>tower</b> 172:3  <b>town</b> 59:4  <b>towns</b> 90:12 116:11            117:20 150:22            199:13  <b>Township</b> 41:3,4  <b>toying</b> 81:14  <b>track</b> 8:23 103:4            201:9  <b>trades</b> 13:11 14:16  <b>trade-off</b> 205:13  <b>tradition</b> 129:23  <b>traditional</b> 67:12            70:1  <b>traditionally</b> 33:22  <b>traffic</b> 6:19 8:5 13:9            42:1,3 165:9,22            209:7  <b>train</b> 119:18  <b>trained</b> 105:13</p>	<p><b>training</b> 72:19            172:6 188:13  <b>transfer</b> 17:14  <b>transferred</b> 17:11            101:17 140:16            152:11,12 196:12  <b>transformation</b>            67:5  <b>transition</b> 130:21  <b>transitions</b> 120:11  <b>translates</b> 164:13  <b>transport</b> 33:3            188:16,19 189:12  <b>transportation</b> 79:8            79:12 130:6  <b>transported</b> 33:1            95:6 196:15  <b>transports</b> 105:11  <b>Traub</b> 119:10  <b>trauma</b> 104:3,19,20            104:23 105:14            134:15 145:10            189:11 202:12  <b>traumatic</b> 196:11  <b>travel</b> 90:17 93:20            115:18 133:15            137:17,18 138:22            140:7 147:23            149:4 165:10,11            165:13,14,16,17            169:10,17  <b>traveling</b> 97:17            166:8,12  <b>travelled</b> 18:12  <b>treat</b> 15:16 57:20            68:2 128:18 179:1  <b>treated</b> 100:16            128:13 152:21  <b>treating</b> 93:13            105:11  <b>treatment</b> 65:22,24            66:5 77:10 79:21            95:5 122:13 157:2            185:14 202:12  <b>treatments</b> 182:5  <b>treats</b> 93:10  <b>tremendous</b> 19:20            143:23 185:16  <b>tremendously</b> 6:11            93:3  <b>trenches</b> 146:16  <b>trend</b> 23:13 69:4  <b>trends</b> 42:7 68:4            70:3 162:10  <b>Trent</b> 193:6,7  <b>tried</b> 78:17 81:23  <b>trillion</b> 12:6</p>	<p><b>trip</b> 86:18  <b>trouble</b> 133:2            158:22  <b>troubles</b> 135:11  <b>true</b> 42:3 82:22            83:5 89:11 104:14            109:10 175:23  <b>truly</b> 22:19 26:5            73:17 171:9  <b>trust</b> 30:19 101:17            107:3 143:6  <b>Trustee</b> 43:1  <b>truth</b> 126:13 185:20  <b>try</b> 43:6  <b>trying</b> 95:13  <b>Tuesday</b> 39:18            197:21 198:24  <b>Turman</b> 85:18  <b>turn</b> 141:2 176:20            186:18  <b>turned</b> 158:5  <b>Turner</b> 53:6,7,8            56:6 207:15  <b>turning</b> 58:24            174:21 204:14  <b>turnover</b> 72:8,9,10            72:11,12  <b>twelve</b> 58:17  <b>twelve-month</b> 34:18  <b>twenty</b> 16:15  <b>twice</b> 175:22 176:6            197:11  <b>Twin</b> 133:12  <b>two</b> 5:3,14 11:12            15:6 17:20 18:19            23:11,19 26:20            31:11,13 33:20            48:12,14 51:5            63:1 75:15,17,19            76:3,15 77:7 82:3            82:4,4 85:10            89:16,24 99:10            100:9 101:1            108:22 119:3            128:11 146:8            148:11,12 175:2            176:12 178:5            182:16 188:7            189:5,10,11            192:14 197:22            201:7 203:4,15            204:5,13 205:10            209:21  <b>two-year</b> 38:10 40:7            60:15  <b>type</b> 205:8  <b>types</b> 137:11 155:24</p>	<p><b>typewriting</b> 213:7  <b>typically</b> 87:18</p> <hr/> <p style="text-align: center;"><b>U</b></p> <hr/> <p><b>ultimately</b> 52:19            66:18 209:14  <b>ultrasound</b> 158:13  <b>unable</b> 74:7 75:15            103:2 152:1,3,10            154:14 168:23            184:13 186:22            199:10 201:12            209:13  <b>unacceptable</b>            101:18 147:7,9  <b>unanimous</b> 39:9  <b>unanimously</b> 30:13            36:22 59:11  <b>unavailability</b> 7:2  <b>uncaring</b> 157:18  <b>uncertainty</b> 7:1  <b>unchecked</b> 82:20            83:9  <b>uncomfortable</b>            152:1  <b>uncommon</b> 146:23  <b>under</b> 46:9 51:4,6            57:21 70:9,9            81:20 106:18            126:6 130:17            148:9 213:7  <b>undergoing</b> 67:5  <b>undermines</b> 104:8  <b>understand</b> 111:21            129:12 130:13,14            149:4 186:6            193:19  <b>Understanding</b>            14:4  <b>understands</b> 13:16            13:24 37:17  <b>underutilized</b>            164:17  <b>underwent</b> 152:5  <b>undoubtedly</b> 95:6  <b>unemployed</b> 128:23  <b>unemployment</b> 7:23            40:13 139:21  <b>unequivocally</b>            106:11  <b>unfortunate</b> 192:5  <b>unfortunately</b> 25:1            34:20 65:17 96:9            99:10 185:21  <b>Unified</b> 37:22 39:6            61:16  <b>unincorporated</b></p>	<p>122:3  <b>uninsured</b> 148:9  <b>unique</b> 98:18            129:15 130:3,10            156:21  <b>unit</b> 93:14 108:19            109:9,14,18            120:24 152:8,11            177:5  <b>United</b> 8:22 26:16            55:2,11 67:4            98:19 107:22,24            108:2,3  <b>units</b> 93:15 109:4            109:11  <b>university</b> 5:22 73:5            73:6 131:11            154:14 164:3            166:13,14  <b>unless</b> 33:23 148:14  <b>unlike</b> 6:16 98:18            143:17  <b>unlimited</b> 193:21  <b>unmet</b> 7:19 8:10            12:16  <b>unnecessarily</b> 12:7            12:20  <b>unnecessary</b> 24:4,6            24:23 70:6 101:19            102:15 105:19            135:15 143:1            155:4 157:6            159:12 185:16  <b>unneeded</b> 87:16  <b>unqualified</b> 50:22  <b>unrealistic</b> 82:3  <b>unreimbursed</b>            118:6  <b>unresponsive</b>            197:16  <b>unsustainable</b>            126:14  <b>until</b> 3:15 5:13 7:17            66:12 151:19            152:10 177:19            197:21 211:18  <b>untrue</b> 82:3,15  <b>unwarranted</b> 46:10            47:19 155:8  <b>unwise</b> 24:8  <b>upcoming</b> 131:9  <b>update</b> 188:9  <b>upgrades</b> 68:19  <b>upper</b> 49:23 50:4            51:6,24 89:9  <b>upset</b> 31:11 157:16            157:24 158:6</p>
--	---	---	---	--

<p><b>urge</b> 10:16 12:20 19:12 32:15 36:14 76:19 95:20 108:7 149:8 157:5 168:16 172:20 174:17 180:20 184:2 192:24 195:16 196:20 203:2 <b>urgent</b> 51:10 93:22 135:12 188:3 <b>Urso</b> 21:20 <b>use</b> 26:8 41:11 42:11 52:21 70:10 81:20 83:17 88:13 97:1 112:23 115:20 145:7 149:24 162:9 168:9 179:5 180:2 192:21 <b>used</b> 28:2,9 72:5 122:5,7 124:18 150:2 165:4 187:12 <b>uses</b> 124:23 <b>using</b> 3:20 17:2 20:20 63:22 74:20 100:7 124:13 125:9 160:13 168:1 <b>Utah</b> 115:7 <b>utilization</b> 11:9,17 17:19 34:14,16 62:19,20 67:16,21 68:4 69:4 109:1,5 166:5 172:16 200:13 201:6,12 201:14,15,23 202:2 <b>utilizations</b> 69:24 <b>utilized</b> 24:9 <b>U.S</b> 8:23 55:21 67:18 159:18</p> <hr/> <p style="text-align: center;"><b>V</b></p> <p><b>vacancy</b> 71:24 72:1 72:2,3 <b>vacant</b> 174:4 <b>vacation</b> 22:1 <b>Val</b> 105:24 <b>valid</b> 4:14 <b>validate</b> 63:21 <b>Valley</b> 35:7 49:24 50:4 51:7 52:1 133:24 <b>value</b> 13:16 156:21 167:16</p>	<p><b>values</b> 187:21 <b>value-based</b> 68:5 143:18,24 <b>variable</b> 63:12 <b>variables</b> 62:15 <b>variance</b> 63:22 <b>variety</b> 131:16 141:15 168:18 <b>various</b> 93:20 120:10 131:17 208:15 <b>Varma</b> 184:8,9 <b>vascular</b> 52:7 <b>vehemently</b> 153:17 <b>venture</b> 44:14 124:21 <b>ventures</b> 45:9 <b>verbal</b> 2:8 <b>verified</b> 8:23 <b>version</b> 53:9 <b>vertically-integra...</b> 8:19 <b>very</b> 18:9 24:24 27:18 35:22 43:5 43:12,13,13 45:15 48:17 53:5 56:6 56:16 57:2,10,16 70:11 72:8,16 73:20 83:13 84:6 84:23 85:5,6,10 86:10,12,16 88:7 91:2 93:17 95:14 96:23 97:1 100:10 110:7 111:15 114:9,20 115:11 116:18 117:21 118:19 119:4 121:13 122:13 123:11 127:24 130:3 131:4,24 134:15 135:11 138:8 141:14 142:6 144:7 145:20 153:10 156:18 157:16,18 157:24 158:6 160:24 174:18 176:3,8,13 178:7 178:10 179:3 184:14 193:22 195:16,21 197:22 199:12,22 210:12 <b>vests</b> 37:18 <b>veteran</b> 33:5 <b>Veteran's</b> 33:5 <b>via</b> 3:13 63:22,24 105:7 196:15</p>	<p><b>viable</b> 200:5 202:6 <b>vice-chairman</b> 29:23 <b>Vice-President</b> 19:11 21:15 30:6 33:14 43:19 81:3 106:7 107:8 142:21 149:15 170:20 186:23 203:21 204:16 206:16 <b>Vice-Presidents</b> 173:15 <b>vicinity</b> 135:1 136:5 <b>victims</b> 196:11 <b>view</b> 16:9 34:2 <b>viewed</b> 3:2 <b>views</b> 74:8 206:22 <b>Village</b> 59:1,3,3,5 59:11 61:11 <b>violate</b> 34:10 <b>virtually</b> 23:4 55:2 204:8 <b>vision</b> 187:21 <b>visit</b> 48:21 71:9 110:12,20 119:11 119:15 126:1 133:13 138:20 139:2 141:23 142:5 156:24 157:15 169:14,21 174:24 <b>visits</b> 182:5 197:12 <b>vital</b> 50:13 51:16 53:20 55:23 79:9 174:12 <b>vitals</b> 190:13 <b>voice</b> 22:3 87:12 103:18 146:7 <b>voiced</b> 121:7 <b>voices</b> 183:17 <b>volume</b> 13:10 24:11 24:14 63:8 64:8 150:24 160:20,22 167:22,22 171:9 171:15,17 200:8 200:10,16 202:3 205:16,22 <b>volumes</b> 11:24 17:11 160:18 167:3 171:11,22 172:2,3,5,19 201:5 205:18 <b>volume-based</b> 68:4 70:1,4 143:19 <b>vote</b> 30:14 31:8 46:18</p>	<p><b>voted</b> 30:13 31:11 <b>vowed</b> 199:6 <b>VP</b> 173:21 <b>vulnerable</b> 10:14 11:21 50:14 117:13</p> <hr/> <p style="text-align: center;"><b>W</b></p> <p><b>W</b> 1:14 <b>wage</b> 113:2 <b>wait</b> 65:18 66:13 125:7 146:12 151:22 152:7,13 163:15 173:23 185:15 187:24 190:12 191:11 <b>waited</b> 151:19 152:9 191:11 197:23,24 <b>waiting</b> 128:13 173:11 180:8 185:16 190:10,18 190:18 198:11 <b>waits</b> 192:8 <b>walk</b> 85:1 99:6,7 111:19 128:19 195:8 <b>walking</b> 100:19 157:23 <b>walk-in</b> 76:6 <b>want</b> 4:24 45:14 46:23 66:9 73:14 74:18 77:7 78:1 82:4 83:13,16,18 83:23 100:11,12 101:20,21 102:17 106:24 107:13,16 109:17 125:11 126:17,18,19 129:14,17 131:9 132:5 149:16,23 156:7,12 183:4 186:18 187:2 192:13,16 204:11 204:18,20 205:10 205:20,23 209:20 <b>wanted</b> 43:11 74:8 101:8 103:6 107:18 114:4 154:15 175:11 <b>wanting</b> 3:8 192:6 <b>wants</b> 42:2 57:4 126:21,21 129:13 142:16 <b>Ward</b> 124:8,9,9 <b>warnings</b> 146:13 <b>warrant</b> 102:21</p>	<p><b>Waschevski</b> 111:5,6 111:7 <b>Washington</b> 26:15 126:2 207:9 <b>wasn't</b> 97:23 99:17 147:2 197:20 <b>waste</b> 12:8 <b>wasteful</b> 10:15 <b>wasting</b> 12:21 <b>watch</b> 196:18 <b>watched</b> 56:23 <b>Wauconda</b> 144:19 <b>way</b> 6:14 11:4 42:24 78:7 81:13 85:8 85:17 90:17 94:24 95:9 99:9 109:19 111:21 112:18 115:23 116:18 117:2 144:5 145:22 146:15 174:11 176:11 177:14 182:20 187:16 <b>ways</b> 11:18 44:2 81:8 93:3 123:22 184:3 <b>wazoo</b> 31:13 <b>weaken</b> 50:11 <b>weakening</b> 12:1,14 <b>weaker</b> 104:6 <b>wealth</b> 211:5 <b>web</b> 75:7 210:13 211:22 <b>Wehb</b> 176:16 <b>week</b> 113:1 148:10 163:2,5 197:8 <b>weekly</b> 160:21 <b>weeks</b> 85:23 99:19 113:1 <b>week-long</b> 71:9 <b>Weideman</b> 151:10 151:11,11 <b>weighed</b> 128:10 <b>welcome</b> 77:3 139:22 <b>well</b> 13:21 23:23 34:22 36:23 41:22 49:12,18 50:5 71:24 72:11 74:10 80:4 84:6 88:4,7 96:23 100:16 101:9 103:16 109:18 112:17 120:11,16,20 124:13 155:12,19 158:21 170:9 174:3 176:8,10</p>
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<p>191:14 195:18 206:8,16 <b>Wellbank</b> 133:12 <b>wellness</b> 15:4,17 43:20 51:10 120:15 121:10 <b>well-being</b> 49:16 50:9 95:21 <b>well-conceived</b> 108:20 <b>well-needed</b> 138:14 <b>well-served</b> 89:2 102:1 154:20 <b>went</b> 5:20 18:11 96:5 99:10 107:21 108:19 128:4 158:7 179:23 190:4 191:9 <b>were</b> 29:20 30:4,6 30:23 32:2 34:21 36:12 44:7 45:5 46:8,21 62:14 64:19 71:20 75:1 75:19 83:15 84:24 85:20,20 86:1 92:2,3 94:10,11 96:11 97:18 99:13 100:1,16 102:11 104:4 107:13 110:3 112:19 117:15 118:24 123:10 131:21 138:12 140:12 141:13 150:16 151:16 153:8 156:6 157:20,21 158:5 163:4,5,8,9 168:23 173:16 175:19 176:12,13 177:23 190:23,24 197:18,19 198:2,2 198:11,14 199:4,4 204:2,14 205:2 207:11 210:9,12 213:6 <b>Wes</b> 13:1,2 <b>west</b> 1:3 3:3 115:7 211:24 <b>we'll</b> 16:17 58:7 92:12,16 101:1 142:13 186:14 203:16 <b>we're</b> 5:24 10:20 35:8 90:24 98:18 125:1,3,8 130:1,2 130:24 131:4 184:10 210:22</p>	<p><b>we've</b> 6:8 9:9 52:5 131:5 143:23 144:21 176:18 208:22 <b>wheelchairs</b> 197:19 <b>wherewithal</b> 55:24 <b>while</b> 10:7,19 45:5 45:10 55:6 65:8 69:1 92:7 96:5 101:9 109:9 116:6 131:4 144:18 161:7,17 163:15 167:17 185:1 190:18 198:16 200:11 204:22 210:19 <b>White</b> 13:5 <b>whole</b> 137:23 158:3 160:2 210:11 <b>wholeheartedly</b> 114:7 <b>wholly</b> 47:19 <b>Wickham</b> 77:1,2,3 <b>Wickman</b> 81:4 <b>wide</b> 202:6 <b>wife</b> 65:15 81:6 85:6 86:7,13 100:13 146:9 149:6 152:9 197:16 <b>wife's</b> 199:5 <b>William</b> 56:18 <b>Williams</b> 90:16 110:5 <b>willing</b> 83:8 206:13 <b>winners</b> 53:16 <b>winter</b> 173:7 <b>Wisconsin</b> 87:15 90:13,16 133:12 169:3 <b>wisdom</b> 145:2 <b>wiser</b> 199:17 <b>wishes</b> 205:17 <b>wishing</b> 4:22 <b>witnesses</b> 187:3 <b>Woll</b> 154:10 <b>women</b> 15:16 31:14 <b>women's</b> 52:8 107:5 153:6 187:4,6,15 187:20 <b>wonder</b> 119:2 138:15,18 149:6 153:13 160:3 169:7 <b>wonderful</b> 9:19 <b>Woods</b> 53:14 <b>Woodstock</b> 1:14 6:2</p>	<p>13:5 15:8 18:12 27:8,22 48:21 62:7 65:8,14 75:22 76:2 87:21 89:5 97:14,17,19 107:6 120:5,22,24 122:15,19 128:1 128:15 133:14 134:1,2,22 139:2 142:6 150:9,22 153:7,9,16 160:1 169:2,11 173:4,11 173:14,23 187:4 187:18 188:11 189:1 192:2 193:15 199:23 200:11,17,22 201:16 206:21 <b>Woodstock's</b> 63:8 87:20 <b>Woodstock-Crystal</b> 97:8 <b>Wool</b> 154:8 <b>word</b> 198:19 <b>words</b> 15:5 81:21 89:10 173:8 <b>work</b> 7:22 71:4,10 71:13,16,19 72:16 73:18 77:4 81:12 81:23 106:11 109:17 111:20 112:3 115:13 131:2 143:9 149:14 154:1 156:22,24 164:1 173:17 178:5 185:5 199:10 205:5 <b>worked</b> 33:18 53:15 123:6 153:12 185:24 195:23 <b>workers</b> 68:15 111:24 112:4,9,19 129:3 185:5 <b>working</b> 55:6 71:15 71:17 99:23 125:3 130:24 150:17 153:23 173:22 174:1 179:24 185:19 191:7 <b>works</b> 99:2 132:3 133:4 180:10 184:16 <b>workup</b> 185:14 <b>workups</b> 157:21 <b>world</b> 161:7,9 193:17,20,23</p>	<p><b>worldwide</b> 189:4 <b>worried</b> 101:12 135:18 <b>worry</b> 185:21 <b>worrying</b> 116:16 186:7 <b>worse</b> 42:5 44:3 162:23 187:6 <b>worth</b> 46:7 81:10 81:10,13 89:10 128:12 <b>wouldn't</b> 42:5 112:17 138:22 140:9,11 173:23 198:13 <b>write</b> 122:1 198:22 208:9 <b>writing</b> 39:17 44:22 <b>written</b> 2:8 3:9,16 3:22,23 4:1,3,12 4:14 19:4 32:14 44:10 45:1 46:3 46:18 47:10 65:2 65:4 100:22 120:2 142:17 159:4 186:17 201:17 211:12,14,19,20 <b>wrong</b> 107:2,10 <b>wrote</b> 30:10 <b>www.hfsrb.illinoi...</b> 3:13,18 <b>www.idphnet.com</b> 75:12 <b>Wynes</b> 189:24 190:1,1</p> <hr/> <p style="text-align: center;"><b>X</b></p> <hr/> <p><b>x-rays</b> 198:1</p> <hr/> <p style="text-align: center;"><b>Y</b></p> <hr/> <p><b>Yao</b> 97:5,6,6 <b>year</b> 7:12 10:19,23 10:24 12:6 20:6 20:10 21:1,2 31:22 38:11,18 40:9,19 43:9 45:19 51:1 52:3 55:2 60:16,23 63:21 77:23 81:20 91:6 92:1 112:7,8 113:1,3 114:18 117:14,17 125:2,2 156:8 173:19 176:21 182:14 188:12 198:23 202:8,8 204:3 <b>years</b> 5:23 6:9,10</p>	<p>7:20 8:10,17 9:5 10:5 14:6 15:3 20:11 21:11 23:17 25:11 26:17 35:2 38:19 40:20 43:21 44:20 48:12 49:21 54:23 56:23 60:24 67:16 71:2,13,16 72:21 73:9 77:18 77:19,20,21,22 78:6,17 86:23 87:2 93:1,3 94:10 96:12 97:10 98:1 98:19 100:9 106:10,19 107:15 107:19 109:1 112:22 113:4 121:6,16 122:4 123:6,7 125:1 126:9 131:11 134:12 135:3 137:4 139:16 141:20 146:7 151:15 152:18 153:12,21 158:7 159:9 162:19,24 163:19 164:1,14 170:5 176:22 184:22 185:4,24 189:17 192:3 193:2 195:4,24 208:20 209:23,24 <b>year-round</b> 113:11 <b>yellow</b> 3:24 <b>yesterday</b> 56:21 185:10 <b>young</b> 101:9,10 <b>younger</b> 196:9 <b>youthful</b> 106:8 <b>Yusk</b> 181:5,6,6 <b>Yvonne</b> 97:5,6</p> <hr/> <p style="text-align: center;"><b>Z</b></p> <hr/> <p><b>Zanck</b> 119:24 174:22,23,24 <b>zero</b> 30:14 63:4 184:24 <b>zip</b> 15:8,10 16:3 90:2 195:13 204:8 <b>zoning</b> 37:18,22 39:5 61:15 77:23 175:15 176:2,12 176:12,14,22 177:1 <b>Zurich</b> 144:19</p> <hr/> <p style="text-align: center;"><b>\$</b></p> <hr/>
--	--	--	---	--

\$1,371,000 20:19	1,375 18:10	150 112:8	2000 6:2 10:19,21	159:9 162:24
\$1.1 202:10	1,400 167:8	16 28:1 134:12	20:14 21:10 97:9	26 28:21
\$1.5 46:18	1,664,000 113:2	204:3,4	206:20	26th 3:14
\$10 64:8,21 201:24	1,752 200:15	16-year 134:10	2001 72:12	26,000 8:14
208:12	1,800 125:2	16.38 175:18,23	2002 65:13 124:21	27 201:14
\$100 112:23 113:3	1.4 15:8	160,000 6:7 8:15	173:6,7,20 174:13	29 18:12
\$102 21:1	1.6 12:6	164,000 54:16	2003 30:10,13 44:3	29th 37:1 59:15
\$102.78 38:18 40:19	10 3:1 19:15 21:22	17 7:17	46:14,17 52:19	
60:23	27:20 33:10 45:19	176 78:13	201:11	<u>3</u>
\$11.7 17:20 63:19	54:23 58:16 63:21	178 200:13	2004 6:9 16:21	3 20:20 24:4 27:12
64:22 202:1	65:16 71:20 72:5	18 1:13 17:7 118:2	30:16 31:2,5 32:7	53:15 72:1,11
\$117 91:5	84:20 123:7	18,000-plus 59:10	47:14 74:23 77:23	164:12 197:12
\$15 12:4	134:22 166:9	18-month 19:23	84:6 87:20 175:19	198:9,12,14,18,20
\$166.4 113:3	178:5 191:12	180 20:7	2005 10:21 31:24	3,000 114:18
\$175 20:10	200:23	181 62:17	67:21	3,259 64:3
\$176 159:12	10th 3:8 211:18	182 62:18	2006 71:14	3,368 62:24
\$20 161:24 162:1	10-minute 122:7	19 45:3 134:23	2007 17:5 44:20	3,400 156:16
\$200 6:1 10:14 12:8	10-089 2:9,19	19.9 92:1	45:2,4 55:14 71:7	3,600 10:22
12:21 19:21 21:8	10.5 201:15	1952 84:18	74:22,23 83:22	3,809 45:19 62:24
23:9 37:4 47:17	10:00 198:4	1971 78:11	144:24 153:8	3,977 45:18 64:3
52:14 59:17 113:9	10:05 2:1	1972 78:11 81:5	207:23	3-year 112:5
161:22 164:19,23	100 1:14 9:6 15:3	1973 122:5	2008 8:22 98:1	3.5 72:4 92:3 117:15
167:9 194:17	89:20 112:8	1974 77:22 175:2	107:22	3.7 67:22
204:4	150:18 161:20	1979 78:19	2009 10:23 67:18,21	3:30 198:18
\$200,525,891 2:23	189:17	1980 78:14 184:21	84:18 85:3 200:20	30 57:18 69:2 89:22
\$21 20:12	100-bed 84:9	1981 78:20	201:13,15	93:1,3 94:5 97:17
\$235 52:3	101 185:11	1982 77:22	2010 10:23 11:1	106:10 111:12
\$257 21:1	1089 32:18	1989 67:18	15:15 37:1 40:14	117:6 122:8
\$257.5 38:19 40:20	11 53:15 197:9	1990 182:9	59:15 75:1,5,24	134:20 166:7
60:24	11th 199:6	1996 4:10 50:16	76:4 131:18 202:8	195:24 204:9
\$3 118:5	1100 34:15	71:2	2011 1:13 3:1,8,10	30th 3:15 45:4,11
\$325 91:9 104:12	113,000 54:11	1997 173:5,8 174:11	3:14,15 39:7,18	211:19
\$4,395,000 20:20	114 44:13		40:15 61:17	30-minute 41:22
\$41 118:6	118 54:4	<u>2</u>	159:19 185:10	122:6 165:11
\$49 20:12	12 65:22 66:14	2 27:16,24 28:20	190:4 197:9,9	300 10:23
\$499.2 113:5	118:4 197:11	75:16 198:5,6	211:18,19	31 2:18 6:6 37:10
\$5.5 202:9	12th 45:2	2nd 1:3 78:19	2012 7:16	59:23 78:12
\$5.6 202:9	12.3 72:10	2,080 112:24	2014 20:2	122:11 184:18
\$50 159:24	12:32 92:12	2,600 125:1	2016 7:17	310,000 11:2
\$55 20:10	120 10:5 20:6 164:9	2,872 64:4,8	2018 127:2	3108 42:17
\$6,800 55:14	128 153:20	2.1 117:16	21 5:23 11:3 117:7	32,960 200:14
\$650 202:11	128-bed 2:15 6:5	2.5 109:6	21st 100:18	33 56:10
\$700 179:24	37:9 59:22 160:16	2.6 15:9	217 3:6 212:2	330 20:5
\$74.8 21:2	164:7 168:3	2:00 198:11	217-782-3516 1:5	331 18:10
\$9,518 55:17	13 9:5 129:22 161:6	2:40 142:14	22 45:22 46:1 64:4	337,000 11:1
\$9.8 21:2	161:13 210:10	20 8:17 9:5 21:22	178:10 184:22	35 88:9 112:12,12
	13th 132:17	31:5 44:8 49:21	208:1	209:23
<u>#</u>	14 123:3 201:2	55:1 67:16 72:22	22nd 39:18 45:2	35-plus 182:2
#10-089 1:11	14-and-a-half 67:19	77:20 97:17	23 28:22 164:1	36 200:11,17
	1403 13:5	108:21 118:2	24 34:12 47:17	365 182:14
<u>I</u>	15 14:6 27:20 90:1	122:4 164:14,16	163:4	<u>4</u>
1 28:14 198:3	165:16 190:24	20th 3:9 211:19,21	24-hour 105:9	4 28:8 84:20
1st 59:10 61:17	191:8 193:10	20,000 78:9	106:20	4th 190:4
1,000 7:14 20:3	15th 36:22 39:7	20-bed 107:5	240 20:7	4,000 167:23 204:5
40:10 129:1	185:10	20-plus 209:24	25 25:23 67:20	4:40 212:8
1,105 112:16	15-minute 90:4	20-year 69:3	72:13 112:11,12	40 17:13,24 77:18
1,200 43:9	122:6 165:13	200 10:21 56:10	123:6 139:16	

77:19 113:1 170:5 176:22 201:21 400 14:14 401 1:21 42 45:17 62:23 150:8 43 117:12 43,000 79:6 45 16:23 27:23 47:3 65:18 66:12 83:6 86:18 46 54:14 47 18:13 48 28:16 49 47:12	7 7 74:6 76:10 7th 145:12 197:9,15 7,200 125:3 7.3 67:23 7.6 67:23 7.7 72:9 70 11:10 70's 151:23 70-bed 83:24 84:4,8 175:14,20 718 46:2 72 199:16 725 71:22 77 34:15 192:3 782-3516 3:6 785-4111 212:2			
5 5 33:10 200:23 5,482 200:15 5.2 72:12 5.5 108:24 5.9 16:3 5:40 197:15 50 42:9 71:14 78:6 86:22 140:3,8 147:22 164:10,15 171:18 52 113:1 525 1:3 3:3 182:13 211:23 53 200:10,16 201:2 55 82:24 55,000 182:5 550 73:3 58 27:9,13,23 200:24	8 8 77:21 193:14 8,000 121:11 8.1 40:13 8.4 7:24 8.9 72:14 80 165:12 800 7:11 9:6 19:22 38:9 40:6 60:14 111:18,22 112:19 112:20,24 113:7 208:8 81 89:24 840 20:3 38:13 40:11 60:18 128:24 85 76:12 8528 70:19 855 112:16 88 62:24 202:2			
6 6 31:24 76:10 129:21 161:6 193:9 6,000 208:7 6-mile 161:13 6:00 198:24 60 11:10 147:21 60's 67:7 78:7 600 7:15 20:4 38:14 40:12 60:19 60611 1:22 61 114:18 62761 1:4 62761-001 212:1 65 121:6,16 147:22 650 7:11 38:9 40:5 60:14 111:18,22 112:19	9 9 28:8 75:5,6 118:4 9.4 40:14 9.5 72:2 90 160:13 200:8 90% 168:1 900 108:22 93 54:9 98 96:4 99.9 75:18			