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

**PROJECT #11-037
OAK FOREST HOSPITAL**

PUBLIC HEARING

JULY 14, 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 #11-037, Oak Forest Hospital

Public hearing held on July 14, 2011, at the Oak Forest City Hall, 15440 South Central Avenue, Council Chambers, Oak Forest, Illinois.

1 PRESENT ON BEHALF OF HEALTH FACILITIES AND SERVICES REVIEW

2 BOARD:

3

4 MS. COURTNEY AVERY

5 Administrator

6

7 MS. CATHY CLARKE

8 Administrative Assistant

9

10 MR. FRANK URSO

11 MR. JUAN MORADO

12 Counsel for the Board

13

14 MR. DALE GALASSIE

15 Board Chairman

16

17

18

19 Reported by:

20 Karen K. Keim

21 CRR, RPR, CSR-IL, CCR-MO

22 Midwest Litigation Services

23 401 N. Michigan Avenue

24 Chicago, IL 60611

1 START TIME: 10:08 a.m.

2

3 MR. GALASSIE: Good morning. My name is Dale
4 Galassie, and I serve as Chair of the Health Facilities
5 Review Board. I want to welcome all of you here today and
6 thank the City and staff for use of the facilities. We
7 appreciate that greatly.

8 We apologize for being a few minutes tardy.
9 We're just trying to get organized and make sure all of the
10 speakers are here or about to be here. We're looking
11 forward to hearing your comments. Obviously, we ask that
12 you try to keep your comments cogent and non-repetitive in
13 its nature, if at all possible, and I will try to be the
14 time keeper, which is never a fun task, and I'll try to do
15 it respectfully, but at times I'll be moving people along,
16 and, again, I hope to do it respectfully, because it's
17 intended to be so.

18 That having been said, I'll let Courtney Avery
19 introduce herself and we'll move on.

20 MS. AVERY: Good morning, everyone. Again,
21 I'm Courtney Avery, the Administrator for the Illinois
22 Health Facilities and Services Review Board, and joining us
23 is Dale Galassie, as he has introduced himself. We have
24 Cathy Clarke, who is the Administrative Assistant for the

1 Board. She is in the back, outside the door, so if you
2 have not signed in, please see her. We also have with us
3 our counsel, who are on a conference call but will be
4 joining us shortly, Mr. Frank Urso and Mr. Juan Morado, and
5 we also have with us today Karen Keim, who is our court
6 reporter.

7 The purpose and intention of this public
8 hearing is to afford an opportunity for interested parties
9 to present written and/or oral comments related to project
10 No. 11-037. In accordance with the requirements of the
11 Illinois Health Facilities Planning Act, notice is given of
12 receipt to discontinue an acute care hospital in its
13 entirety, Oak Forest Hospital in Oak Forest Illinois. The
14 applicants are Cook County Health & Hospitals System. The
15 applicant proposes to discontinue the 213-bed facility,
16 located at a 15900 South Cicero Avenue in Oak Forest,
17 Illinois. The project cost is zero dollars. This
18 application is available for viewing and may be accessed at
19 our web site which is www.hfsrb.illinois.gov.

20 This public hearing is held by the Illinois
21 Department of Public Health pursuant to the Illinois Health
22 Facilities Planning Act. The hearing is open to the public
23 and will afford an opportunity for parties with interest to
24 present, again, written and/or verbal comments related to

1 this project only. It is requested that all allegations or
2 assertions be relevant to the need for the proposed project
3 and, if possible, be supported with two copies of
4 documentation or materials that are printed or typed on
5 paper sized 8 1/2 x 11.

6 This public hearing is scheduled for 10 a.m.
7 on this day, Thursday, July 14th, 2011, Being held at the
8 Oak Forest City Hall Council Chambers at 15440 South
9 Cicero(sic) Avenue, Oak Forest, Illinois 60452, and is
10 taking place pursuant to Part 1130.910.

11 Consideration for this project has been
12 tentatively scheduled for August 16th, 2011 at the Health
13 Facilities and Service Review Board meeting. Any person
14 wanting to submit written comments pertaining to this
15 project will also have an opportunity to do so by 5:00 p.m.
16 on July 27th. That's the deadline. If you're going to
17 submit additional comments in writing, it must be received
18 by the State office by 5:00 p.m. on July 27th, 2011. The
19 comments can be sent to the State Board office at the
20 Illinois Department of Public Health, 525 West Jefferson
21 Street, Second Floor, Springfield, Illinois, 62761-0001, to
22 the attention of Courtney Avery, and if you prefer, you may
23 also fax your comments at (217) 785-4111.

24 To ensure that this public hearing protects

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

11 Those of you who came prepared with text for
12 your presentation may choose to submit the text without
13 giving oral testimony. If you are giving oral testimony,
14 again, we ask you to be as brief as possible, and we will
15 have a time limit based on the number of people that have
16 signed in. Should anyone want to speak for more than the
17 time allotted, if time permits you may do so after everyone
18 has an opportunity to speak. And I think for now we'll
19 probably have to limit our time to about two minutes
20 apiece.

21 Again, if you have not signed in and did not
22 see Miss Clark, please do so. I would ask that you please
23 hold any questions regarding today's proceedings until all
24 testimony has been presented, and those questions shall

1 only be pertaining to today's proceedings, not any
2 questions asked about the application, to the applicant
3 and, unfortunately, to the Board Chair. Thank you.

4 And I think first we have Ms. Toni
5 Preckwinkle.

6 (Pause)

7 MS. PRECKWINKLE: Good morning.

8 MS. AVERY: The Chair just asked that I
9 announce the location for the August 16th meeting. That
10 meeting is tentatively scheduled for August 16th at 10
11 a.m., and we will be at the Holiday Inn Conference Center
12 in Joliet, Illinois, which is 411 south Larkin. Thank you.

13 MS. PRECKWINKLE: Thank you. Good morning.
14 My name is Toni Preckwinkle, and I'm the President of the
15 Cook County Board of Commissioners, and I'm here with
16 Dr. Terry Mason, Interim CEO of the Cook County Health and
17 Hospitals System.

18 I stand before you this morning to testify in
19 support of the transformation of Oak Forest Hospital into a
20 regional outpatient center as a vital part of the Cook
21 County Health and Hospital System's Vision 2015 Strategic
22 Plan. The Strategic Plan was vetted over a long period of
23 time by the System itself, by outside experts, and by
24 ordinary citizens, through a series of public hearings all

1 across the county.

2 Let me be clear. The Strategic Plan and this
3 transformation of Oak Forest Hospital is about two things:
4 Ensuring the survival of our public healthcare system in
5 the 21st century; and providing the best quality of care
6 for the greatest number of people, especially those who
7 need it the most, and doing so in a way that is cost
8 effective and competitive.

9 Oak Forest is a 213-bed hospital that has,
10 over the past few years, consistently seen a declining
11 census of 30 to 60 patients. It's a massive facility that
12 has been severely underutilized and has a great potential
13 to be transformed into a facility that is more able to meet
14 the needs of the Southland, and experts believe that a
15 regional outpatient center will fill a significant service
16 need.

17 Studies show that in the South Suburbs and
18 other low-income communities, residents have the least
19 access to outpatient care and specialty care, such as
20 cardiology, neurology, urology, and other specialists who
21 can help manage common chronic health issues such as
22 diabetes. Access to these types of specialists improves
23 healthcare outcomes for those who need it most and improves
24 the ability of our system to deliver cost -- to deliver

1 service effectively. Oak Forest already sees roughly
2 52,000 outpatients a year. In the first year, our new
3 outpatient center will see an additional 30,000 Southland
4 residents, part of a regional increase in outpatient visits
5 by 300,000 by 2015.

6 The regional approach to healthcare is vital
7 to ensure the survival of our public healthcare system with
8 the reality of growing need and diminishing resources
9 during these tough economic times. President Obama's
10 healthcare reform is shifting cost incentives for hospitals
11 toward outpatient specialty care, regional provision, and
12 centralized inpatient services.

13 This enhanced use of the Oak Forest campus is
14 part of our broader regional plan for healthcare that fully
15 utilizes the resources already here, including local
16 hospitals and Federally Qualified Health Clinics, FQHC's.
17 Surrounding hospitals, including Ingalls, MetroSouth, South
18 Shore, and Advocate South Suburban have indicated their
19 full support for and participation in this plan, agreeing
20 to do their part in upholding the social safety net in the
21 Southland without restrictions, conditions, limitation or
22 discrimination.

23 Let me close by saying again, this is about
24 providing more care for more people. We are increasing

1 rather than decreasing service, 30,000 more outpatient
2 visits in the first year and a 24-hour, 7-day-a-week
3 intermediate care center. The Hospital System has detailed
4 plans for transitioning all long-term care patients to
5 alternative living facilities, which they will outline
6 later in this hearing. I'm fully supportive, I'm fully
7 supportive of the transformation of Oak Forest into a
8 regional outpatient center to improve healthcare in the
9 Southland and Cook County as a whole.

10 I want to thank you all for listening and
11 thank all who attend today for their participation. Thank
12 you very much.

13 (Pause)

14 MR. MASON: Thank you, and thank you,
15 President Preckwinkle.

16 Ms. Avery, Chairman Galassie, thank you for
17 this opportunity to offer testimony on the Oak Forest
18 Certificate of Need application. My name is Terry Mason.
19 On May 6th of this year, I assumed the role of Interim
20 Chief Executive Officer of the Cook County Health and
21 Hospitals System, after serving as the System's Chief
22 Medical Officer. Prior to becoming the Chief Medical
23 Officer, I had been the Commissioner of the Chicago
24 Department of Public Health in the City of Chicago. I'm

1 also a practicing urologist.

2 As you know, this is the second application
3 for the permit of the transformation of our Oak Forest
4 medical facilities from a costly, underutilized,
5 out-of-date, inpatient hospital into a regional outpatient
6 center that will offer critically-needed, ambulatory
7 services, particularly specialty services, to the residents
8 of the Southland. We thank the Board, you, and the Board
9 Staff for your professional consideration of the complex
10 issues underlying this important public health project
11 through this long process.

12 I will limit my brief public remarks today to
13 the core of the case for the transformation of the Oak
14 Forest campus in the eyes of a career physician and a
15 long-time public health administrator. The full arguments
16 and supporting analyses are contained within the
17 application and by now familiar to many.

18 For anyone who still harbors doubt as to the
19 public health efficacy of our plan, I say to you without
20 equivocation that Oak Forest as a hospital has not and
21 cannot deliver a contemporary standard of hospital care for
22 a wide range of acute services. The future for our System,
23 the future for our patients, and the future of the
24 Southland will be far better served by Oak Forest as a

1 regional outpatient center. The hospital's economics, its
2 staffing, its aged plant simply make it no longer viable as
3 an inpatient facility. This is not to say that care
4 rendered at Oak Forest over the years has not been of high
5 quality or the staff skilled and dedicated to their
6 patients, but rather that the far greater benefit to the
7 community and the patients served can and will be achieved
8 by the transformation of Oak Forest into a regional
9 outpatient center and creating a medical home for patients.

10 As recognized by our System's Strategic Plan,
11 approved and adopted over one year ago, echoing the
12 principles of federal health reform and those of the State
13 of Illinois Medicaid reform, access to quality healthcare
14 for safety net patients, as for all patients, is most
15 effectively delivered outside of hospitals, precisely in
16 order to keep the people healthy enough to avoid
17 hospitalization. The transformation of Oak Forest into a
18 regional outpatient center is an indispensable component to
19 implementation of our Strategic Plan Vision 2015 and to the
20 System's essential adaptation to federal and state health
21 reform. This transformation is also important to make sure
22 that our public health system survives. Already, the delay
23 in obtaining the Board's regulatory approval has caused us
24 to lose valuable months of preparation to the changes of

1 the new model of care mandated by federal and state
2 Medicaid reform.

3 The Cook County Health and Hospitals Systems
4 remains, as in decades past, by far the largest provider of
5 safety net care in the state of Illinois. Our mission, our
6 culture, and our actions -- in fact, our very reason for
7 being -- is to provide timely access to quality healthcare
8 for those in need in Cook County. As attested to by
9 letters and statements of support from a wide array of
10 healthcare leaders, academic medical centers, Federally
11 Qualified Healthcare Centers, community hospitals, and
12 community leaders, the proposed transformation of Oak
13 Forest embodies forward-looking healthcare delivery in a
14 world where the right care at the right place at the right
15 cost has become the overarching principle for expanding
16 access and containing costs.

17 As the largest safety net provider in the
18 state, we are the bedrock of the safety net in our region.
19 Over the decades in this role, we have accumulated
20 expertise in safety net healthcare delivery. Our success
21 in adapting to the shifting health policy environment, and
22 deploying our limited resources, optimally fulfills not
23 only our responsibility of fiscal stewardship to taxpayers,
24 but is essential to the function of the regional safety

1 net. The safety net healthcare delivery system in Cook
2 County critically depends upon us to utilize our
3 constrained resources as effectively as possible. That's
4 why our proposal has garnered such broad support from those
5 local leaders most knowledgeable about the regional safety
6 net.

7 Let me place things in context and review
8 where we are today. As a system, we serve over 800,000
9 patients a year, of whom the overwhelming majority are
10 uninsured or Medicaid beneficiaries. We delivered about
11 \$500 million in uncompensated care in 2009, which is
12 significantly more than all of the other Disproportionate
13 Share Hospitals in the state combined. In fiscal year
14 2010, Cook County subsidized the System operations with
15 over \$300 million in taxpayer dollars.

16 We provide astonishing volumes of quality
17 inpatient care to the most fragile of the County's
18 uninsured and Medicaid patients. HIV/AIDS patients,
19 prisoners, burn patients, gunshot wound, a homeless victim,
20 the list goes on and on. The System does all of this
21 despite receiving virtually no general revenue funds from
22 the State of Illinois for Medicaid service delivery. While
23 the State of Illinois bears the burden of funding Medicaid
24 services elsewhere in Illinois, Cook County funds the

1 System's Medicaid and DSH payments.

2 Oak Forest Hospital historically was an
3 1,100-bed long-term care facility. Today it's authorized
4 for 213 beds but is grossly underutilized. Today 10
5 inpatients reside in Oak Forest, all of them patients for
6 many, many years, all of whom could be readily cared for by
7 other providers in clinically more appropriate settings.
8 If approved, we will continue to work with these patients
9 and their families to find comparable care facilities.

10 Since June 1st, subsequent to the denial of
11 the permit for our previous application, the hospital has
12 suspended inpatient services in the Intensive Care Unit,
13 rehab unit, and long-term care categories of service, in
14 accordance with Illinois Health's rules. Staffing
15 shortages and budget constraints compelled this decision.
16 The Health System's fiscal year 2011 appropriation, as
17 approved by the elected officials, comprising of the Cook
18 County Board of Commissioners, contained no appropriation
19 for operation of Oak Forest Hospital beyond last June 1st.
20 The \$2 million plus that we are spending at Oak Forest
21 monthly to maintain a reduced scope inpatient facility is
22 unbudgeted and has been drawn away from other System
23 critical priorities, including the regional outpatient
24 center transformation.

1 The standby emergency room continues to
2 operate. The overwhelming majority of ER patients are not
3 emergencies, and many are being seen in our immediate care
4 clinic. After hearing concerns from the public, we
5 adjusted our plans so the immediate care center would be
6 open 24 hours.

7 During the month of June, consistent with our
8 clinical protocols, 148 patients presenting to the Oak
9 Forest ER were transferred to other hospitals for further
10 treatment. Of that, about half were admitted to John
11 Stroger, Jr. Hospital for further treatment, while the
12 other patients were transferred to Provident Hospital,
13 South Suburban Hospital and Christ Hospital. Consistent
14 with what we have said in the past, we found that the area
15 hospitals have cooperated with us, and none of the patients
16 transferred have been denied care.

17 The continued allocation of staffing and the
18 financial resources has delayed implementation of the
19 System's Strategic Plan at Oak Forest. As our application
20 for permit and the Strategic Plan present, the Strategic
21 Plan thoroughly details a pressing need for improved access
22 to the outpatient specialty and primary care services
23 throughout our System, but especially in the southern part
24 of Cook County. As things currently stand, we cannot serve

1 all of the patients referred for specialty outpatient care
2 by many of our Federally Qualified Health Center partners.
3 Our outpatient services are overly centralized at Stroger
4 Hospital. For residents of southern Cook County, this
5 results in excessive delays in service and a need to travel
6 long distances for outpatient care. The regional
7 outpatient center at Oak Forest will address these access
8 gaps, and, if approved, we can look at making further
9 enhancements detailed in the Strategic Plan, including
10 restoration of outpatient surgical center on the site.

11 This is the core of the case for our proposal
12 and an outline of the current challenging circumstances
13 that we confront. The singular importance of our request
14 is evidenced by the presence here this morning and the
15 testimony of president Preckwinkle. We are enormously
16 grateful for her active, public support.

17 Perhaps later today, as in past months, there
18 has been quite a bit of rhetoric leveled at us by those
19 opposed to our plan, and yet we have provided letters of
20 support from the National Association of Public Hospitals
21 and Health Systems, the Illinois Primary Healthcare
22 Association, which represents all of the Federally
23 Qualified Health Centers in Illinois, eight area Federally
24 Qualified Health Centers, the South Side Healthcare

1 Collaborative, which includes about 30 clinics and 5
2 hospitals serving the south side of hospitals, Access
3 Illinois, Rush Medical Center, Mercy Medical Center, and
4 Sinai Health Systems, and many others. We respectfully ask
5 that for the Board to pause and carefully consider whether
6 it can recall having seen another Certificate of Need
7 application that has received this depth and breadth of
8 support from safety net access leaders.

9 I thank you for this opportunity to testify
10 and thank you to the Staff again for your professional
11 consideration of the complex issues underlying this
12 application.

13 MR. GALASSIE: Dr. Mason, could I ask you one
14 quick question? The 24/7 intermediate care facility, that
15 would be opener when do we think?

16 MR. MASON: It's operating now.

17 MR. GALASSIE: In a 24/7?

18 MR. MASON: Yes.

19 MR. GALASSIE: Okay. Thanks.

20 (Pause)

21 MS. KELM: Hi. My name is Sandy Kelm
22 (phonetic). I've been a patient over at Oak Forest several
23 times. I am what they affectionately call a frequent
24 flyer, because I have several diseases, like congestive

1 heart failure, COPD, atrial fibrillation, and on Monday of
2 June 20th, at approximately three o'clock in the morning, I
3 passed out in my bedroom. I woke up five minutes later,
4 dazed, with a large lump on the back of my head. My right
5 side was also hurt. My husband took me to Oak Forest
6 Hospital ER, where I waited over an hour for triage and
7 another hour for them to take my insurance information.
8 This was at eleven o'clock in the morning.

9 Finally, I was taken to be examined in the
10 main ER. Blood was drawn and a CAT scan was performed at
11 approximately 5:30 p.m., and after several IV's and various
12 drugs, it was decided to send me to Stroger Hospital
13 because of a shortness of breath and irregular heartbeat
14 due to the A-fib and the other heart problems. An
15 ambulance was called. I was sent to Stroger in an advanced
16 life support vehicle with two IV's and a nurse. This cost
17 \$1,200.

18 When I arrived at Stroger, more blood tests
19 were done, and I was admitted for four days to Cardiac
20 Intensive Care. This cost the taxpayers more than it would
21 have to keep me at Oak Forest. There was also a shortage
22 of nurses in the ER. When they need one, a registry is
23 called. They do not have regular nurses that they would
24 normally have. The same is true with the Certified Nursing

1 Assistants.

2 On Tuesday of this past -- this week, I went
3 in for any Coumadin appointment. I was told my INR level
4 was high, which is -- your INR level is supposed to be 2
5 and 3. Mine was above 3. I was told I needed to go down
6 to the lab. Well, as you can see, I have the oxygen and
7 the walker. It took me 30 to 40 minutes to walk down
8 there, because there was no transportation whatsoever
9 available. It was 30 to 40 minutes each way.

10 The specialty care doctors are overbooking by
11 2 to 4 patients in each spot. I had an appointment at
12 1:45. I arrived there early, because I was already there
13 for the other appointment. At 4:30, I was told there was
14 still two patients ahead of me.

15 This is only my story, but there are many more
16 of the same, if you asked people. We need Oak Forest to
17 stay open as a hospital. Thank you very much.

18 (Pause)

19 MR. EZIKE: Good morning. My name is
20 Dr. Chukwu Emeka Ezike. I'm the lead physician for Oak
21 Forest Specialty Clinic. I am here to testify in support
22 of the Health System's plan to increase outpatient services
23 at Oak Forest Hospital.

24 In my role as the lead physician in the

1 clinic, I come in contact with many of our patients who are
2 in need of specialty care or sub-specialty care. I hear
3 directly from them the need of our services, in particular,
4 outpatient services. Currently, many of our residents have
5 to go to Stroger Hospital for basic procedures or tests,
6 because we do not have the capability or staff here at Oak
7 Forest to meet their need. Under this plan, we will be
8 able to increase the outpatient efforts at the Health
9 System and serve more, not less, patients in the Southland.
10 Under this plan, we will be able to see almost four times
11 as many outpatient visits by 2015 than we currently see.

12 In these current economic times, we must
13 redeploy our cost resources and move them to the highest
14 and best use. For the community around Oak Forest, that is
15 moving those resources to outpatient services. For those
16 patients, having those services at Oak Forest in their
17 community, is critical.

18 I can talk about at least three of my
19 patients, middle-aged men, who have abnormal prostate lab
20 tests. These men have high PSA, which have been rising
21 over the years, and I advise them to get a biopsy, but they
22 do not have the means to go to Oak Forest to get the tests
23 done. For the people who have the means to go to Stroger
24 to have their tests done, they do not like to go to

1 Stroger. They would prefer to stay in Oak Forest.

2 By approving the Health System's plan, we will
3 be able to provide those sorely-needed services. Under the
4 plan, we will be able to increase primary care physicians
5 at our facility, enabling us to see almost 300 more
6 patients each week. Currently, we have a waiting period of
7 about three to four months for a new appointment. Our
8 transformed campus would also include specialty clinics in
9 areas such as cardiology, pulmonary, asthma, sleep,
10 nephrology, orthopedics, gynecology and anti-coagulation
11 clinics, as well as specialty testing, including stress
12 tests, sleep studies and endoscopies. With increased
13 access to primary care and these preventative services,
14 unnecessary complications and visits to the emergency room
15 would be avoided, thereby saving taxpayers money.

16 Eventually, we would be looking at other
17 developments in Oak Forest campus, including women's health
18 center and ambulatory surgical center, to fully increase
19 access to our South Suburban patients. In my opinion, the
20 best use of Oak Forest at this time is as a regional
21 outpatient center that truly meets the needs of our
22 community.

23 Thank you.

24 (Pause)

1 MR. AREBALO: My name is ray Arebalo, and
2 I will respond now. I am here to testify for Oak Forest, a
3 big asset to our organization. Most of our patients or
4 clients are uninsured and use Oak Forest. My son is -- was
5 a patient at Oak Forest. He's a seizure patient. Before
6 he received SSI, Oak Forest was the savior to him. Before
7 Social Security came in, private hospitals would not admit
8 him but only give him emergency care and send him home. I
9 have stories that I can keep on going about private
10 hospitals, but it would take too long to tell. But now
11 that he has SSI, every private hospital would like to keep
12 him for observation. Now we want to reward the private
13 hospitals by giving them the services, when we didn't have
14 Social Security or nothing, they wouldn't even care for us.
15 So you think about that. I ask, where is the justice to
16 this? Oak Forest should read, "Send me the poor and
17 unwanted."

18 In closing, this hospital is the people's
19 hospital, of the people. Keep Oak Forest Hospital open.

20 Thank you.

21 (Pause)

22 MS. EDWARDS: Good morning. My name is Sylvia
23 Edwards. I'm the Chief Operating Officer for Oak Forest
24 Hospital. I'm testifying on behalf of discontinuing the

1 inpatient beds and transformation to our regional
2 outpatient center.

3 For over 100 years, Oak Forest Hospital has
4 served the needs of the residents of the south suburbs of
5 Cook County. Oak Forest Hospital has transformed itself
6 from the poor farm, to the TB sanitarium, to a chronic
7 disease hospital, to an acute care hospital. Change is
8 nothing new for this facility. In spite of all of the
9 transformations, it has always been the mission of Oak
10 Forest Hospital to focus on the needs of the south suburban
11 community.

12 With the transformation to a regional
13 outpatient center, it is our mission to expand outpatient
14 services and work with our neighboring facilities to ensure
15 the highest quality care. My senior leadership is
16 committed to this charge and to appropriately transitioning
17 patients to this new approach. We are collaborating with
18 our neighboring facilities to provide care and to ensure
19 that the community receives the quality and service that it
20 so deserves. Our commitment to this region is not
21 diminished because the transformation will cause us to look
22 differently. This commitment is as sincere today as it has
23 been over our many years of service.

24 Commitment and patient advocacy remain our

1 focus. As patient advocates, we have consistently reviewed
2 the national data, and the research supports that providing
3 primary care and preventive services are more efficient
4 ways to provide care. Clearly, it is better to proactively
5 keep communities healthy with better access to these
6 outpatient services, and we are working as change agents to
7 this end. Additionally, this focus on primary care is
8 essential as we prepare for the Healthcare Reform
9 Initiative.

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

15 (Pause)

16 MR. FOLEY: Thank you. I'm Reverend Foley.
17 I'm volunteer chaplain for Oak Forest Hospital, and I'm
18 praying for a miracle. Really, God in His grace has
19 preserved Oak Forest Hospital. Oak Forest Hospital is not
20 dead. It is still there, and that is truly a miracle, and
21 I question whether, after God has shown His will in keeping
22 this hospital open, that we should still consider closing
23 it.

24 The miracle is that Oak Forest Hospital would

1 be restored and rebuilt and resuscitated to fulfill the
2 will of God, and I certainly do applaud the plans for
3 improving and expanding the outpatient care in south
4 suburban communities around Oak Forest, but I believe we
5 need to do more, and I believe in your heart, in your heart
6 of hearts, we all want to do more, and it is satan who
7 influences our thinking with his lies, who tells us that
8 this is all we can do, that there is nothing more that we
9 can do. That is a lie. That is the lie of satan. It is
10 perpetuated by our own past sins, mistakes and
11 mismanagement.

12 But God's forgiveness is still there. There
13 are signs of God's anger, and we are facing some of the
14 consequences of our actions, but God's forgiveness is still
15 there, and in His grace and mercy, God has given us a new
16 opportunity, a new chance to start over again, to
17 resuscitate a dying patient, to do it right this time.
18 This is the miracle, the miracle that I am praying for, and
19 I would say do not be limited in your thinking and plans.
20 We want the same thing.

21 Let's not be opposed to each other. I know
22 you are all men and women of God, and so are we. So let's
23 not work against each other here, getting caught up in name
24 calling and playing the blame game. But let's work

1 together with each other. Let's listen to each other.
2 Let's finish the miracle. Don't limit God's healing plan.
3 Don't limit what God wants to do and what God can do.
4 Don't be deceived by satan and his lies. Expand the
5 vision.

6 We need an inpatient facility, effectively and
7 efficiently managed for God's people here, inpatient.
8 Money can be rearranged. Plans can be remade. Expand the
9 vision. Finish the miracle. Don't limit what God can do.
10 Let God work together with us to accomplish His will for
11 His precious, precious ones who are in need of healing
12 around us. I'll be praying for you.

13 Thank you.

14 (Pause)

15 MR. WILLIAMS: Good morning. My name is
16 Pastor Keith Williams, and I'm the pastor of Cornerstone
17 Fellowship Christian Church, 4101 Flossmoor Road.

18 As a pastor in the area, we've been required
19 to do more with less. Under the current economic times,
20 we've been called to feed more, to clothe more, to do a
21 great deal more with limited resources. Everything that I
22 read about this plan or study about this plan is looking
23 towards doing more with less for more people. Right now it
24 seems to be an underutilization of the facility, and I am

1 in support of it doing more because of the lack of
2 utilization. We have to be good stewards of all that we've
3 been given.

4 In January of this year, we began feeding --
5 providing fruits and vegetables to a few families in the
6 Country Club Hills areas with no resources. We thought
7 that we would serve approximately 50 to 100 families, just
8 based on the geographics of where the church was located.
9 The first time we had 347 families in need, and these were
10 families that typically did not have needs. The second
11 time we served over 437 families that typically would not
12 have needed food.

13 The point is that right now, because of the
14 enormous needs that are facing the communities in southern
15 Cook County, we need to do or embrace anything that calls
16 for us doing more. When we talk about the limited access
17 to healthcare, we also have to realize that we want to do
18 more by providing more information about the chronic
19 illnesses, such as diabetes, because information will help
20 deter some of the sicknesses, and I believe that this plan
21 will allow that to take place.

22 We're hoping that if you can go from serving
23 ten people on an in-service basis to several thousand
24 people on an outpatient basis, that this will provide more

1 information towards the various sicknesses that plague our
2 community. We hope that we can catch the illnesses
3 earlier. We're looking towards making greater access to
4 healthcare with relationships to the new plans that have
5 been put forth in this plan.

6 So, we are in support. The community is in
7 support. We have -- we continuously see a greater need,
8 and we believe that this plan will help fulfill that
9 greater need. Cornerstone Christian Fellowship, the
10 community of Country Club Hills, we believe, will benefit
11 greatly by this new proposal, and we look forward to
12 supporting it, and we look forward to doing some phenomenal
13 outreach that will help make this region a healthier
14 region. So, please, let's support this initiative. Let's
15 look forward to a greater level of service as we move
16 forward, and keep us in prayers and we'll continue to keep
17 you in our prayers.

18 Thank you.

19 (Pause)

20 MS. ROBINSON-MAY: Good morning, and thank
21 you. My name is Tia Robinson-May (phonetic), and I'm
22 representing the community of Cook County, the residents,
23 and the residents at Oak Forest Hospital.

24 I have heard this story time and time again

1 about the new facility, the wonderful clinics, how they're
2 going to be beneficial to the southern communities. We
3 need a hospital. We need an inpatient hospital. The
4 neighboring hospitals have already stated, if you look in
5 the Tribune and the Sun Times, that they are not capable of
6 picking up the overflow from Oak Forest Hospital patients.
7 Our patients that come to Oak Forest, if they have to be
8 hospitalized they have to be transferred to either
9 Providence or Stroger at a cost of \$1200 to them for the
10 ambulance ride, and they have to find their own pay back.

11 I'm just -- I'm always stunned when they say
12 we're underutilized. The reason Oak Forest Hospital is
13 underutilized is they took all our physicians and our
14 specialty doctors away and sent them to Providence. They
15 sent them to Oak Forest, and they left us as a shell of a
16 hospital so they can come here and say, "Well, we can close
17 Oak Forest. It's only 10 patients there." Well, why is
18 there only 10 patients there? They know. Because they
19 sent our 435 long-term patients, they paid the neighboring
20 nursing homes three years, up-front money. Of the 435
21 patients, there are 31 patients living today. Of the 10
22 patients that are at Oak Forest, there's only 10 because
23 they're not admitting any. They closed down ICU. They
24 closed down telemetry. They closed down surgery. They

1 closed down cardiology. They closed down urology. They
2 closed down the sleep clinic. They closed down every
3 specialty clinic that we had the same as Stroger had,
4 because they want this hospital closed and God only knows
5 why.

6 We can have specialty clinics in E Building,
7 and we can have a hospital. At Oak Forest there's enough
8 land, you can build specialty clinics to go along. But we
9 need places to be hospitalized. We need the 213 beds.
10 Don't let them fool you. We have never trusted them. They
11 have lied to us year after year after year, and I'm not
12 speaking as a nurse, I'm speaking as a patient advocate.
13 Because I can get a job anywhere, but they cannot get a
14 hospital anywhere. That's a long way to go when you die,
15 shot, or having a heart attack, to go to Stroger, and too
16 many have already died being transferred, not from Oak
17 Forest but from Providence to Stroger. There's already
18 three deaths. Now you tell me how many more people have to
19 die for somebody to say enough is enough with this
20 nonsense.

21 You're not doing us a favor. Every community
22 meeting I have been to, the residents there know we want
23 our hospital. We want the 213-bed hospital. We are not
24 deaf, we're not dumb, and we're not blind. We understand

1 your plan. Your soldiers did a great job, and we
2 understand. You want our hospital closed. You want 15
3 regional clinics. Now please listen to us. We want a
4 213-bed hospital, and we're not going to stop, and we're
5 not going to be satisfied until we get what we're asking
6 for.

7 Thank you for listening.

8 (Pause)

9 MR. CRIDER: I'm Reverend Tyrone Crider
10 (phonetic) with the Southland Ministers Health Network,
11 representing Apostle Carl White and Victory Christian
12 International in Markham. Again, we work with the
13 hospitals, and we'd like to be supportive in any way we can
14 of the best approach to provide the services as has been
15 shared thus far. The regional approach is a goal that we
16 have so that the needs can be met for those who have the
17 illnesses. I too have congestive heart failure and get my
18 Coumadin levels taken, and so I am very, very supportive of
19 being involved at every level to provide the service that's
20 necessary. The regional approach, it is our hope, would
21 meet that need, and we stand, the Southland Ministers
22 Health Network, to be supportive in any way with the
23 regional approach so that the needs can be met.

24 And so it is our hope that we could come to a

1 consensus of what is best to provide the services for us
2 out here in the South Suburbs. And so, again, the
3 Southland Ministers Health Network is supportive of the
4 regional approach.

5 (Pause)

6 MR. MIGUEL AREBALO: Hello. My name is Miguel
7 Arebalo. I was a patient of Cook County and Oak Forest in
8 2001. Before I was a patient at Cook County and Oak Forest
9 in 2001, I went to numerous private hospitals every time I
10 had a seizure. I am a seizure patient. Every time I would
11 go to a private hospital, I would go in and they would let
12 me out the same night. If it wasn't for Oak Forest, I
13 wouldn't be here today.

14 Your inpatient care, your doctors ran numerous
15 tests on me and found the problem for my seizures. Your
16 doctors found the proper medication for me. My seizures
17 are calm now, but then I was having roughly sixty seizures
18 a week. I couldn't remember my name. I couldn't remember
19 my mother and father. But in all reality, it was a
20 blessing for Oak Forest Hospital. You know, my parents go
21 through a lot, seeing this every day. I'm a 31-year-old
22 man, and half the time I could barely even hold my own
23 bowels, and, like I said, I wouldn't be here today if it
24 wasn't for Oak Forest. So, God bless Oak Forest, your

1 inpatient care.

2 (Pause)

3 MS. HOBSON: Good morning. My name is
4 Kimberly Hobson. I'm the Interim Director of the Southside
5 Healthcare Collaborative, and on behalf of the Southside
6 Healthcare Collaborative, I am submitting this letter of
7 support to the Cook County -- of -- this letter in support
8 of the Cook County Health and Hospitals Systems CON
9 application to discontinue inpatient services at Oak Forest
10 Hospital. By permitting Cook County to reallocate
11 healthcare resources to a regional outpatient center on the
12 Oak Forest campus, the entire county safety net will be
13 strengthened through a substantial increase and access to
14 essential specialty medical care and diagnostic testing for
15 medically underserved residents.

16 The Southside Healthcare Collaborative is a
17 network of 30 Federally Qualified Health Centers, free
18 clinics, and 5 local hospitals. The mission of this
19 network is to help residents make a long-term commitment
20 with a primary care physician and to improve access to
21 specialty care and other social support services that help
22 maintain optimal healthcare and well being. Cook County
23 Health and Hospitals System, Provident Hospital, and the
24 Southside Healthcare Collaborative members have worked

1 together for many years to implement programs to improve
2 the overall health on Chicago's south side and in the
3 Southland.

4 Federally Qualified Health Centers and free
5 clinics with the Southside Healthcare Collaborative are
6 community-based providers of primary and preventative
7 healthcare services. As you know, patients seen at these
8 facilities are largely Medicaid beneficiaries and uninsured
9 individuals. Many Southside Healthcare Collaborative
10 members rely on services provided by Cook County to
11 increase access to specialty medical care and diagnostic
12 testing, one of the most challenging access issues for
13 those of us who serve medically underserved patient
14 populations. In 2010, for example, Cook County accepted
15 and served almost 35,000 specialty care and diagnostic
16 testing referrals from the 70 Federally Qualified Health
17 Centers and safety net providers in Cook County.

18 As much as Cook County has done to increase
19 specialty care and diagnostic access for their patients,
20 there is still a significant unmet need. With the
21 expansion of those services at the Oak Forest campus, our
22 patients will experience significantly reduced wait times,
23 and those who reside in the southern Cook County suburbs
24 will be able to receive these services without traveling to

1 the John Stroger campus.

2 We urge you to immediately approve -- we urge
3 your immediate approval of the CON application so that the
4 establishment of a comprehensive safety net, regional
5 outpatient center at Oak Forest can become a reality.

6 Thank you.

7 (Pause)

8 MS. PHILLIPS: Good morning, everyone. My
9 name is Cynthia Phillips. I'm an inpatient at Oak Forest
10 Hospital. I am what you say a long-term care patient.
11 I've been there for almost 10 years.

12 The care I get is good. The good part about
13 it, you got your doctors there. You did have the ICU unit.
14 When I got sick a couple of weeks ago, they wanted me to go
15 to Stroger. I told them no, I was not going down there.
16 It's too far for everybody to travel, because I am from the
17 south suburbs. I mean, we did have rehab. I don't have
18 that no more. They took ICU. We don't have that no more.
19 They took the acute care. We don't have that no more.

20 When you get sick -- the man 94 years old had
21 to go down to Stroger twice. Why? We got a facility
22 there. No, there's no doctors. Why? Because they sent
23 them away. No, there's no nurses. Why? They went to
24 Strogers, they went to the jail house down there, and they

1 sent them to Provident. Why? So they can say, "We don't
2 have no staff." We have an over abundance of CNA's, yes,
3 but there is nothing else there. You got to wait -- one
4 lady that was there to see the so-called clinic, in the
5 emergency room, she went there at night and she didn't
6 leave there until eight o'clock in the morning until Urgent
7 Care reopened again. Why? Because one doctor can't take
8 care of the Urgent Care. One doctor cannot take care of
9 the Emergency Room.

10 Then they got the ambulance be there all day
11 and night to make sure there is an ambulance on call, just
12 in case you go to Stroger. That's also money wasted. The
13 money they waste can be there. They got clinics there, and
14 you still can't get in. I'm an inpatient, and I still
15 can't see the clinic, because there's such a long waiting
16 list.

17 Why should the people leave there that's on
18 the ventilator machine to go somewhere and die? One
19 patient left, he was alive a week. Why? The nursing home
20 didn't know how to take care of him. They dropped him. He
21 had a hit and he died. That was very unnecessary. Why --
22 there's three hospitals. Why do they want to close Oak
23 Forest? Why not Provident? You got Provident and Stroger
24 in Chicago. Why do they leave two hospitals? If they want

1 to turn one and make it a specialty clinic, choose
2 Provident. Leave Oak Forest alone, because we have nowhere
3 else to go but Oak Forest.

4 If they're so struck on the patients not
5 living there, fine. Maybe us folk can go to a nursing
6 home. But leave it open for the ventilator patients, leave
7 it open for the sick people to have somewhere to go. If
8 they got to be in the hospital, they can be admitted to Oak
9 Forest. If they just want the four long-term patients to
10 leave, then we can find us a nice nursing home. We know
11 they not so nice, but we still can go to one, because we
12 can speak up for ourself. But leave it open for the sick
13 people.

14 It's not our fault because we have become a
15 potluck community. It's not our fault because we let
16 everybody into our state and have nowhere to go. They
17 treating us like we are from India, the poorest place to go
18 in the Third World, but we are getting treated just like
19 that. They got the money, because if they didn't, why can
20 politicians get their raises. Why strike us down? That's
21 not fair.

22 If they want us to just go to a nursing home,
23 fine. Is that going to make it keep it open? No. In 2007
24 they sent our patients away because they was going to

1 close, but they didn't close. There was a few of us strong
2 enough to bite them, because I knew that they couldn't
3 close without the State approval. But the rest of them
4 they didn't know. They wouldn't listen. But I know and
5 you all know within your heart, we need to keep it open.
6 We already know if they going to close, we going to know
7 what the hospital is going to do, because they're doing it
8 now. It's not fair. You die -- they keep you -- "Okay,
9 here your Band-Aid, leave on out the door."

10 Please leave it open. Don't close it. If
11 they want to close it so we can't live there, fine.
12 There's only four. Leave it open for the ventilator
13 patients, for the young lady right there. She could have
14 came there if they had ICU open or if they had their acute
15 care open. If we are the reason they're closing it, then
16 don't close it. Preckwinkle, she trying her best. She
17 don't know, she just got there. Todd Stroger did this when
18 he first got there. She don't understand the whole outlook
19 of it. Mason, he thinks he knows about it, but he don't.
20 If he came out there, he would have seen all of them people
21 waiting.

22 Before I got this chair, I had an electric
23 chair. You roll through there, you cannot hardly even get
24 in for the patients standing up against the wall, waiting

1 to see a doctor. She don't know. It's not right. Please
2 just keep it open. If you keep it open, I'll be glad to go
3 to a nursing home. I don't mind. But let's think about
4 all of the undocumented. They got nowhere to go. They're
5 just going to kick them out the door. You got the home --
6 "Oh, no, he can't come there. He's too dirty." We don't
7 have no insurance. Who fault is that? I worked but what
8 good? Look what it got me to work. I was a working lady.
9 I was a nurse, so I know how it is. I know how it's going
10 to be in the nursing home, but that's fine.

11 Keep it open. I leave. I have no problem
12 with that, but I know she needs the nurse. Who knows, you
13 might have a lost cousin sometime that got to go because he
14 ain't got no insurance. You know, the clinics can be used
15 if they make you some appointments to go to the clinic.
16 They don't do that. You go to the Emergency Room, they
17 give you your medicine, and they send you on your way. How
18 they going to know to use these clinics in the community if
19 they not tell you you got an appointment at this clinic and
20 you got an appointment at that clinic? They do not do
21 that. How do I know? Because I have family members that
22 come to the Emergency Room. They give them their medicine,
23 they send them on their way. It's not right to treat us
24 like that, because we are not from the Third World. We are

1 Committee. Thank you for the invitation to testify about
2 the reorganization of Oak Forest Hospital and the impact
3 that it will have on the southern suburban communities.
4 Again, my name is Dr. Lisa Green. I'm a Cook County
5 trained family physician, a founder of Family Christian
6 Health Center and the current CEO at Family Christian
7 Health Center, which is a Federally Qualified Health
8 Center, located at Harvey, Illinois.

9 Family Christian Health Center, which was
10 established by myself and two partners in 2000, has -- we
11 did an assessment of the needs of the southern suburbs when
12 we came out, and found that there was such a disparity
13 within healthcare and quality care, thus by opening up the
14 clinic, Family Christian Health Center. Since 2000, on
15 average now we do about 75 to 80,000 visits per year at the
16 health center. The clinic's mission at health center is to
17 provide excellent quality healthcare to the community,
18 regardless of their ability to pay in a manner that
19 communicates word and deed the love and gospel of Jesus
20 Christ.

21 Today we have gathered to discuss the future
22 of Oak Forest Hospital and the Cook County Board's
23 Strategic Plan to convert Oak Forest Hospital to a
24 specialty care facility. As mentioned in a previous

1 testimony that I gave on May 2nd, I noted that Family
2 Christian Health Center, in partnership with TCA and other
3 Federally Qualified Health Centers, would wholeheartedly
4 support the Cook County Board's decision to convert the
5 entire facility to a specialty care facility, if there was
6 a complete collaborative effort to identify the services of
7 the residents that are needed in the southern county of
8 Cook.

9 When you look at healthcare, there are
10 disparities across the country. However, recently, in the
11 June issue of the New England Journal of Medicine, there
12 was a study done, which they sampled 546 households that
13 were contacted, and of the 546 households that were
14 contacted that needed healthcare and sub-specialty care, 75
15 to 85 percent of those families did not receive healthcare.
16 Now, as we look at healthcare reform and what the
17 intentions are to provide increase of services, we can
18 provide those services, but you also have to be able to
19 provide access in a quality manner. And so, as you look at
20 the southern County of Cook, which is very different from
21 care in the City -- in the City, if someone needs access to
22 care, they're able to get on a bus, have a friend drive to
23 bring them closer to care, whereas in the southern County
24 of Cook, you can be 15 minutes away from a healthcare

1 facility but an hour and 15 minute bus ride. That impacts
2 on the quality and the access to healthcare.

3 As we look at patients that are admitted to
4 the hospital for long-term care and you also look at the
5 admission rate when those patients are discharged from the
6 hospital, if we have not designed a complete healthcare
7 delivery system to address the needs of the patient, then
8 we have done nothing. Our Constitution even tells us that
9 we, the people. And what happens as you look at the
10 economic changes? The faces of we, the people has changed.
11 You have families that had six-figure incomes that now have
12 no access to healthcare. You have families that worked,
13 that did what was required. They went to college and got
14 degrees and guess what? They found themselves in
15 foreclosure, they found themselves unable to afford Cobra
16 or even able to afford food for their families, as someone
17 mentioned earlier.

18 As you look at delivering a healthcare system,
19 this is the beginning of the approach. In my testimony in
20 May, I was not in support, because what I did not see was
21 the complete access to care comprehensively. This plan
22 that has been changed now is the beginning of what I feel
23 is the ability to provide comprehensive healthcare, a
24 delivery system, not a Band-Aid. If we close the hospital

1 but don't completely involve the community where the
2 residents live, to really listen to the needs of the
3 patients, then we've done nothing but apply a Band-Aid.
4 However, this new plan does not appear to be a Band-Aid.
5 What this new plan will do is allow patients to receive the
6 care that they need to, thereby prevent them from being
7 admitted to the hospital in the first place. What happens
8 on readmissions to the hospital, the majority of those can
9 be prevented. However, if you don't have access to a
10 cardiologist, you don't have access to a dermatologist, you
11 will end up right back in the hospital, because the
12 comprehensive care that needs to be provided has not been
13 completed.

14 And so in closing, what I'd like to say is
15 that as we continue to discuss the importance of providing
16 adequate comprehensive and readily available healthcare to
17 the residents of the southern County of Cook, let's be
18 mindful of the needs for improved medical healthcare, the
19 rise in cost of healthcare, and the significant challenges
20 of this initiative as we strive to provide service for
21 economically-distressed households, the homeless,
22 uninsured, unemployed, children at risk, and the youth in
23 our communities.

24 Thank you.

1 (Pause)

2 MS. EDMUND (phonetic): Thank you.

3 My mom -- when we were last at the ruling of
4 the decision making of Oak Forest not to be closed out in
5 Joliet, I was there, and I asked the question about where
6 would my mother get service. Now, she's been going to Oak
7 Forest for over eight years for her MDS, and everybody
8 knows about it. She's 84 years old. She was denied
9 service. June 6th when we went, she was denied service.
10 Now, mind you, she has to have frequent blood transfusion
11 every four weeks, and then it went from four to three. The
12 doctor could not even -- at 84 years old, the doctor could
13 not even get her transported from Oak Forest the day of her
14 appointment because her blood was 6.8, which they wanted it
15 to be 6.6 for the ambulance. Now, 6.8 is hard for an
16 84-year-old lady.

17 When I took her to Ingalls Hospital, which was
18 5.8, she almost collapsed because her blood was low because
19 she was denied service from this hospital. Okay? They
20 took her in that time because I had said that Oak Forest
21 Hospital closed. Okay? She just went back in with a
22 5-point-something blood level. This time they put her in
23 the nursery. Okay? In that particular room was another
24 lady that seeks service over at Oak Forest, and she had

1 also to come over to Ingalls Hospital because of that.

2 Now, Ingalls Hospital might accept you, but
3 they put a Band-Aid on it. I had to fuss with them. They
4 wanted to give her only two pints of blood, which not last
5 her nothing but two weeks, and I had to fuss with them to
6 give her three pints of blood. She was discharged last
7 night at 9:15 with no doctor, no doctor. They stopped my
8 mother's doctor from coming out to Oak Forest Hospital.
9 This is very vital.

10 Now, you had told them they couldn't shut the
11 services off, but Preckwinkle and this Mason guy,
12 Dr. Mason, has still decided to go ahead and do. Now, I'm
13 telling you this is important, because this is my mother,
14 and I'm concerned about the quality of life. Now, if she
15 does not get the service, I will do everything in my power
16 to fight and sue Preckwinkle and the State allowing them to
17 do this. This is murder. Now, if they convicted
18 Blagojevich for the crimes, why not Preckwinkle and
19 Dr. Mason and this posse be convicted, because this is
20 criminal. This is criminal. People are human. We are
21 human. Okay? And we need Oak Forest Hospital today out
22 there, and I had to get there to tell this, because this is
23 an insult to me, my mother, the community and everybody
24 else that stands with us for Oak Forest Hospital.

1 We need this hospital. The service should not
2 be shut off. Now she has no doctor to go to and over --
3 down at County, Stroger, never have I heard and seen chemo
4 patients sitting on the floor, on the very floor of the
5 hospital because it's overcrowded from all of the patients
6 from Oak Forest, for shutting the service down. Now I ask
7 you guys to please help us in keeping this hospital open,
8 because we need this hospital, and we need a 213-bed, not a
9 25-bed, not a 25-bed.

10 May God have mercy on your soul, Dr. Mason and
11 Preckwinkle, even though you're not in here. May God have
12 mercy on your soul.

13 MR. GALASSIE: Ma'am, you need to address the
14 Board members.

15 MS. EDMUND: Thank you.

16 (Pause)

17 MR. JENKINS: Good morning, good morning. My
18 name is Pastor William Jenkins, pastor of the Word Made
19 Flesh Worship Center, Midlothian, Illinois. I support the
20 transformation of Oak Forest Hospital for two reasons
21 basically, and that is for access to the needed services in
22 Southland, and also more care for more people at Oak Forest
23 Hospital.

24 Oak Forest Hospital is currently underutilized

1 with just 10 inpatients on this massive campus. This new
2 regional outpatient center will serve an additional 30,000
3 patients in its first year and will allow Southland
4 residents to have access to specialty care that is
5 currently only available about 30 or so miles away at
6 Stroger. Access to heart doctors and specialists who can
7 help manage chronic conditions like diabetes will help
8 also, I think, catch illnesses earlier for Southland
9 residents, potentially saving and prolonging lives.

10 The transformation is part of a broader
11 regional healthcare delivery system and partnership with
12 local clinics and local hospitals, which I believe will
13 provide the needed services for our constituency, and I
14 close by simply saying this to the Board: I concluded that
15 our rent for living is simply service, because I realize
16 that I don't own this which I have a lease on, but I say to
17 you today that you have an opportunity now to pay rent for
18 your living by servicing our community and supporting this
19 effort. I think it just makes good lifesaving sense to
20 support this effort.

21 Thank you.

22 (Pause)

23 MR. BLAKEMORE: First, I would like to say
24 good evening to the citizens who are present, good evening

1 to the Committee from the state, and to the Staff. I'm
2 here to speak on the behalf of my community.

3 The black community needs Oak Forest Hospital
4 functional and open. They say that with the dismantle of
5 the housing projects in the City of Chicago, so many of
6 these residents have moved to the Southland. These people,
7 my people, are at risk, health risk, when it comes to high
8 blood pressure, sugar diabetes, heart, cancer and other
9 health risk problems. Black people die quicker and
10 earlier. So, I don't have to be political correct. I am
11 not elected official. I don't have to be political
12 correct. I'm not a member of a union. I'm not on anyone's
13 payroll. I'm not seeking any money from Cook County. I am
14 analytical, and I can think. I'm not brain damaged, and
15 even if I can't read, I can listen.

16 This country is in an economic crisis. Our
17 state and California, has health problems, and the reason
18 they have health problems and economic problems was because
19 of the negative, the negative effect of illegal immigrants
20 coming into their state and the negative effect that they
21 have on their health system. This -- you got to be here
22 with the state. Arizona, Georgia and other states are
23 opening up their eyes to the reality. The United States is
24 not as rich as they used to be. It's an economic crisis.

1 So, we can't even take care of our citizens,
2 give our citizens comprehensive healthcare with dignity and
3 respect. But in the city of Chicago, they have a
4 sanctuary. Illegals from all over the world can come into
5 the City and to the County and use our health system.
6 We're not that rich. If you have a dollar -- now this is
7 reality. We're dealing with economics now. If you have a
8 dollar, a ten dollars or a twenty dollars, there's just so
9 much you can do with it, and you let 30 more people eat on
10 this \$20 -- your citizens need comprehensive healthcare.
11 So they kind of refuse -- Cook County Health System coming
12 in with this strategic health plan, refuse people seeking
13 this service. Are you a citizen of Cook County? Are you a
14 citizen of the United States? These are questions that
15 this system, Health and Hospital System, refuse to ask, but
16 at the same time, they gonna say we don't have the money.

17 Our strategic health plan, we don't do
18 outpatient, no more hospitals, but you letting other people
19 come in and use this service. Why? A political reason.
20 The Democratic party or the Republican party, they seek
21 these people's votes.

22 MR. GALASSIE: Mr. Blakemore--

23 MR. BLAKEMORE: Mr. Blakemore is connecting
24 the dots, and maybe you don't like the way he's connecting

1 these dots so you want to silence Mr. Blakemore.

2 MR. GALASSIE: No --

3 MR. BLAKEMORE: What does this have to do with
4 healthcare? Wait just a minute. Let's be respectful.

5 MR. GALASSIE: I am.

6 MR. BLAKEMORE: We're talking about money and
7 comprehensive healthcare with dignity and respect. Now, if
8 I'm sick and I'm seeking service and other people in front
9 of me that's seeking this service and behind me that's
10 seeking this service and I am a citizen, I am entitled to
11 comprehensive healthcare. I didn't get my 40 acres and a
12 mule. As a great grandson of a slave, I am entitled to
13 comprehensive healthcare.

14 Now you're telling me that my people coming
15 out in the Southland, no more hospital, we going to
16 dismantle this kind of hospital and they will have to go to
17 a clinic. You listened to everyone else. There's
18 something about Mr. Blakemore that people want to silence.
19 You didn't tell none of them to come to an end. Well, I am
20 coming to an end, and the end is that my community has been
21 played on by these political hacks, these so-called
22 preachers.

23 We have two elements here. I don't want to
24 get too excited. I'm fighting on two fronts, racism and

1 White Supremacy, then our poor black Aunt Jemima leadership
2 on the other element, trying to deny the black community
3 comprehensive healthcare. I am outraged at what's going on
4 here, and it must stop. You go back to the State and tell
5 the State that we want this hospital open and we want it
6 functionable. You know what you do? You play an old game.
7 You take all the service out of the ghetto and then you say
8 it's not functionable. Then you turn right around and give
9 it to another group.

10 So these clinics -- I don't see the Hispanics
11 marching up here crying about it, because they're going to
12 benefit from it. I don't see a lot of whites lining up,
13 "We want our hospital," because they are getting what they
14 want. Mostly black people. I'm tired of these games. Cut
15 it out. Keep this facility open.

16 You know I'm an old man now. I'm 69. I get
17 too emotional, too compassionate for my people to see you
18 all play these same games over and over. But you know what
19 I'm going to do? I'm going to sit down, because I think
20 that I helped connect it with my people, and I think they
21 know what game that is being played.

22 All of you have a peaceful and blessed day.

23 (Pause)

24 MR. DAVIS: Good morning. Thank you for this

1 opportunity to be able to voice support of the new regional
2 outpatient center. My name is Bishop Lance Davis. I'm the
3 pastor of New Zion Christian Fellowship in Dolton,
4 Illinois, 14200 Chicago Road. I'm also the Executive
5 Director of an organization called Building our Own
6 Community, and we service the youth in the Southland
7 community. My wife is a physician. She works for an FQHC,
8 a Federally Qualified Health Center. I too have been
9 trained in the FQHC system, certainly the need for the
10 expansion of it, and I come here really just to speak to
11 the issues of money and the reality of what we have as a
12 healthcare system.

13 We know that the system is broken. We know
14 that there are a lot of offers in order to fix it. We also
15 know that our country is out of money. We know that people
16 are losing their jobs and that Medicaid is going to be on
17 the rise. But the other issue is that people are arguing
18 about a point that is not arguable. The reality is that
19 people need access to care that is going to focus on
20 prevention. The reality is that our hospitals are over run
21 with individuals who then, if they had received the proper
22 preventative care in an organized way of approaching their
23 self-management mechanisms, that they would not have gone
24 into the hospital. We've been utilizing the emergency room

1 as our primary care physician, which is totally destroying
2 the system of healthcare in the Southland community,
3 primarily because of a lack of education.

4 So, I believe that this new approach and this
5 regional outpatient approach is going to be a way where
6 people will have access to the specialty physicians that
7 they have been in great need of. We already heard about
8 the length of time that it takes for people to be seen in
9 Oak Forest Hospital as it relates to specialty care, and
10 that's because it's a rarity. Many physicians who are
11 practicing, they're going into the large hospitals, the
12 ones that pay the big money, and so we applaud those
13 physicians who work in our neighborhood, who work in the
14 Southland community. We really do applaud them. They
15 stayed there, they stuck with the residents, and I think we
16 should applaud them.

17 At the same time, we have heard from the
18 medical professionals who say that it will be better
19 served, that Oak Forest will better serve the community if,
20 in fact, it was totally focused on outpatient care,
21 specialty care. Why is this important? Because we know
22 that the patient-centered medical home and all of the new
23 advancements as it relates to taking care of patients is
24 moving towards them being better and managing their own

1 care. So, we also know that people do better when they're
2 in a group setting and they're learning about their
3 diseases together. So, the one thing that will not change
4 is that Oak Forest will never ever be able to operate and
5 generate a surplus in capital. We know that. We also know
6 that the hospital will not be able to thrive in this
7 current economic situation.

8 So what's best for the residents? What's best
9 for the residents is not to get involved in an emotional,
10 political play, but to get involved in what is real, and
11 what is real is we must take better care of ourselves. We
12 must be able to visit the oncologist. We must be able to
13 visit the cardiologist. We must be able to visit the
14 gastroenterologist and any other professional or specialty
15 physician in order to manage our care, and then if, in
16 fact, we need to go to a hospital, and those hospitals that
17 are going to take the remainder of those patients that are
18 going to come from or feed from Oak Forest, if those
19 hospitals are not taking care of those patients, then I
20 believe that our argument ought to be with those hospitals
21 and make sure that we accept nothing less than quality
22 care.

23 But in the meantime, Oak Forest must become a
24 regional outpatient center in order to deal with this issue

1 of healthcare disparities in the community and the
2 ignorance and certainly the misinformation that goes forth
3 towards trying to rectify any medical condition.

4 So, again, thank you for this opportunity. I
5 applaud President Preckwinkle's work, for trying to make
6 sure that this hospital is going to meet the needs of the
7 entire community. Thank you.

8 (Pause)

9 MR. GALASSIE: According to the clock on the
10 wall, it's 20 'til 12:00, and we're going to take a
11 15-minute recess and come back at 5 'til 12:00 We're going
12 to try to punt without lunch.

13 (Recess)

14 MR. GALASSIE: Thank you for being timely,
15 folks. It is five 'til 12:00. We have about 24 or 25
16 people that have signed up for testimony. Again, we want
17 to be as respectful as we can. For those of you -- I
18 understand some people are simply going to be submitting
19 written testimony. If you can, I would just ask that you
20 try to keep your comments focused to two or three minutes,
21 generally for or against, and make your primary point. I'm
22 sure everybody in the room is going to appreciate that as
23 well.

24 (Pause)

1 MS. MC GRUDER: Good afternoon. My name is
2 Cheryl McGruder (phonetic), and I'm a Ward Clerk in the
3 Critical Care Division of Stroger Hospital. Since services
4 have been stopped at the hospital, at Oak Forest Hospital,
5 I have seen more patients come to Stroger. I have admitted
6 some of the patients that have been sent there. There have
7 been longer waits, and it has become more crowded because
8 of the patients who have had to come from the South
9 Suburbs. Patients now have to wait twelve hours at the
10 emergency room. Patients often have to wait two to three
11 days for a bed, but they sometimes get discharged before
12 they get a bed.

13 The staff at Stroger is also under a great
14 deal of stress, and they are tired because of the surge of
15 patients. They are under a lot of pressure to accommodate
16 more demanding work loads. They are also under a lot of
17 stress due to the threat of layoffs, and some are worried
18 they will lose their pensions.

19 The changes in the system are causing problems
20 in access and quality of care. Hospitals nearby are not
21 capable of handling new patients. The cuts in Oak Forest
22 and Providence is limiting our ability to treat patients
23 effectively. Loss of beds in ER, the Intensive Care Unit,
24 the Acute Care Unit, and rehab is making it harder for

1 patients to receive care. Overall, the cuts in services is
2 making it hard for everyone.

3 I could attest to what the people have
4 testified to today. I have admitted Sandra Kelm, two of
5 the patients that came from Building J, in the medical
6 Intensive Care Unit. I have seen the patients in ER. We
7 have had to work the units. We have also worked in trauma
8 for 10 years. That's a three-bay area, if you know.

9 So, please keep it open. We do need it.
10 Thank you.

11 (Pause)

12 MR. MARTIN: Good afternoon. Dr. Stephen
13 Martin, Chief Operating Officer for the Cook County
14 Department of Public Health.

15 The Health Department is one of the nation's
16 largest metropolitan health authorities and is the
17 state-certified local public health authority for suburban
18 Cook County. The Department is responsible for providing
19 public health services and programs ranging from emergency
20 preparedness, disease prevention, control and epidemiology,
21 health statistics, health promotion, and a variety of other
22 public health services to our communities here, serving 125
23 municipalities, incorporating in 30 townships over 700
24 square miles here in Cook County.

1 I'm here today to provide the Illinois Health
2 Facilities and Services Review Board with additional
3 testimony and reflections on the health issues in the
4 Southland -- which is also where I live and work -- and
5 lend our agency's support to one of our medical centers
6 that is realigning its operations to meet current and
7 future health needs of this region. The new vision for the
8 Oak Forest medical center is similar to efforts at other
9 health systems across the country as they prepare to
10 deliver more outpatient, holistic medical services,
11 utilizing a population health based delivery model.
12 National trends in the provision of healthcare are moving
13 towards expansion of outpatient preventive and specialty
14 services and thereby reducing inpatient census across the
15 country. Consequently, this proposal is no different than
16 the national trend.

17 In addition, this operational restructuring is
18 not unique and even parallels the meaningful reform
19 principles highlighted in the Patient Protection and
20 Affordable Care Act: A shift in emphasis towards
21 prevention and wellness; promotion of primary care and
22 primary care work force development; adequate
23 pharmaceutical coverage and oral healthcare; evidence-based
24 and effective practices; reimbursement strategies that

1 cover the true cost of providing care and innovation.

2 Moreover, the Health Department participated
3 as a key partner in development of this strategic plan for
4 the Health System by providing the Public Health technical
5 assistance that will be needed to give strength and
6 perspective to this initiative.

7 With respect to examining the health picture
8 of this jurisdiction, this agency has been simultaneously
9 conducting its state-mandated responsibility by
10 facilitating for its residents the development of an
11 independent 2015 strategic health plan, WePLAN 2015 --
12 which we also submitted for the Board the CD's for that
13 plan -- to inform the entire public and private health
14 system of Cook County of the health priorities that are
15 most concerning to them for us to address. Chairman
16 Galassie, as you are quite aware in your previous life as
17 an administrator of a state-certified local health
18 department, the strategic health plan takes the approach of
19 including residents and key stakeholders to examine current
20 and future health conditions and make reasonable
21 recommendations for our private and public health systems
22 to consider in their delivery approach to effect positive
23 change.

24 Thus, those areas that our community wants to

1 focus on are access to care, chronic disease, violence
2 prevention, and sexually-transmitted infections. These are
3 the issues that our system over the next five years want us
4 to focus on.

5 I will submit the rest of my remarks into the
6 record, but I will just briefly conclude that to make this
7 picture about the Southland clearer, the Oak Forest
8 Hospital center that we're seeing this proposal for I see
9 everyday. I have staff at this center. I see the
10 residents, and I see the folks that are there. I live in
11 the same community. I live six miles away from the Oak
12 Forest Hospital center, and what we have been seeing with
13 our variety of hospital and healthcare partners is a need
14 for more primary care and services here. The very people
15 that are dedicated both from management and staff really
16 want to be able to provide this service, and this plan
17 we're proposing here will be one of the tools that will
18 drive change in suburban Cook County.

19 I will also say that we received one of the
20 many -- excuse me -- one of the few Communities Putting
21 Prevention to Work grant, which is \$16 million that the
22 Cook County Department of Public Health received. We are
23 using that to effect policy change in suburban Cook County
24 that looks at making our communities more healthy,

1 addressing needs around chronic disease, and this aspect of
2 this plan of making the Oak Forest campus more of a
3 regional outpatient center will go -- will help in that
4 approach as we make our communities more healthy.

5 So, with that, I would like to thank the Board
6 for this opportunity to present before you, and my remarks
7 are submitted, as well as the CD's.

8 (Pause)

9 MR. RUFF: Good afternoon. Randy Ruff
10 (phonetic).

11 Now, we have heard many testimonies today on
12 both sides, but to pretty much kind of summarize what we've
13 been hearing from those that are in support of keeping Oak
14 Forest Hospital open, the major complaint kind of centers
15 around a number of things. Number one, we think about the
16 original mission statement, which is to provide for quality
17 healthcare especially for the unfortunate, those who don't
18 have healthcare insurance, those who cannot afford
19 healthcare insurance. We know that that mission statement
20 is drastically being changed right now, because President
21 Preckwinkle and her staff members, they have decided to
22 pretty much shut down Oak Forest and Provident Hospital and
23 then bring in outpatient clinics.

24 We know, of course, if there is someone with a

1 gunshot wound, a stab wound, someone who needs care because
2 of a recent heart attack or stroke, you don't go to a
3 clinic for that. You go to the hospital. You're going
4 straight to the emergency room. All right. Now, let's
5 think about a person that had a gunshot or a stab wound,
6 for example. They go to the emergency room, they get
7 admitted, and then they try to stabilize them. The person
8 doesn't have any insurance whatsoever. You are about to
9 get transported. And where do you go if you're out here in
10 the suburbs? You're going all the way down there to
11 Strogers.

12 Now, the other thing that we have found out is
13 that with the Cook County budget, funded by the taxpayer's
14 dollars, they are redirecting this money. Now, when we
15 look at the pie, there is a certain percentage of this pie,
16 of that budget, that is allocated for Stroger, Provident,
17 and Oak Forest Hospital. What they have simply done with
18 Oak Forest money is redirected that money. They're using
19 that money to pay multi-millions of dollars in consulting
20 fees to put a team together and to put statements in
21 writing to justify their cause, and their cause, of course,
22 is we don't need Oak Forest Hospital, we need outpatient
23 clinics.

24 Thirdly, in spite of coming before the Board

1 time after time and the Board has told them, "No, you
2 cannot close Oak Forest Hospital," President Toni
3 Preckwinkle said, "Forget what you told me. I'm going to
4 do what I want to do. In fact, I'll sue you, and not only
5 that, I will cut to the bone Oak Forest Hospital services"
6 -- which she has done -- "I will cut to the bone Provident
7 Hospital's" -- which she has done, and then a slap in the
8 face, they've also cut services down there at Stroger
9 Hospital. Now there was a time when you go down to Stroger
10 Hospital and you had to wait eight hours in the emergency
11 room. Well, that has changed. You go down there now and
12 you will be sitting there for three days.

13 Now, fourthly, in addition to these cuts, they
14 have terminated or laid off doctors and nurses at both Oak
15 Forest and Provident Hospital. That's why Oak Forest right
16 now is sitting over there, this huge land with all of the
17 equipment, and it's empty, because the plan that they have
18 put into action has now come full blown. They want that
19 hospital to be empty. They do not want to use our taxpayer
20 dollars to be spent any longer for free healthcare. That's
21 what it boils down to.

22 Now, trying to bring this to a close, back in
23 '07, the Center for Tax and Budget Accountability, with the
24 efforts of Heather O'Donnell and Ralph Martire, did

1 prepare -- they took that data and prepared a report. The
2 topic of the report, Cook County Revenue System is
3 Structurally Unable to Support the Public Services that It
4 Needs to Provide. To cut to the bone, they found out that
5 the main problem of the budget deficit is the manner in
6 which they are collecting money. The Billing Department is
7 not doing their job, and then our President and her staff,
8 instead of them fighting against the people here today,
9 they should be fighting against the State and get our tax
10 dollars.

11 For example, the sales tax that Todd Stroger
12 increased by one penny -- which we know that was eliminated
13 that was taken back from the people -- that one penny was
14 designed to help balance the budget so that they would have
15 that extra money to maintain the operation of Oak Forest
16 Hospital, Provident Hospital, and Stroger Hospital. In
17 essence, with the sales tax that we have right now, there's
18 a problem with that. When you look at the sales tax, you
19 can tax these for goods and you can also tax for services.
20 Now, isn't it kind of strange that they're not taxing for
21 services? That's the biggest portion of the sales tax,
22 services. They're taxing only for the sales of goods, and
23 then on top of it, the County is paying all of this money
24 to collect the tax, but yet after they collect the tax, we

1 only keep about 17, 18 percent of it.

2 So, how is it that they're giving all of the
3 rest of this money to the State? That's who they should be
4 fighting, the State. Give us more money of the tax sales
5 dollar. Now we know there's hardship right now, world
6 wide, but we also know that there's a lot of tax dollars
7 right here, and we're not getting our share of it. That's
8 who she should be fighting. She should be fighting the
9 State to get our share of the tax dollars.

10 Now, last but not least, this report came out
11 in '07, and she's fully aware of this report. Instead of
12 taking the necessary steps to make sure that we would not
13 be where we are today, she has decided to move forward one
14 hundred percent gung ho, not looking back to do everything
15 that she can to remove free healthcare from a hospital
16 system. Clinics are fine and good, but you've got to have
17 hospitals. We know that we need Oak Forest Hospital. She
18 knows that we need Oak Forest Hospital. She does not want
19 to take our money that we have right now in place to run
20 the hospital until a final decision has been made where
21 everybody will come to an agreement and say, "Okay, this is
22 what we will do." She has made up in her mind to just move
23 forward, cut everything to the bone so that you all and
24 everybody else will eventually say, "Well, there's nothing

1 there anyway, there's nobody come there," because she did
2 it. She deliberately cut those services, took our money
3 and told the taxpayers, "I don't care. I'm going to do
4 what I want to do because I'm the President now."

5 So, I'm in support of keeping Oak Forest
6 Hospital open, and thank you very much.

7 (Pause)

8 MS. BIGELOW: I'm Victoria Bigelow, the
9 President of Access to Care, and I'm here today to offer
10 support for the discontinuation of Oak Forest Hospital as
11 an inpatient facility and the reopening of it as an
12 outpatient facility.

13 Access to Care links the uninsured, low income
14 person with the primary care physician. We separately
15 cover the costs of routine laboratory costs, x-rays, and
16 prescription medication. Our patients pay an affordable
17 copayment for each service, and Access to Care pays the
18 remainder. Our patients are the uninsured, completely
19 uninsured, ineligible for government programs, and they're
20 often the working poor.

21 We have partnered with Cook County Health and
22 Hospitals System for many years, and they are critical to
23 providing specialty and diagnostic care for community
24 members we serve.

1 Our Board of Directors found that the low
2 income person faces an additional problem in suburban Cook
3 County, which is lack of good transportation and the need
4 to travel great distances to care. While Access to Care
5 alleviates this issue for primary care, for specialty care
6 those who need it have to go to Stroger Hospital in
7 downtown Chicago. Just as everyone has been saying and as
8 the Board Members of the Illinois Health Facilities and
9 Services Review Board are aware, specialty care access for
10 the medically underserved in suburban Cook County is
11 extremely difficult to access other than through the Cook
12 County Health and Hospitals System. It really is.

13 Therefore, we support -- the Access to Care
14 program supports the concept of the regional outpatient
15 center, as envisioned by the Cook County Health and
16 Hospitals System's Strategic Plan. Having Oak Forest
17 Hospital as an outpatient specialty care facility will
18 greatly increase access for south suburban patients and
19 ensure that they actually get care instead of deciding, as
20 they often do, that Stroger Hospital is too inaccessible
21 for the south suburban patient.

22 Access to Care urges you to approve the
23 discontinuation of Oak Forest Hospital as an inpatient
24 facility and instead support it as an outpatient specialty

1 care facility, a regional outpatient center.

2 Thank you for this opportunity to testify. A
3 separate letter, a formal letter has been sent to Chairman
4 Galassie.

5 MR. GALASSIE: Dr. Mason, is the 24/7
6 immediate care going to be FQHC eligible?

7 MR. MASON: That I can't answer, Chairman
8 Galassie, but I'll get an answer.

9 MR. MC NARY: Good morning -- good afternoon.
10 Thank you so much for that correction. Good afternoon,
11 President Preckwinkle and Commissioner Butler and
12 Dr. Mason, the Chairman and members of the Staff of the
13 Illinois Health Facilities Board. My name is William
14 McNary, and I'm the Co-Director of Citizen Action Illinois,
15 and I'm grateful for this opportunity to testify and will
16 be brief.

17 Let me read you three quotes. "The reason we
18 did this plan was so people don't have to go to Stroger."
19 Quote two: "Surrounding healthcare facilities will absorb
20 patients." Quote three: "We have no specific knowledge of
21 how the proposed project will affect other safety net
22 services. The response to this strategic plan has been
23 substantially positive." These quotes were from the former
24 CEO of the Cook County Hospitals System, Mr. Bill Foley.

1 And yet we find that 90 percent of the
2 patients who are currently coming to Oak Forest are now
3 being rerouted to Stroger. Thus, there is a lack of
4 support from the surrounding hospitals. And testimony
5 before both the Cook County Health and Hospitals System
6 Board, as well as the Cook County Board of Commissioners,
7 time and time and time again before many public hearings,
8 the patients and their families have said the providers
9 have said, the workers have said it, the officials who are
10 local have said it, the advocates have said it, some of the
11 local ministers have said it, and even local hospital
12 executives have said it -- before they unsaid it -- is
13 that -- and you, the State Board, has said it not once but
14 twice. The State has found that the Oak Forest Hospital
15 closure plan would leave Cook County south suburban
16 residents without adequate access to intensive and
17 long-term care beds while at the same time further over
18 burdening other area hospitals.

19 Research conducted by SEIU Local 73 indicates
20 that in 2009, oak Forest provided \$25 million in charity
21 care. The three hospitals that say that they are willing
22 to take the Oak Forest patients, South Suburban and Ingalls
23 and Metro South, only provided \$14 million combined. More
24 than 26 percent of Oak Forest revenue was dedicated to

1 charity care. South Suburban, Ingalls Memorial, and Metro
2 South, two percent. Ingalls Memorial bypass rate -- which
3 is the number of hours that a hospital goes on bypass and
4 ambulances are diverted to other hospitals. Ingalls
5 Memorial, the only hospital claimed they can absorb all of
6 Oak Forest patients, had a bypass rate two times higher
7 than the State's average, and for the past four years, Cook
8 County has willfully and systematically slashed services at
9 Oak Forest Hospital and now says that the patient
10 population is limited. If a storekeeper doesn't stock his
11 shelves, the customers who come in a store leave hungry and
12 empty-handed, and there's a tremendous hunger for
13 comprehensive healthcare in south Cook County in one of the
14 poor areas of the State, indeed one of the poor areas of
15 the nation. Experts indicate over the last 10 years, more
16 than 2,000 hospital beds have been lost in this area.

17 We talk a lot about food deserts because of
18 the lack of grocery stores in low-income areas. But with
19 the downsizing of patient services at Oak Forest, southern
20 Cook County is well on its way to becoming a healthcare
21 desert.

22 There's a often quoted phrase, "If you build
23 it, they will come", and we believe if you keep Oak Forest
24 open, the people will come. Dr. Mason, the Interim CEO of

1 Cook County Health System, continually talks about the 50
2 to 80 patients a month that have been successfully diverted
3 to Stroger Hospital. So, my question is, if we hadn't
4 diverted them, wouldn't Oak Forest Hospital beds be filled
5 by now.

6 Where your treasure is, lay your heart. Where
7 your heart is, lay your treasure. If a budget is indeed a
8 statement of values, it is time for us to reprioritize.
9 While the current crunch may require budget trends to avoid
10 deficiencies in County government, abandoning the poor and
11 sick in Cook County's most medically under served area is
12 simply not an option. It's easy to cry "poverty" if you
13 don't use the public healthcare system. If you don't have
14 the money, where do we find the \$168 million in our capital
15 budget to rehab the old Cook County Hospital, closed and
16 unused for years, and turn it into administrative offices?
17 Where is the real value of the tens of millions that Cook
18 County taxpayers are spending on high-price consultants,
19 paid to advise the healthcare system?
20 PricewaterhouseCoopers snagged up a \$50 million contract
21 from the Cook County Healthcare System but paid the
22 consultant 150,000 an hour, plus put the County liability
23 for the bill as high as \$2.5 million dollars a month.
24 Chamberlin Edmonds Associates are getting \$38 million.

1 Some of these millions would go a long way in providing
2 quality healthcare to sick patients at Oak Forest.

3 Not that there hasn't been some progress.

4 Indeed, President Preckwinkle has committed to adding an
5 extra shift to the urgent care center, providing 24-hour
6 services, which is appreciated, in addition to providing
7 increased patient access to cardiology, endocrinology
8 urology, and other preventative specialty care services.
9 That's appreciated. The prospects of future outpatient
10 surgery is appreciated, as well as the establishment of a
11 Southland advisory board to collaborate with the Health and
12 Hospitals System moving forward. That's appreciated, and I
13 will point out that at the first meeting of the present
14 South Suburban Advisory Board, they expressed the need for
15 a trauma center in the south suburban area, and we plan to
16 press that issue as well.

17 Citizen Action Illinois would like the public,
18 the press, the State and County officials all plan for
19 local hospitals for suburban patients instead of going to
20 Stroger, where there are often longer waits for medical
21 care after their long trip there. The mission of the Cook
22 County Healthcare System is to provide integrated health
23 services with dignity and respect, regardless of a
24 patient's ability to pay. We feel that in order to meet

1 this mission, the System needs to maintain and expand, not
2 to shrink and contract. Yes, we should be cutting our
3 corruption to ensure that our taxpayers are getting the
4 biggest bang for their limited healthcare resources. Yes,
5 we should make sure that our collection procedures secure
6 money from Medicaid as well as from private patients. But
7 all too often we operate the Cook County Healthcare Systems
8 trying to use a business model. It likes at existing and
9 shrinking revenues and tries to figure out how to cut
10 services. Businesses naturally cut supply as a demand for
11 its products or services decrease. Government, on the
12 other hand, must expand its services as the need for it
13 increases.

14 The independent Board should be driven by a
15 central mission that everyone gets healthcare regardless of
16 their ability to pay. If Cook County Healthcare was a
17 private hospital, there goal was to maximize revenues,
18 that's a different mission. But a public hospital must
19 stay true to its mission, even if it means raising
20 revenues, not reducing access to needed care.

21 And, lastly, another quote. "The proposed
22 closure will increase the number of intensive care and
23 long-term care beds needed in the Planning Area. While the
24 hospitals in the Planning Area have stated that they would

1 accommodate the inpatient work load of the Oak Forest
2 Hospital, there has been no indication by hospitals in the
3 Planning Area assuming the outpatient work load at Oak
4 Forest Hospital. And the proposed discontinuation of
5 services will increase the number of ICU and long-term care
6 beds in the Planning Area and is also unclear how the
7 residents will have access to care should the proposed
8 regional outpatient center not be funded by the County."

9 These were quotes from the Illinois Health Facilities Board
10 when they twice denied the closing of Oak Forest Hospital.

11 "Given the large number of safety net patients," the Board
12 concluded, "Oak Forest Hospital provides a service for, it
13 does appear that the proposed discontinuation will have an
14 adverse effect on access to care in the service area."

15 If these conclusions have not changed, the
16 decision should not change. Too often we look around and
17 act like there's nothing we can do about things. It's like
18 the weather. But I believe that as stakeholders, elected
19 officials and patients and their families and healthcare
20 providers and workers in the community at large, we can
21 stand together and work in partnership to meet the time
22 honored tradition of the Cook County Healthcare System to
23 provide integrated services with dignity and respect,
24 regardless of a patient's ability to pay.

1 Thank you for the opportunity to testify.

2 (Pause)

3 MR. SCHAIDER: Good afternoon, everybody. My
4 name is Jeff Schaidler. I'm the Chairman of the Department
5 of Emergency Medicine at Cook County Stroger Hospital.
6 I've worked there for almost 22 years and have cared for
7 thousands of patients over the course of my career. Our
8 emergency department is one of the busiest in the country
9 and we care for about 120,000 patients per year.

10 While 80 percent of the patients we see in our
11 emergency room are discharged from our emergency
12 department, over 90 percent of the patients that I've seen
13 at Oak Forest emergency are discharged as well. All of
14 these patients need a place to follow for their acute care
15 and chronic illnesses. As many of you know, at present we
16 do not have the capacity to provide adequate follow-up and
17 outpatient care for these patients in a clinic setting.

18 I support the transformation of the Oak Forest
19 medical complex to a regional health outpatient care
20 center, because I believe this transformation will provide
21 a place for these patients to follow up and be cared for on
22 a long-term basis. We often see patients in our emergency
23 department who would not need to come to our ER if they
24 could have care for their blood pressure that would have

1 prevented a stroke, or medication for their diabetes. I
2 was working in the ED two days ago. I saw a patient who
3 presented with a fungating mass under his tongue, couldn't
4 swallow for the past four months, became dehydrated. If,
5 in fact, he had see a physician four, six, eight months
6 previously, he could have been cured of his cancer of his
7 oropharyngeal area. We admitted him to the hospital.
8 He'll probably end up having a radical surgery,
9 tracheostomy, radiation therapy, chemotherapy. This could
10 have been prevented.

11 Good outpatient care will prevent increased
12 and costly inpatient care. The County has limited
13 resources to devote to healthcare. The County's limited --
14 the country has limited resources to devote to healthcare
15 as well. We need to focus our resources that will care for
16 the patients to keep them healthy and productive. A
17 regional healthcare center at the Oak Forest medical
18 complex will be a big step in the right direction.

19 Thank you.

20 (Pause)

21 MS. CURTIS: Hello. I just want to echo just
22 like some of the thoughts, but I really want to go from not
23 so much closing the hospital now but what we are
24 experiencing right now with the reduced -- with the

1 temporary suspension of category of services. So that
2 happened with the letters sent to Ms. Courtney on May 31st,
3 notifying you that we were going to go through this
4 suspension of services. I represent the nurses in the
5 system. So I represent the nurses that not only work at
6 Stroger but also work at Provident and also the nurses that
7 work over at Oak Forest. And so since the reduced services
8 has happened, it has been cataclysmic to our staff.

9 We are in the process of going 24 hours in the
10 urgent care. The nurses aren't there yet. We just got a
11 call just last week saying, "Hey, we need to call back some
12 nurses." So, the nurses that are there are forced to work
13 a tremendous amount of overtime, they're forced to work
14 with a lot of registry staff who, under the law, you're
15 supposed to communicate to the nurses what the capacity is
16 of these registry staff. There's no time for this. So
17 these registry people just show up, we don't know what they
18 know how to do, what they're competent to do, and there's
19 no process. So, even if you talk about, "Hey, we want to
20 go to this new clinic system", as the nurses in the system,
21 they have had no discussions with us. So we don't know how
22 it's going to work.

23 When we have patients now in our clinics like
24 on Monday, we're doing shutdown days, because Toni

1 Preckwinkle has cut some of our clinic hours. Because of
2 that, it tripled the number of patients that we have. Like
3 on last Monday, where we would have a number of 40
4 patients, now we had 80 patients. In the new scenario,
5 they are eliminating nurses out of the clinic and using
6 health advocates. The problem with that is because of Oak
7 Forest. Many of our patients that are in the Oak Forest
8 clinic are so critical when they get to their clinic
9 appointments, because they've had to wait for months, they
10 need to be hospitalized and now we can't hospitalize them.
11 So then they're sent downstairs to the ER, and they're
12 waiting for hours to get reassessed, and then they get
13 transferred to Stroger, wait three more days, in many
14 cases, to get hospitalized.

15 So, this delay of care and some of these
16 critical patients are a great concern to the nurses,
17 because we even represent the nurses that work currently in
18 our clinic system, and right now a shutdown day, where a
19 patient has waited three months to get this endocrinology
20 appointment, now is waiting another three months or she's
21 going to spend an entire day in the clinic, trying to see
22 the doctor.

23 We have no walk-in. If you do not have an
24 appointment, there's no walk-in. So, if I missed my

1 appointment because the clinic was closed, we're -- you're
2 screwed, and now if I'm so sick that I can't wait for my
3 appointment, so I decide to go into the hospital, and I am
4 in cardiac arrest or, you know, congestive heart failure,
5 or my blood pressure is sky high, I sit in that ER with no
6 intervention being done at all and wait for authorization
7 for somebody who wants to take me over to Stroger Hospital.

8 The other thing that I want to talk about is
9 during the reduced service hours what hospitals have
10 actually taken our patients, and I think people have talked
11 already, and I just want to highlight that, that basically
12 South Suburban has taken a few of our patients, Stroger has
13 taken the majority of 120 for the July -- for the June
14 numbers, and right now they're taken the majority for July,
15 provident has taken a few, but, of course, Provident only
16 has 25 beds and their patients in the ER are also competing
17 for that bed.

18 Then we also have the phenomena, which nobody
19 wants to talk about, but if you go to the history of this
20 system of these other facilities surrounding our
21 facilities, whether it's Stroger, Oak Forest or Provident,
22 who dump their patients on the County system. You don't
23 have no money, you go to County. We still have to deal
24 with those folks, because those folks are also being placed

1 in our ER's because those hospitals don't want those
2 patients. So while we're trying to tell these other
3 outlying hospitals, "Hey, we can't take your patients
4 because we have to take now all of these Oak Forest and
5 Provident patients", those facilities are still pushing
6 those patients on us. And as Mr. McNary talked about, the
7 bypass. So when the bypass happens -- and it happens
8 tremendously at University of Chicago, which could have
9 been a feeder hospital, who had advocated Oak Forest be
10 closed, but at the same time, they have a history of not
11 taking our patients.

12 So, we're worried about the patients. For us
13 it's not about a job. As Tia said, we're nurses. We can
14 get jobs anywhere. It's not a job. It's about the
15 patients that we serve, and the nurses that work in public
16 health, they do so as a choice. Okay? They can work at
17 Rush, they can work at University of Chicago, they can work
18 at University of Illinois. They choose to work to take
19 care of the patients that no one else wants. All they want
20 to do is to be able to take care of this population that no
21 one else wants, and I think closing this hospital is
22 sending further that message that now the County doesn't
23 want you. Okay.

24 So, what you have in front of you in your

1 attachment is some recent scenarios from nurses just on the
2 temporary shutdown. Let's not talk about when you close.
3 Let's talk about the reduced services right now. It is a
4 horrible place. Nurses are scared about their license, and
5 what I see about this plan, because they haven't talked to
6 us, is that there are still rules in the state as it
7 relates to not only acute care hospitals and how they're
8 supposed to be staffed, but ambulatory settings as well,
9 and what this plan does not talk about is how they are
10 going to be in concert with the Professional and
11 Occupations Illinois Nursing Practice Act Code. How are
12 they going to accomplish this in the acute care setting as
13 well as in the ambulatory setting.

14 Okay. I think we do need to do something with
15 people getting access to clinics, but at the end of the
16 day, patients are going to be in need of inpatient beds.
17 It's just simple, pure as that, because there are illnesses
18 that a clinic cannot help you with. There are conditions,
19 the state of their condition, a clinic is not going to be
20 helpful for anyone. To tell somebody who comes to our ER
21 that's in congestive heart failure that their treatment has
22 to be put off to a clinical appointment or else they have
23 to go to Stroger to get that, and they sit there, we're
24 concerned, and life is at risk.

1 Let's talk about what life is like in the ER
2 right now, in Dr. Schraider's ER. We are understaffed. We
3 have not been given any approval to add any additional
4 nurses, even this plan to close and shift patients there
5 continues to go on. They have not hired a bedside nurse
6 since 2009, May 2009. Why do I know that? Because I'm the
7 Union. I got the seniority list. I know they haven't
8 hired one bedside nurse. Yet, this program moves forward
9 to put patients over and impact those nurses, their staff,
10 their livelihoods, their license, ultimately their
11 families, if they don't get around to someone who has been
12 shifted over from Provident or Oak Forest. It's a problem.

13 So, without the -- for us understanding what's
14 going on, you need these inpatient beds, because there are
15 a certain amount of our population that are going to need a
16 bed. Too, these hospitals are not taking them. That is
17 true. You even heard it from management side. They only
18 mentioned South Suburban, but all of the letters from all
19 of the hospitals said they were going to take patients.
20 They're not taking them now. What makes you think they're
21 going to take them once the hospital actually closes?
22 Patients need beds in the Southside. It is true that the
23 population in Chicago has shifted to the Southside, which
24 there is a need for increased, you know, clinics and you

1 have all these, you know, FQHC's. The answer to that is we
2 are not qualified to be FQHC's today as we stand. We are
3 not, and we asked that question so many times of Mr. Foley,
4 "Are you going to do this so that people could really
5 have "-- because to create them from scratch is sort of
6 like it will take years. It's not something that if they
7 close the hospital tomorrow, things are going to come up
8 the next day. It's not like that. Right now they don't
9 even have the position numbers to run the 24 hours. As a
10 Union rep, I'm waiting for them to give me PID's for people
11 to work from twelve o'clock at night to in the morning, the
12 eleven to seven shift.

13 So, the nurses aren't there because there's no
14 funded position for them to be there, and we are asking the
15 employer, where are they? Nurses are begging to return to
16 Oak Forest. If you need us, we're there. We'll work
17 overtime if you're there. We'll be there. But we're using
18 registry. We're using registry, and that costs the System
19 so much more money than the public health nurses who are
20 willing to be there to take care of your patients. So
21 there's a disconnect. I mean, I'm not going to throw rocks
22 at anybody. I'm saying the reality is what's happening
23 now. The reduced service is horrible, the staffing is
24 horrible. We can't take care of our patients. We can't

1 assess patients. These ADO's are from the ER at Oak
2 Forest. They are overwhelmed. The nurses filled them out.
3 They put their names on them. They give them to managers.
4 They're supposed to respond to them. So, I only brought
5 you four, but we have reports after reports after reports
6 around this kind of stuff, but I didn't want to overwhelm
7 you, so I just took the ones from this week only.

8 So, moving forward they're not ready. Whether
9 they want to add it or not, whatever they want to do --
10 they're not ready, one, they're not. Two, they need the
11 beds, because we're going to always have -- when you have a
12 community that has not had access for healthcare for so
13 many years and then the next day you give them a primary
14 doctor, there are things that people are going to need to
15 be hospitalized for. At Stroger we can't take them. Right
16 now our units are full every day, and they only hold 28
17 beds for the eighth floor, 28 for the seventh, and 28th for
18 the sixth and one of them have 26 beds. So we don't have
19 all of these beds. We're full every day. Our nurses we're
20 only given four nurses for these 28 patients.

21 MR. GALASSIE: I think we're approaching
22 overwhelming.

23 MS. CURTIS: Well, we're overwhelmed. We
24 think this program overwhelms us more. You have the

1 ability to understand critically what this means, not just
2 to the patients but also the nurses, and also what is
3 required under the law, and nobody wants to have a
4 discussion about where that falls, both as in the acute
5 care but also in the clinic setting.

6 So, we urge -- at this time we're saying
7 they're not ready. They haven't had enough discussion. We
8 urge that it be open. I don't know if you can ask them to
9 restore some of those inpatient beds. Clearly it's needed
10 by the testimony of the patients.

11 Thank you for your time.

12 (Pause)

13 MR. NURRIDIN: Good afternoon, Mr. Chairman
14 and Board Members and President Preckwinkle and
15 Commissioner Butler. As well as -- I'm really excited for
16 some reason. I didn't have that thought that I would be
17 excited coming here today, but I've seen so many friends
18 from the healthcare arena and so many folk I know and who
19 really have taught me about healthcare, and so many
20 community folk. I'm glad I'm not following Mr. Blackmore,
21 but I do appreciate both Bishop Davis and Bill McNary's
22 comments, because they made me not have to say too much,
23 because I think they covered quite a bit of what I would
24 say.

1 I came as the CEO for the Healthcare
2 Consortium of Illinois and probably first I wanted to
3 really just let you know that here in south suburban Cook
4 County, there have been a group of community and health
5 professionals that have been working on the idea of a
6 regional healthcare delivery system. So, I didn't really
7 want to just talk about healthcare as it relates to Oak
8 Forest, because I think it doesn't do the subject well. We
9 have to talk about the delivery system and how the safety
10 net fits in and how Oak Forest fits into that equation.
11 However we don't have enough time.

12 I would like to inform you that we have been
13 able to, through the help of the South Suburban Health
14 Forum and the Southland Ministerial Health Network and
15 other organizations, we've convened a summit in October at
16 Governor State. This is probably unbeknown to a lot of
17 folk here, because we haven't gotten a chance to get this
18 publicly known, but we think we have to talk about what I
19 think is critical about Oak Forest, not just in this dire
20 sense that we're presently caught in. I not only serve as
21 the CEO for the Healthcare Consortium, but I also am a
22 Board member and Strategic Planning Chairman for Roseland
23 Community Hospital, a small community hospital on the South
24 side, which when I joined the Board, was, according to CMS,

1 about to be closed. I also sit as a Board member and
2 Chair -- Treasurer for the Chicago Neighborhood Health
3 Center Board, which is an FQHC look-alike, and I understand
4 that our Mayor and President are also working on some ideas
5 on how we might be able to collaborate. So the idea of a
6 FQHC look-alike or joint venture is something I hope we can
7 at least talk about. I think everything should be on the
8 table as we look at the future.

9 But I just got off a plane from an American
10 Hospital Association advocacy event in Washington, DC where
11 Senator Durbin's concern was what's happening at Oak
12 Forest, Senator Kirk, Representative Jackson, Davis, Rush,
13 everybody is very concerned about what's happening with
14 Cook County, because what happens here is what's going to
15 happen -- it's mimicking all over the country. So this is
16 not something that's just systemic to us.

17 I agree with Bishop Davis. I'm here in
18 support of this strategic change. I was a part of the
19 process which created it through the Cook County Bureau of
20 Health Services. I was one of the persons who petitioned
21 Senator Durbin to create this Board because of the politics
22 that were then so active at the Cook County level that
23 wouldn't allow for the kind of change that has to take
24 place. There can be no sacred cows now, and what's

1 disturbing to me about Washington -- and I let our
2 representatives know -- is that as they talk about the
3 issue of debt ceiling and the finance. You do know and
4 everybody knows the country is broke, the State is broke,
5 the County is broke, the City is broke. I'm broke. But
6 that's all right. People still going out eating, gas,
7 folks still getting sick, babies still getting born. Life
8 goes on. So I don't want to be an alarmist, particularly
9 to the point that we lose our civility and we start
10 throwing rocks and name calling, because I don't think
11 people have misintent to differ. That's what America is
12 about, but we don't have to be negative. We can disagree
13 without being disagreeable. I don't know who I'm stealing
14 it from, but it made sense when I heard it. We can do this
15 with some sense.

16 I want to address three issues, and I think it
17 was covered pretty well. One, at the Federal level they
18 put Medicaid and Medicare under the bus, because in every
19 scenario presented, it's going to be some serious cuts to
20 Medicare or Medicaid or changes that's going to affect
21 every hospital in this country. I was with hospitals from
22 all over the country who were crying they're going to be
23 closed. So this conversation we're having could be moot.
24 Well, I hope it's not, but, again, we talk about days

1 before they have to make a decision, and depending on what
2 they say, we won't have any money. If they make some --
3 look, even President Obama in
4 his now-we're-going-to-go-to-four-trillion plan. Now, is
5 this politics? I would think so. Is it going to make a
6 difference, though, in the event that we don't get our
7 finances together at the Federal level? No. Should we go
8 to the State for financing for the County system so we can
9 take care of so and so? The State ain't got no money.

10 I just finished going through that Springfield
11 thing, but nobody don't want no taxes raised, at least on
12 them. Let's raise somebody else's. The hospitals came out
13 with a number of different proposals with how to reduce the
14 debt, but none of them had to do with cutting money at the
15 hospitals. The hospitals are going to have to give up a
16 little too. We're all going to have to give up in this
17 process, but it's not just about giving up. It's
18 recognizing that we have to do something differently. This
19 idea of a regional center that would give the services that
20 is needed absolutely critical and right.

21 Why should we continue to try to fund the
22 system that doesn't work? It didn't make any difference
23 before we talked about closing hospital beds and whatever.
24 The system in Cook County and south suburban wasn't

1 working. One of the issues has to do with not the
2 finances, but let's talk about the finances. There had to
3 be a court decree making doctors take children on Medicaid,
4 make the State advance payments to doctors so they would
5 take patients on Medicaid. If Medicaid is not going to pay
6 and Medicare is not going to pay, you are not going to be
7 able to make doctors or hospitals take patients. But under
8 the new rules, if a hospital takes a client and sends that
9 client away and it returns within 30 days, they're going to
10 get penalized. I know this, because I sit on the Board of
11 a local hospital, and we're trying to figure out what do we
12 do? Our insurance company says you can't keep them so
13 long. Now Medicaid and Medicare say you ain't going to be
14 able to keep them so long, but if they come back sick in
15 30, days we're going to penalize. Wait a minute. This is
16 starting to make my head hurt, because it doesn't seem like
17 you can win any kind of way.

18 Yes, you can, if you can stop dealing with all
19 of the rigmarole and talk about preventive health, if you
20 can start talking about good quality healthcare, if you can
21 start talking about the registry nurses versus overtime
22 nurses. We don't have enough nurses or doctors or nothing
23 in this country. So, we keep talking this nonsense about
24 nurses and doctors, where we know we got shortages, we

1 don't have enough to take care of our people. But we're
2 not talking about that's going to happen overnight. It's
3 not going to happen overnight.

4 So what are we going to do now? Well, let's
5 look at this. If we are going to get the rest of the
6 hospitals in this area to work together, to coordinate a
7 system so folk don't have to go outside of their area in
8 order to get healthcare, well, let's do that. What part
9 can you play? Well, you've been playing a part. You, this
10 Board, has denied other hospital systems an ability to open
11 up new centers or whatever in this area, new hospitals in
12 this area. You denied them. Why? Because they're not
13 really servicing the part that needs to be served. They're
14 wanting to move everything going towards Joliet. Some say
15 it's race. I say its economics, because folks don't care
16 what color you are if you've got money. That's what I
17 found out. Mr. Blakemore may know something I don't know.

18 The point I'm trying to make is this: If
19 we're going to join together and work together as
20 stakeholders and we get our -- what is she, Lisa Madigan?
21 She's been really high on charity care. Yes, we can press
22 some of these hospitals to come to the Board and come to
23 the table and let's work out a system that's going to make
24 sense, but not without sensitivity to the fact that if they

1 can't work a business model because folks is complaining
2 about Stroger closed, because we wasn't collecting money.
3 Well, that's because folks act like everything is free.
4 Now we pay big money to Pricewaterhouse, but not for long,
5 because if they don't show us how to make money, they ain't
6 going to get paid.

7 Look, I have to make decisions as a CEO and as
8 a father and husband. I made a decision not to pay
9 somebody so I can hire interns. Some of them are here. It
10 was just a matter am I going to hire my children or pay
11 these bills? So I called these places and said, "I'm not
12 going to be paying you for a couple months. I'm going to
13 hire my youth so they have a job." We have to make
14 decisions.

15 I'm supporting this because of two things.
16 One, I didn't support it at the last meeting. I like my
17 nurses. I do not disrespect them in any way. I just think
18 in calm moments we can work out something that works. I
19 didn't support this last time. I was against it. Why?
20 The Board let me down, and I guess I really think the CEO
21 let me down, because I think they did a poor job of
22 messaging, a poor job of implementing. But now I'm here in
23 support, and it's primarily because of the issue of trust.
24 I trust President Preckwinkle. She's convinced me

1 sincerely that she intends to tackle these problems. I
2 guess that's why I support President Obama. I believe he
3 is really going to try to do this. I don't know whether
4 he's going to be able to do it. I don't know if she's
5 going to be able to do it, but I believe she's ready for
6 the fight. The other part is she convened a meeting of
7 community stakeholders, which is part of the strategic
8 planning that got left out. If we don't in this community
9 understand what are some of the real crisis, what is the
10 problem in keeping the hospital open, keeping beds open,
11 the whole financial business aspect? Healthcare is the
12 third largest growth industry and the third largest
13 provider of jobs in this country. It is the economic
14 engine of a community. It has so many other impacts that
15 we just can't stop talking.

16 My father goes to Oak Forest. He's a
17 diabetic. He refused to give up his house so he could get
18 full coverage under so and so and so. He didn't want to do
19 that. But sometimes he has to go down to Fantus. He don't
20 like it. He don't like going down there. But they know
21 him out there. They know him. He's happy. So, yes, I
22 don't want those specialty services lost. I want to see
23 them increased, but I don't think this problem is going to
24 be resolved with your decision, but I do think your

1 on these patients. These are profit hospitals. What
2 incentive can you offer them? "Hey, we want you to take
3 these people who can't afford to pay you." Hm. That
4 doesn't make any sense.

5 Oak Forest is not a free hospital. You get a
6 bill from Oak Forest. It's a bill you can afford to pay.
7 That's the only place I can afford to be sick at. Many of
8 the patients that go there that's the only place they can
9 afford to be sick at. I have health insurance, and that's
10 still the only place I can afford to be sick at.

11 The realization this is a desert out here for
12 healthcare. These other hospitals give you and Band-Aid
13 and send you on your way. That's not doing anybody any
14 good. If I go in there with pneumonia, "Go see your
15 primary care doctor." Well, if I don't have a primary care
16 doctor, then what am I going to do? Go someplace and hope
17 for the best? It's not realistic.

18 But realistically, we need a hospital with
19 inpatient beds. This is real. Okay. They say they don't
20 have the money. Find the money. Let's go back over that
21 budget, go line by line. You know, nobody is hollering,
22 "Hey, we don't get our raise this week." Nobody working in
23 the County is saying that. You know, if they truly are as
24 broke as they say they are, somebody should be hollering,

1 "Hey, I am not getting paid", but I don't hear that
2 conversation going on.

3 Realistically we need a hospital with
4 inpatient beds. We need an emergency room. I don't -- I
5 didn't ask to be sick, and none of the people out there
6 have asked to be sick. When I get sick, this is where I
7 expect to go for healthcare. This is the only place I can
8 afford to be sick at. We hope that you will see the light
9 of day and see what is right here.

10 Thank you.

11 (Pause)

12 MS. WIKOWSKI: Hi. Good afternoon. My name
13 is Joy Wikowski with Cook County Health and Hospitals
14 System, and I'm reading a letter on behalf of Seth Warren,
15 who is a CEO of Franciscan Alliance South Suburban Chicago
16 Region.

17 As you know, Franciscan St. James Health in
18 Chicago Heights is a major anchor of the safety net
19 healthcare delivery in the south suburban metropolitan
20 region. On behalf of Franciscan Alliance, our Chicago
21 Heights facility, as well as Olympian Field facility, we
22 provide critically-needed services to the residents of the
23 south suburbs.

24 Over the last year or more, I and my

1 management colleagues have been briefed on the Strategic
2 Plan adopted for the Cook County Health and Hospitals
3 System by the System's leadership and the County Board. It
4 seems that the proposed transformation of Oak Forest
5 Hospital into a regional outpatient center makes sense from
6 both a public health and economic viewpoint. Assuming that
7 the proposed models are implemented, additional outpatient
8 specialty care capacity for the under served being brought
9 by the regional outpatient center to Oak Forest will make a
10 contribution to the safety net care in this region.

11 Franciscan St. James Health supports the Cook
12 County Health and Hospitals System's Certificate of Need
13 application to permit this transformation. St. James is
14 willing to and has been accepting former patients from Oak
15 Forest without discrimination, condition or limitation.

16 Sincerely, Seth C. Warren, CEO Franciscan
17 Health.

18 Thank you.

19 (Pause)

20 MS. DUDECK: Good afternoon. My name is
21 Geraldine Dudeck. I was an Alderman in the City of Markham
22 for twenty years. I just retired.

23 My first recollection of Oak Forest Hospital
24 was when I was seven years old. I was raised in

1 Midlothian, and the older boys told all us little ones
2 that -- the creek ran behind our house, and they told us
3 that when you went to Oak Forest Hospital, they cut your
4 arm or leg off and they threw it in the creek and it would
5 wash down by us. So we were scared to go to the creek,
6 also scared of Oak Forest Hospital. When I was seven years
7 old, I was bitten by a dog and the hole side of my -- took
8 a chunk of meat out. So my -- we had only one car, and my
9 dad was at work with the car. My mother called my
10 grandfather, and his car was being repaired. So he called
11 the policeman. We had one policeman in the City of
12 Midlothian, did at that time, and they took me in the
13 police car to Oak Forest. Well, I was laying in the back
14 seat with towels on me, and I saw the sign "Oak Forest
15 Hospital". I started screaming, "No, I don't want my arm
16 or leg taken off." So when they stopped in front of the
17 hospital, I opened the door and ran, and here's Mr. Brown,
18 who was a heavy man, running after me, and my grandfather,
19 and they had to catch me and carry me into the hospital.
20 And the doctors and nurses were so nice and they couldn't
21 understand why I was screaming, and I said, "You're not
22 going to cut my arm or leg off?" So, then they found out
23 why, and they were just so wonderful, and I've never
24 forgotten it.

1 But now back to the hospital. Over the years,
2 I have taken many residents that had no transportation and
3 no money to Oak Forest Hospital. They would call me and
4 say, "We're very ill", and I would take them there, and Oak
5 Forest was always wonderful. In the last five years, I
6 noticed a difference. Quite a few of the people that went
7 there, not only the few that I took, but others from --
8 that were residents told me that they were refused to be
9 treated at Oak Forest Hospital, that they were being sent
10 to Stroger. Well, it doesn't seem like a big thing, but
11 one of my residents went to Stroger, and it took three
12 hours public transportation to get there. It's not in a
13 very good neighborhood, and they were very scared.

14 I took one of the patients and his wife there
15 because they were refused at Oak Forest, and I called a
16 friend and asked if he would go with me, because I was -- I
17 knew the neighborhood wasn't that great, and we took them,
18 and they were told it would be an eight to twelve hour
19 wait. Now, you take these people that were taken out of
20 Oak Forest and refused to be taken care of, and if they had
21 stayed there, wouldn't that make a difference in how many
22 patients they had? But this seemed to be a plan that was
23 worked out very carefully. Slowly they closed different
24 parts of the hospital, so then those patients had to be

1 sent to other places.

2 Most of the patients that would go to Oak
3 Forest had minimum health insurance or no health insurance
4 and no money. It just doesn't make any sense. They say
5 that Ingalls, South Sub, and Olympian Fields would take
6 these patients. They can't do it. In the last two weeks,
7 two of my neighbors had to be rushed to the hospital. They
8 both wanted to go to Ingalls. Ingalls was closed to any
9 ambulances. They were on bypass, and I've been told that
10 they are on bypass 30 percent of the time. Are we going to
11 let people just die because we don't want to deal with
12 them? It comes to a time when we have to make decisions.
13 We have to care about the people.

14 The first meeting that I went to about closing
15 Oak Forest, the day afterwards -- at that meeting it was
16 stressed there was no money. The next morning I read in
17 the paper that President Preckwinkle wanted 160-some
18 million dollars to rebuild the old Cook County Hospital.
19 Well, if you got \$160 million to reopen a hospital in such
20 terrible place and should be knocked down, why wouldn't you
21 have enough to keep Oak Forest open.

22 Oak Forest took care of the whole south
23 suburbs. In the last census, Chicago lost people. They
24 moved to the south suburbs. So we're taking a bunch of

1 people that lived in Chicago, now living in the south
2 suburbs, and we can't take care of them? None of these
3 hospitals can take the over pass. They can't take these
4 people. There's too many. What is it going to be in a
5 year? All of a sudden we're going to be in a crisis so
6 they're going to rebuild the old Cook County Hospital? I
7 don't think so. I don't think the people will allow this,
8 and if you think about the people -- and that's what we're
9 supposed to be about -- you will not close Oak Forest
10 Hospital.

11 Thank you.

12 (Pause)

13 MR. THOMAS: Good afternoon. I'm Sidney
14 Thomas from the Cook County Health and Hospitals System.
15 I'm here on behalf of Advocate South Suburban Hospital.

16 Dear Dr. Mason: I am writing in response to
17 your recent request for a letter assessing the impact of
18 discontinuing inpatient services at Oak Forest Hospital.
19 We appreciate your ongoing efforts to keep us informed of
20 your transition plans.

21 As you know, Advocate is the largest provider
22 of healthcare services in the Southland. At the same time,
23 we actively partner with other providers to enhance the
24 Southland's healthcare delivery system whenever possible.

1 We are pleased to be working with you in this regard.

2 We acknowledge your need to discontinue
3 inpatient services at the Oak Forest Hospital. We also
4 agree with you that a robust immediate care facility on Oak
5 Forest campus is essential to the Southland's delivery
6 system and meets an important need in our community. As an
7 immediate care facility with extended evening and weekend
8 hours as a central element of your transition plan of Oak
9 Forest Hospital, we do not oppose your plans or your CON
10 application.

11 Additionally, we also recognize the need for
12 enhanced outpatient services in the Southland and are
13 supportive of your efforts to meet this important need.
14 With regard to our ability to provide care to Oak Forest
15 Hospital patients, we do have capacity to care for Oak
16 Forest patients and will do so without restrictions,
17 conditions, limitations or discrimination. We are
18 committed to working with you throughout this transition
19 and into the future to ensure that all patients in our
20 community are cared for in the most appropriate setting.

21 Thank you again for your time and attention.
22 Should you have any follow-up questions or concerns, please
23 have your office contact Alise Cutler. Michael Engelhart,
24 President.

1 (Pause)

2 MS. BARRON: Good afternoon. My name is Donna
3 Barron. I'm alderman for the 4th ward in the City of
4 Markham. Markham's border is adjacent to Cook County
5 Hospital property, along Crawford Avenue, 159th Street. I
6 think this is maybe the fourth hearing I've been to, fourth
7 or fifth, I'm not sure, and I've always gone on and on and
8 spoke, and I just feel deeply this is a terrible mistake.

9 I'm here today to ask this Board and let them
10 know that the south suburbs needs this hospital to stay
11 open. With our economy the way it is, loss of jobs, loss
12 of insurance, foreclosures, our residents depend on Oak
13 Forest Hospital. We need a full-time hospital that accepts
14 all patients, no matter what. Please don't let the Cook
15 County Board close our hospital, because there's so many --
16 I mean, you're talking about the influx coming from
17 Chicago. We do have that. We have them coming in from
18 really all around the state. We need this hospital to stay
19 open. It's very important to all of the local communities,
20 and I feel bad, none of the communities are showing up at
21 any of the meetings. I don't understand why. If it's
22 pressure from Cook County, I don't know. Alderlady Dudeck
23 and I have been at every one we can make, and hope to be at
24 the next one.

1 Thank you.

2 (Pause)

3 MS. REIDY: Elizabeth Reidy. Good afternoon.
4 I'm from the Cook County Health and Hospitals System, and
5 I'll be reading two letters from Chief Executive Officers.

6 The first letter is from Curt Johnson, the
7 President and Chief Executive Officer of Ingalls Health
8 System.

9 Dear Dr. Mason: We appreciate discussing with
10 you and your team the closure of inpatient services at Oak
11 Forest Hospital. We understand the needs and strategy of
12 the Cook County Health and Hospitals System, and as a
13 result, Ingalls Memorial Hospital will not oppose the
14 closing of Oak Forest Hospital for inpatient services.
15 However, we support continued operation of the immediate
16 care center and expansion of outpatient services.

17 In addition, Ingalls, working in cooperation
18 with other area hospitals, has the ability to assume
19 patients who traditionally sought services at Oak Forest
20 Hospital.

21 And that's from Curt Johnson.

22 The second letter is from Enrique Beckmann,
23 M.D., PhD, and Dr. Beckmann is the Chief Executive Officer
24 of the MetroSouth Medical Center.

1 Dear Chairman Galassie: As Chief Executive
2 Officer of MetroSouth Medical Center, I support the
3 application by Cook County Health and Hospitals System to
4 discontinue services at Oak Forest Hospital. Plain and
5 simple, this proposal is good public policy.

6 MetroSouth Medical Center is located in Blue
7 Island, not far from Oak Forest. We understand the vital
8 role that safety net services play in the communities of
9 southern Cook County. Like CCHS, we fundamentally impact
10 the lives of tens of thousands of people every year that
11 otherwise might not be able to receive care. We also
12 understand that all health systems must reevaluate how they
13 provide care, in light of health care reform and medical
14 advances. One thing is clear: No matter what your patient
15 base, ambulatory and specialty care must be a focus moving
16 forward. This is even more imperative given that CCHS
17 serves a low income population. Some of its patient base
18 currently relies solely on emergency departments for
19 medical care. Emergency department services are costly and
20 can provide too little care too late for those who do not
21 see doctors regularly.

22 As we work together to improve the area safety
23 net services, we must give low income residents more access
24 to primary care physicians and specialists. MetroSouth is

1 doing that through the health centers we recently opened
2 throughout the Southland. CCHS plans to do that by
3 overhauling its Oak Forest campus. Discontinuing Oak
4 Forest Hospital as it currently operates is the first step
5 toward bringing CCHS patients the preventive, diagnostic
6 and specialty care that they need.

7 Southern Cook County has no shortage of nearby
8 emergency and inpatient facilities. Those who currently
9 use Oak Forest Hospital for these purposes will still have
10 access, including through our own hospital in Blue Island.
11 CCHS and MetroSouth are partners in the region, and we will
12 continue to collaborate in improving safety net services in
13 the years to come.

14 Cook County Health and Hospitals' plan would
15 replace an under utilized hospital with a new model that
16 would given patients the services they truly need to
17 maintain their health. I urge the Health and Hospitals
18 Services Review Board to approve this request to
19 discontinue Oak Forest Hospital.

20 Respectfully Enrique K. Beckmann.

21 (Pause)

22 MR. RHODES: Good afternoon. My name is Jim
23 Rhodes. I live at 2417 West Medill in Chicago. I'm a
24 member of the Illinois Single Payer Coalition. Singles

1 uninsured and underinsured need place to receive healthcare
2 services in the southern part of Cook County. Oak Forest
3 has provided these services for many years. Oak Forest
4 provides a vitally needed array of services during this
5 period of economic hardship. These services are not
6 otherwise available in southern Cook County. These
7 services will not be provided in the future in southern
8 Cook County, no matter what these people say, because
9 for-profit hospitals are not going to provide services to
10 under insured and uninsured patients. For-profit hospitals
11 will never provide these services and their results are
12 poor. For-profit nursing homes will not provide these
13 services and their results are very poor, compared with
14 not-for-profit hospitals and nursing homes.

15 Therefore, I am in favor of keeping Oak Forest
16 Hospital open. Closing the hospital will increase racial
17 disparities in southern Cook County. That's the bottom
18 line.

19 Thank you very much.

20 (Pause)

21 MR. GUERRERO: Lucio Guerrero. I'm with the
22 Cook County Health System. I'm reading a letter on behalf
23 of Advocate Christ Medical Center. In lieu of time, I'll
24 just be brief and read just a couple of excerpts.

1 Health System's request for approval of what is essentially
2 the closure of Oak Forest Hospital as an inpatient
3 facility.

4 We believe that this closure will result in
5 less access to care and diminished services for the south
6 suburban communities that depend on the hospital to meet
7 critical healthcare needs. These communities have the
8 highest rates of unmet healthcare, and this closure will
9 only worsen that situation.

10 The Health System has presented this closure
11 as a restructuring and shifting of resources, claiming that
12 it will not result in any reduction in services. However,
13 since the Health Facilities Review Board last rejected the
14 County's proposal, they have shut down or suspended most
15 operations at Oak Forest. Currently, ICU and rehab are
16 closed. The majority of acute care patients are gone, and
17 most people that show up needing hospital services are sent
18 to Stroger Hospital. While CCHS previously testified that
19 area hospitals would be willing to take Oak Forest
20 patients, after obtaining an original letter from one of
21 the hospitals, it is clear these hospitals were assured,
22 quote, that the large majority of inpatient referrals from
23 Oak Forest will be submitted to Stroger Hospital and that
24 Cook County expects the impact of the hospital -- on the

1 hospital to be minimal, end quote. This is a far cry from
2 the claim submitted in the application that the area
3 hospitals have submitted letters saying they are willing
4 and able to absorb all or most of the Oak Forest Hospital
5 load on an ongoing basis, end quote.

6 While the County has made a few positive
7 improvements to its plan, such as agreeing to keep the
8 facility open 24 hours, there is much more that is required
9 in order to meet the needs of the region. Most critically,
10 the 24-hour urgent care center that the County has agreed
11 to establish will not provide emergency room services and
12 will not have any observation beds. The County has said it
13 will provide outpatient surgery in the future but has not
14 applied for the appropriate Certificate of Need and has not
15 provided a timeline of when such a process will begin. The
16 County has provided a staff plan to the Union, but it's
17 merely a list of positions required without a timeline for
18 when employees will actually be back to work.

19 Given the events in the last several months,
20 it unfortunately continues to appear that the County lacks
21 a sincere commitment to provide the access to care needed
22 in the south suburbs. The Health System cannot continue to
23 claim it will provide the same level of services to the
24 south suburban community while implementing a plan that, in

1 fact, curtails services.

2 We urge the Health Facilities and Services
3 Review Board to continue to hold County officials
4 accountable and once again not approve the requested
5 Certificate of Need.

6 Thank you.

7 (Pause)

8 MS. HOLT: Good afternoon. My name is Allison
9 Holt, and I speak as a current patient at Oak Forest
10 Hospital, opposed to its closing or the proposed
11 restructuring. I've heard many officials, doctors and
12 ministers speak in favor of the County's plan, none of
13 which, I'm sure, have ever needed or used Oak Forest.
14 They've never tried to go from any south suburb all the way
15 to Stroger, never been a patient. The waits are long,
16 services limited because they have picked the bones of Oak
17 Forest clean.

18 We had local clinics, and when inpatient care
19 was required, we went to Oak Forest. But the county all
20 but closed those clinics, and now they want to close the
21 hospital. Replace a hospital with clinics? This is insane
22 logic, which would not take place in a more affluent
23 neighborhood. Politicians are intent on kicking the south
24 suburbs to the curb. All the perks of Chicago north and

1 west suburbs are consistently denied or pulled from the
2 south suburbs.

3 We need a fully-operational hospital. The
4 County can make this happen if they so choose. All of the
5 efforts being put into clinics can be put into making Oak
6 Forest what the Southland needs it to be, a fully
7 functional hospital. We need a real emergency room, access
8 to specialty care and inpatient services that is close and
9 affordable.

10 The County, in its efforts to find money, as
11 focused on those who have little or none. Listen, I
12 implore you, to the people who need and use Oak Forest.
13 All of these lofty ideas sound good in theory, but it's
14 theory arrived at by people on the outside looking in.
15 They don't know, they heard, they've heard horror stories
16 about a haunted house that they created. I encourage you
17 to make the county make Oak Forest work as the hospital we
18 desperately need, rather than spending millions to open old
19 County as offices. Put those offices in Oak Forest. Oh,
20 that's too far to come? But it's not too far for us to try
21 to make our way out from here to Stroger.

22 Find your money elsewhere. Don't take it from
23 the pockets of poor people. You can make Oak Forest work.
24 Have you ever been to the Oak Forest campus? Have you ever

1 seen this place? It is enormous. If you want clinics and
2 you want a hospital, do both. The place is big enough.
3 There are other solutions that can be arrived at other than
4 closing the hospital for the south suburbs. You will not
5 take a hospital out of any other place in the City or State
6 and replace it with a bunch of little clinics. That's a
7 nice idea, and I'm sure all sorts of efforts have been made
8 to get hospitals to say that they will take Oak Forest
9 patients, but when you really think about this and the
10 reality -- and I'm speaking as a person who has been using
11 Stroger and Oak Forest and Provident -- these hospitals are
12 not going to take, they're not going to take Oak Forest
13 clients. They're not going to take them, because it's too
14 much of a bother and hassle for them. It's enough of a
15 hassle for Oak Forest to deal with what they have to deal
16 with right now, but if you stop picking at Oak Forest and
17 make it the hospital it can be, you won't even have this
18 problem, and people will have jobs, and nurses will have
19 their jobs, and the people in the south can have a hospital
20 to come to, not a bunch of clinics, a hospital. That's
21 what we need.

22 I implore you to listen to the people. We're
23 the ones that use Oak Forest, not some of these doctors and
24 some of these politicians and some of these other people.

1 They've never used Oak Forest. I promise you they haven't
2 because if they had, they would see the need, the real need
3 for an operating hospital in the Southland.

4 Thank you for your time.

5 (Pause)

6 MS. WADE: My name is Patricia Wade, and I'm a
7 Unit Clerk on the eleven to seven shift, and you have to
8 excuse me if I mention something twice, because I did work
9 all night, but I just wanted to just -- I had to come out
10 and speak on behalf of the patients.

11 I've been at Oak Forest -- it will be 30 years
12 next month, and we not only just -- it's not just the
13 patients and the employees. They're family to me, and I
14 visit this patient that left in '07 there at Bell Haven.
15 It's like a rehab hospital at Chicago, and they constantly
16 are asking me about Oak Forest, was they open, and just so
17 many questions, because of the love they have. It's like
18 their home. To be put out and told you have to leave now,
19 if you don't pick this facility you won't have no place to
20 go, that's what the patient was telling you earlier, that
21 they were tricked, and they were. They were tricked, and I
22 visit them like every other week, because I evangelize and
23 I just pray for them, because you have to pray for the
24 spirit of man, not just -- I know the healing, that's what

1 you do, because you know that's your job to do, that's what
2 your profession is. But I try to minister to the spirit of
3 man. Once you minister to the spirit of man, you can help
4 them also physically.

5 And I've been hearing so much today about the
6 finances. Okay. I say why can't you ask the public what
7 we can have input or tell you what we could do to raise
8 this money? Or I'm like can we go to the government? Why
9 can't we go to the President? I mean, these are lies we're
10 talking about. Why can't we go there? Where is the money
11 for our crisis, and I just think everybody should be
12 praying and, to tell you the truth, this really is what's
13 been going on, believe it or not. I've been hearing it all
14 day and all morning, and I know it's God, too, because you
15 know what? He has the last say-so. It doesn't matter what
16 we think. It's going to be his way or no way. I just
17 think he brought us this far because we are all one. It
18 doesn't matter. We go to church, we pray we ask God, we
19 give our alms, but we're not loving like we should. We're
20 making excuses. We're saying this is better. But did you
21 ask God what's better? Did you yourself ask him what's
22 better for his people? We have to answer for their life,
23 especially if you're a physician. You're going to have to
24 answer, because we're all going to be in that same bed.

1 I would like to see the best for them. I
2 would like to see them in good health. And, actually, how
3 are they going to come up with the money that they don't
4 have to go to Stroger? How? Where are they going to get
5 this money from? And I just think you -- I just wanted to
6 say something today. I'm exhausted but, you know, I really
7 love the patients. I became real close to them, Roger,
8 Ronald Smith, Lewis Smith, Erma, all of them. They're
9 still talking about Oak Forest, and I think that's a
10 blessing, that they highly regard the hospital that way.
11 That's because of the past presidents we had. But also
12 they erred, because where did five million disappear to in
13 the first place that got us in this situation? Where is
14 the books? Don't we have a right as citizens to see the
15 books or have it be printed? Shouldn't we know where the
16 money is going that's being taken out of our taxes? We do
17 have that right, don't we? It's something to think about.

18 Thank you.

19 (Pause)

20 MS. HARRIS: Good afternoon. My name is
21 Jerlene Harris. I'm a stakeholder, life-long resident in
22 the County of Cook. I'm a disabled senior. I have been
23 treated at the Oak Forest Hospital Pain Management Clinic
24 under Dr. Dane for four years, until he retired in 2009,

1 February, and I saw gradually a decrease in the scaling
2 down, the shedding down of specialty clinics that we had at
3 Oak Forest Hospital. I saw over -- well over 500 people
4 scattered in the pain management clinic, people that are in
5 constant pain, and I think many of you all don't know what
6 constant pain is, but I've been in constant pain since July
7 18th, 2000, 12:45 p.m.

8 I received quality service from Oak Forest
9 Hospital. I was sent to Midwest College of Oriental
10 Medicine where students practice giving me care, because I
11 didn't want to take controlled substance that I couldn't
12 afford to pay \$280 a month for. So, I subjected myself to
13 student practitioners.

14 They're asking for specialty clinics that they
15 had, that was vital, up and running at Oak Forest Hospital
16 and they dismantled them. Now they want to call it
17 regional specialty clinics, like they didn't -- like those
18 clinics wasn't in existence at Oak Forest Hospital. This
19 doesn't make sense. We need Oak Forest Hospital to serve
20 all Cook County residents. They need to stand accountable
21 for the mission statement, to serve all people whether they
22 have the ability to pay or not to pay.

23 We're facing a financial crisis in our world
24 and our state and in our county. People are being laid off

1 by the hundreds every day. When they're laid off, they
2 don't have medical care. You have a job today, but you
3 don't know what may happen the next day, especially if
4 you're elected to office. Okay? Because I'm going to do
5 everything I can to remind people before election time what
6 was done to them. I'm going to remind this Governor that
7 appointed three people more to this Board. You have an
8 obligation. I don't know how I'm going to do it, but I'm
9 going to keep on praying. We're going to make it to
10 Federal Court with this Board, with Mrs. Preckwinkle,
11 Dr. Mason, and even your Committee, if you do not follow
12 your own rules and regulations. I'm going to find a way,
13 because I believe in God, the God that created heaven and
14 earth in it, below, that he is the power, and just like
15 the man that came up, he's been for the Oak Forest
16 Hospital, he's been against it. So today he's against it,
17 having Oak Forest as a viable hospital to serve all Cook
18 County residents.

19 Dr. Mason, you keep saying -- two meetings I
20 heard you say about preventative health, people are
21 responsible for their health. They certainly are, but
22 guess what? He knows as well as I do and many more, if we
23 didn't have excess hormones in our food products, we didn't
24 have all of these additional chemicals in our food product,

1 we wouldn't have escalation of cancer, diabetes and high
2 blood pressure. I'm willing to work with you, Dr. Mason
3 and your committee. Let's fight the corporate, the food
4 industry. That's the trouble. You in business because you
5 are allowing them to put harmful additives in our foods so
6 you can keep a job, so you can deal with heart disease and
7 diabetes and cancer. That's the trouble. So since they
8 are allowing it and not fighting for the people, we need
9 the hospital, so they can continue to make money. We need
10 the hospital to take care of the sick and the dying.

11 You got people out here dying, and then you
12 have Access to Care and Family Christian Healthcare Center
13 at Harvey saying we going to take them. Well, guess what?
14 They're not taking the people that don't have insurance,
15 the homeless. If they don't have a \$30 copayment, guess
16 what? They put a red flag on their name and turn them
17 down. And I'm going to make sure that I'm going to gather
18 the men and women that are in my community in Harvey and
19 I'm going to walk up there with them and see if they are
20 going to receive the care that they just promised you, and
21 then I'm going to write the United States Attorney
22 Fitzgerald and ask him why don't you investigate this
23 genocide to the poor people of the state of Illinois, since
24 you are elected to protect all residents of the state of

1 Illinois? I'm going to work hard with all of the fibers of
2 my being.

3 And, Dr. Mason, I would be glad to call you.
4 I listen to your radio station. I hear your compassion
5 towards the sick people, black people that call you on
6 Sunday morning, but I've just been in Sunday school and
7 haven't been able to catch your show. But you know what?
8 Hope you let me get through -- Jeri from Harvey -- I'm
9 going to be calling you, and I want to ask you, are you
10 going to work with me to put -- to force the food industry
11 to stop putting all these addictive chemicals and harmful
12 hormones that throws off our hormonal balance and causes
13 all of these disease? Are you going to work with me and
14 other people to stop this.

15 Maybe we don't need a hospital if we can get
16 you all to stick together. Maybe we won't need hospitals.
17 But right now, we need the hospitals. Do you agree? I'm
18 calling you on your show, and that's the question I want to
19 ask you.

20 This Board, hopefully you saw an inadequacy in
21 their Certificate of Need, their plan. I hope you continue
22 to see an inadequacy, that you see that the people of Cook
23 County need Oak Forest Hospital, Provident Hospital, as
24 well as Stroger, because the game plan is they plan to

1 close all three.

2 Thank you.

3 (Pause)

4 MS. RANALLI: I will tender to you 24 letters
5 of support for the CON application from Federal Qualified
6 Healthcare Centers and hospitals.

7 The first is from Margie Johnson, Executive
8 Director of Beloved Community Family Wellness.

9 The next is Warren J. Brodine CEO Chicago
10 Family Health Center.

11 The next from Virgil L. Tolbert, Christian
12 Family Health Center.

13 The next support letter is from Laurence
14 Msall, President of the Civic Federation.

15 The following from Judith Haasis, Executive
16 Director of Community Health.

17 The next letter of support is from Greg
18 Goslin, Cook County Commissioner, 14th District.

19 The next from Wayne M. Lerner, President and
20 CEO of Holy Cross Hospital.

21 The next from Bruce Johnson, President and
22 CEO, Illinois Primary Healthcare Association.

23 The next from Merrit Hasbrouck, President
24 Jackson Park Hospital and Medical Center.

1 The following from Dr. Daniel Vicencio,
2 Medical Director and Interim Executive Director of Mercy
3 Family Health Center.

4 The following from Sister Sheila Lyne, CEO,
5 Mercy Hospital and Medical Center.

6 The following from Bruce Siegel, CEO, National
7 Association of Public Hospitals and Health Systems.

8 The following from Donald McDaniels, Director
9 of Operations, Near North Health Service Corporation.

10 The next from Dean M. Harrison, CEO, Northwest
11 Memorial Healthcare.

12 The following from Larry Goodman, CEO and
13 president of Rush University Medical Center.

14 The following from Ruth Colby, Senior
15 Vice-President Business Development and Chief Strategy
16 Officer, Silver Cross Hospital.

17 The next from Alan Channing, President and
18 CEO, Sinai Health System.

19 The next from Jesus M. Ong, President, South
20 Shore Hospital.

21 The next from Veronica Clark, CEO, TCA Health.

22 The next from Michele Gaskill, RN,
23 Vice-President of Nursing and Clinical Operations, Advocate
24 Trinity Hospital.

1 today's proceedings?

2 (Pause)

3 MS. AVERY: You can also find the information
4 on our web site which, is Hfsrb.illinois.gov.

5 MR. GALASSIE: As a representative of the
6 Board, I just want to thank all of you for being here, and
7 we certainly heard both passionate and analytical comments
8 which, of course, will be shared with the Board, and as I
9 think someone mentioned, there has been disagreement in the
10 room but people were not disagreeable. I respect all of
11 you for that.

12 This concludes the public hearing for today.
13 Have a good day. Thank you very much.

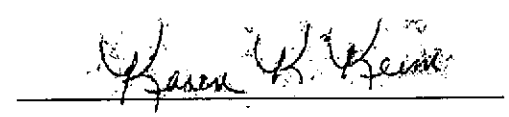
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CERTIFICATE OF REPORTER

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 writing; 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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