

In The Matter Of:
*Illinois Department of Public Health
Healthcare Facilities & Services Review Board*

*Project E-019-16 Ingalls Memorial Hospital
August 25, 2016*

*Marzullo Reporting Agency
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Chicago, IL 60654
(312) 321-9365*

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ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF PUBLIC HEARING

GLORIA TAYLOR RECREATION FACILITY

14821 BROADWAY

HARVEY, ILLINOIS 60426

August 25, 2016

4:00-7:00 p.m.

APPEARANCES:

MR. RON MORADO

MR. JOHN MCCLASSON

REPORTED BY:

GWEN BEDFORD, C.S.R.

E X H I B I T S

Letters of support 1 thru 33 attached.

1 MR MORADO: Good evening. Thank you for
2 getting out today and thank you for participating in
3 the public hearing. My name is Ron Morado. I am the
4 Facilities and Services. With me today are
5 representatives of the Health Facilities and Services
6 Board. Outside you signed in with the Board of
7 Commissioners and the Assistant General Counsel, Kay
8 Mitchell. Also with me today is Board Member, John
9 McGlasson on behalf of the Health Facilities and the
10 Services Review Board. Thank you for attending this
11 public hearing. I would like to read the previously
12 published notice into the record.

13 In accordance with the requirements of the
14 Illinois Health facilities Planning Act and 77 Illinois
15 Administrative Code Part 1130.520 Notice is given of a
16 Public Hearing on an exemption application. E-019-16
17 for a change of ownership of the Ingalls Memorial
18 Hospital, One Ingalls Drive, Harvey, Illinois. The
19 applicants are the University of Chicago Medical
20 Center, 5841 South Maryland Avenue, Chicago, Illinois.
21 The Ingalls Memorial hospital and the Ingalls Health
22 System, One Ingalls Drive, Harvey, Illinois. The
23 operating entity licensee and the owner of the building
24 will be the Ingalls Memorial Hospital. There is no

1 monetary consideration being exchanged between the
2 parties as part of this transaction.

3 The public hearing is to be held by the staff
4 of the Illinois Health Facilities and Services Review
5 Board pursuant to the Illinois Facilities Planning Act.
6 The hearing is open to the public and will afford an
7 opportunity for parties with interest to present
8 written and/or verbal comment relevant to the project.
9 All allegations or assertions should be relevant to the
10 need for the proposed project and be supported with two
11 copies of documentation or materials that are printed
12 or typed on paper, size 8 1/2" by 11".

13 The hearing will be held on Thursday,
14 August 25th from 4:00 p.m. to 7:00 p.m. and will be
15 conducted at the Gloria Taylor Recreation Facility,
16 14821 Broadway, Harvey, Illinois.

17 The exemption application for the change of
18 ownership was declared complete on July 26, 2016. The
19 application is scheduled to be heard at the
20 September 13, 2016 State Board Meeting which will be
21 held in Springfield, Illinois. Any persons wanting to
22 be submit written comments on this exemption must
23 submit those comments by today, August 25, 2016 by
24 letter. No e-mails or faxes will be accepted. The

1 State Board will post its findings in a State Board
2 Staff Report and the report will be made available via
3 the internet on August 31, 2016. The public may submit
4 written responses in support or in opposition to the
5 findings of the Illinois Health Facilities and Services
6 Review Board and the public will have until 9:00 a.m.
7 on September 6, 2016 to do so.

8 This meeting is and will be accessible to
9 persons with special needs in compliance with pertinent
10 federal state and federal laws upon notification of
11 anticipated attendance. Persons with special needs
12 should contact Bonnie Hills at the Health Facilities
13 and Services Review Board by telephone at 217-782-3516
14 or by letter no later than Monday, August 22, 2016.
15 That is the end of the public notice. The most
16 exciting part of this.

17 Please note that in order to ensure the
18 Health Facilities public hearings and to protect the
19 privacy of an individuals health information
20 covered as defined by the Health Insurance Portability
21 and Accountability Act of 1996 such as hospital
22 providers, health plans and healthcare clearing houses
23 submitting oral or written testimony may expose
24 potential health information of that individual. The

1 authorization shall allow an individual to share an
2 individual's protected health information at this
3 hearing.

4 Now, if you haven't had an opportunity to
5 sign in yet, you still can sign in. Step outside and
6 she will hand you some forms whether you would like to
7 just register your attendance or make some public
8 comments today. Those of you that have prepared a text
9 of your testimony, you may submit the written text,
10 which will be entered into today's record and made
11 available to all board members prior to the September
12 14th Board Meeting.

13 And also would like to let you know that we
14 have a Court Reporter here with us today. So today's
15 proceedings will be transcribed and those will also be
16 provided to the Board prior to reaching their decision
17 in September.

18 I ask that you please limit your testimony to
19 three minutes. We have quite a few folks here and
20 would like to keep it moving. I don't see any beds
21 here, so I don't think that we could stay overnight.
22 Participants will be called in numerical order. And
23 prior to your remarks it is very important that you
24 please clearly state your name and spell your are full

1 name for the Court Reporter. If you have written
2 copies of your remarks, please provide those to me and
3 your completed sign in sheet.

4 Today's proceedings are going to begin with
5 a representative from Ingalls. I would like to ask
6 Kirk Johnson to please come up. Thank you.

7 MR. JOHNSON: Good afternoon. My name is
8 Kirk Johnson. I'm President and CEO of the --

9 THE AUDIENCE: Can't hear you.

10 MR. JOHNSON: Start over again. Kirk
11 Johnson, I'm President and CEO of Ingalls Hospital in
12 the Ingalls Health Systems. It's a pleasure to be here
13 today with you all.

14 First, I want to thank Representative Davis
15 and the community for inviting us an opportunity to
16 share information with you about the unique partnership
17 between Ingalls Health Systems an UCMC. This is a
18 delightful opportunity to welcome UCMC to the south
19 region. And we want the community to know how this
20 relationship will benefit them now and into the future.

21 In today's rapidly changing healthcare
22 environments, it is clearly a challenge to remain an
23 independent hospital. Last year, Health Systems with
24 the support of our Board of Directors, our medical

1 staff, made a decision to be proactive in exploring an
2 affiliation with other healthcare systems.

3 Over the course of many months we convened
4 working teams comprised of Board members, physicians
5 and administrative staff to really evaluate Ingalls'
6 needs both at the near and long-term. These teams
7 developed affiliation objectives that included
8 physicians, growth and strategy, financial
9 sustainability, mission compatibility in bringing this
10 for a rapidly healthcare changing environment. We
11 invited highly respective health systems to consider a
12 partnership with Ingalls. The workgroups engaged in
13 extensive discussions with potential partners to learn
14 about mutual goals and compatibilities.

15 We became familiar with UCMC's vision and
16 leadership much more deeply during this process.
17 Throughout the selection process, we recognized UCMC's
18 shared commitment to the south region. And this was a
19 key element for long-term success. We recognize UCMC's
20 exceptional clinical reputation, it's strong leadership
21 and cultural compatibility. In fact these strengths
22 were echoed in surveys that we conducted of areas
23 residents that showed a preference for UCMC as well.

24 The overwhelming majority of residents we

1 spoke to indicated that their overall impression of
2 UCMC was very favorable, much more than other partners
3 that we were considering. Ultimately, what brings us
4 together is that we share a commitment to the people of
5 this region. Through our affiliation, UCMC has made a
6 commitment to immediately invest in Ingalls and this
7 community. We will engage in a joint planning process
8 to examine ways in which we could most effectively
9 accomplish our goal to service the community, including
10 recruiting physicians to practice at Ingalls,
11 strengthening the Ingalls Ambulatory Healthcare
12 Network, developing speciality programs at Ingalls,
13 identifying additional programs that will benefit the
14 community.

15 So where are we today? In July we signed an
16 agreement referred to as a "Member Substitution
17 Agreement" whereby UCMC becomes the parent corporation
18 to Ingalls. Ingalls hospital will remain a separate
19 operating entity community hospital that you've known
20 for many, many years, and will maintain separate
21 license as we have over the decades.

22 We filed for regulatory approvals, including
23 a Certificate of Exemption filing with the Health
24 Facilities Planning Board pursuant to their hearing on

1 September 13, 2016. The affiliation should be
2 finalized on September 30, 2016 after all regulatory
3 and Board approvals have been obtained. Thank you.

4 MR MORADO: Thank you. I would like to call
5 up next Ken Polonsky from the University of Chicago.

6 MR. POLONSKY: Thank you. My name is Kenneth
7 Polonsky, and I'm a Physician and Dean and Executive
8 Vice President of Medical Affairs for the University of
9 Chicago. And Sharon O'Keefe, the President of the
10 University of Chicago Medical Center. And I oversee
11 the running of the University of Chicago Medicine. And
12 so we were both here to give you some information and
13 to hear what comments you have. We are delighted to be
14 here. We would like to thank Representative Davis and
15 thank you all for coming. And we are very honored to
16 have been selected by Ingalls as their preferred
17 partner.

18 I would like to assure you that UCMC and
19 Ingalls are both committed to continuing to provide
20 high quality healthcare to the greater south side. We
21 have a shared culture that focuses on quality and
22 service to the community. Our two organizations have
23 complimentary strengths. Ingalls delivers a broad
24 spectrum of high quality care in the community. For

1 those of you that may not be that familiar with us, the
2 University of Chicago Medical Center is the only
3 academic medical center located on the south side of
4 Chicago. And we're closest in proximity to Ingalls.
5 UCMC is a research, teaching and education and a
6 provider of highly complexed speciality services,
7 including a Neonatal Intensive Care Unit, a Burn
8 Center and world class cancer care, as well as other
9 advanced specialities.

10 Like Ingalls, the community that we serve on
11 Chicago's south side has greater need for quality
12 healthcare. Like Ingalls, we have remained independent
13 in a revolving healthcare market. Going forward as
14 Mr. Johnson has said, UCMC has made a commitment to
15 Ingalls to invest financial and human capital in our
16 shared healthcare system that will serve this
17 community. The investments will help to sustain and
18 strengthen the medical care that Ingalls already
19 provides and will support each provider and staff.
20 This means that Ingalls will not only continue to
21 provide the existing services that this community
22 relies upon, but together we will also develop expanded
23 capabilities so that you could receive more
24 comprehensive care closer to home.

1 This means greater choice and access to
2 primary care and speciality care for outpatients and
3 for the community over the long-term.

4 Specifically, we intend to expand priority
5 specialty programs at Ingalls by combining Ingalls
6 strong reputation for high quality community care and
7 UCMC's tertiary expertise. We will collaborate to
8 develop joint programs with average strengths and
9 organizations and present development of comprehensive
10 healthcare in your community. And by connecting
11 technology and system wide support functions, we mean
12 that we could enhance patient care and more effectively
13 manage the mental health of our patient population
14 across a broad continuum of services.

15 The partnership will be based on the respect
16 for each institutions' strengths and experiences.
17 And Ingalls will continue a local board and continues
18 to exercise key authority over day-to-day operations.

19 Kirk Johnson will remain in his current role
20 as President of Ingalls and we will look forward to
21 continuing to serve this community together.

22 How does the collaboration between
23 like-minded institutions. We believe Ingalls and UCMC
24 are stronger than each of our component parts. We feel

1 confident that our combined health delivery system
2 would be better able to compete in a changing
3 healthcare market and to sustain the delivery of high
4 quality medical care that patients throughout the south
5 side and southern suburbs of Chicago deserve well into
6 the future.

7 My intent today is to listen to the issues of
8 concern that you have and to provide you with more
9 information. While this public hearing does not follow
10 a question and answer format, Sharon O'Keefe will speak
11 at the end of hearing with the intent to address
12 questions that may arise. We note, however, and it's
13 important for you all to understand, that we are at the
14 beginning of the relationship between our two hospitals
15 and are still working out the details. We have not yet
16 received the Review Board's regulated approval or
17 closed the transaction. The integration planning
18 process will be more fully developed as the process
19 continues.

20 We thank you for this opportunity to share
21 this information with you and for welcoming us into
22 your community and we very much look forward to working
23 with all of you. Thank you.

24 MR MORADO: I have the pleasure to introduce

1 a gentleman who called for today's public hearing to
2 give you an opportunity to voice your concerns and
3 opinions, State Representative, Will Davis.

4 MR. DAVIS: Good afternoon, everyone. I'm
5 Will Davis and I represent the 30th District of
6 Illinois. I would first like to thank the Health
7 Facilities and Services Review Board and Administrative
8 Avery for granting our request for this public meeting
9 to the Board's presence here today.

10 As the State Representative of Ingalls, I
11 have had the opportunity to hear and learn about the
12 pending application. On its face I believe that there
13 are several benefits for the Harvey community and the
14 surrounding communities. Here in the south suburbs,
15 Ingalls has maintained a good representation for
16 quality healthcare for basic scrapes and bumps to major
17 operations that include both of my parents who both
18 received open heart surgery. Also included are the
19 birth of my daughter, as well as myself being born at
20 Ingalls Hospital in 1968.

21 The legacy of Ingalls is very strong here in
22 the south suburbs. The University of Chicago Medical
23 Center potentially comes to the south suburbs with a
24 strong reputation of its own. What I feel the

1 community would like to have known is what does that
2 exactly mean for them. Meaning the community itself.

3 For instance, are there medical services that
4 the University of Chicago Medical Center is known for
5 that would enhance the quality of care for residents
6 out here? How would this region benefit from the
7 worldwide recognition of the University of Chicago
8 Medical Center being a major teaching and research
9 institution? Many believe that trauma services are
10 needed here in the south suburbs in this region. And
11 with a Level 1 Trauma Center coming online at the Hyde
12 Park campus in the near future, what does that mean for
13 the 43 communities that make up the south suburban
14 region? Also, the University of Chicago Medical Center
15 has one of the premier children's facility in the
16 Chicago metropolitan region in Comer Children's
17 Hospital.

18 So what exactly are the tools that the
19 University of Chicago Medical Center brings to the
20 table? Those are the types of things that our
21 community would like to know.

22 Recently, I was fortunate enough to receive a
23 copy of the University of Chicago Medicine 2014 Report
24 to the community entitled "Connected to Our Community."

1 In that report the opening page reads as follows. Says
2 "To you our community. The University of Chicago
3 Medicine is proud to be connected to Chicago's south
4 side communities. We are honored to serve the health
5 needs of our neighbors. We are delighted to employed
6 thousands of south side residents. And we are
7 committed to research that seeks to improve the quality
8 of life in the community for years to come. This
9 community, an example of community-based programs and
10 the positive health outcomes that come as a result of
11 our longstanding partnerships with community
12 organizations, healthcare providers and advocates. We
13 remain committed to our mission to serve the health
14 needs of our community and further the knowledge of
15 those dedicated to caring.

16 So I hope that in future reports like this
17 one, that they may read like this, "The University of
18 Chicago Medicine is proud to be connected to Chicago
19 south side and to south suburban communities, not just
20 the City of Chicago."

21 While I represent this community, I thought
22 what about the community? I requested this hearing to
23 offer anyone in the community the opportunity to share
24 their thoughts with the Board. And even if no one

1 comes to the table to speak, and I'm sure there will
2 be, but if no one else came to the table to speak, I
3 wanted Ingalls Health Systems, the University of
4 Chicago Medical Center and the Health Facilities Review
5 Board to know that someone is paying attention.

6 In closing, it is my desire that the two
7 entities would still be willing to engage in the
8 community as a whole and provide a level of
9 understanding that encourages residents to embrace this
10 change with certainty, with confidence and with comfort
11 knowing that these hospitals working together will
12 strive to meet most, if not all, of the communities'
13 healthcare needs. Thank you for your consideration.

14 (APPLAUSE)

15 MR MORADO: I'll call Sharon Proffitt to come
16 on up and then Yolanda Villaneuva. She can come up
17 here and sit down you're next. Please remember to say
18 your full name and spell it for the Court Reporter.

19 MS. PROFFITT: My name is Sharon Proffitt.
20 It's S-H-A-R-O-N. My last name, P-R-O-F-F-I-T-T. I
21 too have lived in Harvey since 1959. My dad and mom
22 bought a house on 150th and Winchester. I'm also
23 raised here. I went to Thornton. And then I married
24 my husband. I went away and I came back. So we also

1 use Ingalls. I have nephews, nieces and grandchildren
2 that were born through Ingalls.

3 This is my certain. Since we have been back,
4 I notice the change in Ingalls as the years have gone
5 by. Ingalls, my concern is this. What do you do with
6 the people that don't have Medicare? It is a lot of us
7 that have Medicaid. I notice that if you have Medicaid
8 you cannot go to Ingalls. They are sending us to South
9 Suburban Hospital. I don't like going to that South
10 Suburban Hospital. I want to go to the hospital that's
11 is right here in my neighborhood. I don't want to go
12 to Hazelcrest. I don't live in Hazelcrest. I mean I
13 like Hazelcrest, but I would rather go to the hospital
14 that's right down the street from my house. That is my
15 concern. What are you going to do about us? Because I
16 even have a doctor right here at Family Christian
17 Center that cannot even practice in the hospital. I
18 have been in the hospital and they told me my doctor
19 could not come to the hospital. I want a remedy for
20 that. And just because I have Medicaid, I should not
21 be discriminated against. I should still be able to go
22 there, because in the '90s and early 2000s, we were
23 allowed to go there and use our insurance. I want that
24 to happen again, and thank you.

1 (APPLAUSE)

2 MS. VILLANUEVA: Okay. I'm Yolanda
3 Villanueva, Y-O-L-A-N-D-A, Villanueva is
4 V-I-L-L-A-N-U-E-V-A. I'm here to talk about the need
5 for a mental health facility. I know that Ingalls does
6 have a mental health facility. I don't know if you are
7 aware that Tinley Park Mental Health has already
8 closed. So basically the southern suburb area is in
9 need of more mental health services for adults and
10 especially for juveniles. We hope you can stay. And
11 when I say "we", I'm also speaking for Miriam
12 Bickles -- who could not be here today. So we hope
13 with the services in place that Ingalls should be
14 continued and fully expanded. We're in need of more
15 mental health beds in the south suburbs of Chicago
16 especially for juveniles. We hope the new facility at
17 the University of Chicago has donors left to help build
18 us a mental health hospital or at least expand the
19 current mental health needed here at Ingalls. We are
20 in need of a larger facility so we do not need to send
21 our family members to other hospitals like the
22 University of Chicago or Naperville or outside of the
23 southern suburbs. The southern suburbs desperately
24 need help from the University of Chicago to help with

1 more mental health services.

2 This is just another side note personal for
3 my family needs. I think we're in dire need for
4 follow-up care or crisis care, especially for juveniles
5 and their families. Meaning you get discharged from
6 the juvenile facility from Ingalls and you have no
7 resources. You're left to just go visit your psych
8 doctor and that is the end of that. I think somehow we
9 need to bridge the gap for mental health services in
10 the southern suburbs for juveniles and for adults.
11 Thank you.

12 (APPLAUSE)

13 MR MORADO: I would like to call up Woodrow
14 Nunn who would be next and Anne Spencer.

15 MR. NUNN: Good evening, everyone. My name
16 is Woodrow Nunn. And that's W-O-O-D-R-O-W, N-U-N-N,
17 Jr. I live at 15521 Vine going on 29 years. I was at
18 another address prior to going back to school from '81
19 to '84. Since I have been here, I have noticed quite a
20 few changes. And one of the things that has been
21 brought to my attention is the advent of a merger of
22 Ingalls and the University of Chicago Medical Center.
23 I took the liberty of going through the internet and
24 looking at local government legislation. Local

1 government is Chapter 50 of the ILCS, Illinois Compiled
2 Statutes Part 450. And I'm concerned with the Medical
3 Services Facility Act which I believe this will come
4 under.

5 Section 3, the purpose of this Act is to
6 enable local governmental units to serve the needs of
7 the public more effectively in the several communities
8 of this state in which the health and welfare of the
9 people are in danger by the lack of adequate medical
10 service by providing medical service facilities for at
11 least in order to make settlement in this community
12 more attractive to doctors. And so we do need good
13 medical services and qualified people who know what
14 they're doing. My concern is should that weigh more
15 than what the people need. We need adequate care. And
16 as the lady before mentioned, healthcare, we have a
17 problem with it.

18 One of the other parts of the statute is the
19 funding for the program. It's suppose to be done
20 through bonds, taxation or the community itself. In
21 our present condition, I'm wondering if you could give
22 us a little bit more information about how you are
23 going to get the funding done and how much of it will
24 actually be coming back to Harvey in relation to the

1 taxes that will more than likely go up. That's my
2 concern of the merger. Thank you.

3 (APPLAUSE)

4 MR. KOZLOFF: My name is Mark Kozloff, that's
5 K-O-Z-L-O-F-F. I'm a physician. I'm both on the staff
6 at the University of Chicago as well as a physician on
7 staff at Ingalls Hospital. I have been a part of this
8 community actually for 39 years. I started at Ingalls
9 in 1977. I might be giving away my age, so what can I
10 say. Then also on staff at Michael Reese and I've had
11 associations with the University of Chicago since 1977.

12 I'm a medical oncologist. That's a cancer
13 doctor. So I'm going to give a lot of my remarks that
14 have to do with cancer care. I can honestly say that
15 the value system of the doctors at the University of
16 Chicago as well at Ingalls Hospital are the same. We
17 care about outcomes in the care that we give to
18 patients.

19 The University of Chicago is a world class
20 research organization. They absolutely do a great job
21 teaching younger doctors who could come out here. They
22 do a great job of taking care of their patients and
23 they have services that we don't have here.

24 Ingalls, I think is a first class community

1 hospital. I can tell you that we've won many awards of
2 giving oncology care. I do think that the two of them
3 together could actually get better care. I believe
4 that we can get seamless care both in the community as
5 well as at the University where people can go back and
6 forth to get the care they needed at each place. I do
7 think that there's a saying that what we really want to
8 do is to give the right care at the right place at the
9 right price. I think that will allow us to do it. I
10 had a number of patients go back and forth. Then I
11 could have this relationship where we can get
12 communications very easily.

13 Now with that, I would like to just read a
14 couple of letters that I had patients to write over the
15 last two days to exemplify the kind of care that they
16 can get when the two come together. This is the first
17 letter.

18 "Dear Community Leaders, Ingalls and
19 University of Chicago Hospital: My name is Debra and
20 I'm a patient of Dr. Kozloff. I'm currently receiving
21 chemotherapy with multiple myeloma in Dr. Kozloff's
22 office at Ingalls. In addition to receiving
23 chemotherapy for this condition, I needed a bone marrow
24 transplant." We don't do it at Ingalls. "I went to

1 Northwestern and met doctors there. I was unhappy with
2 the service that I received there. And Dr. Kozloff
3 referred me to the University of Chicago where I met a
4 Dr. Zimmerman. I was very pleased with the
5 Dr. Zimmerman and the services at the University of
6 Chicago. Both physicians talk a lot about me together
7 and are very compassionate, caring doctors who provide
8 great services to our community. I think the merger of
9 these two great institutions would be very beneficial
10 for our communities especially in the southern suburbs
11 where I'm from.

12 I have a friend and he travels multiple times
13 from the southern suburbs to Northwestern to receive
14 his care. He has to be there physically and has
15 financial burdens to endure by going back and forth. I
16 am glad I chose my care at Ingalls and the University
17 of Chicago. Thank you for allowing me to voice my
18 sentiments as a resident at the southern suburbs."

19 One other letter to be read. "My name is
20 Michael. I have been treated for this plague...", he
21 has cancer, "...since July 11, 2011. There have been
22 multiple tests, treatments in this way. May I add I
23 consider myself winning. The plans from -- and actual
24 transfusions and transplants have been done at several

1 locations with great communication. In my experience
2 with this plan, I've had compliments because the wait
3 times have been very minimal at each facility. The
4 collaboration of the hospital, Ingalls and the
5 University of Chicago, has been professional and ran in
6 the most intelligent of support staff. Having choices
7 on each treatment, makes my life more simple. I am in
8 remission. I would like to thank the entire oncology
9 staff for comforting me in making the best plan to save
10 my life. What a God send you are and may this work
11 out. Sincerely, Michael."

12 So with that, I'd like to go back and say
13 I've been doing this for 39 years in the southern
14 suburbs and the south side. When I first started, my
15 goal was to cut down the death rate from cancer. We
16 have done that. It's much better than it was.
17 However, I think that this relationship done right, and
18 I really believe it will be, will actually cut down the
19 death rate even more and allow even more services.

20 So with that, I want to thank you for
21 listening to me today. Thank you.

22 (APPLAUSE)

23 MS. CARTER: Good afternoon. My name is
24 Bridgett Carter, B-R-I-D-G-E-T-T C-A-R-T-E-R. First, I

1 wanted to thank State Rep. Will Davis for having us to
2 come here today. I think that is very valuable that
3 we're all here.

4 My experience, I want to talk a little bit
5 about my own personal experience. I am a southland
6 resident and I am a Public Health Educator for Cook
7 County Department of Public Health. I'm not
8 representing the Cook County Department of Public
9 Health. I'm representing Bridgett Carter and as a
10 patient of Ingalls and the University of Chicago.
11 Actually, I've been in the University of Chicago today
12 for about four hours, and I'm participating in a
13 research study. So that's kind of like the focus that
14 I wanted to address today.

15 When I received the e-mail from State Rep.
16 Davis' office, I was really excited because I wanted
17 to -- I didn't plan to come to speak, but I'm really
18 happy about this partnership, and I'll just tell you
19 why.

20 I think for the 29 years that I have been
21 working as a Public Educator in the southland, I think
22 that this partnership and hopefully, this partnership
23 will strengthen the delivery of healthcare in this area
24 which is very well needed. I have been a patient at

1 another hospital for about 28 years and I'm seeing some
2 changes. I happened to be at a health club and I heard
3 someone talking about this doctor at Ingalls. I had
4 never been a patient at Ingalls before. I chose to
5 call this doctor and I'm going to tell you, it was and
6 is and has been the best experience in terms of care.
7 I can't pronounce his name. It's a long name. I just
8 call him "Dr. T". He's over at the Flossmor facility.
9 He's really been working with me. And what was very
10 valuable for me is the time that he took to really find
11 out about me as a person and as an individual. So I'm
12 very thankful for that.

13 The other aspect that I want to talk about is
14 my experience with the University of Chicago, which I'm
15 a part of this research study through Dr. O for breast
16 cancer. And I've been working with Ingalls for 17
17 years on the Southland Coalition to Conquer Breast
18 Cancer. And Dr. O has actually presented several times
19 at our events. And I chose to be a part of this study,
20 because I know as African Americans how we have a lot
21 of apprehension about being in research. So what my
22 hope is, is that this partnership will actually reach
23 out to our community to provide more research
24 opportunities and engage us in focus groups, engage us

1 in conversations about research. So that is my hope
2 for this partnership.

3 Again, I do want to say that I have been
4 extremely pleased with my service at Ingalls. I can
5 only compare my experience to what I have had. And my
6 experience at the University of Chicago as well as
7 physicians after working with me as a part of this
8 research. So I am personally hoping that this
9 partnership will enrich our communities in the
10 southland. So thank you so much.

11 MR MORADO: I would like to call another one
12 of the community stewards, Alderman Christopher Clark
13 as well as Pam Markle.

14 MR. CLARK: Good evening, everyone. My name
15 is Christopher Clark. C-H-R-I-S-T-O-P-H-E-R, last name
16 CLARK, C-L-A-R-K. I'm also the Alderman of the City of
17 Harvey representing the great and wonderful 3rd Ward.
18 Thank you. It also says that I'm also the Alderman
19 that actually serves Ingalls Hospital. I just have a
20 few notes. I have a few concerns that I would like to
21 bring before you and thank you for your indulgence and
22 I'll watch my time. I'm also a lawyer, so you know we
23 talk a little longer.

24 First, I want to thank Representative William

1 Davis for making -- for helping to make this meeting
2 possible. Also representatives from Ingalls Hospital
3 and also from the University of Chicago as well.
4 Fortunately for me, both of my beautiful children were
5 born in Ingalls and they were born healthy. We loved
6 our doctors at the time. This was back in the '80s
7 and the '90s. So I once again thank you very much for
8 that.

9 And also I live one block away from Ingalls.
10 In the home that I live in now has been my family home
11 since I was approximately eight years old. So we just
12 changed residence throughout the years. But through
13 that time, I have been able to watch Ingalls develop,
14 grow and to some degree change over the years. As an
15 Alderman, I was asked to write a letter of support of
16 the merger, but in the very beginning I was extremely
17 excited about it. But somewhere along the way, I
18 thought to myself, what am I writing about. No one has
19 contacted me to explain to me exactly what's going on.
20 And I thought to myself as a leader in the City of
21 Harvey and specifically in the 3rd Ward, a ward in
22 which Ingalls sit, why we aren't have it in that
23 community. But I also began to think to myself, if we
24 haven't had that communication and I'm supposed to be a

1 public leader, then I know that you haven't had that
2 communication as well. I think that's one of the
3 things that's missing from us as we use the word
4 "community". And that's what's really important.
5 Ingalls, phenomenal hospital, a community hospital.
6 University of Chicago, phenomenal hospital, academic
7 hospital. The two of them coming together could do
8 some fantastic things. But as a community hospital and
9 the Alderman, I have seen Ingalls go farther and
10 farther away from Harvey. And so I believe what should
11 have happened in the beginning is happening now. And
12 I'm grateful for it. And hopefully what will develop
13 our communications in the future is the questions that
14 could have been asked so briefly. If I would have been
15 in that meeting, what questions would I have asked? I
16 would have been able to ask, what about the service for
17 the community? Does this really enhance the service or
18 does it mean that there will be a University of Chicago
19 name associated with the hospital that pretends to
20 offer the same services it's offered before? As a
21 community member, I would be able to ask that question.
22 Did the working group include community members from
23 the City of Harvey?

24 Now I understand and I have heard the word

1 "region". And the region is great. But the bottom
2 line is that Ingalls is located in Harvey, Illinois.
3 And Harvey, Illinois residents community members need
4 to and should be involved in the things that are going
5 forward. Will Ingalls become an academic hospital?
6 What is the service as the woman prior to me said?
7 What is the commitment to serve or enhance services of
8 those on public assistance or those on the lower end of
9 the insured that participate in the Affordable Care
10 Act? Because as we've already heard, there is someone
11 who has already had that experience at Ingalls. So how
12 are we going to improve that? Yes, we have people from
13 median incomes that are higher than the average person
14 in the City of Harvey. Underrepresented the members
15 and residents of the City of Harvey, we need to know
16 what your commitment is to us.

17 So moving forward -- and another thing. I'm
18 also a member of the Homewood role because Harvey
19 doesn't have a role. And in that Homewood role,
20 approximately two years ago, I was a chairperson for
21 the committee for the Ingalls/Homewood Rotary
22 Healthcare, which took place in Matteson. We need that
23 here. The same services that they offered to all those
24 people, because what happened, people from Harvey had

1 to travel to Matteson in order to try to get those
2 services. And I could tell you that I saw very few
3 Harvey people there. We need for you to bring those
4 services right here to the City of Harvey.

5 So really what I'm saying and I'll wrap it up
6 here is this. We have an opportunity not just to merge
7 two hospitals, but to merge a hospital with a
8 community. I'm hoping and I desire that somewhere
9 along the way that Mr. Johnson, that you will
10 definitely remain in your position that you are
11 currently in. That you will began to include and
12 embrace. I understand as a government I would be the
13 first to admit we have not always done what we are
14 supposed to do as far as Ingalls is concerned. But I
15 need for us, and the community needs for us to be able
16 to come together, have that community involvement and
17 make sure we create a better path for Ingalls and the
18 University of Chicago and the City of Harvey. So thank
19 you very much.

20 (APPLAUSE)

21 MS. MARKLE: Good afternoon. I'm Pamela,
22 P-A-M-E-L-A, MARKLE, M-A-R-K-L-E. I am CEO of the
23 Children's Rehabilitation Center in Harvey which is on
24 154th around the corner from Ingalls. And I thank

1 Representative Will Davis for giving me the opportunity
2 to come and give my opinion. And our facility,
3 Children's Rehabilitation Center, which started out 42
4 years ago as Children's Haven has evolved into one of
5 the rarest facilities, not only in the midwest, but in
6 the nation.

7 We service 67 long-term very medically
8 complex children. We have 32 children on life-support.
9 We have 60 that are draped and all are G-tubed. So it
10 is very, very complex. And I'm happy to be here
11 because for 42 years I have partnered both with Ingalls
12 and University of Chicago. So when our children are in
13 distress and it is something that we cannot maintain at
14 the facility, they will be transported immediately to
15 Ingalls in which they remain in the ER until it's
16 available to transfer -- they're able to transfer to
17 the University of Chicago Comer's Children Hospital
18 in which is the only hospital, okay, in my heart that I
19 believe has the experience and the speciality to know
20 how to treat these kids. They are not your normal
21 kids. They have multi, multi-medical complexities that
22 are very, very difficult to treat.

23 Our children see 20 specialists of the
24 University of Chicago. These children are victims of

1 birth defects, gunshots in our area, drug abuse,
2 accidents. And as was mentioned earlier, someone had
3 mentioned about having crisis or mental health support
4 or information. Well, I will tell you most of our
5 families that come in and have to place their children
6 in our facility are undergoing severe mental pain. And
7 I lack the resources available at my fingertips to give
8 them. But as you can imagine, if you're the mother of
9 a shaken baby and that husband of yours is incarcerated
10 and she then has to go on to get a job to support the
11 family, it's very difficult.

12 Also I am excited because I have just told
13 you that that is the flow of our children. I would
14 love to possibly see a small pediatric unit open at
15 Ingalls. Granted our adult children who have aged
16 beyond 18 do remain at Ingalls. However, if they are
17 under the age of 18, they will move on to the
18 University of Chicago. I think not only for our
19 facility, but for the community, I think it would be
20 nice to have a pediatric unit located right here, which
21 actually again if the expertise is coming to the area,
22 I think that that would be a real benefit.

23 I'm also excited that possibly the
24 communication systems will be improving along with the

1 advancement of the technology that both can share with
2 one another. I know that that will help with the
3 transition of our children in communications between
4 those systems.

5 We have been very active within the
6 community. Our kids attend the parades and we do
7 employ about over 200 employees that mostly reside in
8 Harvey. And so I hope to stay in Harvey and I hope to
9 maintain both relationships. And I think this is just
10 for us such a God send. So I welcome the merger.
11 Thank you.

12 (APPLAUSE)

13 MR MORADO: I would ask Paster Ferlander
14 Lewis to come up and the Reverend Steven Davis.

15 PASTOR LEWIS: Good afternoon. My name is
16 Ferlander Lewis, F-E-R-L-A-N-D-E-R L-E-W-I-S and I know
17 I'm the only Ferlander Lewis that you have met today.

18 (LAUGHTER)

19 MR. LEWIS: I'm Pastor of New Mount Olive
20 Church for over 30 years now. We are just south of
21 Ingalls Hospital and literally just one block away.
22 And my -- well a couple of things. First of all, I
23 would like to thank Kirk Johnson and Ingalls Hospital
24 for over the years just being such a dominant and

1 wonderful presence in the community. And I thank you
2 for the leadership which you have given over the years.

3 I'm a strong proponent of progress. My
4 concern is this, and that is to make sure that some
5 form of not only immediate, but sustained forms of
6 communication are in place to make sure that the
7 residents of this city, as well as the leadership of
8 the city, are informed of everything that is going on
9 with the hospital and that which is going to impact the
10 residents in particular. I'm very blessed we have a
11 number of people who have used Ingalls Hospital over
12 the years and a number of people who have worked at
13 Ingalls Hospital and even as extensions. So I'm very
14 much concerned to make sure that communication is in
15 place so that the community knows what's going on and
16 that what we understand to make sure that progress is
17 not myopic. That it's not defined just one-sided. We
18 want to make sure that the progress is inclusive of all
19 people.

20 Secondly, as I take my seat, to make sure to
21 ask what mechanisms are in place, what mechanisms are
22 in place to address intangibles. We can measure blood
23 pressure. We can measure blood count. But you really
24 can't put a measure on the degree of hope when hope is

1 in place. And I am here to let you know that when hope
2 is in place, we can accomplish the inconceivable. So I
3 want to know to make sure that along with the great
4 work that Ingalls has done in the past with this
5 merger, my concern is that measures are put in place
6 that will help keep not only the hospital, but the
7 community and this leadership connected in ways that
8 will foster hope so that we could do away with the
9 overwhelming degree of hopelessness that many of our
10 residents see on a daily basis. Whether that is via
11 groups or advisory boards put in place and definitely
12 keeping clergy and other community leaders in place to
13 keep us connected.

14 I can't do heart surgery, but I do know hope.
15 I can't do oncology work, but I do know hope. And I
16 know what that accomplishes. So I'm here to voice on
17 behalf of the community, on behalf of clergy and on
18 behalf of leadership to make sure that going forward
19 progress is real progress as it impacts the entire
20 community. Thank you for your time.

21 (APPLAUSE)

22 MR. LEWIS: Good afternoon. I'm Pastor
23 Steven D. Lewis. S-T-E-V-E-N D. L-E-W-I-S. I'm the
24 Pastor of the True Vine Missionary Baptist Church

1 located in Dixmoor right in the south suburbs. I have
2 been Pastor for 37 years now. I'm also a former
3 resident of Harvey. All four of my children were born
4 at Ingalls. Ingalls is a great facility. I want to
5 commend Ingalls President and CEO Kirk Johnson for the
6 work that you have done. I do want to say that he has
7 informed the leaders of the community. We have been to
8 two meetings, as a matter of fact, where he has
9 informed us of this merger. A few questions that I
10 want to ask and maybe I can get answers later with UCMC
11 merging with Ingalls. We talked about extended
12 capabilities and comprehensive healthcare. Will there
13 be eventually a Level 1 Trauma Center here at Ingalls?
14 It's what's needed in this area, this southland area.
15 Also with the merger will there be extended employment
16 opportunities for the community? Another question,
17 will there be a stroke victim trauma center or triage
18 at Ingalls? With the merger, will medical costs be
19 affected and how so? And also, formerly Ingalls had a
20 wonderful community relations with the community
21 through Joan Millinger. Will that relationship
22 continue with the merger? Those are my questions and I
23 hope that you have answers. Thank you.

24 (APPLAUSE)

1 MR MORADO: Alderman Joseph Whittington, Jr.
2 and Ofelia Tovar.

3 MR. WHITTINGTON: Good evening, everybody.
4 My name is Joseph Whittington. That's spelled
5 J-O-S-E-P-H Whittington, W-H-I-T-T-I-N-G-T-O-N. I'm a
6 27-year resident of Harvey. I live 15633 Merrill. I
7 want to thank you for allowing me to speak. I want to
8 thank State Representative Will Davis for hosting that
9 great meeting. I want to thank the Park District for
10 allowing the residents to see what a beautiful facility
11 we have here in Harvey. I want to thank Ingalls
12 Hospital and especially Mr. Johnson for you have always
13 had an outreach for the community. And you've hosted a
14 very good meeting, always informed us on the latest
15 technology that Ingalls was bringing.

16 I am -- I have two children that were born in
17 Ingalls and a grandson and three kids at the University
18 of Chicago. So I'm aware of the outstanding work both
19 hospitals bring and I'm happy about the partnership
20 because I, too, like growth. I like to see new things.
21 I like to see things and offer hope to the community.

22 We are a community of seniors. Cancer is a
23 problem. We need the services that we have been used
24 to getting. We are also a desert. Our community has a

1 college, South Suburban College, which I'm on the
2 Board. And we are a loving community. Why I'm saying
3 that, I want the University of Chicago to understand
4 the importance of this community. It actually needed
5 an influx of something new. But I would like the
6 University of Chicago to see us as an opportunity to
7 expand great ideas like you've done in Chicago. We
8 have great people here, a diverse community. Great
9 schools that has not had an opportunity to express
10 themselves as they should.

11 As a counsel member, I too have not heard
12 anything about this merger other than at the outreach
13 that Ingalls had several months ago. As a city, a
14 separate issue from the people. I'm asking to have an
15 advisory board as long as many residents to give you
16 some input to how we can expand this great merger
17 throughout the community that need to know about this
18 information. I support the project on behalf of the
19 residents here. I don't know too much about it, but I
20 want to know more. I'm asking that you allow someone
21 to reach out more to us and bring us in closer so that
22 we can get the information out to the residents.
23 Several of our residents could not make it here because
24 they are seniors and some of them just cannot walk

1 here. So if you would be kind, after this meeting,
2 reach out and help the leaders, and community's
3 leaders and Thornton Township to know more about what
4 you are doing, and I guarantee you that you would get
5 more people contributing to the merger.

6 In closing I would say working together is
7 the key to progress. I want you to be successful, but
8 I would like you to include us with you. Thank you.

9 (APPLAUSE)

10 MS. TOVAR: Good afternoon, everyone. My
11 name is Ofelia Tovar. It's spelled O-F-E-L-I-A,
12 T-O-V-A-R. I'm a volunteer and a board member with
13 NAMI South Suburbs of Chicago. I have a long
14 relationship with Ingalls Hospital, with their
15 Behavioral Health Unit. My concerns are availability
16 of beds for mental health. I've had past experience
17 waiting in the ER unit for 24 hours just to wait for a
18 bed for the Behavioral Health. I want to know if you
19 are bringing in any new beds? We need them for our
20 love ones that go through the crisis of going through
21 the hospital because of lack of medication. I want to
22 hear some good news from this partnership. Are you
23 bringing any experienced staff members, experienced
24 staff members that know how to treat our love ones in

1 crisis?

2 I welcome your merger. I've had, again with
3 my past experience with Ingalls, certain staff members
4 who do not know how to treat someone who has mental
5 illness. I have a loved one that has been diagnosed
6 with schizophrenia for over 20 years. We have had to
7 go all the way to Chicago to get treatment because of
8 the lack of experience of Ingalls. I don't want to go
9 any further, but I just want to know are you bringing
10 in any new beds for our mental health? Thank you.

11 (APPLAUSE)

12 MR MORADO: Mayor Vernard Alsberry Jr. and
13 Dr. Lisa Green.

14 MR. ALSBERRY: Good evening, everyone. My
15 name is Vernard Alsberry, Jr. from Hazelcrest,
16 V-E-R-N-A-R-D A-L-S-B-E-R-R-Y, Jr. And as many of you
17 here today -- and I want to thank State Representative
18 Will Davis for putting this hearing so everyone can be
19 heard together. I think it is very important.

20 Everybody loves Ingalls. Everyone loves the
21 University of Chicago. I have been a physical
22 therapist for 34 years. Robert Bass who used to be the
23 director at the University of Chicago is a very good
24 friend of mine. Ingalls, went to Ingalls Hospital, my

1 wife and I, for a very simple -- she had flutters in
2 her heart and her chest. And they found out that,
3 through a test, that she actually had leukemia. So
4 you're testing facility is phenomenal. And everyone
5 who speaks here today, knows that these two entities
6 are phenomenal healthcare providers from all the
7 communities that they service.

8 I think the only question is that sometimes,
9 and I know with mergers you can't tell everybody
10 everything in trying to get everything together. You
11 don't want a lot of things coming in and flying off
12 that may cause the merger not to happen, but this is
13 politics. You got to let the people know. And if you
14 don't let the people know, let the leadership within
15 the communities know what you're doing, because I think
16 all of us support this wholeheartedly, but everyone
17 asks questions. Citizens usually want to ask those
18 questions. And even if you do not do anything, they
19 want to know they were heard. And I think the only
20 problem we have today is they do not feel they had an
21 opportunity to be heard, because I knew a merger was
22 going on. The mayors and the local elected officials,
23 even many of the citizens knew this merger was
24 happening. The question they had is what is it going

1 to look like. I think that's all people are concerned
2 with today. We can tell stories all day long. They
3 all end with "you're doing a great job." But they
4 still want to say I want to say something. Even if you
5 couldn't do it, I want to say something.

6 With that I just want to say thank you again
7 for allowing all of us to speak today. Thank you for
8 coming to the Southland Region. I do believe it's a
9 regional issue. I'm happy you're here. And Hazelcrest
10 residents do use Ingalls also. It's a lot of them out
11 here in the audience today. So I think it is important
12 to the healthcare overall what we do in the region,
13 what you bring to the region, because it is not only
14 Harvey that is asking this question. Because my next
15 board meeting my Hazelcrest people are going to say
16 "What is that going to look like?" So that's the
17 important thing today? Don't you agree? Thank you
18 very much.

19 (APPLAUSE)

20 DR. GREEN: Good evening. My name is
21 Dr. Lisa Green, L-I-S-A G-R-E-E-N. First, I would like
22 to thank State Representative Will Davis for having
23 this forum tonight. I'm the CEO and one of the
24 founders for Family Christian Health Center. And we

1 are very excited about this merger. But I have to be
2 very true, the first person that spoke, it is a reality
3 for us. We service over 24,000 patients on the
4 southland of Chicago. So our residents are not just in
5 Harvey. They are comprised of several communities in
6 the southland. The difficulty that we had as
7 providers, though Ingalls is a fine institution, we as
8 providers provide the best quality healthcare that we
9 can, it's limited. We have been a bridge, because due
10 to some of the economic impacts of healthcare, not just
11 in Harvey, but in this nation, it limits some of the
12 subspecialty care. This is now an opportunity to take
13 the best and the best, and how do you put that together
14 to make it greater?

15 This is an opportunity now for us to be able
16 to take Ingalls Hospital, along with primary care
17 physicians who are dedicated to the community and also
18 you, as a resident, that we come together. That's how
19 you make an impact in today's healthcare. So that this
20 gives us an opportunity not to change healthcare just
21 in the southland, but in our state and in our nation as
22 the lead example of how healthcare should be done as a
23 community in this nation. So thank you.

24 (APPLAUSE)

1 MR MORADO: Carl White, Jr. and Dr. Keisha
2 McCaskill.

3 MR. WHITE: Thank you. I am Carl White, Jr.
4 C-A-R-L, W-H-I-T-E, Jr. President, and all of you, I
5 thank you for having this tonight. This is so
6 important.

7 The first thing I want to do is thank the
8 University of Chicago for the sustainability of my
9 friend, Pastor Tyrone Cryder, with the research and the
10 progress that they gave him for after care. After
11 cancer, you find that you need after care and chemo
12 damages some things and many things happen. He's been
13 able to be given long life by having a bag that leads
14 direct to his heart and keeps it pumping because he
15 only has 18 percent. Give him a hand. Will you do
16 that?

17 (APPLAUSE)

18 MR. WHITE: Simply, I'm President of the
19 Southland Christian Health Network. We have a building
20 in Harvey at 15406 Lexington. Our Economic Development
21 Center where we help small businesses to get started as
22 well as to be sustained and give training to them on
23 how to do good business in the community. And we have
24 an organization that meets once a month to bring

1 together people like yourself to give out information.
2 We met with Ingalls. We were fortunate to be able to
3 hear a little bit more about the merger and to sit and
4 listen. We wanted to know who is going to be in
5 charge, whether they are going to give up their
6 autonomy. We heard tonight that that's not the case.
7 It is going to be a merger that's equal. But we need
8 to talk about that trauma center, because what happens
9 is by us having an academic and a community hospital
10 coming together, that's more feasible, because you've
11 got those interns and residents who don't mind coming
12 to see about you all night. But when they become
13 doctors they want to ride on their boats and lay in
14 their grass and go on vacation. I understand that,
15 because you worked hard. But we need a trauma center
16 in the south suburbs. We need it badly, because going
17 to 95th Street is a long ways after you've been shot or
18 stabbed or a car accident. And there are railroad
19 tracks and so many other things that keep you from
20 getting there, traffic, no direct way. So I want this
21 merger to be a great thing for this southland. It is a
22 great thing. And we've got to make sure that you
23 communicate, as we have been saying, with the community
24 about what you are doing. Get some advice from those

1 that not only are politicians, but also community
2 people who use it.

3 You heard, mental health lastly, is the thing
4 you got to look out for as well. We're training our
5 police and the Chaplain for the Markham Fire Police and
6 one of the things we have to train in is mental health,
7 because we are approaching people who are mental. You
8 got to know how to deal with them, because that has not
9 been the case in the past. The same with the hospital.
10 There needs a be a little more reaching out for mental
11 healthcare.

12 We have Bradbury Services and we have you.
13 And I thank you Ingalls for your drug rehabilitation
14 clinic that you have, because it works.

15 This expansion would be great as well as
16 economic development in Harvey, and Lord knows we need
17 it, not only Harvey, but Markham and everywhere else.
18 To a community that is blighted, we need some money
19 infused. And you coming, University of Chicago, I
20 notice where your hospitals are the places look better.
21 So we want you to help infuse some money into this
22 community. Thank you.

23 (APPLAUSE)

24 DR. MCCASKILL: Dr. Keisha McCaskill

1 M-C-C-A-S-K-I-L-L. I was born in Ingalls Hospital in
2 1971. So I have been here basically all of my life. I
3 want to first start by thanking Ingalls Hospital and
4 University of Chicago for selecting the Harvey Park
5 District. On behalf of my Commissioners, Ingalls
6 Hospital and the University of Chicago, I would like to
7 thank you for allowing us to be your host site and we
8 welcome you to host a more informational sessions and
9 education sessions here at the Harvey Park District. I
10 would like to thank Representative Will Davis for
11 continuously being a support in bringing new
12 information into the City of Harvey to ensure our
13 citizens are aware of what's going on around them.

14 There has been a lot of talk about the
15 different health services that are going to come as a
16 result of the merger. I implore you to give critical
17 thinking to the aftermath that our children face behind
18 the different diseases that you are going to take care
19 of. I have great faith in the medical process, but I
20 want to make sure that there is education and
21 understanding for the families that are victims or who
22 are survivors of. So often our children are being
23 left. And as a member of the school district, the
24 local school district, we see these children on a daily

1 basis. We want to make sure that the Harvey Park
2 District is open to you to use any of facilities to
3 host the those types of events for children to learn,
4 for their parents to learn and also help children make
5 the transition when they lose a loved one.

6 Watching our children watch people go through
7 the hospice process, it's very, very difficult. It not
8 only impacts the person's attitude in life, but also
9 the children that are left to watch that process.
10 So even some educational things that you could do or
11 workshops that you could host for our educators, our
12 teachers to help them better understand how to deal
13 with children who come in the classroom and they are
14 not actually prepared to move forward because their
15 grandmother died last night of cancer or their sister
16 was attacked by lupus or more traumatic things that
17 occur.

18 So as you move forward in this merger, we
19 welcome you, the Harvey Park District we welcome you.
20 We are glad to see you coming, but we want to see a
21 global aspect that not only treats the patient, but
22 treat those that treat the patient at home. Thank you.

23 (APPLAUSE)

24 MR MORADO: I have Melvin King, Jr. and Susan

1 Fine.

2 MR. KING: Melvin King, Jr. I live 2616
3 Calumet Boulevard, the great 6th District of Harvey. I
4 wrote some notes down. To me this is kind of a
5 short notice. I understand what you are trying to do
6 and everything, but we have to be cognizant when there
7 are mergers. And when there are a lot of companies,
8 medical, business or whatever merging, there is a lot
9 of things we don't look at sometime.

10 First of all, I say for me, personally, this
11 one is the kind of meeting in Chicago, short notice and
12 the people find out the day before and they get to the
13 meeting and it's voted in and that is it. You find out
14 nothing about it. So let's look at just a little
15 detail. I'm not going to be long.

16 One of the things is, are we going to lose or
17 gain for the benefit of community. What are we going
18 to lose? We are going to lose something. I'm not
19 saying it's a good thing, but something is going to be
20 lost and something is going to be gain. So what is it?
21 We don't know yet. Will there be an expansion or where
22 they need some housing taken out, two or three blocks
23 or five blocks or will they help us build some blocks?
24 Will some seniors lose their homes or they will have a

1 levy and take the taxes and say we are going to condemn
2 five or six blocks. We don't know the answer. Are the
3 veterans going to have benefits? Are they planning
4 anything for veterans? Will there be a reduction of
5 the workforce at Ingalls? Would they be affected in a
6 negative way? Will they bring everybody from another
7 hospital to bring to Ingalls or will they expand these
8 jobs? Will the name of Ingalls be kept as the first
9 part of the name, because Ingalls is a great name of
10 the City of Harvey. I studied Harvey from the 1800s
11 until now. From the 1800s is one of the important
12 names. Harvey is one of the important names. We have
13 Ingalls, Ingalls Shepherd, steel mill. Think of this.
14 We are here in Harvey, but our legacy is much as
15 important as our progress that we make. Without a
16 background, we don't have a town. My thought is to
17 make Harvey the greatest community in the south
18 suburbs. If a hospital is going to come here, they
19 should make it better than it was before they got here.
20 Keep the name of Ingalls first.

21 Is there a plan to relocate residents for an
22 expansion? Citizens being negatively affected, can
23 Harvey be made the northwest central trauma center. It
24 has talked about it in Congress for the longest, but no

1 one is looking at what they mean by that. What they
2 mean by that is a trauma center is where everybody
3 comes and all the resources and everything that you
4 have will be improved, because people want to come
5 here. And also there is another factor that you are
6 not looking at. That is where are some of these people
7 going to live? Where are they going to live? What
8 houses are created for them, or what houses are going
9 to be torn down? Will Harvey become a dumping ground
10 for some of the worst cases or the best cases where
11 somebody who says okay, we're going to bring only the
12 drug users, the prostitutes, and all of that and we'll
13 take care of these cases, but we won't take care of the
14 hearts and stuff like that? You have to look at that.
15 You have to look at that.

16 So what I'm saying is, we have to look at it
17 this way. If this is going to be a good plan, if we're
18 going to have a city that is going to thrive, we have
19 to look at what the downside and the upside is. As far
20 as I'm concerned, as for me and my house and my
21 community, we are not the dumping ground. We are not
22 going to let somebody come in and take what they want
23 and then take it out of Harvey and the resource and the
24 economy which is already downsizing, go down more. We

1 want it higher. We want it higher. I want Harvey to
2 be the place when this hospital gets here like this and
3 they say, whatever they say, the University of Chicago,
4 Ingalls or whatever it says, I hope it says Ingalls, it
5 doesn't change its name, that we'll benefit for our
6 kids. The high schools, the colleges and universities
7 should be trained through this place. There should be
8 some vocational things going on, nursing programs.
9 There should be programs for youth, drug programs and
10 that should go through. We have a lot of people in the
11 community and we are not talking about that. They are
12 walking around the street right now probably got your
13 tires right now. And I'm telling you, we've got to get
14 those people where they can be taken care of. The
15 drugs they are using, taken care of and the programs,
16 and real programs for them that actually work. I'm
17 very passionate about this. I don't want to be fooled
18 or duped. We want it to be great, not great again as
19 someone says in politics. We want it to be great,
20 great, great, great. Thank you.

21 (APPLAUSE)

22 MS. FINE: My name is Susan Fine, S-U-S-A-N
23 F-I-N-E. I am the Communication Director at Ingalls
24 Hospital. I have been there almost 40 years. I do

1 love what I do and I guess that goes without saying
2 after 40 years. I won't go on and on about that. I
3 want to thank Representative Davis and all the members
4 of the communities who came out here today. We are
5 thrilled that you are interested and that you care and
6 that you want to learn more about the merger as do we.
7 We're very much looking forward to learning more about
8 what is going to happen as the two organizations come
9 together now.

10 You may or may not be aware, and of course
11 this has been a interesting bit of education, but we
12 had been trying as best as we can to let people know of
13 our intent and our commitment to come together to be
14 better when we are together. There is a lot of things
15 we don't know, because joint planning has not been able
16 to take place yet. That step happens now. And we're,
17 both organizations are chomping at the bit to do that.
18 We are looking forward to the time that we could get
19 together and get more specific. And then of course
20 look forward to communicating that and letting everyone
21 in the community know exactly what that means as we can
22 figure out at that time.

23 What I've got for you -- Ingalls will -- I
24 want to make a commitment to you. Continue to remain

1 your Community Hospital here in Harvey. That is a
2 strong commitment. We will do that going forward. But
3 with our partner, we'll be even better.

4 My colleague and I have divided up some of
5 the letters that we've gotten in support of our merger.
6 We've got a nice little stack. We are not going to
7 read them all to you. We've chosen just a couple. The
8 person who follows me will read a couple. I'm just
9 going to read you a couple if that is okay. Please.
10 This first I thought was important from Congressperson
11 Robin Kelly, on her letterhead. "Dear Mr. Johnson, I
12 wish to offer my congratulations to you, the Ingalls
13 staff, the Board of Directors on completing the merger
14 with the University of Chicago Medicine. As a member
15 of Congress representing the Second Congressional
16 District, and as Chairwoman of Congressional Black
17 Caucus, I'm committed to maximizing access to the care
18 and optimal health outcomes with community residents
19 and beyond. I firmly believe that this merger, which
20 combines community base healthcare with world class
21 economic and speciality care, help to achieve that
22 important goal. When two fine institutions such as
23 Ingalls and the University of Chicago combine forces,
24 the resulting energy and benefits are boundless. I

1 appreciate that Ingalls will continue to operate as a
2 non-profit organization and care for all patients
3 regardless of their ability to pay.

4 Thanks to you and for all those associated
5 with this landmark merger for your many contributions
6 to our community."

7 This one is from the Jewish United Federation
8 office that is in Flossmor. "Ingalls has been
9 providing excellent healthcare to the general
10 communities in the south suburbs more than 90 years.
11 Since 1995 Jewish United Federation of Metropolitan
12 Chicago has had its office in the south suburbs with
13 staff working to facilitate community outreach and
14 collaboration. Support programming, provide limited
15 direct service and emergency financial assistance and
16 serves as a resource for information and referral for
17 individuals and families in need.

18 We're supportive of Ingalls' Health Systems
19 to expand healthcare resources and improve access to
20 services and speciality physicians within our
21 community."

22 From the EMS System from Dr. Bernie --.
23 Thank you for the opportunity to comment on the
24 upcoming affiliation of the University of Chicago

1 Medicine and Ingalls Hospital in an EMS capacity. This
2 affiliation may provide Ingalls with additional
3 academic and research resources for education purposes
4 and allow for tertiary medical central alliance.

5 We look forward to the partnership and
6 combined resources."

7 From the Village of Homewood, from Mayor
8 Richard -- writing this letter in hopes of full support
9 for merger of Ingalls Hospital and the University of
10 Chicago. Kirk Johnson, Ingalls President has been
11 completely open to the benefits that would improve the
12 southland community as a result of this merger. On
13 November 17, 2015 all south suburban mayors were
14 invited to attend a briefing on this merger, which I
15 attended. Several of our State Representatives were
16 also in attendance. Mr. Johnson, explained the process
17 by which this merger had evolved and we expanded
18 services that would be available to our communities.
19 It was impressive. I believe the Southland community
20 will benefit greatly from this merger."

21 We have so many from Thornton Township Clerk.
22 I won't read it. It is very long. I will, though,
23 because she wanted so much to be here today, from
24 Bremen Township Supervisor, Maggie Crotty. She was

1 hoping to be here from a meeting. I don't see her.

2 I'll read Maggie's letter. This letter is written in
3 favor of the partnership between the University of
4 Chicago Medical Center and Ingalls Memorial Hospital.

5 Ingalls Hospital has been my family hospital
6 for over 40 years. We have battled cancer and had
7 surgeries and all other tests done through Ingalls.

8 And the emergent care facilities are equipped to handle
9 brain scans, CAT scans, mammograms, blood tests and so
10 much more. Ingalls has the Urgent Care Unit built in
11 many of our communities. And I look forward to

12 receiving the Ingalls News Magazine. The article
13 showcases the new and current healthcare treatments
14 that Ingalls offers. You would imagine only the north
15 side and downtown hospitals would offer. I'm always
16 pleased to read articles of residents of the south
17 suburbs who share their success stories from prenatal
18 to heart surgery and joint replacements. These stories
19 are informative and encouraging to us, needing the same
20 procedure in the near future. It was in the last
21 progress, magazine that I read about the possibility of
22 the University of Chicago coming to Ingalls. I was so
23 happy to have a prestigious medical center have a
24 presence at Ingalls. We, who live in the area, would

1 be happy to avail ourselves of the medical
2 opportunities close to home.

3 Throughout my career as State Representative,
4 State Senator and Township Supervisor, Ingalls has been
5 an important part of our communities. Kirk Johnson and
6 his staff always answer the call and they reach out to
7 residents in so many ways. I have called on Ingalls
8 for seminars for seniors and school vaccinations,
9 employee examinations and tests. They have been our
10 source to help residents who have mental health issues.
11 Ingalls serves so many residents who couldn't afford
12 care.

13 I'm proud to call Ingalls my hospital.
14 Maggie Crotty. If I could turn these as well as some
15 others.

16 (APPLAUSE)

17 MR MORADO: Kimberly Garrison. My name is
18 K-I-M-B-E-R-L-Y G-A-R-R-I-S-O-N. Ingalls Health Center.
19 I want to thank Representative Davis for orchestrating
20 this event for us and helping us provide opportunities,
21 to provide information to our local residents. I have
22 a couple of letters that I would like to read from some
23 of our supporters who were not able to attend today.
24 The first one is from Bishop Owens, who is the

1 President of Cook County located in Harvey, Illinois.
2 And he starts, "Dear Illinois Health Facilities and
3 Services Review Board. I'm writing to express full
4 support for the merger of Ingalls and University of
5 Chicago Medicine. And unequivocally say they will be
6 an access for all parties. I have had several
7 opportunities to visit Ingalls Hospital to see family,
8 friends and parishioners that are receiving medical
9 care. I personally have two colleagues that have had
10 knee surgeries and colleagues that have had strokes
11 five years ago and received excellent care and is doing
12 extremely well to this date.

13 On an even more personal note, a few years
14 ago my son was suffering from a severe illness and
15 Ingalls Hospital transferred my son to the University
16 of Chicago. I believe had this merger previously taken
17 place my son could have received the necessary care
18 which would have prevented him from being transferred.
19 I strongly support this merger. This community based,
20 coupled with world class speciality care will give
21 residents through the south side of Chicago and the
22 suburbs unprecedented access to the speciality services
23 close to home. I believe I speak for the community as
24 a whole when I say this partnership is what our

1 community needs and I also believe these two fine
2 organizations not only share a common value, they share
3 a vision for our region.

4 The University of Chicago of Medicine is
5 equally committed to providing essential meaningful
6 benefits to all. As you can see there are numerous
7 post mergers that will be receiving care for these
8 outstanding organizations in the future. Thank you
9 very much for your consideration. Sincerely, Bishop
10 Owens.

11 The second letter I'm going to read is
12 from the City of Harvey. It is addressed to Catherine
13 Olson, Chairperson of the Illinois Health Services and
14 Review board.

15 "Dear Miss Olson, please accept this on
16 behalf of the 25,000 plus citizens of the great City of
17 Harvey. As the Mayor of this city, I take pride in our
18 schools and churches. I consider it a pleasure and
19 privilege to write this letter of support on behalf of
20 the proposed Ingalls Memorial Hospital and the
21 University of Chicago merger.

22 Ingalls Hospital has been a pillar in
23 our community for the last 93 years and commitment
24 compassion and concern for its patient and services

1 they provide. I'm elated to support the merger of the
2 nationally, recognized and world renown for academic
3 and research for the University of Chicago. The
4 initiative to pursue a combined integrated delivery
5 system is truly visionary and also necessary to
6 compliment and enhance -- throughout the Chicago
7 southwest region.

8 In conclusion, I fully support Ingalls
9 and the University of Chicago strategic alliance in
10 partnering to enhance, enrich the citizens of Harvey
11 throughout and City. Sincerely, Mayor, City of
12 Harvey.

13 I do have a number of additional letters
14 that I would like to submit. They are approximately 15
15 additional, but I hand this to her. Thank you.

16 (APPLAUSE)

17 MR MORADO: If someone would like to give
18 some comment. You want to come up, we ask you to fill
19 out a form when you are done speaking. Is there anyone
20 that haven't had an opportunity to speak that would
21 like to give some comments today?

22 The folks that have yellow sheets, before you
23 leave, you can go ahead and turn those in. What we are
24 going to do now if no one else has any additional

1 comments today, I'm going to ask the President of the
2 University of Chicago, Sharon O'Keefe to come on up and
3 respond. Thank you.

4 MS. O'KEEFE: Thank you very much. My name
5 is Sharon O'Keefe. I'm the President at the University
6 of Chicago Medical Center. We are extremely excited to
7 start this partnership. I think "start" is the
8 operative word here. The partnership with Ingalls is
9 many, many possibilities going forward and the
10 potential is great. We are grateful to be welcomed
11 into this community. And Representative Davis, thank
12 you for this opportunity. This forum has afforded us
13 an opportunity to not only be welcomed, but to listen
14 to the community and to hear your concerns and
15 comments.

16 While we are at the beginning of the
17 relationship between our two hospitals, we have not yet
18 received regulatory approval, but we remain very
19 optimistic about the potential and about our future
20 together. As soon as we receive regulatory approval
21 and the merger is closed, which we hope to be doing in
22 the next several weeks, we will be initiating an
23 integrated planning process.

24 Kirk Johnson, that you heard from earlier

1 today and I, will co-chair an Integration Committee.
2 This committee will have the opportunity to oversee the
3 work of actually integrating the two different delivery
4 systems. Planning will need to be broad-based and will
5 include leadership from the University of Chicago
6 Medical Center, Ingalls, and we'll solicit input from
7 the wider variety of physicians, staff and as we heard
8 today, from the community. We're going to work
9 diligently to identify opportunities to improve
10 healthcare delivery and access to services provided in
11 our combined service areas. And, of course, to further
12 our own respective charitable missions. This will
13 absolutely give collaborative process and one that will
14 have input and we will look forward to working with the
15 broad-based state holders going forward.

16 I think the other thing we heard today is
17 when these type of transactions between hospitals
18 occur, it is absolutely natural for many questions to
19 arise to be heard, to be voiced. Many of those
20 questions relate to how individual care may be impacted
21 or access to clinical services going forward. We
22 believe that the merger will offer greater choice in
23 terms of doctors, other healthcare providers and
24 locations of patient care. Our combined health systems

1 will foster a continued commitment to quality, safety
2 and patient satisfaction. As we've heard, the
3 University of Chicago Medical Center has expertise in
4 complex care and research. And Ingalls has expertise
5 in high quality care in a community hospital setting.
6 What better more powerful combination than academic
7 medicine and community medicine.

8 As a result of this partnership, patients
9 will benefit from greater access to a broader array of
10 clinical services and enhanced coordination of care.

11 What we have heard today in terms of
12 questions and concerns is what will that look like
13 going forward. We don't have all the answers to that,
14 but we do know that there will be a number of steps
15 that would be visible to individuals in the community.

16 We heard some of those from Kirk Johnson
17 early on. First healthcare access starts with
18 recruitment of physicians to the community. We'll be
19 working diligently to expand the number of physicians
20 and the array of physicians and specialties within the
21 community. There will be enhancements to overall
22 ambulatory care services, whether those are expansions
23 of new locations or offering new services at current
24 locations that will be part of the plan. Development

1 of specialty care, we heard about access to clinical
2 trials and a variety of other new novel therapies that
3 we can offer together with Ingalls. That will
4 definitely part of the plan. And with two institutions
5 coming together will also be able to improve access
6 across the entire continuum of care, whether that is
7 the most routine care that needs to be offered all the
8 way to the most tertiary care, whether that is a bone
9 marrow transplant or complex surgery or
10 transplantation.

11 We definitely heard that the needs are great
12 and we will work diligently together to respond to
13 those needs expressed by the community. There are also
14 questions raised about jobs in the community and
15 employment at Ingalls. University of Chicago Medical
16 Center recognizes that a highly engaged workforce
17 increases innovation, productivity and overall clinical
18 performance. The success of Ingalls and its
19 outstanding reputation in the community is built on an
20 absolutely similar principal. We recognize the
21 important role we both play in our respective
22 communities, not only as providers of quality care, but
23 as an attractive, stable employer in the community.

24 Following our transaction, Ingalls and

1 University of Chicago Medicine will remain committed to
2 creating employment opportunities, offering competitive
3 salaries and benefits that help meet employee needs in
4 a changing economic environment.

5 While we absolutely don't have all of the
6 details as yet, together University of Chicago Medical
7 Center and Ingalls share a vision to improve quality of
8 care and expand the scope and accessibility of medical
9 care creating an absolutely solid foundation for a
10 long-term partnership. We represent institutions with
11 longstanding commitment to our communities. Together
12 when you think about both of our institutions, we have
13 over 200 years, 200 years of dedicated service to the
14 southland and the south side of Chicago. We have been
15 here. We will remain here and we will be responsive to
16 the needs of the community. We look forward to our
17 partnership and thank you for this opportunity, most
18 importantly to listen to your concerns, hear them, and
19 as we begin our planning going forward, to respond to
20 those in an organized, deliberate manner. Thank you.

21 (APPLAUSE)

22 MR MORADO: Thank you very much. Is there
23 anyone that wishes to testify that has not had an
24 opportunity? Hearing none, is there anyone that has

1 testified who wishes to provide additional testimony?

2 I'm going to need you to restate your name, please?

3 MR. KING: Melvin King, Harvey Illinois.

4 Talking about the services in Harvey for the medical of
5 Ingalls. I remember way back in the day when Ingalls
6 was the number one hospital. Everybody can remember
7 that. When you came to Ingalls, you came somewhere.
8 It was really nice. But I also know University of
9 Chicago, with my wife today. I see that -- from what I
10 could see, I couldn't park at all, because I was
11 through the line of about 20 cars and it was absolutely
12 no parking. And we rode and rode and rode. I got my
13 ticket back and I had to leave.

14 What I'm trying to say is this. I see what's
15 happening. The University of Chicago Medical Center,
16 you can't expand anymore in Chicago. You are at a
17 limit. I could see that. So Harvey is a good choice
18 for you to come out to, because you could expand and
19 you have the community and everything. So saying that,
20 what about this trauma center and helicopter. I think
21 that the state legislator, the federal government,
22 local, even Chicago's Mayor and Harvey get together and
23 with all the legislators and the hospitals fight to
24 Harvey the trauma center with a helicopter that lands

1 on top of it. I think if that happens, you are going
2 to see the town increase in numbers as far as
3 population, people moving in, having houses and people
4 coming in and having Harvey great as it was before. I
5 see it coming, but we've got to fight for that. And my
6 thought is, if you are coming in, why not give us an
7 opening and say here is a little carrot. We're going
8 to give you a helicopter pad and I think that would be
9 great.

10 (APPLAUSE)

11 MR. NUNN: Woodrow Nunn. As I said earlier
12 in mentioning government statutes and rules and
13 regulations, Section 3, in regards to the purpose of
14 the Act. I'm prepared to listen to what everyone has
15 said. I believe it may be pertinent to the whole
16 operation to have a little bit more information
17 regarding the corporate authorities of any county, I'll
18 get to the point, or any municipality. They don't
19 specify a number.

20 Provide for the acquisition, construction and
21 equipment of a medical service facility within the
22 municipality, as the case may be, to be leased to one
23 or more doctors.

24 Provide for the occurrence of an indebtedness

1 for that purpose.

2 Provide for the issuance of general
3 obligation bonds and security for that debt. And
4 Number 4, levy a tax in addition to all other taxes for
5 the purpose of amortizing such bonds. I won't read
6 through the rest of that. I think we get the point.

7 How are we going to fund all this. Right
8 now, Harvey is in a real bad situation. As Mr. King
9 pointed out, several things that have happened that
10 need to come to light, and there is other information.

11 I'm personally in favor of it, but I don't
12 want a disappointment of going through all the motions
13 of getting it set up and things get started and right
14 in the middle of it, it stops, because I have seen too
15 many operations like that happen. I'm not going to go
16 into naming any -- or say or cast aspersions on
17 anybody. But again, I would like to be in favor of it
18 and have more information. Several of the speakers
19 have mentioned that. It's critical to know exactly how
20 this is going to be taken care of and who is going to
21 have the responsibility of taking care of it.

22 Chicago, University of Chicago Medical Center
23 and Ingalls Hospital are the originators of this plan.
24 Are they going to be in a position to have the

1 authority to carry it through without being totally
2 dependent on the city. Harvey, where it is going to be
3 located, University of Chicago or City of Chicago is --
4 an institution there that is merging. It boils down to
5 some sort of an agreement to make sure that it can be
6 sustained and can be brought into existence and do the
7 purpose that it's supposed to do. That's my concern.

8 Who is going to be responsible and how much
9 of it is going to be on Harvey and then we could have
10 it done.

11 (APPLAUSE)

12 MR MORADO: Please note that this part of
13 this -- schedule for consideration by it's Board at the
14 September 13th meeting. The meeting will be held at
15 The Inn at 835 South 7th Street, Springfield, Illinois.
16 Please refer to the Health Facilities and Services
17 Review Board website at www.hfsrb.ill.gov. I ask that
18 you please prepare to take note of the following times
19 and dates. The State Board Report will be posted on
20 line at www.hfsrb.ill.gov/sar.htm on August 31st. The
21 deadline to submit written responses to the State Board
22 Staff Report is 9:00 a.m. September 6th. The responses
23 should be sent to the attention of the Illinois Health
24 Facilities and Services Review Board, Attention:

1 Courtney Avery, Administrator at 525 West Jefferson
2 Street, Second Floor, Springfield, Illinois 62761.

3 Are there any questions? Hearing that there
4 is no additional questions or comments, I deem this
5 public hearing adjourned. I again thank you very much
6 for your participation. And again to Will Davis for
7 calling for this public hearing. Those folks who have
8 yellow sheets, I am going to ask that you turn them in
9 before you leave. The State Board staff will be
10 staying around for a few moments if anyone has any
11 additional questions. Thank you.

12
13 (Meeting adjourned at 6:30 p.m.)
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1 STATE OF ILLINOIS)

2)

3 COUNTY OF C O O K)

4

5 C E R T I F I C A T E

6

7 The within and foregoing meeting was taken
8 before GWENDOLYN BEDFORD, Certified Shorthand Reporter
9 in the City of Chicago, County of Cook and State of
10 Illinois, and those present at the meeting as
11 previously set forth.

12 The undersigned is not interested in the
13 within case, nor of kin or counsel to any of the
14 parties.

15 IN TESTIMONY WHEREOF, I have hereunto set my
16 hand this 2nd day of September, 2016.

17

18

GWENDOLYN BEDFORD, C.S.R.
No. 084-003700

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	58:13	33: 3,11	62:23	22;28:19;34:21;
1	2016 (9)	43 (1)	95th (1)	40: 4;43: 3;50:14;
	1: 6;4:18,20,23;	15:13	47:17	54:16;65: 3
1 (2)	5: 3, 7,14;10: 1, 2	450 (1)		add (1)
15:11;38:13	217-782-3516 (1)	21: 2	A	24:22
1/2 (1)	5:13			addition (2)
4:12	22 (1)	5		23:22;71: 4
11 (2)	5:14			additional (8)
4:12;24:21	24 (1)	50 (1)	ability (1)	9:13;58: 2;63:13,
1130.520 (1)	41:17	21: 1	57: 3	15,24;69: 1;73: 4,11
3:15	24,000 (1)	525 (1)	able (13)	address (4)
13 (2)	45: 3	73: 1	13: 2;18:21;29:13;	13:11;20:18;
4:20;10: 1	25 (2)	5841 (1)	30:16,21;32:15;	26:14;36:22
13th (1)	1: 6;4:23	3:20	33:16;45:15;46:13;	addressed (1)
72:14	25,000 (1)		47: 2;55:15;60:23;	62:12
14821 (2)	62:16	6	67: 5	adequate (2)
1: 4;4:16	25th (1)		absolutely (7)	21: 9,15
14th (1)	4:14	6 (1)	22:20;65:13,18;	adjourned (2)
6:12	26 (1)	5: 7	67:20;68: 5, 9;69:11	73: 5,13
15 (1)	4:18	6:30 (1)	abuse (1)	Administrative (3)
63:14	2616 (1)	73:13	34: 1	3:15;8: 5;14: 7
150th (1)	51: 2	60 (1)	academic (7)	Administrator (1)
17:22	27-year (1)	33: 9	11: 3;30: 6;31: 5;	73: 1
15406 (1)	39: 6	60426 (1)	47: 9;58: 3;63: 2;	admit (1)
46:20	28 (1)	1: 5	66: 6	32:13
154the (1)	27: 1	62761 (1)	accept (1)	adult (1)
32:24	29 (2)	73: 2	62:15	34:15
15521 (1)	20:17;26:20	67 (1)	accepted (1)	adults (2)
20:17		33: 7	4:24	19: 9;20:10
15633 (1)	3	6th (2)	access (11)	advanced (1)
39: 6		51: 3;72:22	12: 1;56:17;57:19;	11: 9
17 (2)	3 (2)		61: 6,22;65:10,21;	advancement (1)
27:16;58:13	21: 5;70:13	7	66: 9,17;67: 1, 5	35: 1
18 (3)	30 (2)		accessibility (1)	advent (1)
34:16,17;46:15	10: 2;35:20	7:00 (1)	68: 8	20:21
1800s (2)	30th (1)	4:14	accessible (1)	advice (1)
52:10,11	14: 5	77 (1)	5: 8	47:24
1959 (1)	31 (1)	3:14	accident (1)	advisory (2)
17:21	5: 3	7th (1)	47:18	37:11;40:15
1968 (1)	31st (1)	72:15	accidents (1)	advocates (1)
14:20	72:20		34: 2	16:12
1971 (1)	32 (1)	8	accomplish (2)	Affairs (1)
49: 2	33: 8		9: 9;37: 2	10: 8
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