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

**PROJECT 10-078
OAK FOREST HOSPITAL**

PUBLIC HEARING

APRIL 18, 2011

ORIGINAL

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 #10-078
Oak Forest Hospital

Public meeting held on April 18, 2011, at the Bremen
Township Hall, 15330 South Oak Park Avenue, Oak Forest,
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: 10:19 a.m.

2

3 MS. AVERY: Good morning everyone. I'm
4 Courtney Avery. I'm the Administrator for the Illinois
5 Health Facilities and Services Review Board, and the
6 purpose for this -- and intention for today is to afford an
7 opportunity for interested parties to present written
8 and/or oral comments relevant to Project 10-078, Oak Forest
9 Hospital in Oak Forest, Illinois. The applicants for this
10 project are the Cook County Health and Hospitals System.
11 As per the Illinois Health Facilities Planning Board Rules,
12 I would like to read the following legal notice for the
13 record.

14 Notice is given of the receipt of a
15 Certificate of Need application to discontinue a 213-bed
16 acute care hospital, located 159th and South Cicero Avenue
17 in Oak Forest. The total project cost is zero dollars.
18 The application contained a Safety Net Impact Statement and
19 was declared complete on November 23rd, 2010. An Intent to
20 Deny the proposed project was decided at the March 21st,
21 2011 Illinois Health Facilities and Services Review Board
22 meeting.

23 The submitted CON application can be viewed at
24 the Illinois Health Facilities and Services Review office,

1 which is located at 525 West Jefferson in Springfield,
2 Illinois. To obtain a copy, you may call (217) 782-3516
3 and we will give you the details of how to obtain that
4 application, and copying fees that are applicable to your
5 request. Please note that consideration by the State Board
6 for this project has been tentatively scheduled for May
7 10th, 2011 at the Holiday Inn Conference Center located at
8 411 South Larkin Avenue in Joliet, Illinois. Any persons
9 wanting to submit written comments on this project must do
10 so no later than five p.m. on April the 20th, 2011. Again,
11 five p.m., April the 20th, 2011. It's a short time frame
12 because the Board meeting is May the 10th, and we have to
13 provide written comments by a certain time frame in
14 accordance with the law. The comments should be sent to
15 the State Board office at the Illinois Department of Public
16 Health, 525 West Jefferson Street, Second Floor,
17 Springfield, Illinois, 62761-0001, and to the attention of
18 Courtney Avery. Or, if you prefer, you may fax your
19 comments to (217) 785-4111.

20 If you have not done so, I would request that
21 you sign in, using the appropriate registration forms which
22 are on the back table. The green form is for those
23 providing oral or written testimony in support of the
24 project. The blue form is for those providing oral or

1 written testimony in opposition of the project. The white
2 form is for those not providing either oral or written
3 testimony but would like to record their support,
4 opposition, or to remain neutral of the project.

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

17 Those of you who came with prepared text, if
18 you have it, we would appreciate you submitting the text
19 without giving oral testimony as time goes on. So, you can
20 still submit your oral testimony in written format and it
21 will also be included in the Board's packet. However, if
22 you're giving oral testimony, I ask that you be as brief as
23 possible, and because we have a number of persons wishing
24 to provide oral testimony, I will limit the testimony to

1 three minutes, after the applicants have spoken for seven
2 minutes and the person who called the public hearing will
3 speak for the same amount. So, we'll have three people
4 that will go for seven minutes each. Should anyone want to
5 speak for more than the time allowed, if time permits you
6 may do so after everyone has an opportunity to do so.

7 As per the legal notice, if you have it
8 available, I would ask that you provide two copies of your
9 testimony, and prior to beginning your oral presentation,
10 please give the Court Reporter the complete spelling of
11 your full name. All testimony will be taken as much as
12 possible in the order of the names on the register, and
13 what I'll do is alternate between those that are in support
14 of the project and those that are opposing the project, and
15 if you have any questions regarding the proceedings for
16 today -- not on the issue of the application -- I will
17 answer those at the conclusion.

18 At this time, I will call Mr. William Foley.

19 MR. FOLEY: Good morning. My name is Bill
20 Foley, and I'm the CEO of the Cook County Health and
21 Hospitals System. We are here today to discuss Cook
22 County's Certificate of Need application to discontinue
23 inpatient services on our Oak Forest campus. Through the
24 second hearing on our application, we welcome the

1 opportunity for transparency and to address any outstanding
2 issues with regard to our proposal.

3 Over the past two years, I have been
4 intimately involved in leading the Health System's plan for
5 the future, resulting in our Strategic Plan: Vision 2015.
6 At the outset, I ask you to understand that the Certificate
7 of Need application under consideration today is a critical
8 component of the successful implementation of the Health
9 System's strategic plan for the improved delivery of
10 quality healthcare to the medically under served residents
11 of Cook County. The strategic plan addresses the system's
12 need to place greater emphasis on outpatient care as
13 opposed to inpatient care and to provide better geographic
14 access to care across Cook County. Right now the
15 geographic locations of our services do not match well with
16 the areas within the county that have the greatest need for
17 our services. In fact, medically under served residents of
18 the County's Southland are in particular need of improved
19 access to outpatient specialty, diagnostic, and primary
20 care.

21 As a result, our strategic plan calls for the
22 transformation of our Oak Forest campus from an under
23 utilized inpatient facility to a regional outpatient center
24 focused on the delivery of much needed primary, specialty,

1 and diagnostic services. As you will hear from other
2 presenters this morning, our plans for this regional
3 outpatient center are very detailed and have been funded in
4 the County's 2011 budget.

5 The major goals of the Health System's
6 strategic plan are to increase patient volumes, reduce long
7 wait times, and, most importantly, bring access to scarce
8 vital resources closer to home for thousands of Cook County
9 residents. In short, with our strategic plan, we will
10 dramatically increase healthcare for the medically under
11 served and address a significant gap in currently-available
12 healthcare services in the County's Southland.

13 We did not create our strategic plan
14 overnight. The process began back in 2008, when the County
15 Health System's newly established independent board met for
16 the very first time. The Cook County Board of
17 Commissioners had recognized that the face of healthcare
18 was changing and it was clear that the County Health System
19 must be more efficient moving forward, serving a greater
20 number of patients with no additional governmental fiscal
21 resources on the horizon. Toward this end, the County
22 Board of Commissioners appointed the independent Health
23 System Board, comprised of experts in healthcare and
24 related fields. The County Board charged this new

1 independent Health System Board with developing a strategic
2 plan to meet the public health needs of the County's
3 residents.

4 The Health System developed this plan over the
5 course of 18 months. We paid the utmost time, care and
6 attention to this vital initiative. We sought out and
7 incorporated input from our stakeholders, including
8 community leaders and organizations, other healthcare
9 providers, and our staff and employees. In this regard, we
10 held 14 town hall meetings throughout the County during the
11 18-month period, hearing from hundreds of stakeholders.

12 In the summer of 2010, both the Health System
13 Board of Directors and the Cook County Board of
14 Commissioners approved our Strategic Plan: Vision 2015.
15 There should be no doubt that we did our due diligence, and
16 there was strong support from health system and County
17 leadership for the plan. Moreover, we have a transition
18 plan in place that addresses both the medical needs of our
19 patients and the financial resources required to meet those
20 needs.

21 We have been working very closely with
22 neighboring facilities, healthcare facilities, to ensure
23 our patients' continued inpatient and emergency care needs,
24 and we have assurances from many area hospitals that they

1 have the capacity to fulfill those needs. Indeed, we have
2 arrangements under way for the current long-term residents
3 of the hospital to be cared for at area healthcare
4 facilities upon closure of the hospital. These residents
5 will be cared for at the County's expense and with ongoing
6 monitoring as to the quality of care that they have
7 received. We understand and appreciate that we are the
8 stewards of care for these patients, and we will continue
9 in that role for as long as these patients need us.

10 In addition to addressing our patients' needs,
11 our strategic plan provides for the continued employment of
12 as many employees as possible. Many employees will be
13 redeployed to our regional outpatient center or to other
14 positions within the Health System as a whole. In fact,
15 I'm happy to report that every one of our Oak Forest
16 Hospital nurses has been given the opportunity to take an
17 open position elsewhere within the Health System, and over
18 90 percent have done so.

19 It's no secret that the County, like many
20 governmental entities, faces limited resources moving
21 forward. That said, the Cook County Board of Commissioners
22 has approved the Health System's fiscal year 2011 budget,
23 which provides for a redeployment of resources to fund the
24 regional outpatient center on our Oak Forest campus. We

1 are pleased to have received President Preckwinkle's
2 unwavering support for the strategic plan as a whole and
3 for the CON application under consideration today.

4 The System's strategic plan has improved
5 access as it's primary goal. As a result, the strategic
6 plan does not assume a reduction in overall County
7 resources used for healthcare but, instead, assumes these
8 resources will be used more efficiently and effectively to
9 better meet patient needs and build Health System
10 infrastructure. The Cook County Health and Hospital System
11 has an opportunity to greatly improve access to healthcare
12 for thousands of medically under served patients. The
13 discontinuation of inpatient services on our Oak Forest
14 campus is a critical step in achieving this important goal.

15 From my more than three decades of
16 professional experience in healthcare administration,
17 including experience in public safety net hospitals, I
18 recognize that the Health System's strategic plan is good
19 public policy. With continuing medical advances and
20 healthcare reform on the horizon, increased access to
21 ambulatory, outpatient care is currently a best practice
22 and is clearly the way of the future. That has been a
23 guiding principle of our strategic plan.

24 We are deeply grateful for the support our

1 Certificate of Need application has received from a wide
2 variety of public policy and safety net provider
3 organizations, including the National Association of Public
4 Hospitals and Health Systems, the Illinois Primary
5 Healthcare Association, the Southside Healthcare
6 Collaborative, numerous Federally Qualified Health Centers,
7 Rush University Medical Center, Northwestern Memorial
8 Hospital, Holy Cross Hospital, and Sinai Health System.

9 For these reasons, as well as those provided
10 in other submitted documents, we believe that the
11 application before this Board fully meets the State's
12 standards for CON approval and improves access for
13 healthcare for Cook County's most vulnerable patients.
14 Thus, I respectfully urge this Board to approve this
15 application so that the Cook County Health and Hospitals
16 System that has been and continues to be a lifeline for so
17 many people in need can provide even better access to
18 healthcare in the years to come.

19 Thank you.

20 MS. AVERY: Thank you.

21 Dr. Mason.

22 MR. MASON: Thank you and good morning. My
23 name is Terry Mason, and as of May 6th it will be my
24 privilege to assume the role of Interim CEO of the Cook

1 County Health and Hospitals System.

2 I know I speak for all of the executive
3 leadership of the Health System in thanking Mr. Foley for
4 his dedicated and visionary public service over the past
5 few years. The transformation of our County's public
6 health system is incredibly vital work, and Mr. Foley has
7 been a true champion of both the Health System and the
8 patients it serves in accepting this new role.

9 In accepting this new role, I am keenly aware
10 of the current need to continue the immediate
11 implementation of the Health System's Strategic Plan:
12 Vision 2015 so that we may be maximize access to healthcare
13 for the medically under served patients of Cook County. By
14 way of background, I am a medical doctor, practicing as a
15 urologist. Before coming to the Health System, I served
16 for almost over three years as Commissioner of the Chicago
17 Department of Public Health. Currently, I'm the Cook
18 County Health and Hospitals System's Chief Medical Officer,
19 and in that role, I have been an integral part of the team
20 that developed the Health System's strategic plan. In my
21 capacity as the Health System's Chief Medical Officer, I
22 hope to give you a brief overview of the magnitude of the
23 task at hand in maximizing access to quality care in what
24 is by far the largest safety net health system in the

1 entire state.

2 The Cook County Health and Hospitals System
3 currently consists of seven affiliates, including three
4 hospitals, an ambulatory care and community network
5 composed of 16 clinics, a state-of-the-art outpatient
6 clinic dedicated to the treatment of patients with
7 communicable diseases -- primarily HIV and AIDS -- a large
8 correctional healthcare facility, and a Department of
9 Public Health. Our health system provided more than
10 800,000 clinical visits for patients last year and
11 approximately \$500 million in uncompensated care. The
12 overwhelming majority of our patients are uninsured or
13 Medicaid beneficiaries.

14 The Health System is justly well regarded for
15 its many centers of excellence and quality care, including
16 burn care, emergency services, HIV/AIDS care, neonatal
17 intensive care, and the care of stroke patients. Our
18 correctional health services facility at the Cook County
19 Department of Corrections is the largest in the country and
20 treats more mental health patients than any clinic in the
21 state. The County's health system has been awarded
22 national prizes for our Palliative Care Program and for our
23 system-wide addiction screening and referral program, known
24 as SBIRT. Our Department of Public Health, the public

1 health authority in most of suburban Cook County, recently
2 was awarded a 16 million dollar Communities Putting
3 Prevention to Work grant to improve health in schools and
4 communities.

5 Significantly, our Health System is the
6 leading provider of outpatient specialty and diagnostic
7 services for the safety net patients in the region,
8 including our own patients as well as those referred to us
9 from community health centers and Federally Qualified
10 Health Centers throughout the county. In that regard, we
11 have relationships with more than 70 FQHC community
12 providers, and we treated more than 35,000 referrals from
13 FQHC's in 2010. We prize our relationship with FQHC's,
14 which is an important part of our strategic plan.

15 With regard to the issue at hand, as you have
16 heard, the decision to discontinue inpatient services on
17 our Oak Forest campus was not made lightly. It was the
18 result of a strategic plan process where all of our
19 stakeholders were Invited to participate. We carefully
20 considered our stakeholders' input and incorporated that
21 input where feasible as we moved forward. We listened, and
22 after considerable research and planning, what we found was
23 a significant maldistribution of services for residents
24 living in the County's Southland. It was clear that these

1 patients were lacking in access to primary and outpatient
2 specialty care. Our health services in the Southland were
3 too heavily weighted to inpatient care but we look closely
4 to the real needs of the patient population.

5 The current, average, daily census at Oak
6 Forest is 40 inpatients. This is a facility that was built
7 to house approximately 1,100 patients at its peak, most of
8 whom were long-term care patients. Today, the hospital is
9 licensed for 231 beds. The facility is 1.2 million square
10 feet, sits on 340 acres of land, and is comprised of 41
11 buildings. Oak Forest Emergency Department is designated
12 as stand-by and, accordingly, does not accept ambulance
13 runs.

14 Annual expenditures to maintain Oak Forest
15 Hospital are 91 million taxpayer dollars. As an
16 experienced public health practitioner, I believe that this
17 is not the best use of public healthcare resources and that
18 Oak Forest Hospital is not adequately addressing the
19 critical outpatient primary and specialty care needs of the
20 Southland's safety net patients. The continued operation
21 of an under utilized hospital is a misplaced use of the
22 County's health resources.

23 Alternatively, through our strategic plan, we
24 propose to redeploy current resources from excessive

1 inpatient services to expanded, critically-needed
2 outpatient, primary and specialty care. The reality is
3 that these are the types of services that the system's
4 patients actually need. Under our strategic plan, our
5 Southland residents will not have to travel to Stroger for
6 outpatient specialty care, and putting patients first is
7 and will always be the County Health System's top priority.

8 From a quality perspective, our strategic plan
9 also includes resources dedicated to quality improvement,
10 staff recruitment and retention, staff training and
11 development, and overall improved staff satisfaction. The
12 redeployment of County resources provided for in the
13 strategic plan also allows for critically-needed
14 improvement infrastructure.

15 I am here today as an experienced physician,
16 public health practitioner, and healthcare administrator to
17 tell you that, in my judgment, the discontinuation of
18 inpatient services on our Oak Forest campus and the
19 resulting expansion of outpatient services is in the best
20 interest of continued access to quality healthcare for our
21 medically under served patients in the Southland. Finally,
22 I appreciate that the temptation here is to focus on,
23 quote-unquote, closure, but, respectfully, to do so is
24 shortsighted. What is, in fact, occurring at our Oak

1 Forest campus as a result of our strategic plan is the
2 reallocation of resources for the expansion of access to
3 care for our patients in the Southland through the increase
4 of much needed primary, specialty, and diagnostic services.

5 Thank you.

6 MS. AVERY: Thank you.

7 Leslie Curtis.

8 MS. CURTIS: Hello everyone. My name is
9 Leslie Curtis, and I'm the Director of the National Nurses
10 Organized Committee, and I represent the nurses in Cook
11 County.

12 I would like all those people in the room that
13 stand today with us, opposed to closure, to please stand
14 up.

15 (Pause)

16 MS. CURTIS: I would like for it to be on the
17 record that the majority of the room -- the majority of the
18 folks in this room are against the closure of Oak Forest.

19 I have an impact statement on the closing
20 analysis done by the nurses, and we have paper copies if
21 someone wants to get a copy of them, as soon as my staff
22 comes back into the room.

23 We want to thank the State for graciously
24 agreeing to have this hearing on behalf of the nurses. The

1 nurses requested an additional hearing. I want to thank
2 you. We are on the record today to continue why it is.

3 Let's start with the strategic plan. First, I
4 would like to respond to some of the things that Dr. Mason
5 and Mr. Foley commented on. It is true that when they
6 decided to close Oak Forest, they had 125 positions, 35 of
7 them being part-time, and nurses, a hundred sixty-something
8 nurses vied for a 135 positions, some of them being
9 part-time, and the truth is, around 45 nurses are going to
10 be without work within the Cook County. This takes away
11 their pension and their livelihood.

12 But this is not the issue why we're here
13 today. We're here today because of the effect on the
14 patients in the Southside. If you go to any newspaper
15 lately, everyone is concerned about the loss of inpatient
16 beds in the Southside. This strategic plan reduces those
17 inpatient beds. The Cook County Health and Hospitals
18 System is moving forward with its -- which includes
19 discontinuing inpatient services, Oak Forest, despite the
20 decision of the Board last month to not allow them to do
21 so. So, they are going to move forward with this plan
22 irregardless of the fact of where this Board stands. We
23 think it's lawlessness. We think of it as the same thing
24 Walker is doing in Wisconsin.

1 There is a process. The people get a chance
2 to speak, and we are very disheartened that the Cook County
3 Health and Hospitals System has decided to ignore the
4 advices and the safety net provided by the Illinois Health
5 Facilities and Service Review Board. Several layoff notes
6 were actually issued this week additionally to nurses.
7 Physicians in the specialty clinic will also receive notice
8 of their pending termination. So, while they're saying
9 that we're going to expand clinic care, what's going on in
10 the system is absolutely opposite. How can the CHS say
11 that they're expanding clinic services when they are
12 terminating and laying off those caregivers in the
13 ambulatory clinics at Oak Forest currently? This is
14 evidenced by consistent movement of the patients and the
15 nurses.

16 The telemetry unit was closed on April 15th,
17 never to be opened again. All patients are being
18 consolidated into the J Building. There will only be two
19 medical units and one ICU left in the facility. This is
20 until May 25th, where all of these functions will go along.
21 Long-term and vent patients have funding but have no place
22 to go, have not been placed anyplace yet. We're talking
23 about May 25th. What's today? It's April 18th, and this
24 has not been completed by the System.

1 The RN movement, 65 Oak Forest nurses will be
2 leaving on May 20th. We've been notified of that. So even
3 though the Board has not issued a closure, they are moving
4 forward with their plan. So this -- you know, it's nice
5 for them to come and say.

6 50 RN's are laid off as of April 20th. 25
7 remaining RN's will be left. Now, what we found out also
8 is that Urgent Care must be -- as part of the State regs,
9 they must be connected to a hospital. When you close this
10 hospital, they will -- that Urgent Care will not be
11 connected to a hospital whatsoever, and the regional
12 outpatient clinics, the ROC's that they talked about, as a
13 union and the nurses impacted by that, we have received no
14 information whatsoever from the employer about how these
15 ROC's are going to be structured and how -- what the work
16 is going to be looking like. We have met with CHS
17 management, asked these questions, and they have been
18 unable to provide us that information.

19 So, is the project a regional outpatient
20 center for real or is it a ruse? If it was real, the
21 caregivers involved would have more information than they
22 do, and they don't have it, and the System has not (sic)
23 been unwilling to or unable to provide the exclusive
24 bargaining representative the information they need so we

1 can talk about the impact of the conversion to the ROC's.

2 There's a shortage of nurses currently at
3 Stroger to handle the current patient case load. Many of
4 the cases of Oak Forest patients are referred or
5 transferred to Stroger. Provident has experienced an
6 increase in patient load as well in ER's. Even though they
7 have laid off patients (sic), they are now using registry
8 in the very units they say there is not a need and there is
9 going to be downsizing. So right now in Provident, we have
10 registry nurses in there working. Did they count too much?
11 Absolutely. Are those nurses already displaced? They sure
12 are.

13 The ROC will be limited hours. The Urgent
14 Care will only be open from 7:00 a.m. to 11:00 p.m. That
15 part hasn't been noticed to the nurses. We don't know what
16 our hours are going to be, yet they are moving forward.
17 Staff will have to decide when to stop taking patients.
18 Patients who come after the cut-off time will be stopped at
19 the gate. Specialty units will be open from 9:00 to 5:00,
20 and they're closed on weekends.

21 Currently, oncology is scheduled to move on
22 5/8. We have a lot of oncology patients that receive
23 service at Oak Forest, and I believe some of those oncology
24 patients have submitted statements to that effect.

1 Patients will either go to Stroger or surrounding hospitals
2 before using clinics.

3 One thing the report does not indicate and
4 what Mr. Foley nor Mr. Mason has neglected to talk about is
5 the current service network. The hospitals that actually
6 surround Oak Forest and Provident has said they cannot take
7 the patients. In addition to that, University of Chicago
8 is infamous and they are known for dumping our patients and
9 sending them over to Stroger, which is going to further
10 exacerbate the overcrowding in Stroger.

11 CHS has repeatedly stated that they are
12 increasing access to care. However, CHS has recently
13 implemented shutdown days. Shutdown days are decreasing
14 access to care. The shutdown days will close Cook clinics
15 that are part of the ambulatory network. So, when
16 Mr. Foley talks about the expansion of the ambulatory
17 network, in practice they are closing access to the
18 ambulatory network. That means that people that want to go
19 to Fantus on the shutdown days -- we estimate that there
20 are 600 patients scheduled inside Fantus on any shutdown
21 day. That does not take into account the ones that just
22 show up. They just show up any given days. Reporters or
23 anyone could come to the Fantus Clinic and see our patients
24 getting a number and waiting to be seen in that clinic.

1 The OR will be closed, and specialty doctors
2 assigned to Oak Forest has been reported to me that some of
3 them are going to be or have been terminated this week. So
4 that flies in the face of the ROC and the specialty,
5 because without specialty doctors, can you really provide
6 specialty care? That's our question.

7 CHO Bill Foley constantly talks about
8 partnering with area hospitals to absorb the Oak Forest
9 population. However, to date there are no tangible
10 partnerships between the County or any of the other
11 surrounding hospitals, nor do those hospitals submit
12 commitments to do so during the comment period for which
13 was part of the Facility's report.

14 Transportation. Transportation in the
15 Southland is a major hardship on many of these patients. A
16 trip to Stroger could easily take two to three hours on
17 public transportation. Currently, these patients have no
18 way to get there. We notice a financial contract was let
19 out with ATI Ambulance Services, but the nurses have been
20 told inside the clinic not to use ATI, and there has been
21 testimony from members of the management team that said
22 their number one thing when someone comes into the Oak
23 Forest Hospital and are in need of urgent care, that we are
24 instructed to call 911. That 911 drive from Stroger --

1 from Oak Forest to Stroger costs the average patient around
2 800 to \$1,200. So, immediately we are in debt. And the
3 reason they're doing it this way is because the regs
4 require that if you transfer -- if a hospital transfers a
5 patient, they are to pay for the transportation. So, they
6 get around that, and I just think it's like not being
7 transparent. By just calling 911 for the patient, that is
8 not considered an actual transfer, and then that gets the
9 County off the hook for paying for the transportation.

10 They have also quoted a scenario of using
11 school buses to take the patients, to which the nurses
12 vehemently oppose, because it proposes a liability. As of
13 right now we haven't been talked to about clinical
14 personnel to accompany the patients on these buses. It
15 runs a risk of cross-contamination and illness to our most
16 vulnerable patients who may be on that bus with someone who
17 has some type of communicable disease. It's a safety
18 hazard. We don't believe that's the appropriate way to
19 provide public transportation. But at the end of the day,
20 the strategic plan does not address transportation at all,
21 and we'd ask that the facility management board take a look
22 at that for the simple reason that it is -- that's an
23 important piece of how do we get our patients from -- from
24 point A to point B.

1 The patient will be left out of access to care
2 for a lack of staff and shutdown dates. We are already
3 overburdened. I'm happy to report, in its current status,
4 the nurses had flying colors with the last -- JCAHO was
5 there this week, and I understand our survey went very,
6 very well in many parts of the eight CHN networks.

7 But patients -- there's plenty of patients who
8 are either under insured. So what happens to an under
9 insured patient? When their insurance runs out, their
10 insurance is done. The insurance company no longer pays
11 for any care, so they are then forced to come into the Oak
12 Forest system. So, our under insured patients will also be
13 coming to the system. I know our unemployment rate has
14 dropped to 8.8 percent, but that really doesn't reflect the
15 number of people who don't have insurance. It talks about
16 people who don't have jobs, but it doesn't talk about
17 people who doesn't have insurance.

18 Patients will be filling up our emergency
19 rooms for which there is no staff. Even now, with the
20 closure of the ambulance runs, people are coming into
21 Provident Hospital, and we are now having to use registry,
22 even though they have laid off several nurses from the ER
23 and they -- and so it further impacts the financial
24 stability of the system, relying more on registry costs,

1 which is something the union has constantly talked to
2 management about as far as reducing their reliance on
3 registry. They seem to be weighted to that scenario.

4 Urgent Care must be connected to a hospital,
5 and under the plan, they will not be connected to Oak
6 Forest Hospital if they close.

7 MS. AVERY: You have one minute.

8 MS. CURTIS: One more minute.

9 Okay. I think what's really important here is
10 that you cannot have apples and oranges. The system can't
11 have it, the County Commissioners can't have, Toni
12 Preckwinkle can't have it, Mr. Foley can't have it. And by
13 the way, Mr. Foley has decided the resign from the Health
14 and Hospitals Systems Board. So he is leaving his powerful
15 plan behind for someone else to implement. And then with
16 the mandate of the shutdown days, where we're going to be
17 shutting down actually patient days, flies directly in the
18 face of the expansion and access of healthcare.

19 So, as a healthcare union, as a community in
20 need of healthcare, as an individual that could any day end
21 up in a hospital like Oak Forest, we oppose the closure, we
22 oppose the plan. We encourage the State to take another
23 look at the plan, make sure these questions are being
24 answered, and have a concrete plan presented to the State

1 on what -- how these ROC's are going to be implemented and
2 when will they be implemented, because we know come May 26,
3 the ROC is not going to be able to come up live. We
4 estimate it will be another year before the ROC, if it
5 becomes fruition, will be able to welcome patients and
6 provide access to patients. So that's one year of folks
7 not having anywhere to go.

8 And, lastly, I just would like to say for the
9 nurses' perspective, this is not about jobs. This is about
10 patient care and access to care and the National Nurses
11 United, largest nursing unit in the country, has been on
12 the front page of this fight to have access to care to
13 every American, not only the residents of Cook County but
14 every American across the State.

15 Thank you for your time. We have a written
16 statement to present in addition to we have other
17 statements from interested parties who weren't able to be
18 here today that we will submit for the record.

19 Thank you.

20 MS. AVERY: Mr. Foley for President
21 Preckwinkle.

22 MR. FOLEY: I'm reading this letter on behalf
23 of Cook County Board President Toni Preckwinkle.

24 AUDIENCE MEMBER: Why don't you just submit

1 it? We don't want to hear it.

2 (Audience outcries heard)

3 MS. AVERY: Excuse me. Excuse me, sir. He's
4 reading on behalf of someone, and that's what I said, Mr.
5 Foley on behalf of President Preckwinkle. That's allowed
6 in the process for someone to send a letter that is read on
7 behalf of someone else.

8 MR. FOLEY: And I was asked to do this.

9 AUDIENCE MEMBER: I've got sixty letters. Can
10 I read them all? I've got sixty letters here who from the
11 citizens of --

12 (Audience outcries heard)

13 MS. AVERY: If you signed someone in and --

14 (Audience outcries heard)

15 MS. AVERY: I'm going to have to ask for order
16 in the meeting or I will have to shut it down, please.

17 MS. CURTIS: Everyone, just please calm down.
18 We're all going to get a chance to speak. Let's just move
19 forward.

20 MS. AVERY: If you're speaking on behalf of
21 someone, when you come up to speak on behalf of them,
22 you're to give your name and that you're speaking on behalf
23 of that person. Their testimony must be signed, submitted
24 to me to take to the State Board. Okay? Is that process

1 clear and understandable.

2 Okay. Thank you.

3 MR. FOLEY: So, this letter is written to Dale
4 Galassie, the Chair of the Illinois Health Facilities and
5 Services Review Board.

6 Dear Mr. Galassie: I'm writing in my capacity
7 as President of Cook County Board of Commissioners
8 regarding Cook County Health and Hospitals System's
9 application to discontinue an acute care hospital on its
10 Oak Forest campus.

11 As an initial matter, I wish to assure the
12 Illinois Health Facilities Services Review Board that I
13 fully support and intend to fund the Health System's
14 Strategic Plan: Vision 2015 as provided in the Cook County
15 budget for fiscal year 2011. Specifically, Cook County's
16 fiscal year 2011 budget provides funding for the staffing,
17 equipment, and construction needs of a regional health
18 center on the Oak Forest campus to facilitate the
19 transformation from the provision of inpatient services to
20 the provision of expanded outpatient services. As County
21 Board President, I am in a unique position to provide
22 assurance that the regional health center on the Oak Forest
23 campus will be funded as provided in the County's fiscal
24 year 2011 budget.

1 Briefly, by way of background, Cook County is
2 a home rule unit of local government. The Cook County
3 Board of Commissioners established the independent health
4 system by ordinance in February of 2008. This action was
5 in response to repeated calls from both healthcare and
6 civic leaders, urging that the governance of the County's
7 public health system be placed in the hands of stewards
8 with the expertise required to guide the system in
9 delivering quality, fiscally responsible public healthcare
10 to County residents, especially the medically indigent. In
11 response to this charge, the Health System's
12 newly-appointed Directors spent a significant part of their
13 first two years in office engaged in a thoughtful
14 development of a strategic plan.

15 A primary goal of that plan is to ensure
16 maximum access to quality public healthcare, given that
17 available fiscal resources will undoubtedly decrease in
18 coming years. Ultimately, both the Health System Board of
19 Directors and the County Board of Commissioners approved
20 the Strategic Plan: Vision 2015, a critical component of
21 which is the transformation on the Oak Forest campus. This
22 transformation from inpatient-centered care to
23 outpatient-centered care is not only in keeping with the
24 best practices in the delivery of public healthcare but is

1 essential to the County's ability to operate within the
2 balanced budget adopted by the County Board for fiscal year
3 2011. This is due to the County Board's statutory duty to
4 adopt a balanced budget based upon the President's
5 Executive Budget recommendation.

6 Upon taking my office in December of 2010,
7 Cook County faced serious revenue shortfall as it
8 contemplated its fiscal year 2011 budget. The County was
9 faced with the challenge of continuing to provide public
10 health and public safety services with fewer fiscal
11 resources. The Health System's strategic plan adopted by
12 both the County and Health System Boards calls for
13 discontinuing the patient services on the Oak Forest campus
14 as of June 1, 2011 while maximizing access to quality
15 public healthcare through the expansion of outpatient
16 services, especially specialty care services. It is
17 significant to note that as a result, the Cook County
18 fiscal year 2011 budget simply does not allocate funds for
19 the continuation of inpatient services on the Oak Forest
20 campus beyond June 1, 2011.

21 And then there's a footnote that I was asked
22 to read: It is also significant to note that while
23 Illinois law does give Cook County the power to maintain a
24 county hospital, it does not impose a legal obligation on

1 Cook County to operate a hospital. Still, the County
2 remains committed to continue to provide quality public
3 healthcare to its residents but must do it in the face of
4 ever-decreasing revenues and increasing fiscal challenges.
5 One concern with the denial of the Oak Forest application
6 is that it may ultimately be deemed an attempt on the part
7 of a State agency to require Cook County to maintain
8 certain inpatient services which are not within its budget
9 and thus would be tantamount to an unfunded State mandate.

10 Historically, Cook County has provided
11 uncompensated care to a degree unparalleled in Illinois and
12 operates the largest safety net health system in the state.
13 Respectfully, it is my hope that this Board recognizes that
14 the County and its Health System Board of Directors have
15 clearly done their due diligence in this matter and are
16 acting to ensure maximum access to care for their present
17 and future patient populations.

18 I continue to be an ardent supporter of the
19 independent Health System and its strategic plan. I
20 appreciate this opportunity to address this august body
21 with regard to our mutual goal of continuing to provide
22 access to quality, fiscally responsible healthcare for
23 County and State residents.

24 Sincerely, Toni Preckwinkle, Cook County Board

1 President.

2 (Audience outcries heard)

3 MS. AVERY: Thank you.

4 Emilie Junge.

5 MS. CURTIS: Next person as well, Sister?

6 MS. AVERY: That is the next person who I just
7 called.

8 MS. CURTIS: I mean after her.

9 MS. AVERY: No. I'm alternating opposition
10 and support.

11 MS. CURTIS: I know but to make it go faster,
12 we could line up our opposition right here.

13 MS. AVERY: I'll call it according to the
14 sheet.

15 MS. JUNGE: Good morning. My name is Emily
16 Junge. I'm here on behalf of Doctors Council SEIU,
17 representing the 500 front line physicians throughout the
18 Cook County Health and Hospital System. We are here to
19 urge you to carefully consider your decision concerning the
20 CON to close Oak Forest Hospital.

21 We have always supported the goal of the
22 strategic plan to expand outpatient services in the south
23 suburbans and the goal of creating a vibrant urgent care
24 center and regional outpatient center at Oak Forest. Our

1 doctors want to heal more patients and help create medical
2 homes for the patients in this community which will take
3 advantage of future, additional Medicaid funding. However,
4 we have grave concerns about the manner and the method that
5 this portion of the strategic plan is being implemented.

6 First, despite the desperate need for
7 physicians to address the needs of this community, almost
8 20 doctors from Oak Forest Hospital have been placed on the
9 layoff list, with no plan to integrate them into the
10 much-needed outpatient services. A few have been placed in
11 the clinics, but most are waiting the final layoff notice.
12 Some -- this is news to me, that this week even more
13 physicians have been given layoff notices, because the
14 union doesn't know about that. Some have quit in
15 frustration or disgust. Others are hoping to stay and
16 serve the same community with their experience and skills
17 in treating the health of the patients which will continue
18 to come to this hospital. Without a transition plan and
19 adequate funding, there will be a serious gap in the care
20 available to this community.

21 We've looked carefully at the alternatives for
22 patients coming to Oak Forest Hospital. It's clear that
23 there has not been adequate planning to ensure that the
24 alternative hospitals and facilities are truly going to

1 care for our patients, and we will be providing documents
2 that give you some sense of the relative ability or
3 inclination of surrounding hospitals to fill the gap. It
4 is inadequate. Keep in mind the key factor in the decision
5 by poor people to seek care is whether or not they will be
6 denied care for lack of insurance or sued for the care that
7 they do receive. Many simply delay care or go to the
8 Emergency Room at Stroger Hospital. This is not a good
9 plan.

10 We understand there's a serious gap in
11 funding. However, this cannot and should not be an
12 adequate reason to deny necessary care by a system whose
13 mission is not to maximize revenue but to provide care to
14 all who need it, regardless of ability to pay. Thus, we
15 believe that by granting the CON, it would jeopardize --
16 not only jeopardize the health of the south suburbs but
17 would violate the mission of the ordinance creating the
18 Health System.

19 We urge you to reject the application and
20 instruct the leadership of the system to work on reasonable
21 alternatives to closure, including exploring the creation
22 of a small, limited-bed inpatient care center with a
23 functioning ICU and ER.

24 Thank you.

1 MS. AVERY: Larry Suffredin.

2 (Audience outcries heard)

3 MS. AVERY: In order for the Court Reporter to
4 have an accurate record can we keep the audience level
5 down, please? Thank you.

6 MR. SUFFREDIN: My name is Larry Suffredin.
7 Commissioner Sims, Madam Hearing Officer,
8 thank you for the opportunity to be here today to discuss
9 the request of the Cook County Health and Hospitals System.

10 We are in a situation where I, as an elected
11 official, a County Commissioner who represents 320,000
12 people, as does my colleague, Commissioner Sims, have been
13 looking to figure out ways to improve the quality of
14 service in our healthcare system. I was the principal
15 sponsor of the ordinance which created the current
16 Independent Board. As Chairman of the County Board's
17 Legislation and Intergovernmental Relations Committee, I've
18 worked closely with the CCHHS to navigate the fast-changing
19 state and federal laws and rules for running and financing
20 healthcare.

21 The strategic plan process was one of the most
22 complete ever attempted by a public body. The process
23 included many small and large meetings of stakeholders and
24 a significant number of public hearings throughout the

1 county, as you've already heard. In addition, the Cook
2 County Board conducted its own hearings, independent of the
3 Health and Hospitals System. The process led to the
4 proposal before you, which would allow us to better serve
5 patients who visit our urgent and immediate care center in
6 Oak Forest. We expect up to 29,000 patients in the first
7 year of the strategic plan, with significant additional
8 patients coming as new facilities and Certificate of Needs
9 are furnished and obtained. The current inpatient census
10 is very -- is a very small proportion of the Emergency
11 Department visits, and it reflects the nature of illnesses
12 that are currently presented in that Emergency Department.

13 The Cook County Board approved the strategic
14 plan, including the request currently before you. The plan
15 was approved because we saw that precious resources were
16 not being used to the maximum to ensure care to more people
17 in the Southland. This plan was developed to expand the
18 number of patients and services that could be made
19 available at Oak Forest by changing the delivery system.
20 The request before you is an opportunity to expand the
21 services available and to improve the quality of services.
22 For too long this facility with its many building
23 structures has had more buildings than actual in-patients
24 on any given day.

1 The plan for redeployment of Oak Forest will
2 bring in more patients who will see more effective
3 treatment. The Cook County Board has voted on a number of
4 occasions to fully fund the strategic plan. The resources
5 to create a new model of healthcare delivery are now
6 available. To deny this request is to continue to limit
7 the number of in-patients to a number under 60 patient
8 census and to limit our ability to treat more patients by
9 better use of public resources.

10 Thank you.

11 MS. AVERY: Thank you.

12 Christine Todd.

13 MS. TODD: Hi. My name is Christine Todd. I
14 started with a written comment I was going to read, but
15 then I have something else I want to say.

16 Patients living on the southwest border travel
17 20 miles to reach Cook County Hospital Oak Forest. If the
18 County closes Oak Forest Hospital, how much further will
19 these patients be forced to travel to seek medical
20 attention? Due to the elimination of bus routes and
21 services ending at about seven p.m., patients using public
22 transportations will be unable to attain medical attention.

23 The Emergency Room is filled to capacity four
24 out of -- 4 out of 7 days a week, 16 to 24 hours a day. I

1 know the statistics that the County gives you is different,
2 but that is false. By the start of a new day, the Oak
3 Forest Emergency Room staff waiting area clears. The
4 capacity of the out-patients has been reduced by
5 two-thirds. By closing the Emergency Room, what
6 alternative do these patients seeking medical care have?
7 If Oak Forest -- Cook County closes Oak Forest inpatient
8 services, what alternative will these patients have then.

9 Currently, three medical facilities
10 surrounding Oak Forest Hospital are having financial
11 difficulties of their own. These three facilities in the
12 past have continuously sent numerous patients to Oak
13 Forest. These patients have had no medical insurance, no
14 means of payment. Information was provided through the
15 triage in the emergency rooms with the staff. Where will
16 these patients go? Do the medical -- or do the Cook County
17 Board have any answers to these questions when they've been
18 asked? No, they don't.

19 Personally, Mr. Foley and the Cook County
20 Board, Mr. Suffredin, I don't want my personal tax dollars
21 going to other hospitals. I want them going to Oak Forest
22 Hospital. I worked there for 18 years. You laid me off.
23 I'm fine with that. But I worked with all of these
24 patients. I want that hospital left open. I want it to

1 remain an inpatient facility and an outpatient facility.
2 Patients in South Village, University Park, they cannot get
3 anywhere else. There's no buses. Have any of you
4 considered that? Mr. Mason, have you considered that? You
5 all live on the north side. You don't come out here. We
6 live here. We do this every day of the week. We see it
7 day in and day out. We see homeless. We see them dying.
8 We see them dying day in and day out. We don't want to see
9 it anymore. We want to cure them. We've done it our
10 entire lives.

11 I lived with people at that hospital who had
12 been there for thirty years. We want the oncology facility
13 to stay open. We want the long-term care. We want the vet
14 unit. We want it all there. Don't close it. These people
15 here, these patients, they have nowhere to go. You're
16 talking the ROC facility? Oh, great, just what we need,
17 another clinic. We've got enough clinics. We need an
18 outpatient, inpatient hospital, triage, ambulatory
19 Emergency Room, everything. We need the ambulance to be
20 able to come in, drop off patients without a problem. We
21 don't need this standby crap. We've had standby crap for
22 years. We were told by the Commissioners, the wonderful
23 Commissioners, that we would have an open-bay Emergency
24 Room that would come in, be on call, be the whole thing

1 open. We were told this over five years ago. Guess what?
2 Still not working. Still waiting. Now you're closing the
3 hospital.

4 MS. AVERY: Ms. Todd, your time is up.

5 MS. TODD: Okay. Thank you.

6 MS. AVERY: Joy Wykowski for Greg Goslin.

7 MS. WYKOWSKI: Joy Wykowski. I was asked to
8 read a letter on behalf of Commissioner Greg Goslin, who is
9 also with the National Association of the County, former
10 Chairman of their Hospital Task Force, but I'll just turn
11 it in for the record and accede my time to Director Ansell.

12 MR. ANSELL: Thank you. I have to run back to
13 my hospital. This is a great turnout here, and I know
14 there's a lot of passion on both sides of this equation.

15 I am speaking today in support of the CON
16 application to discontinue inpatient services at Oak
17 Forest. I sit on the Board of Directors for the Health
18 System, one of the two doctors who sits there, and I Chair
19 the Quality and Patient Safety Committee. My day job is
20 Chief Medical Officer at Rush University Medical Center.

21 I've been a doctor since 1978. I started out
22 at County, spent 17 years there. In fact, I've had
23 patients in long-term care at Oak Forest Hospital, so I
24 know what a resource this has been in the community. I've

1 been -- you couldn't work at County without being
2 interested in disparity and the differences in treatment
3 and healthcare that we have in this community.

4 I have really tried to focus my career on
5 reducing disparities and improving quality inpatient
6 safety. In some ways, I think we're in a tough situation
7 here, caught between a rock and a hard place. I think
8 these are not easy situations that we find ourselves in. I
9 have really, in the interest of disparity, got involved
10 with breast cancer disparity, started the Metropolitan
11 Chicago Breast Cancer Task Force. I know that the south
12 suburban areas have some of the worse health outcomes one
13 could ever see. I don't think it's been so well publicized
14 as we've known, talked a lot about the City, but I know
15 I've seen the public health data from the County and it is
16 pretty terrible outcomes.

17 Given that, and given the nature of chronic
18 disease, and given the limited resources that we've been
19 given as a Board, we felt that what was really needed down
20 here is expanded both primary and specialty care so people
21 don't have to travel. I hear the concern about what Oak
22 Forest has been and the passion for the place, and this was
23 a tough call for this Board to make. But as a group, the
24 uninsured, the Medicaid population have a lot more chronic

1 disease, and without primary care and specialty care that
2 people can get to in their communities, we can't have a
3 chance of reducing the burden of disease in this
4 population. I don't think it's going to get better. It's
5 going to get worse, and unless we can put services in these
6 communities, ambulatory care and specialists, where people
7 can get to them, we're just not going to be able to
8 overcome the burden of disparity.

9 Our goal, the Board's goal -- I wish we had
10 three hundred more million dollars. The budget has been
11 reduced from 1.2 billion to 900 million.

12 (Audience outcries heard)

13 MR. ANSELL: Excuse me. Let me finish here.
14 What we have to do -- when you sit on a board, you have to
15 live within your means. This was the best way to do it.
16 Our goal is to bring improved access to care for specialty
17 and diagnostic services to this community. It's probably
18 never going to be enough, but it's clear that the continued
19 operation of Oak Forest Hospital won't allow us to make
20 this transition.

21 AUDIENCE MEMBER: There's never enough for the
22 poor.

23 MR. ANSELL: I agree, there's never enough for
24 the poor.

1 (Audience outcries heard)

2 MR. ANSELL: Let me just finish here and then
3 the next person can go.

4 I urge your approval of the hospital's
5 discontinuation so we can get moving on the outpatient
6 facilities.

7 Thank you so much.

8 MS. AVERY: Thank you.

9 (Discussion held of the record with regard to identity of
10 next speaker.)

11 MS. ROBINSON-MAY: My name is Tya
12 Robinson-May, and I was displaced from Oak Forest Hospital
13 to Public Health, and the reason I'm here is not because of
14 a job, because I can get a job anywhere. I'm here for the
15 community, patients at Oak Forest Hospital, patients that
16 need to be admitted to Oak Forest Hospital.

17 You know, I'm just really overwhelmed when
18 County Board keeps telling us we have no money for Oak
19 Forest when you took all our services away. We had
20 oncology, we had cardiology, we had neuro, we had podiatry.
21 We had everything. You took it away from us. So you were
22 planning six, seven years ago to close the hospital.

23 We have 435 in long-term patient care in E
24 Building. You paid for them three years up-front for

1 different nursing homes to take care of them. Now the few
2 patients that are left, you moved them all to J Building in
3 a scare tactic, hoping they will get frustrated or their
4 families will get frustrated and they'll leave. But the
5 County Board can always find money for itself. They can
6 find money, \$1.8 million for a consultant, they can find
7 \$60,000 to go hire a law firm to tell the Illinois Review
8 Board why to close Oak Forest Hospital. But you can't find
9 the money to put back in a hospital that's desperately
10 needed? We have -- we pay County taxes. What's a half a
11 cent when it comes to life? Give them a whole cent. Maybe
12 that will help them out. But you put everybody in the
13 southern suburb and the south side of the County at risk to
14 die because they can't get to a hospital because they're
15 uninsured.

16 Now, maybe you could sleep with yourselves at
17 night because you're the County, you're the County Board
18 and you have insurance and you live on the north side and
19 you don't have to look at us and you don't have to look at
20 them die. But I can't rest, and I'm not going to rest
21 until you do something, until you do the right thing.

22 Oak Forest -- the County Board is going on as
23 if the Illinois Review Board hasn't said a word. They said
24 no, you cannot close this hospital for six months; come

1 back with a contingency plan. They're going on, they're
2 moving forward just like they never said anything. They
3 think they are above the law.

4 So, now, I don't want to hear about you can't
5 afford. We can't afford. We can't afford to let it close,
6 and we are going to continue to fight and we're going to
7 continue to fight. You done got your money already, so you
8 can go on your way, 1.8, and so that money could have been
9 put back in the hospital system and to patient care. Our
10 poor patients that are on ventilator unit, our long-term
11 patients are scared because they want them to be scared.
12 They want them to give up. They want the family members to
13 snatch them out of there so they can look nice and good and
14 say "We didn't take them out, they left." People can only
15 take so much stress, especially when you're ill and have
16 been ill for a long time and they change your living
17 quarters where you've been for 22 years and wouldn't allow
18 you to bring your things with you.

19 So, it's up to the Illinois Review Board
20 because we already see County does not understand English.

21 Thank you.

22 MS. AVERY: Warren Batts.

23 MR. BATTIS: Good morning. I am Warren Batts,
24 Chairman of the Board of the Cook County Health and

1 Hospitals System. On behalf of my fellow Directors, I
2 appreciate the opportunity to share with you our vision for
3 the future of healthcare services in Cook County,
4 especially in southern Cook County.

5 As federal healthcare reform -- as you may
6 know, Cook County Health and Hospitals System began
7 developing its strategic plan in 2009 with the goal of
8 improving access to quality of healthcare for all residents
9 of the county, while being fiscally responsible with scarce
10 and, I might say shrinking, taxpayer resources. The
11 enabling ordinance creating this independent system board
12 charged us with coming up, developing a five-year strategic
13 plan. Our CEO, Bill Foley, and his management team, in
14 close consultation with this Board, took a very thoughtful
15 and deliberate approach to developing the plan, assessing
16 community need, researching best practices, and working
17 with stakeholders.

18 As federal healthcare reform was developed in
19 Washington, we stepped back to assure that our planning was
20 consistent with the principles of the federal healthcare
21 reform. After nearly 18 months of analysis, deliberation
22 and input from our stakeholders, our plan was approved
23 unanimously by the System Board of Directors in June 2010.
24 The following month, July 2010, after their due

1 deliberation, the elected officials comprising the Cook

2 County Board of Commissioners also approved the plan.

3 Several findings led to our decision to
4 transform Oak Forest from inpatient services to outpatient
5 and specialty care services. First and foremost, the
6 allocation of finite medical and financial resources within
7 our system has been overweighted toward inpatient care with
8 medical services being delivered throughout the U.S. more
9 and more in an outpatient environment. By refocusing our
10 efforts at Oak Forest, we could deliver far more services
11 for many more patients in an outpatient setting.

12 Healthcare reform will greatly expand the demand for
13 ambulatory, outpatient specialty and diagnostic services.
14 Safety net patients in particular, and in South Cook County
15 especially, already find access to specialty and diagnostic
16 outpatient services exceedingly difficult to obtain, and
17 we're well aware of that.

18 In other words, transforming Oak Forest
19 Hospital into a regional outpatient specialty and
20 diagnostic center does not decrease access to healthcare in
21 southern Cook County, but to the contrary, it drastically
22 expands it. The Oak Forest facility has been a fixture in
23 this community for years, and we are proud of the services
24 the staff has provided there and is providing there today.

1 But it's clear that neither our staff nor our facility is
2 being utilized to its full potential, nor does it
3 constitute a wise investment of scarce financial resources,
4 when examining the context of contemporary and future
5 healthcare models. We must be able to meet the
6 ever-changing needs of our community, and the
7 transformation of Oak Forest is a very important step in
8 enabling Oak Forest to meet those needs within our
9 financial resources.

10 We want this Board to know and the residents
11 of Cook County to know that we are 100 percent committed to
12 providing the greatest access, the quality medical care we
13 possibly can. This application has the support of the Cook
14 County Health and Hospitals System Board, the Cook County
15 Board of Commissioners, and the Cook County Board
16 President. Our charge is to enhance and reform our public
17 health system to provide the greatest benefits to patient
18 residents. We believe this proposal does just that. Our
19 Board unanimously encourages you to approve our proposal.

20 Thank you.

21 MS. AVERY: Thank you.

22 Geraldine Dudeck.

23 MS. DUDECK: My name is Geraldine Dudeck. I
24 have been alderman of the Fourth Ward of the City of

1 Markham for 20 years.

2 One of the things the people in the South
3 Suburbs could always depend on was Oak Forest Hospital.
4 They took care of the neediest, the ones that couldn't
5 afford to go to other hospitals, always knew they could get
6 good care. My husband's uncle died at Oak Forest.

7 I know that you say that you're going to move
8 them to other hospitals. I know for a fact -- I had a
9 resident who asked me to drive them to Stroger Hospital. I
10 took them there. I was going to wait for them. The
11 parking is absolutely horrible. Took eight hours, they
12 were told they would be at least eight hours. The
13 gentleman collapsed, he was so ill, before they finally
14 took him. How can you say you're going to put more people
15 there when they can't even take care of the people they
16 have? At least the people in this South Suburbs could go
17 by bus, get a neighbor to drive them, a family member to
18 see -- to get help or to see people that are there for long
19 care.

20 I think we should be ashamed of ourselves and
21 hang our heads if we turn our back on the people that are
22 the most needy and deserve our help. I know this is a
23 money factor, but there's money laying all over the place.
24 If they would only stop, go through that budget, and get

1 rid of the stuff that's not needed and that is frivolous,
2 there would be more than enough to keep Oak Forest Hospital
3 open, and I oppose the closing for the people of Markham.

4 Thank you.

5 MS. AVERY: Thank you.

6 Victoria Bigelow.

7 MS. BIGELOW: I'm Victoria Bigelow. I'm the
8 President of the Access to Care program, and I am here to
9 offer support for the discontinuation of inpatient
10 facilities at Oak Forest Hospital.

11 (Audience outcries heard)

12 MS. BIGELOW: Well, it's a question of
13 inpatient or outpatient, and access to care is --

14 (Audience outcries heard)

15 MS. BIGELOW: Well, yeah, but it's also a
16 question of money.

17 MS. AVERY: Ma'am, stick to your testimony.
18 And I would ask again the audience participation be at a
19 level of zero. Thank you.

20 MS. BIGELOW: Access to Care links uninsured,
21 low income people with the primary care physician. We
22 separately cover the cost of routine laboratory tests,
23 x-rays and prescription medication. It's all ambulatory.
24 Patients pay affordable copayments for each service and

1 Access to Care pays the remainder. Our patients are the
2 uninsured, ineligible for government programs, and they are
3 often the working poor. So, they are exactly the people
4 you've been talking about.

5 We have partnered with the Cook County Health
6 and Hospitals System for many years, and they are critical
7 to providing specialty and diagnostic care for community
8 members we serve. We are a primary care program only. The
9 Council Board of Directors found that the low income person
10 faces an additional access problem in suburban Cook County:
11 Lack of public transportation and the need to travel great
12 distances for care. While Access to Care alleviates issues
13 for primary care, for specialty care those who need it have
14 to go to Stroger Hospital in downtown Chicago. As the
15 Board Members of the Illinois Health Facilities and
16 Services Review Board are aware, specialty care access for
17 the medically indigent in suburban Cook County is extremely
18 difficult for the uninsured, other than through the Cook
19 County Health and Hospitals System.

20 Therefore, Access to Care supports the concept
21 of the regional outpatient center as envisioned in the Cook
22 County Health and Hospitals' strategic plan. Having Oak
23 Forest Hospital as an outpatient specialty care facility
24 will greatly increase access for our suburban patients and

1 ensure that they actually get care, rather than deciding,
2 as they often do, that Stroger Hospital is too inaccessible
3 for the south suburban patient. Access to Care urges you
4 to approve the discontinuation of Oak Forest Hospital as an
5 inpatient facility and instead support it as an outpatient
6 specialty care facility, a regional outpatient center.

7 I thank you for this opportunity to testify,
8 and a formal letter from us to Chairman Galassie has also
9 been submitted.

10 MS. AVERY: Thank you.

11 Donna Barron.

12 MS. BARRON: Good morning. I only have a few
13 things to say. I did try very hard to get to the meeting
14 in Joliet, the last one, did not make it. I'm glad I got
15 here today.

16 My name is Donna Barron. I'm Commissioner for
17 the City of Markham, and I'm also alderman-elect to replace
18 Mrs. Dudeck. I agree with everything Mrs. Dudeck said,
19 everything. I also have a few little pointers here.

20 I'm glad some of the Commissioners came from
21 Cook County, because I think this is very, very important.
22 I have a family member who is a head recruiter at one of
23 the big hospitals here on the Southside, so I have a darn
24 good idea how many nurses have been hired, and it's not

1 exactly what the numbers are saying here today, and I know
2 this.

3 Secondly, let me tell you, two years ago I had
4 a daughter -- I have a daughter who had major coronary at
5 the age of 30, major coronary, just playing volleyball.
6 She was fortunate enough to get in an ambulance to be taken
7 to the hospital, and there was a double bypass -- is that
8 what they call it when they have to go around the
9 hospitals? Luckily for her she survived. They put three
10 stints in. For a 30-year-old, that's terrific.

11 But being in an elected position as I am and
12 the work I've done with the City of Markham, with the
13 Board, with our Mayor, we need this hospital to stay open.
14 We have to. We have so many residents in the Southland
15 that don't have insurance. I mean, everything has been
16 taken away from them, everything. They need help, and
17 closing this hospital is not going to do it.

18 I think Cook County -- and I'm not trying to
19 be funny here. I think Cook County needs to get rid of
20 some of the perks, get rid of some of the golf courses, use
21 those funds for that. There's so many different things,
22 forest reserve property. That's been a big issue. There
23 are other ways. As Mrs. Dudeck said, get that budget out
24 and start cutting some more. I bet you can find a lot of

1 things that really can be done without. But we need this
2 hospital to stay open, inpatient, outpatient, we need it to
3 stay open.

4 Thank you.

5 MS. AVERY: Thank you.

6 Sidney Thomas.

7 Mr. Thomas, you're reading for --

8 MR. THOMAS: Bruce Weber.

9 MS. AVERY: And South Side --

10 MR. THOMAS: And South Side Healthcare

11 Collaborative, yes.

12 I'm reading on behalf of Bruce Weber --

13 I'm sorry, Bruce Siegel, S-i-e-g-e-l.

14 On behalf of the National Association of
15 Public Hospitals and Health Systems, I am writing to
16 support Cook County Health and Hospitals System's
17 application to discontinue inpatient service at its Oak
18 Forest Hospital facility and to expand ambulatory care. In
19 the current environment of national healthcare reform
20 diminishing governmental resources to finance safety net
21 healthcare, and renewed emphasis on access and cost
22 containment, we believe CCHHS's strategic direction to
23 reallocate costly inpatient resources to expanded
24 ambulatory care is consistent with best practice health

1 policy.

2 NAPH has represented America's public
3 hospitals and safety net health systems for 30 years. Our
4 members provide quality care to low-income, uninsured, and
5 vulnerable populations. They are distinguished by their
6 commitment to provide access to care for people with
7 limited or no access to healthcare, to delivering
8 culturally competent, quality care and to addressing health
9 disparities in their communities. For decades, our member
10 hospitals have delivered disproportionately large volumes
11 of ambulatory, emergency, and urgent care to the medically
12 under served in communities in which they serve.

13 The Cook County system, like its sister public
14 hospital systems around the country, must strategically
15 position itself to maximize access, address disparities,
16 and fill the gaps in the safety net by investing its
17 limited resources in modes of service delivery that provide
18 the greatest public health return to the community. The
19 Cook County Health and Hospitals System's strategic plan
20 addresses expanded access as a core goal, in part by
21 transformation of its limited capability, low census south
22 suburban hospital into a regional outpatient center. The
23 provision of primary care and specialty care and
24 diagnostics on one site would further this core goal.

1 In particular, specialty care access for the
2 medically under served remains a national problem. NAPH
3 has closely monitored this issue for many years. Our
4 members, including Cook County Health and Hospitals
5 Systems, are often the only providers of specialty care to
6 the uninsured in their communities. Even Medicaid patients
7 often have difficulty accessing specialty care because of
8 low reimbursement rates or the limited number of providers.

9 Much has changed about the way healthcare is
10 currently delivered. More systems are finding success in
11 establishing regional outpatient centers that provide
12 preventative and specialty care in an outpatient setting.
13 Cook County's vision of transforming the Oak Forest
14 Hospital facility into a regional outpatient care facility
15 aligns with the future direction for healthcare. NAPH
16 supports their application to discontinue inpatient service
17 in Oak Forest and would encourage this Board to do the
18 same.

19 Sincerely, Bruce Siegel, CEO.

20 I'm also reading a letter from Kimberly Hobson
21 from the South Side Healthcare Collaborative.

22 AUDIENCE MEMBER: Does he get to go past three
23 minutes?

24 MS. AVERY: I said when he came up that he

1 would be reading on behalf of two persons.

2 MR. THOMAS: I am submitting this letter in
3 support of the Cook County Health and Hospitals System's
4 CON application to discontinue inpatient services at Oak
5 Forest Hospital. By permitting Cook County to reallocate
6 healthcare resources to a regional outpatient center on the
7 Oak Forest campus, the entire county safety net program
8 will be strengthened through a substantial increase in
9 access to the essential specialty medical care and
10 diagnostic testing for medically under served residents.

11 The South Side Healthcare Collaborative is a
12 network of over 30 federally-qualified community health
13 centers, free clinics and five local hospitals. The
14 mission of this network is to help residents make a
15 long-term connection for the primary care physician and to
16 improve access to specialty care and other social support
17 services that help maintain optimal health and well-being.
18 CCHHS, Provident Hospital and SSHC members have worked
19 together for many years to implement programs to improve
20 the overall health of Chicago's South Side.

21 Federally Qualified Health Centers and free
22 clinics within the South Side Healthcare Collaborative are
23 community-based providers of primary and preventative
24 healthcare services. As you know, patients seen at these

1 facilities are largely Medicaid beneficiaries and uninsured
2 individuals. Many South Side Healthcare Collaborative
3 members rely on services provided by Cook County to
4 increase access to specialty care and diagnostic testing,
5 one of the most challenging access issues for those of us
6 who serve medically under served patient populations. In
7 2010, for example, Cook County accepted and served almost
8 35,000 specialty care and diagnostic testing referrals from
9 more than 70 FQHS's and other safety net providers in Cook
10 County.

11 As much as Cook County has done to increase
12 specialty care and diagnostic care for our patients,
13 there's still a significant unmet need. With the expansion
14 of those services at Oak Forest campus, our patients will
15 experience significantly reduced wait times, and those
16 residing in the Southern Cook County suburbs will be able
17 to receive these services without traveling to the John H.
18 Stroger Hospital campus.

19 We urge your immediate approval of the CON
20 application so that the establishment of a comprehensive
21 safety net regional outpatient center in Oak Forest can
22 become a reality.

23 Sincerely, Kimberly Hobson, Interim Director,
24 South Side Healthcare Collaborative.

1 MS. AVERY: Thank you.

2 Our court reporter needs a break.

3 (Audience outcries heard)

4 MS. AVERY: Come on now. We'll break for ten
5 minutes. It is 11:48, so we'll resume at twelve noon.

6 (Recess)

7 MS. AVERY: Next is Carl Wolf.

8 MR. WOLF: Thank you. My name is Carl Wolf,
9 and I have in my hand here the written testimony of 60
10 individuals, 60 patients in the County system who are not
11 merely opposed to the closure of Oak Forest but consider it
12 at matter of life and death. They're not high-paid
13 lobbyists or lawyers who make a living as parasites on the
14 back of working people. They are the working poor, the
15 mentally ill, and the most vulnerable of all of us, and
16 what they understand is that there is one racist attack
17 after another on services that they rely on while billions
18 and trillions of dollars are going for war and for the
19 bailout of banks and of stock companies, and at some point
20 they say enough is enough. We have had enough. You know,
21 of course, we understand that this is the County and this
22 is the State and that's federal and it's different streams
23 of funding, but for us, it's the cuts and services, period,
24 carte blanche, and at some point we say enough is enough,

1 you draw the line, and you shall not pass.

2 So, the Board talks of this public process and
3 the stakeholders, and I went to a number of those hearings,
4 and it's clear that they took nothing away from the
5 stakeholders who are working class or who are poor or who
6 are black. At the end of the day their strategic plan did
7 not reflect their needs. What people want is an Emergency
8 Room that is not on standby. We want rehab services for
9 everyone in need. We want inpatient services and we want
10 outpatient services. We want it all, because -- we want it
11 all, but we do not want it at the cost of these other
12 services. They get it at Northwestern, they get it at
13 University of Chicago. Why can't the poor have it?

14 Ms. Preckwinkle wants to threaten lawsuits
15 regarding unfunded mandates and that she has her power
16 behind high-paid suits and spending, all the sudden
17 spending precious taxpayer dollars on this closure, to pay
18 the lawyers and these lobbyists. We have power, too, and
19 we don't get paid six figures. We fight for the rights of
20 the working people. We fight for our rights, and we will
21 continue to do so until the victorious end.

22 Thank you.

23 MS. AVERY: Tony Tedeschi.

24 MR. TEDESCHI: Good afternoon. My name is

1 Tony Tedeschi. I'm a Board-certified family practice
2 physician. I also hold a Master's Degree in Public Health
3 and in Business Administration from Northwestern
4 University. I'm a partner in the Sibery Group, a
5 locally-based consulting firm that assists hospitals and
6 physician groups over a wide range of operational,
7 strategic planning, and facilities issues.

8 In recent years, I've had the privilege of in
9 a senior leadership role at Norwegian American Hospital, at
10 Roseland Hospital, and, over the last two years, as Interim
11 Chief Operating Officer for the Cook County Health and
12 Hospitals System. Prior to the Sibery Group, I served in
13 similar roles at Central DuPage Hospital. While my
14 experience is broad, having managed nationally-recognized
15 suburban hospitals as well as struggling inner city
16 hospitals, and while I was familiar with the Cook County
17 Health System from fondly remembered days at the old Cook
18 County Hospital as a young medical student, I never fully
19 comprehended the depth of the challenges to Cook County
20 Health System until I assumed my present role as COO.

21 Like other, often municipally-operated, large
22 public hospital systems around the nation, the Cook County
23 Health System is the front line of the failures and the
24 inadequacies of the American healthcare so-called system.

1 Every day thousands of persons, often with few or no
2 choices for healthcare access, present in our emergency
3 rooms, clinics and pharmacies, seeking care. Often our
4 patients are typified by substantial comorbidities and
5 complications arising from their chronic lack of healthcare
6 access.

7 Cook County Health and Hospitals System simply
8 cannot, given its budget constraints, treat all those who
9 require care, and we should not be surprised that to date,
10 neither the federal government nor the State government has
11 figured out resources to finance healthcare for all in
12 need. As a consequence, the Health System must make
13 difficult choices about what services are available to whom
14 and where on a daily basis. There simply are not
15 sufficient resources, financial, facilities, and skilled
16 medical professionals, to address all of the medical needs
17 of all of the would-be patients that present at our doors
18 every day. For example, as Chief Operating Officer at
19 Stroger Hospital, I regularly learned that persons waiting
20 weeks or even months for an elective orthopedic surgery
21 crucial to their quality of life have their elective cases
22 canceled because of trauma emergencies. Rescheduling that
23 patient, of course, will bump another patient who has
24 similarly waited for weeks or months for care.

1 I say this because these are the real-life,
2 difficult choices that our Board, my management colleagues,
3 and the System's stakeholders had to grapple with during
4 the System's strategic planning process. At the end of the
5 day, the County Health System must seek to create maximum
6 access for the greatest number of patients, while utilizing
7 its limited resources in the most cost-effective manner.

8 I believe the decision reached with respect to
9 Oak Forest is the correct one. As a hospital, Oak Forest
10 has limited capability, low utilization, and is extremely
11 costly to operate. Redeploying the resources supporting
12 Oak Forest to create a regional outpatient center will
13 provide expanded safety net access for more patients, will
14 bring enhanced ambulatory specialty care to the Southland,
15 where such care is much needed, and will help configure the
16 Cook County Health System toward a future of health reform,
17 requiring the right care at the right place at the right
18 cost.

19 Thank you for this opportunity. As a seasoned
20 hospital operator, healthcare executive, and family
21 practice physician, I fully support the proposal to
22 discontinue the hospital portion of services at Oak Forest.
23 Moreover, I'm excited by the opportunity to work with our
24 team to implement the regional outpatient center for the

1 betterment of the health of the residents of the Southland.

2 MS. AVERY: Thank you. Betty Boles.

3 MS. BOLES: Good morning. My name is Betty
4 Boles. I am Vice-President of SEIU Local 73 and I and my
5 I'm represent Cook County health system employees. I'm
6 also a Southland resident, and many of my family, friends
7 and church members are and have been Cook County patients.

8 I'm here to speak in support of the decision
9 by the Health Facilities and Services Review Board to deny
10 the proposed closure of Oak Forest Hospital. On behalf of
11 the patients and caregivers of Oak Forest Hospital, I ask
12 the Board to stick to its position and not allowed Oak
13 Forest to close. Closing Oak Forest opens a wide tear in
14 Cook County's safety net that endangers patients' lives
15 around Chicago's Southland communities.

16 In 2009, oak Forest admitted almost 1,900
17 uninsured patients and saw almost 70,000 uninsured
18 outpatients. When Oak Forest closes, where are these
19 patients going to go? Only one hospital within the HSA 4
20 Planning Area, Ingalls Memorial, indicated it has available
21 capacity to assume displaced Oak Forest patients. While
22 Ingalls may have capacity, it is a hospital that is
23 financially on the brink. In 2009 Ingalls only saw 2,411
24 uninsured patients and about 32,000 uninsured outpatients.

1 Thus, Ingalls' claim of available capacity gives us
2 absolutely no confidence that it could financially survive
3 the influx of uninsured patients displaced by Oak Forest's
4 closure. In fact, Oak Forest front line staff has heard
5 horror stories of uninsured patients being turned away by
6 Ingalls and receiving discriminatory treatment.

7 Only two other hospitals claim to have
8 available capacity to assume displaced Oak Forest patents
9 -- Jackson Park and South Shore. But neither Jackson Park
10 nor South Shore is within the HSA 4 hospital Planning Area.
11 In fact, both hospitals are about 18 miles away from Oak
12 Forest. For a sick patient trying to navigate Southland's
13 sparse and unreliable public transit system, these two
14 hospitals might as well be on the moon.

15 Holy Cross Hospital is about the same distance
16 from Oak Forest as Jackson Park and South Shore. Despite
17 struggling financial for years, its 2009 operating finances
18 were in far better shape than Jackson Park or South Shore.
19 Yet in its response to Cook County, Holy Cross stated --
20 and I quote -- "Due to our existing in and outpatient
21 demand for services and our continuing large uncompensated
22 care load, we are unable to assume any new capacity."

23 I'm going to shorten it just a little bit.

24 So, I ask again. When Oak Forest closes,

1 where will these patients go? On behalf of the patients
2 caregivers and poor folk of Oak Forest Hospital and the
3 Southland area, I implore the Board to stick to its
4 position and not allow Oak Forest to close.

5 Thank you.

6 MS. SIMS: Good afternoon. I'm happy to have
7 seen my colleague, Commissioner Suffredin, here when I
8 first arrived. He is one of the Commissioners that I would
9 hope -- was hoping would come out and hear from the people
10 that we don't want Oak Forest Hospital to close, and I'm
11 happy to say that I support the State in its decision not
12 to let Oak Forest Hospital close.

13 Cook County Commissioner Debra Sims.

14 I just want to clear up a couple of things
15 that were said when the County Governance Board and
16 Commissioner stands up and says that the County Board is in
17 support of the strategic plan. I'm here to tell you -- and
18 I'm speaking for three of my colleagues who are not in
19 support, and that is Commissioner Sims, Commissioner
20 Beavers, Commissioner Murphy and Commissioner Steele are
21 not in support of closing Oak Forest Hospital, and we will
22 be at that meeting in Joliet on May 10th as well.

23 On my way here this afternoon, I happened to
24 be coming across Oak Forest Hospital property and happened

1 to see a lady walking down the street with another lady in
2 a wheelchair, walking down the road to get to Oak Forest
3 Hospital. Now, if we're talking about closing the
4 hospital, that lady can't walk a patient to Stroger
5 Hospital. Where will she go? This is a much needed
6 facility in the Southland.

7 When you hear Mr. Foley and Mr. Batts talk
8 about the stakeholders, what stakeholders? The
9 stakeholders that they're talking about are not the people
10 that were in this room. Which stakeholders are they
11 referring to? They weren't talking about you. I don't
12 think they did a good enough community outreach to see how
13 the people really felt about closing Oak Forest Hospital.
14 If they did, we would not be at this juncture today,
15 because the people are telling you they do not want this
16 hospital to close.

17 I'm not so convinced that what we're talking
18 about is a bad idea when you talk about outpatient clinic.
19 I think that's an excellent idea. But I also believe that
20 there should be some type of inpatient facility there as
21 well. We welcome, we welcome the inpatient -- the plan
22 that you have, but we want you to know that if you're
23 talking about closing those 270 beds, we are definitely
24 against that, because we know that the people in the

1 community cannot get to Stroger Hospital. It takes too
2 long, there are no buses to get to Stroger Hospital, after
3 going there, sitting for eight hours and then trying to get
4 back home to try to make sure, you know, that you get there
5 safe and if you go by yourself, who's going to bring you
6 back home? So, we'd like for you to take a good look at
7 this.

8 And I know that you've made up your mind, but
9 we have to take politics out of this, because this is
10 political. We rolled it back the rest of that half of a
11 penny, which I think is criminal as well, because how can
12 we talk about saving a system and you're talking about
13 giving money back? You can't give money back if you're
14 not -- and you're trying to save the system. We need those
15 dollars.

16 MS. AVERY: Can you conclude?

17 MS. SIMS: One thing that everybody should be
18 fighting for is go back for that other quarter of a penny,
19 because if it goes away, you think this is bad and you
20 think about the plan that they're talking about where
21 they're going to put that hospital there, it's not going to
22 happen, because that other quarter of a penny is going to
23 go away. Our budget is going to be worse next year than it
24 was this year. People are not going to be comfortable.

1 The doctors are going to be leaving.

2 You know, Stroger has a sign, what is our
3 mission? We serve the people that cannot afford
4 healthcare. That is the mission of this hospital. That is
5 what we want the State to know. That is the mission of
6 this hospital, that we take care of the under served. We
7 want that hospital. We don't even have an Emergency Room
8 out here. We don't have -- we have emergency, we don't
9 have a trauma center out here in the South Suburbs. The
10 closest trauma center is Christ's Hospital. Now they're
11 talking about taking away Oak Forest Hospital. This is
12 criminal.

13 We just want the State to know we're not going
14 to take this laying down. We're going to continue to
15 fight. And to Mr. Foley and to Mr. Batts, you know, I know
16 you did the best you could in trying to convince the people
17 that this was the best thing, but you can't convince people
18 to keep taking poison and they accept it. They eventually
19 realize they're going to die.

20 Dr. Mason, you've been talked into a role.
21 You know I love you, but you and I are going to fight on
22 this one, but we going to remain friends, because the one
23 thing that I do know about you, that you will fight for our
24 community. We just have to convince you that you are on

1 the wrong side at this time and that we want you to fight
2 for us.

3 MS. AVERY: Joy Wykowski.

4 MS. WYKOWSKI: Hi. Joy Wykowski, and I'm
5 reading a letter on behalf of Bruce A. Johnson, President
6 and Chief Executive Officer of the Illinois Primary
7 Healthcare Association.

8 On behalf of the Illinois Primary Healthcare
9 Association, I am writing in support of the application to
10 discontinue inpatient services. By approving the
11 discontinuation, we will actually be able to increase
12 access to care for many under served residents.

13 As the sole non-profit association
14 representing Illinois Community Migrant Health Centers,
15 IPHCA has been partners of Cook County Health and Hospitals
16 Health Systems for many years. As the President and CEO of
17 IPHCA, I'm keenly aware of the healthcare access issues
18 facing the under served. Our Federally Qualified Health
19 Center members rely on partnership with Cook County to
20 increase access to primary specialty care. Currently that
21 care is geographically concentrated at John H. Stroger, Jr.
22 Hospital. With your approval, the County will be able to
23 redirect and increase much-needed services to the
24 Southland, a vastly under served region for free specialty

1 care.

2 We believe our partnership with Cook County
3 will increase and that community residents serviced by our
4 programs will see significant access and improvements in
5 access to services under the proposal. We urge your
6 approval of the discontinuation so that the establishment
7 of the comprehensive center in Oak Forest can become a
8 reality.

9 MS. AVERY: Thank you.

10 Jerlene Harris.

11 MS. HARRIS: Good morning, Board, residents of
12 Cook County. Thank you for coming. My name is Jerlene
13 Harris. I am an American citizen, a senior, and a resident
14 of Harvey, Illinois. I was an outpatient at Oak Forest
15 Hospital Pain Management Clinic from March 2004 until it
16 was closed February 21st, 2009. I was treated weekly for
17 chronic acute back pain by Dr. Hudain (phonetic). The
18 clinic provided a number of valuable services, alternative
19 therapy such as acupuncture, biofeedback, individual and
20 group counseling, hydrotherapy, and traditional medical
21 drug regiments for treatment for the whole person. I was
22 referred to Midwest College of Oriental Medicine in order
23 to receive acupuncture by students. I continue to receive
24 physical and occupational therapy until the presence at Oak

1 Forest Hospital. My injuries are related from work -- my
2 injuries are resulting from work-related accidents under
3 the Illinois Workers' Compensation. Active case number is
4 written but will not be revealed verbally.

5 However, many years of billing was written off
6 as bad debt to Cook County Healthcare System. The CCHS
7 management, for whatever reason, periodically stopped
8 billing patients and other agency for services rendered.
9 This policy has been used to justify by CCHS to report its
10 scarcity of resources.

11 Panel, I hope that you have independent audit
12 to reflect the mismanagement of resources that this county
13 was due for services that was rendered, by a Certified
14 Public Accountant.

15 Under the question of under utilized use, for
16 Mr. Foley to misrepresent what the Chief Officer,
17 Mrs. Edwards, of Oak Forest Hospital stated in a public
18 meeting of the board on January 25th, 2009, that 32,000
19 people was treated at Oak Forest ER, I wouldn't call that a
20 under utilization. Your city-wide for meetings for
21 stakeholders, which I am a stakeholder and everyone else in
22 this, room told you out of the twelve meetings that I went
23 to, do not close Oak Forest Hospital. But you continue to
24 disband the clinics and all.

1 Dr. Mason, Terry Mason, on April 10th, 2010 at
2 Trinity Church a question was posed to you about the
3 strategic plan to close Oak Forest Hospital. You did not
4 give the breadth or depth of your statement that you gave
5 to this Board, but you just said that you saw the Board
6 moving to a different direction. If you had told that
7 audience at Trinity Hospital (sic) April 10th what you told
8 this Board, I think you would have really got -- you would
9 have heard from more people that this is not what they
10 want.

11 We need this valuable hospital to remain open
12 and to restore all specialty clinics that were in place
13 prior to 2009, because we need these services in this
14 community. And thank you so much.

15 MS. AVERY: Thank you.

16 Sylvia Edwards.

17 MS. EDWARDS: Good afternoon. My name is
18 Sylvia Edwards, and I'm the Chief Operating Officer at Oak
19 Forest Hospital.

20 For over 100 years, Oak Forest Hospital has
21 served the needs of the residents of the South Suburbs of
22 Cook County. Oak Forest Hospital has transformed itself
23 from the poor farm, to the TB sanitarium, to a chronic
24 disease hospital, to where we are today as an acute care

1 facility with ventilator, rehabilitation, and ER services.
2 Change is nothing new for this facility. In spite of all
3 of the transformations, it has always been the mission of
4 Oak Forest Hospital to focus on the needs of the south
5 suburban community.

6 With the transformation to a regional
7 outpatient center, it is our mission to expand outpatient
8 services and work with our neighboring facilities to ensure
9 the highest quality care. My senior leadership is
10 committed to this charge and to appropriately transitioning
11 patients to this new approach. In fact, social workers
12 have already begun to assist our patients, particularly the
13 five in the long-term care area, with placement options.
14 For others we are collaborating with our neighboring
15 facilities to provide care. We will track patient
16 transfers to make sure the community receives the quality
17 and service that it desires. Our commitment to this region
18 is not diminished because this transformation causes us to
19 look different. This commitment is as sincere today as it
20 has been over our many years of service.

21 Commitment and patient advocacy remain our
22 focus. As patient advocates, we have consistently reviewed
23 the national data, and the research supports that providing
24 primary care and preventative services are more efficient

1 ways to provide care. Clearly, it is better to proactively
2 keep communities healthy with better access to these
3 outpatient services, and we are working as change agents to
4 this end. Additionally, this focus on primary care is
5 essential as we prepare for healthcare reform, the
6 healthcare reform initiative.

7 As we look back at the history of this
8 institution and where we are poised at this juncture in
9 time, it is our focus to remain committed to this region as
10 we make yet another transformation to meet the needs of the
11 community.

12 MS. AVERY: Thank you.

13 Ms. Louise Wint.

14 MS. WINT: Hi. My name is Louise Wint.

15 Okay. I'm here opposing the closing of Oak
16 Forest Hospital. Okay. One can see wasting in every form
17 in the closing of Oak Forest Hospital. The purpose to
18 close this important facility is a total injustice to
19 humanity in our society. Okay. I see healthcare going
20 back 50 years, and I get paranoid every time I think about
21 how overcrowded Cook County Hospital is. As a young girl,
22 I watched my grandfather lay in Cook County Hospital, in
23 the corridors, dying for lack of care, overcrowded, and
24 this is what it's coming back to, and I'm talking about

1 this was in the 50's, and it's really -- I mean, it's
2 almost unreal that we as healthcare providers will allow
3 this to happen.

4 It's no way that Cook County can provide the
5 care for the whole entire city. They tried it before and
6 it didn't work, and if you do it again, it's not going to
7 work. Okay. And I'm getting back to my little point.

8 Okay. The poor versus the wealthy, minority
9 versus Cook County Hospital Health and the Hospital Board.
10 We are the voices for the poor, black and under served. We
11 cannot and will not allow the CCHHS to take our tax dollars
12 that should be used to provide hospital care. The CCHHS is
13 proposing to close our community hospital while they divert
14 from the same dollars into high salaries for
15 administration. I think the money should be put where it's
16 most needed, with the poor and under served. We do not
17 have any money to go anywhere. We're not going to be
18 served at these other private-paying hospitals. They can
19 say what they want, but they're going to do what they want.

20 And I just had an experience this past weekend
21 with my brother. He's in renal failure. Walked into the
22 Provident Hospital. No one is there to service him other
23 than the nurse. Doctors -- they had to call a doctor in to
24 see him. He's been having appointments at the outpatient

1 clinic. He was supposed to have seen a cardiologist. He
2 never saw a cardiologist. So I'm sitting up here thinking,
3 okay, how is suing a hospital going to save my brother's
4 life and take care of his health? I mean, this shouldn't
5 happen in our society, and there's a study going on and
6 you're sitting here judging -- passing judgment over these
7 poor, under served people.

8 And then I'd like to say something to this
9 Board. For one thing, you're on salary. Okay. We had the
10 former Board Member Todd Stroger. He's not on -- he's no
11 longer in his position. Okay. What happens with his
12 healthcare insurance? Okay. He applied for unemployment.
13 He is in the same boat with the rest of us poor people. It
14 was denied. So, providing he stands a chance to get
15 another position -- and I don't think that's too soon.

16 So, okay. Look at what -- you are in a
17 position now where you have these insurance and six figures
18 salaries, but it's not guaranteed. So you might have to
19 use these same facilities that you want to close down.

20 So have a good day. Thank you.

21 MS. AVERY: Tom Dohm.

22 MR. DOHM: Good afternoon. I'm Thomas Dohm
23 from Oak Forest Hospital. I'm the Associate Administrator
24 at Oak Forest Hospital, and I support this application.

1 I'd like to address two important issues:

2 First, the transition plan in place for existing Oak Forest
3 patients; and, second, why our plans for a regional
4 outpatient center are a positive step to addressing access
5 issues for area residents.

6 Oak Forest Hospital is unique in that it
7 currently cares for five long-term care residents. In
8 fact, we have not admitted a new long-term care patient
9 since 2007. Each of these patients and families have been
10 actively counseled on transition options through a social
11 worker. Two our actively considering nursing home
12 placement options; one, through family, will return home
13 with home health support; and the other two have thus far
14 declined to participate in the process. It is critically
15 important to us that discharge and transition processes
16 ensure their continued care. In fact, once new placements
17 are finalized for these long-term care residents, the
18 Health System will arrange for and pay for their care
19 indefinitely into the future and will monitor the quality
20 of that care on an ongoing basis.

21 For all other patients, the transition to
22 neighboring facilities for inpatient care and the expansion
23 of ambulatory and specialty care on site will actually
24 enhance the care and treatment many of them will receive.

1 The vast majority of the patients we see at Oak Forest
2 Hospital are there for treatment that could have been
3 prevented with regular care by primary and specialty
4 physicians. Given this situation, it makes sound public
5 policy sense to transition our Oak Forest campus from under
6 utilized inpatient services to desperately needed
7 ambulatory and specialty care services. That would bring
8 our Southland patients the care they need close to home.

9 Our recent sleep lab pilot project is a good
10 case study. About a year ago, in May 2010, we opened our
11 new sleep lab on the Oak Forest campus. At that time,
12 Systems statistics showed that 28 percent of the patients
13 presenting at Stroger for sleep lab services came from the
14 south side of Chicago and surrounding suburbs. When we
15 brought a sleep lab to Oak Forest, the result was fewer
16 missed appointments, better patient outcomes, and a reduced
17 backlog at Stroger. We expect to see similar results for
18 each services that we bring to the new regional health
19 center.

20 Our immediate plans call to expand some of our
21 services right away, immediately giving our patients
22 improved access to care. We are able to increase services
23 by redeploying current resources from the facility. These
24 expanded services would include primary care, oncology,

1 podiatry, cardiology, ophthalmology, optometry, psychiatry,
2 and psychology and also outpatient rehab services. We also
3 plan to add new services to the Oak Forest campus,
4 including infectious disease, urology, pain management and
5 a convenient immediate care center with full radiology
6 department and lab.

7 Phase two of this effort involves capital
8 expenditures. Resources have already been budgeted and
9 committed which will allow for the creation of a women's
10 health center and an application for ambulatory surgery
11 center license. In the end, our plans for the Oak Forest
12 campus mean increased access to critically important
13 specialty care services for our region's most vulnerable
14 patients.

15 As we all know, change is never easy. I have
16 been at Oak Forest Hospital for over 30 years and have seen
17 this institutions evolution. I can honestly say that I
18 believe this is a well thought-out plan that appropriately
19 addresses the issues facing our patients today. We can
20 begin to dramatically improve the healthcare delivery
21 system for these patients if the Board approves our
22 application.

23 Thank you.

24 MS. AVERY: Thanks.

1 Camille Shavers.

2 MS. SHAVERS: I respectfully and with concern
3 appear today with an appeal for the resuscitation and not
4 closing of Oak Forest. My name is Camille, Shavers.

5 I had a prepared kind of essay written, and
6 everything that has needed to be said has been said, so
7 rather than go verbatim and repeat this, I'd like to just
8 state a couple of things that I'm primarily concerned with.

9 I've heard the word deployment used today, and
10 it just hit me like a ton of bricks or like a rock, that
11 you're speaking of, because I've only heard that referred
12 to in the term of war and war zones. I think that at Oak
13 Forest, primary care was given just by being Oak Forest
14 Hospital, before it was redefined today as needing primary
15 care. It's been stated that Oak Forest has been in
16 existence for a number of years, and I'm sure we're all
17 aware of that. I'm sure every family here in some form or
18 fashion has been impacted by the amount of impact that Oak
19 Forest Hospital has had, and I speak primarily as others
20 have spoken on the usage of the south suburb, the east
21 suburb, the west suburb, people that have been serviced
22 that could not get service at one time by another hospital
23 because of the stated overcrowding, and it's still
24 overcrowded.

1 Also, they spoke today about how it has been
2 systematically reduced, health services have been reduced,
3 and the plan to increase services primarily on their
4 outpatient clinic. I speak for inpatients. I speak for
5 persons who have come there with traumatic illnesses. We
6 see an increase today not of pandemics or epidemics, but
7 people there have been victims of gunshot wounds, people
8 that have been victims of floods, people that have been
9 victims of psychological disorders due to the economy, the
10 loss of jobs and other natural, I consider them, disasters.
11 We're all trying to cope and get along, but we have to look
12 at what has broken and what has been fixed.

13 Oak Forest is a major life line. The hospital
14 has been a vital beacon of hope, transfiguring lives with
15 numerous essential services rendered. It's likened to none
16 in the area. The area is so large and it has so many
17 pre-disposing buildings that can already be used and
18 utilized again. That's when I speak of the resuscitation.
19 It has maintained with success before the word was used,
20 again, of primary or assistance or whatever. Oak Forest
21 was there with the rehabilitation services, and not just
22 for the three months here and two months here, not just
23 before it was popular to say, well, we treat these people
24 but we're going to let them go, not just before your loss

1 of coverage. Oak Forest has always been there, and it has
2 been a vital part of the community and surrounding areas.

3 I'd like to know how many people would shop in
4 a grocery store when they start removing inventory? You
5 get a decrease when you decrease already-decreased
6 services. Would you go there? Now, with the increase, you
7 see an increase in trial drugs, you turn on a TV every day,
8 you see medication recall. You see people that are
9 suffering long-term because of this. Please don't forget
10 the long-term patients that we have that could very easily
11 utilize these services. You go to emergency rooms in a
12 hospital and some of them do their best and some of them,
13 as stated earlier, will turn you away. But what happens?
14 What happens? People need long-term care, which Oak Forest
15 is already equipped to do. We have seen a revitalization.
16 We've seen again how they have impacted the lives around
17 them.

18 I ask you to please, please reconsider for the
19 community, for humanity, for cost effectiveness. When you
20 have long-term care, those persons come back again and
21 again in another form. They come back in the Emergency
22 Room. They come back sicker than they were before, and
23 this involves human life, not property, not the dollars.
24 It involves human life, and in the end, doesn't it cost

1 more to treat something that continuously reoccurs and gets
2 taken care of on a longer period of time because the people
3 just won't come.

4 Thank you so much for this time and I
5 appreciate any consideration.

6 MS. AVERY: Dr. Hussain.

7 MR. HUSSAIN: Good afternoon, Respected
8 Hearing Officer, Commissioners, community leaders and
9 community members. Let me introduce myself. I'm Dr. Anwer
10 Hussain, the Director of Emergency Department and also
11 President of the Medical Staff at Oak Forest Hospital. I
12 am in support of the CON application for the Cook County
13 System.

14 There seems to be a lot of misunderstanding
15 about the transformation of Oak Forest Hospital, and it's
16 clear that not everyone understands the benefits of this
17 new plan, but I'm going to deviate a little bit from my
18 written statement to address a few points that I heard here
19 where there was clear-cut misinformation.

20 Number one, someone made a statement that we
21 call 911 to transfer our patients to Stroger Hospital.
22 That's very incorrect. We do not do that, not even under
23 the new plan. We do not do that. Anytime we call 911 is
24 for extreme condition and the patient goes to the nearest

1 facility. That we do now, even today.

2 Number two, second statement regarding the
3 transfers. Transfers is a general rule in any emergency
4 department of the nation. If a facility does not have
5 certain specialized services, such as hand surgery,
6 neurosurgery, et cetera, they are transferred to another
7 facility for the safety of the practice. This is a
8 practice of any hospital in the State of Illinois or
9 throughout the nation, and we are no exception. They have
10 to arrange the transfer, just like anyone else does.

11 Number two, someone made a statement the
12 cardiology and podiatry clinics have been closed or shut
13 down. Again, that's an incorrect statement. We have a
14 cardiology clinic. There's podiatry clinic four days a
15 week, much more than Provident Hospital has. We have eye
16 clinic five days a week much more than any other hospital
17 does. We have orthopedic clinics and many other specialty
18 clinics that we refer our patients, and they are going to
19 be further improved. So these kind of statements are ver
20 incorrect where the community members get misled.

21 Right now, under the facts I would like to
22 give you, of all of the patients that we receive in the
23 Emergency Department 90 percent of them they get treated,
24 evaluated, and discharged from the Emergency Department, 90

1 percent. The majority of the patients that we see are the
2 common ailments, such as diabetes, hypertension, asthma,
3 emphysema, and every time I ask them, why are you here, why
4 is your blood pressure high, one answer I always get,
5 "Doctor, I ran out of my medications, I did not get a
6 chance -- I did not have a primary care doctor." What I
7 mean to say is our patients do not have appropriate access
8 to primary care who can manage and prevent complications in
9 the first place. That is the main issue. That's why Cook
10 County Health and Hospitals Systems have developed a new
11 plan for the use of Oak Forest Hospital, and it's widely
12 recognized that Emergency Department care is an emergency.
13 It's inferior to comprehensive primary care, patient and
14 primary care relationships. That is a known fact.

15 Through the transformation of Oak Forest
16 campus, our patients will have access to primary care
17 physicians. Their illness will be treated before they
18 reach the point that they have to see the Emergency
19 Department for the complications. Even so, the Cook County
20 Health and Hospitals System is not planning on shutting off
21 those immediate healthcare needs. Our plans for the future
22 include a new immediate care center that can provide
23 continuing care and broader range of outpatient and
24 diagnostic services than are currently available. The

1 center would serve our patients in a way that is in line
2 with the new technologies and the future of healthcare.

3 We will be open from 7:00 a.m. to 11:00 p.m.

4 Now why -- the question is why did we choose this time? We
5 looked through the statistics. Majority of our patients
6 that come to our facility are during the morning to the
7 late evening hours. We just did not pick up this time.
8 That is where the most need is, and let me assure you one
9 more thing. We will still see the patients that Christina
10 mentioned and Miss Harris mentioned and all those patients
11 who have problems. When we get immediate care, we will be
12 seeing more than 85 percent of the patients than we see
13 right now for immediate care.

14 So, we are not going -- we are not shutting
15 our services. We are there for you.

16 MS. AVERY: You have less than a minute.

17 MR. HUSSAIN: So, our transformed campus will
18 have specialty clinics in the area such as cardiology,
19 asthma, sleep, gastroenterology, kidney diseases,
20 orthopedics, gynecology, anticoagulation, and even stress
21 tests, sleep studies and endoscopies. That has already
22 been started.

23 So, it's incorrect, incorrect to say that we
24 are leaving our patients. Instead we are looking for a

1 change for better. I have no doubt the planned medical
2 campus will give our patients greater stability and improve
3 their overall health, but before CCHHS can implement this,
4 we have to discontinue the services we currently offer, and
5 I respectfully ask your support.

6 Thank you very much.

7 MS. AVERY: Thank you.

8 It's almost one o'clock. We had originally
9 scheduled this hearing for two hours.

10 AUDIENCE MEMBER: I have to make a statement.

11 MS. AVERY: Not right now, ma'am. You can't.
12 That's out of order.

13 AUDIENCE MEMBER: I have to go. I can't stay.
14 I will not be able to make this statement.

15 MS. AVERY: Ma'am, I have to ask you not to.
16 We have to go in order and respect the proceedings. You
17 can put it in writing. It will get to the Board members.
18 I can tell you as an ex-Board member, they read these.

19 AUDIENCE MEMBER: I just want them to know
20 they did close oncology.

21 MS. AVERY: I'm going to have to ask you to
22 leave if you can't respect the proceedings.

23 It's almost one o'clock at this point, and if
24 anyone is willing to give written testimony, I can tell

1 you, the Board members do read the testimony. But if you
2 choose to do so, it will get to them, but if you want to
3 give an oral presentation, if we can condense it and keep
4 your written testimony in full length, it will go to the
5 board, both your oral and your written, even if you divert
6 from it.

7 Next is Brother James Foley.

8 AUDIENCE MEMBER: I'm going to sue if
9 something would happen to my mother. Seven to eleven
10 cannot (inaudible) when she gets sick in the midnight hour.
11 And I'm sorry, sir, you were all wrong for saying what you
12 said, because it's just not right.

13 MS. AVERY: Ma'am, just send a letter and
14 we'll pay attention to it.

15 MR. FOLEY: I am Jim Foley. I'm volunteer
16 chaplain of Oak Forest Hospital for the past 14 years. It
17 has been my privilege to minister to God's people here as
18 the part of a wonderful healing community of faith and
19 healing and life. I believe that God is the healer, and I
20 know that God works through hospitals, physicians, nurses,
21 technicians, and healing apparatus to provide his gift of
22 healing.

23 Oak Forest has been God's means to provide
24 healing for the dispossessed and disenfranchised, the least

1 of these, who are precious and beloved in the heart of God
2 the Father.

3 I applaud the expansion and increased
4 outpatient plans for Oak Forest, but in the name of God,
5 whose desire is to provide complete healing and care, I
6 implore you to keep the inpatient facility open as you
7 expand our outpatient services. I've heard the argument
8 that Oak Forest Hospital is a place where it's under
9 served, we only house 50 to 60 individuals. Well, it will
10 house as many people as we allow it to house, and if it's
11 only one person, how much is one person worth in the eyes
12 of God? I'm talking about the 10 percent that need the
13 inpatient facility. We're talking about the people that
14 are sick and dying between 11:00 p.m. and 7:00 a.m. How
15 much is one person worth.

16 This is Holy Week. God sent his Son to give
17 up his life for each individual person. What is the value
18 of one single person, dispossessed and disenfranchised,
19 with nowhere else to go? He or she is precious in the eyes
20 of God, worth the life of His only son. How dare we
21 minimize that life and take away from them their healing
22 place, to let them die isolated and forgotten.

23 No, please, no. Oak Forest throughout its
24 history has reached out to them and offered them comfort

1 and hope. I could not rest with an easy conscience,
2 seeking God's blessing on another plan, if I cut off a
3 healing place from the least of these who need Oak Forest
4 Hospital.

5 I'll be praying for you that you make the
6 right decision. Thank you for listening. Thank you for
7 this opportunity to share our concerns.

8 (Discussion held off the record with regard to
9 the identity of the next speaker)

10 MR. THOMAS: I'm Sidney Thomas. I'm reading
11 for Quin Golden, one of the System Health Board members.
12 Once again, Quin Golden.

13 I'm writing to urge your support in the
14 discontinuation application for Oak Forest Hospital. I
15 approach this issue from numerous perspectives. I'm a
16 local resident, a Board member of the Cook County Health
17 and Hospitals System, former Chief of Staff of the Illinois
18 Department of Public Health, and am currently with the
19 University of Chicago Medical Center as the Associate Vice
20 President of Strategic Affiliations and the Urban Health
21 Initiatives.

22 As a healthcare system, Cook County Health and
23 Hospitals System recognizes its obligation to provide
24 quality healthcare to every Cook County resident,

1 regardless of age, income, affiliation or hometown. In
2 fact, we are extremely proud of our role in caring for
3 safety net patients throughout the region. It is our job
4 to ensure every resident has access to the care and
5 services they need, particularly in under served
6 communities that have a greater concentration of Cook
7 County's 800,000 uninsured patients. I am confident that
8 the proposal to transform Oak Forest Hospital into an
9 outpatient specialty care facility is in the community's
10 best interests. But that can only be achieved by
11 redirecting resources and staff from inpatient to
12 outpatient and primary care.

13 Our goal is to increase care in the Southland.
14 Our proposal includes offering far more primary and
15 specialty care services, including cardiology,
16 ophthalmology, neurology, psychiatry, and urology. We will
17 also open urgent care center with full radiology, lab and
18 pharmacy. To this extent, access to healthcare in southern
19 Cook County will soon dramatically increase.

20 Change is difficult, particularly when it
21 comes to the way we receive healthcare. But that should
22 not stop us from doing what is best for our residents and
23 what is good for the taxpayers of Cook County. I encourage
24 you to approve this proposal so Cook County can move

1 forward in expanding and improving access to healthcare for
2 our community.

3 Sincerely Quin R. Golden.

4 (Discussion held off the record with regard to
5 the identity of the next speaker)

6 MS. ALEXANDER: Hi. My name is Adrienne
7 Alexander. I work for AFSCME Council 31, and our union
8 represents more than a thousand employees in the Cook
9 County Health and Hospitals System, including more than 150
10 who work at Oak Forest. I'm here to urge you to reject the
11 Health System's request for approval of what is essentially
12 the closure of Oak Forest Hospital as an in-patient
13 facility.

14 We believe that this closure will result in
15 less access to care and diminished services for the south
16 suburban communities that depend on this hospital to meet
17 critical healthcare needs, as we've heard today. The
18 Health System initially represented this closure as a
19 simple restructuring and shifting of resources and claimed
20 it wouldn't result in any reduction in services, and yet we
21 still see that staff are being eliminated and patients are
22 being transferred. Even after the Health Facilities and
23 Services Review Board didn't approve the application for
24 the Certificate of Need to move forward with the plan,

1 front line employees are being told the hospital will shut
2 down, and to all appearances the process is now under way,
3 even without the approval. The hospital has stopped taking
4 new patients, and we heard that they stopped doing that for
5 the long-term patients already. Existing patients were
6 already transferred to a different hospital on Friday, and
7 the administration building is being packed up. Our
8 employees have received layoff notices effective May 20th,
9 and they will be joining the ranks of the 64 that were
10 already laid off.

11 In the meantime, we haven't seen any further
12 evidence since the meeting last month that the hospitals in
13 this area are prepared to handle the increase patient load.
14 Instead, the Health System has been focused on preparing
15 their argument and lawyering up. So, since this Board
16 issued that decision, they've just proceeded with these
17 intentions to close Oak Forest, without trying to address
18 these gaps that were apparent from the report that the
19 Board issued and the questioning that happened in Joliet
20 last month.

21 While the County claims that it intends to
22 have a new urgent care clinic in a few years, what are the
23 people that currently come to Oak Forest going to do in
24 this transition time? And how is the County ensuring,

1 given the uncertainties within the budget, that the
2 promised clinic will not be sacrificed to close the budget
3 gaps that will surely exist and need to be addressed? The
4 Health System cannot continue to claim that it will provide
5 the same level of services to the south suburban
6 communities while implementing a plan that curtails
7 services.

8 We urge the Facilities and Review Board to
9 hold County officials accountable and not approve the
10 requested Certificate of Need.

11 MS. AVERY: Thank you.

12 Steven Martin.

13 MR. MARTIN: Good afternoon my name is Stephen
14 Martin. I am the Chief Operating Officer of Cook County
15 Department of Public Health. The Health Department is one
16 of the nation's largest metropolitan health authorities and
17 is the State-certified local public health agency for
18 suburban Cook County. Furthermore, the Department is
19 responsible for providing public health programs and
20 services ranging from emergency preparedness, disease
21 prevention, control and epidemiology, health statistics,
22 health promotion and prevention and education, maternal and
23 child and adolescent and women's health, youth violence
24 prevention, and environmental licensing, inspections and

1 complaints.

2 I'm here today to provide the Illinois Health
3 Facilities and Services Review board with additional
4 testimony and reflections on the health issues of the
5 Southland, which is where I also live and work, and I lend
6 our agency's support to one of our medical centers that is
7 repurposing its operation to meet current and future needs
8 of this region. The repurposing of the Oak Forest Medical
9 Center is similar to efforts at other health systems across
10 the country, as they prepare to deliver more outpatient,
11 holistic medical services, utilizing a population health
12 based delivery model. National trends in the provision of
13 healthcare are moving towards expansion of outpatient,
14 preventive and specialty services and thereby reducing
15 inpatient census across the country. Consequently, this
16 proposal is no different from the national trend. In
17 addition, this operational repurposing is not unique and
18 even parallels the meaningful reform principals highlighted
19 in the Patient Protection and Affordable Care Act of 2010:

20 A shift in the emphasis toward prevention of
21 wellness.

22 Promotion of primary care and primary care
23 work force development.

24 Adequate pharmaceutical coverage and oral

1 healthcare.

2 Evidence-based and effective practices.

3 Reimbursement strategies that cover the true
4 cost of providing care and innovation.

5 Moreover, the Health Department participated
6 as a key partner in the development of the Cook County
7 Health and Hospitals System's strategic plan by providing
8 the public health technical assistance that was needed to
9 give strength and perspective to this initiative. The
10 final plan and the application before this esteemed body
11 for the Oak Forest medical center is aligned with today's
12 health challenges and the meaningful reform principals
13 highlighted above. Additionally, the plan for the Oak
14 Forest medical center is a bold, refreshing, and daring
15 approach for the nation's third largest public healthcare
16 system and a monumental attempt at providing more high
17 quality outpatient care while implementing a population
18 health-based delivery model when reduction in resources
19 continue at all levels of government.

20 With respect to examining the health picture
21 of this jurisdiction, this agency has been simultaneously
22 conducting its State-mandated responsibility by
23 facilitating for its residents the development of an
24 independent 2015 strategic health plan to inform the entire

1 public and private health systems of Cook County of the
2 health priorities that are most concerning to them for us
3 to address. Chairman Galassie, as you are quite aware in
4 your previous life as an administrator of a state-certified
5 local health department, the strategic health plan takes
6 the approach of including residents and key stakeholders to
7 examine current and future health conditions and make
8 reasonable recommendations for our health system to
9 consider in their delivery approach to effect possible
10 change. Thus, I would just like to provide the Board with
11 a first look at preliminary results that have not been
12 publicly shared to this point, of the pressing needs that
13 all 125 municipalities, 30 townships, and approximately 2.3
14 million residents wish to see addressed over the next five
15 years. In our final draft of the strategic health plan, We
16 Plan 2015, list these four priority areas: Access to care,
17 chronic disease, violence, prevention and sexual health.

18 For the purpose of this presentation I'll only
19 focus on access to care. Many residents do not have health
20 insurance coverage, as this Board is aware of. Amidst
21 rising unemployment rates and an unprecedented economic
22 recession, the number of residents who are uninsured
23 increased due, in part, to the steady decline in
24 employer-sponsored health coverage and weak job market.

1 Health insurance makes a difference of whether and when
2 people get necessary medical care, where they get the care,
3 and, ultimately, how healthy people are.

4 According to the Behavioral Risk Factor
5 Surveillance System, the uninsured rate among Suburban Cook
6 County residents in 2009 was 12 percent, or 200,000
7 individuals. Comparatively, the U.S. uninsured rate was 16
8 percent and, in Illinois, the uninsured rate was 14
9 percent. The percentage of people with health insurance in
10 Illinois saw a decrease of 87 percent in 2008 to 85 percent
11 in 2009. The percentage of people covered by private
12 health insurance decreased to 66 percent in 2009 from 71
13 percent in 2008. And these statistics can go on.

14 To make this picture even clearer for this
15 Board and why the Oak Forest medical center proposal is
16 needed, we present selected hospitalization rate data for
17 the south district of suburban Cook County for health
18 outcomes that are really primary care, preventable
19 conditions: Diabetes, childhood asthma, and hypertension.
20 The overall hospitalization rates for a population of
21 450,000 residents of suburban Southland Cook County for
22 uncontrolled hypertension, diabetes, asthma for children
23 less than five years of age and asthma for children less
24 than 18 years of age are 235, 1,614, 139, and 90

1 respectively per 100,000 south district residents.

2 In addition, the Federal Health Resources and
3 Services Administration indicates that there are more
4 medically under served areas and medically under served
5 populations in the south region of Cook County than any
6 other region of the county, as evident in the figure
7 provided in this report. Therefore, when you examine the
8 true, whole picture of the rates, medically under served
9 areas and medically under served populations, this region
10 is screaming for more population health prevention and
11 education, primary and specialty care services, and not
12 more inpatient services. Thus, the Oak Forest medical
13 center's proposal before you is needed and solidly based on
14 real facts and data, deserves unanimous support, and, more
15 importantly, urgently needed now to address the health
16 conditions of this region.

17 We have no more time to waste. In fact, we
18 are re-engineering our operation at the Health Department
19 to meet the parties of We Plan 2015 and the technical
20 health assistance our communities will need in the future.
21 Furthermore, our Communities Putting Prevention to Work
22 initiative is designed to promote changes in policy and to
23 the environment in the school, workplace and community
24 settings that make it easier for individuals and families

1 to make healthy choices and live active lives. We are
2 utilizing now \$16 million in federal funding to advance
3 this agenda to support individuals and families in leading
4 healthy, active lifestyles.

5 Finally, we are committed to assisting the Oak
6 Forest medical center in its repurposing efforts to deliver
7 more high quality outpatient services, and we are committed
8 to assisting the Health System, as well as other health
9 systems, as they begin to implement a more population
10 health-centered delivery model in their operations to meet
11 current and future health needs of their respective
12 communities.

13 Again, thank you for this opportunity to speak
14 on behalf of the residents of suburban Cook County and for
15 those who particular live in the areas surrounding this
16 medical center. If you have any additional questions,
17 please do not hesitate to contact me.

18 Thank you.

19 MS. AVERY: Thank you.

20 Shirley Dunklin.

21 MS. DUNKLIN: Shirley A. Dunklin. I am
22 honored here today to be asked to speak to you very
23 briefly. My written testimony to the Illinois Health
24 Facility and Services Review Board regarding the closure of

1 Oak Forest Hospital.

2 My name is Shirley Dunklin, and I'm resident
3 of the Cook County south suburbs, and I am here to testify
4 that you must not -- you must keep Oak Forest Hospital
5 open. My story is this. I had health insurance for 42
6 years. I never expected not to have health insurance. I
7 was on my second battle with breast cancer in the year of
8 February 28th of '05, getting radiation treatment at St.
9 James Hospital in Olympia Fields. At this time, my husband
10 died. I lost my health insurance, half of my income, and I
11 had numerous health issues. If I did not have Oak Forest
12 Hospital, I would not be giving this testimony. Oak Forest
13 Hospital saved my life.

14 In March of 2005, I went to St. James Olympia
15 Fields Hospital to the social worker and told her about my
16 circumstances, that I know longer had health insurance.
17 After my husband's death I would have had to pay \$750 a
18 month to keep the health insurance policy. I could not
19 afford to pay this. Within 30 days, the insurance was
20 canceled. I asked the social worker the following
21 questions: Was there a payment plan or a program that I
22 could qualify for? She said no. She also said that I
23 needed to go back to work. At this time, I had been
24 retired for seven years. I left St. James Hospital

1 disillusioned and very upset. I was told by a friend to go
2 to Oak Forest Hospital, where I am still at this time. I
3 receive excellent care at Oak Forest Hospital, better than
4 the care that I received at the three other hospitals. I
5 had care of doctors, nurses, financial advisors and the
6 pharmacy department. Every new program that I could
7 qualify for, I was given all the proper information on my
8 behalf.

9 I thank God for Oak Forest Hospital. There is
10 no reason that this hospital should be closed. I go to the
11 Emergency Room on numerous occasions. I had eight attacks
12 of asthma in one year. Out of the eight attacks, five of
13 them I went to the ER at Oak Forest Hospital. For two of
14 them I was hospitalized for. If Oak Forest Hospital hadn't
15 been there, I would not be here today at this time telling
16 my story. I have told my friends, relatives, acquaintances
17 all about my experiences at Oak Forest Hospital. I would
18 highly recommend this hospital to others.

19 It is a shame and a disgrace that this is --
20 what is happening now when a hospital is needed more than
21 ever. You are giving a systematic death citizen to the
22 citizens of this community. How can you live with this on
23 your conscience? I do not know. I have always been a
24 fair-minded person, have always helped others to the best

1 of my ability. I wish you never have to feel the way that
2 I do at this time. I lost the love of my life, my health
3 insurance, my health. If I could have had my Social
4 Security, I could have had enough money to buy health
5 insurance. But I couldn't. When I was sent to Advocate
6 South Suburban, I was there for 15 days. I ended up with a
7 \$37,000 hospital bill, plus numerous bills from doctors
8 that added up to 15 more thousand. I wrote I am now in
9 bankruptcy. Please don't close this hospital. We need it.

10 MS. AVERY: Jeff Schaidler.

11 MR. SCHAIER: Good afternoon. My name is
12 Jeff Schaidler. I was hoping it would be "good morning"
13 rather than "good afternoon".

14 I am the Chairman of the Emergency Department
15 over at Cook County Stroger Hospital. I have worked there
16 for over 20 years, cared for literally thousands of
17 patients over my career. We do take good care of our
18 patients.

19 About 80 percent of our patients at the
20 hospital we discharge and, as Dr. Hussain mentioned, about
21 90 percent of the patients in Oak Forest Emergency
22 Department are discharged. All of these patients need a
23 place to follow up for their acute and chronic illnesses.
24 As most people have stated today, at present we do not have

1 enough capacity to provide adequate care for these patients
2 in an outpatient setting.

3 I support the transformation of the Oak Forest
4 medical complex to a regional healthcare center, because
5 this transformation will provide care for these patients to
6 follow up, to be cared for on a long-term basis. We often
7 see patients in our emergency department who would not need
8 to come to the emergency department. If they had care for
9 their diabetes as an outpatient or care for their
10 hypertension as an outpatient present, they would not
11 present with a stroke or ketoacidosis.

12 Good outpatient care will prevent increase in
13 costly inpatient care. The country has limited resources
14 to devote to healthcare. The County has limited resources
15 to devote to healthcare. We need to focus our resources
16 that will care for the patients to keep them healthy and
17 productive. A regional health care center at the Oak
18 Forest Hospital will be a big step in the right direction
19 in this transformation.

20 Thank you.

21 (Discussion held off the record with regard to
22 the identity of the next speaker)

23 MR. WOODS: How do you do? My name is Steven
24 Woods.

1 I'd like to thank Mr. Foley, and I'd like to
2 thank Dr. Mason. I can't tell you how impressed I was with
3 your prepared and rehearsed statements. You clearly
4 explained to me how less medical care is actually more
5 medical care. I would also like to thank you for
6 enlightening me. I labored under the impression that the
7 main issue was human lives, but thanks to you, after
8 hearing your comments, I realize that the real issue is
9 reallocation of resources.

10 I would also like to thank Commissioner
11 Suffredin. I had the opportunity to run in to him in the
12 men's room, and being the nice guy that he is, he asked me
13 how I was doing. I would like to tell you what I told him.
14 I have cancer, diabetes, hypertension, kidney failure and
15 glaucoma, and if it wasn't for Oak Forest Hospital, I'd be
16 dead.

17 I notice we have a very attractive crowd here
18 today, a lot of business types in the audience with your
19 nice suits, ties, and crisp shirts. I didn't see very many
20 of you stand up, though, when it was asked if you wanted to
21 keep the hospital open. I couldn't help but think to
22 myself, perhaps that's because you didn't need the
23 hospital, perhaps it's because you have insurance. But I
24 understand. I wore a suit for 27 years. I ran my own home

1 building business in Cook County. Every house I built,
2 every project I rehabbed was in Cook County, and I paid a
3 lot of taxes in Cook County. But thanks to the economy in
4 2006, I lost my business, I lost my income, I lost my job,
5 I lost all of my investments, I lost everything, and I lost
6 my health.

7 Before this happened, I didn't know anything
8 about Oak Forest Hospital, because I didn't need Oak Forest
9 Hospital. I couldn't tell you where it was on the map.
10 But because I lost my insurance, Ingalls Hospital, South
11 Suburban Hospital, St. James Hospital, wouldn't beat me
12 with a stick if I gave them the stick to do it with. Oak
13 Forest Hospital saved my life.

14 Your strategic plan is nothing more than a
15 strategy to trade lives for dollars. You are prepared to
16 let an acceptable number of people die to accommodate your
17 balance sheet. I'm sure a lot of thought went into
18 development of this plan, but I submit to you if you were
19 to wake up tomorrow morning with no health insurance and
20 you needed Oak Forest Hospital, you would drop this plan
21 like a hot rock.

22 Thank you.

23 MS. AVERY: Again, my name is Joy Wykowski,
24 and I'm reading this letter on behalf of Wayne M. Lerner,

1 President and CEO of Holy Cross Hospital. In the interest
2 of time, I'll just synopsise.

3 We strongly support the reallocation of
4 resources from inpatient to outpatient services at Oak
5 Forest Hospital. A regional outpatient center would allow
6 us to arrange for critical post-hospital care for our
7 patients, something that is currently often hard to obtain.

8 Finally, as medical technology improves and
9 our longevity increases, care is increasingly provided in
10 the physician office or health center rather than the
11 hospital. We believe Cook County has rightly assessed
12 where the investment of limited resources should occur.

13 We urge your approval of discontinuation of
14 inpatient services so that Cook County can establish a
15 comprehensive safety net ambulatory center at Oak Forest
16 Hospital.

17 MS. AVERY: Thank you.

18 (Discussion held off the record with regard to
19 the identity of the next speaker)

20 MS. AVERY: Lee Mayberry.

21 MR. MAYBERRY: Hello. My name is Lee
22 Mayberry.

23 I just want to take a minute to educate the
24 Board on you should reject this plan. Dr. Terry Mason,

1 didn't you take an oath to do no harm, hippocratic oath to
2 do no harm? This plan includes doing harm to patients. I
3 am one of those patients you will be doing harm to. You
4 have many other patients, they're scared to death they're
5 going to die as soon as you put them in a nursing home.
6 You took a hippocratic oath you're going to do no harm.
7 The first thing you're going to do when you take this
8 position is do harm. Mr. Foley doesn't care. He's not a
9 doctor.

10 But getting to the point, the Oak Forest is
11 the only place we can afford to be sick at at the South
12 Suburbs. I am -- I have been to each of the hospitals in
13 the south suburbs with insurance and without insurance, and
14 I can't afford to be sick anyplace but Oak Forest. It's
15 the only place I can afford. I'm still going to get a
16 bill. I have insurance now, and I still get a bill, but I
17 can't afford to pay a bill in other hospitals. And your
18 plan is just -- you're cutting my healthcare, you're
19 cutting the healthcare of those in the Southlands, a much
20 needed resource that we need.

21 You're saying that you don't have resources.
22 Well, we don't have resources either, and the resources
23 that we do have for our healthcare is in the Southlands.

24 Thank you.

1 MS. AVERY: Thank you.

2 MR. THOMAS: I'm Sidney Thomas, reading on
3 behalf of Ben Greenspan.

4 I am writing to urge your support for the
5 discontinuation of Oak Forest Hospital. The application by
6 the Cook County Health and Hospitals System, on whose board
7 I sit, is pending for your review.

8 For background, I am currently the Master and
9 Healthcare Administration Program Director at University of
10 Illinois Chicago School of Public Health. For more than 28
11 years I was an administrator of Mount Sinai Hospital, for
12 nearly 14 years the President and Chief Executive Officer
13 of the inner city institution (inaudible) Sinai Health
14 System. I understand the challenges of providing the best
15 healthcare for under served community.

16 I have been actively involved in the Cook
17 County Health and Hospitals System's strategic planning
18 initiatives from the beginning. I believe that the
19 recommendation to transform Oak Forest into a regional
20 outpatient center, focused on ambulatory, diagnostic and
21 specialty care, is based on sound public policy. Not only
22 is the facility in its current form a misplaced use of
23 taxpayer resources, but it's also ill-suited for the modern
24 realities of inpatient care. This under utilized facility

1 should be converted to use for the highest and best service
2 to the community; that is, as an outpatient specialty care
3 and diagnostic services center. Our efforts and
4 partnership with neighboring facilities show many of them
5 ready and able to assume limited inpatient care
6 responsibilities for existing Oak Forest patients.

7 Nationally, it's clear that the transformation
8 of healthcare delivery is under way. Significant resources
9 are being directed to community-based preventive and
10 specialty care settings. These services are notably
11 lacking for safety net patients, the primary recipients of
12 public health systems such as CCHHS. The reality of
13 discontinuation of marginal inpatient services for a
14 community in this situation is that access to better care
15 will be increased. Plans for this regional outpatient
16 center concept are included in the 2011 budget that has
17 been presented by the system and approved by the Cook
18 County Board of Commissioners.

19 I have also been actively involved in the
20 transition planning for this effort. Significant resources
21 are in place and under way to accommodate both the limited
22 number of individually existing patients and to actively
23 engage community residents in this transformation effort to
24 create better, more accessible healthcare for the larger

1 community for the future. The Cook County Health and
2 Hospitals System has an opportunity to be a model to public
3 health systems nationwide on how to transform access to
4 care for our most vulnerable citizens. We have proven our
5 commitment as a state's leading safety net and speciality
6 care provider. Now we need your support in order to
7 implement these beneficial and essential changes. Your
8 approval of this application is an important step in
9 helping us get there.

10 Sincerely Ben Greenspan.

11 MS. AVERY: Thank you.

12 Randy rough.

13 MR. RUFF: Good afternoon. My name is Randy
14 Ruff. I'm a resident of South Holland, Illinois, and I'm a
15 concerned citizen.

16 Now, we know that this is all political, so
17 since it's going to get political, we are also going to get
18 a little spiritual here. The fact of the matter is is that
19 we all have to make choices in life. Now, I do have a
20 former, written statement that will be forwarded later.
21 I'm really just speaking from my heart right now.

22 We all have to live a life and we're going to
23 live a life that's pleasing in our sight. That's we going
24 to try to live a life that is pleasing to our family but we

1 all are obligated to live a family that is pleasing unto
2 God. So whatever choices that we make in our lifetime --
3 and that lifetime can end any moment -- there will be a
4 judgment day for each and every one of us. Now, for those
5 that don't believe in a judgment day, I'm not speaking to
6 you. But I am speaking to those that do believe in God,
7 those that do believe in their Bible, those that do believe
8 that one day, there will be a judgment.

9 So, when I hear different ones stand up here
10 today and those that's not here but have sent in their
11 statements, that have voiced their opinion and have loudly
12 spoken out loud that we want to take away healthcare, who
13 are you taking that healthcare away from? Well, we're
14 taking it away from the poor because they're just too
15 expensive.

16 We need money. Okay. I can agree with that.
17 The County needs money. But there are resources for that
18 money. Now, back in '09 -- and this is all public
19 record -- the CCHHS '09 budget was \$236.5 million surplus.
20 What happened the next year that brought us to this moment
21 where now there's a negative? Now, here's what the devil
22 will say -- because that's what this is really about.
23 We're either living for God or living for the devil. The
24 devil will clearly say, well, you need money. Well, you

1 got to find out how to get more money and at the same time
2 cut expenses so you can save money. Now, the devil comes
3 to steal, kill and destroy. So, the first thing the devil
4 is going to say is, well, I tell you what, you're serving
5 too many poor people. You're serving too many people that
6 don't have insurance. Take away that long-term healthcare,
7 inpatient care and let's create a real nice system for
8 outpatient care. Now, we know that's all political.

9 From a marketing point of view, you want to
10 make money and you want to save money. If you want to save
11 money, the first thing you're going to do is cut out free
12 healthcare. The second thing that you're going to do is
13 start making more money by focusing on those who can afford
14 outpatient care. And, obviously, you've got to have
15 insurance for that. Now, the bottom line is this: As I
16 said earlier, there is a day of judgment, and whatever
17 position that we have in life, that position is temporary
18 for this lifetime, because one day, we're going to stand
19 before our God, naked, and whatever we made here and
20 whatever we saved up here will not save us there.

21 And then, unfortunately, many of those who
22 voted to close the hospital are probably some of the same
23 people that are making some other wrong decisions in life,
24 and if God don't give them a man to repent and return from

1 these wrong decisions and other decisions that they've made
2 that's against God's will, they're going to say some sad
3 words. Those sad words are going to be, I made a mistake
4 and it's too late.

5 MS. AVERY: One minute, sir.

6 MR. RUFF: So, I am a supporter to keep the
7 hospital open. I am a supporter to provide free healthcare
8 for those that don't have healthcare. I made some good
9 money down through the years. I'm still making good money.
10 So I'm not up here begging and pleading because Randy Ruff
11 needs free healthcare. I'm begging and pleading for those
12 who do need it, and I am a supporter to keep the hospital
13 open.

14 Thank you very much.

15 MS. AVERY: Thank you.

16 Alan Channing.

17 MS. REIDY: Elizabeth Reidy. I'm reading a
18 statement on behalf of Allen Channing, who is the President
19 and Chief Executive Officer of the Sinai Health System, and
20 in the interest of time, I'll read some excerpts of that
21 letter.

22 Sinai Health System is located on the west
23 side of Chicago and is one of the largest private providers
24 of health services for low income patients in Illinois.

1 Our payor mix mirrors that of many of the public hospitals
2 in the country, and we are familiar with the challenges
3 faced by the CCHHS. We support the plan by CCHHS to begin
4 to shift from costly, inefficient inpatient services to
5 providing the right care in the right environment with
6 emphasis on outpatient care, particularly in the area of
7 specialty care.

8 At Sinai, we are also in the process of
9 planning for a much greater emphasis on outpatient
10 specialty care. This plan is consistent with the direction
11 in which healthcare is moving and will make far better use
12 of the CCHHS limited resources to serve the needs of low
13 income and uninsured patients. I encourage the Illinois
14 Health Facilities and Services Review Board to support the
15 Oak Forest application. Sinai Health System would
16 anticipate no material impact from the proposed
17 discontinuation of inpatient services at Oak Forest and
18 will work with CCHHS to assure that patients formerly seen
19 as inpatients at Oak Forest have access to care.

20 Thank you.

21 MS. AVERY: Thank you.

22 (Discussion held off the record with regard to
23 the identity of the next speaker)

24 MR. GUERRERO: Lucio Guerrero, reading a

1 letter from Mercy Hospital from Daniel Vicencio.

2 As you consider the application to discontinue
3 inpatient services at Oak Forest Hospital, I urge your
4 support. The Mercy Family Health Center has been an active
5 provider of high quality, efficient healthcare to the
6 vulnerable populations of Chicago's Southside. For many
7 years, we at the Mercy Family Health Center have realized
8 that healthy communities cannot be fully achieved without
9 access to outpatient primary and specialty healthcare
10 providers. With your approval, the County will be able to
11 redirect and increase much-needed services to the
12 Southland, a vastly under served region. We believe our
13 partnership with Cook County will increase and that
14 community residents serviced by our programs will see
15 significant improvements in access to services under the
16 proposal.

17 We urge your approval of the application to
18 discontinue inpatient services at Oak Forest Hospital.

19 Thank you.

20 MS. AVERY: Thank you.

21 Is there anyone else on the list for
22 supporters that would like to speak on behalf of CCHS?

23 MS. ANNE MURPHY: We will be happy to turn in
24 the remaining supporters in written testimony and allow you

1 to expedite the closure.

2 MS. AVERY: Thank you.

3 MS. HARRIS: Good afternoon. I've been here
4 since this morning. My name is Jerlene Harris. I'm
5 opposing the closing of Oak Forest Hospital.

6 After listening to numerous, numerous comments
7 from all these executives, doctors, from all these other
8 hospitals and facilities, I am just really amazed, because
9 I've been going around -- I'm one of the stockholders -- to
10 keep Oak Forest Hospital open, and I'm seeing all of the
11 stockholders that want to close it. I wonder, do you all
12 live in the County of Cook? Each and every one of you all
13 live in the County of Cook?

14 MS. AVERY: Do not address the audience.

15 MS. HARRIS: But, anyway, I wonder if Mount
16 Sinai is closing their inpatient hospital or Mercy closing
17 their inpatient hospital or Holy Cross are closing their
18 inpatient services and how would they be benefiting from
19 the closing of Oak Forest Hospital inpatient services? How
20 many, I wonder, are invested in nursing homes and these
21 clinics set up on every four corner in African American
22 communities with CVS and Walgreen's? I wonder how many are
23 financially invested in these outpatient clinics that you
24 would want to, on the back of poor people, make your money.

1 I am seeing a consistent, a consistent
2 overview to take away from poor people in this room and to
3 fatten the pockets of those who have. That's what I'm
4 seeing as a stakeholder in this whole hospital system that
5 my tax dollar helps support, and I want to thank you. And
6 God bless you all and I pray, Lord, that you have rule over
7 this hearing today, in the name of Jesus. Father, you said
8 that where your name will be you will be. Change their
9 hearts. Change their mindset. I thank you in the name of
10 Jesus.

11 MS. AVERY: Thank you.

12 Is there anyone else who wishes to testify
13 that has not had the opportunity to do so?

14 MS. REIDY: Elizabeth Reidy. Briefly, the
15 applicant would like to read just the names of those folks
16 who have sent letters that we're not going to read into the
17 record today, in the interest of time, but we'd just like
18 their names and organizations.

19 The remaining Directors of the Cook County
20 Health and Hospitals System Board that submitted letters in
21 support, Dr. Luis Munoz, Director Heather O'Donnell,
22 Director Andrea Zopp, who is also president of the Chicago
23 Urban League, Margie Johnson, is the Executive Director of
24 Beloved Community Family Wellness Center, Dr. Larry

1 Goodman, who is the President of Rush University and the
2 Chief Executive Officer of Rush University Medical Center,
3 Veronica Clark, who is the Chief Executive Officer of TCA
4 Health, Laurence Msall, who is President of the Civic
5 Federation, and Judy Haasis, who is Executive Director of
6 Community Health.

7 And that's it. Thank you.

8 MS. AVERY: Those will be included in the
9 record. Is there anyone who has not had the opportunity to
10 testify that would like to do so or add additional comments
11 to the public record?

12 (Pause)

13 MS. AVERY: Seeing there is none, I would like
14 to remind everyone that you have until 5:00 p.m. on April
15 20th to submit any additional written comments at 525 West
16 Jefferson, Second Floor, Springfield, Illinois, 62761-0001,
17 to the attention of Courtney Avery, or you may fax it to
18 (217) 785-4111, (217) 785-4111.

19 AUDIENCE MEMBER: What happened to Michael
20 Constantino that you said to send the report to?

21 MS. AVERY: Michael is one of my staff. I'm
22 the Administrator, so everything comes to me, funneled
23 through Mike Constantino. It will get to the same person.
24 Everything comes to me. Michael will give everything to

1 me, but this cuts out Michael.

2 Okay. This project is considered for
3 consideration by the Illinois Health Facilities and
4 Services Review Board at its May 10th, 2011 meeting, which
5 will be held at the Holiday Inn Conference Center located
6 at 411 South Larkin in Joliet, Illinois. If you need any
7 -- have any other questions or need additional
8 information, you can call our offices at (217)782-3156, TTY
9 line is (800)547-0466, and that's for the hearing impaired
10 only. Again, Wednesday, April 20th, 5:00 p.m. is the last
11 date and time which we can accept public comment.

12 And there's one other thing I needed to
13 mention. Applications and the State Agency Report and the
14 transcript of the public hearing, you can contact us at
15 www.hfsrb.illinois.gov.

16 Thank you.

17

18 END TIME: 1:52 P.M.

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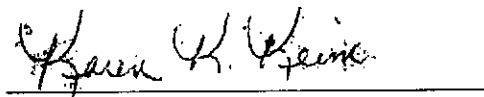
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CERTIFICATE OF REPORTER

I, KAREN K. KEIM, CRR, RPR, a Certified Court Reporter in the States of Illinois and 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

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