In The Matter Of:

Illinois Department of Public Health
Healthcare Facilities & Services Review Board

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

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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.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

THE AUDIENCE: Can't hear you.

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

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

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

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

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

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

The overwhelming majority of residents we

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

MR MORADO: I have the pleasure to introduce

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

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

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

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

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

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

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

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

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

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

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

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

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

(APPLAUSE)

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

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

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

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

(APPLAUSE)

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

more mental health services.

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

(APPLAUSE)

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

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

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

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

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

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

(APPLAUSE)

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

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

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

Ingalls, I think is a first class community

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

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

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

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

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

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

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

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

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

(APPLAUSE)

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

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

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

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

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

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

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

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

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

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

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

First, I want to thank Representative William

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

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

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

Now I understand and I have heard the word

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

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

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

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

(APPLAUSE)

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

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

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

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

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

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

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

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

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

(APPLAUSE)

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

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

(LAUGHTER)

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

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

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

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

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

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

(APPLAUSE)

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

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

(APPLAUSE)

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

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

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

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

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

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

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

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

(APPLAUSE)

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

crisis?

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

(APPLAUSE)

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

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

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

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

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

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

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

(APPLAUSE)

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

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

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

(APPLAUSE)

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

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

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

(APPLAUSE)

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

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

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

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

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

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

(APPLAUSE)

DR. MCCASKILL: Dr. Keisha McCaskill

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

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

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

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

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

(APPLAUSE)

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

Fine.

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

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

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

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

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

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

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

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

(APPLAUSE)

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

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

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

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

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

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

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

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

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

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

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

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

We look forward to the partnership and combined resources."

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

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

hoping to be here from a meeting. I don't see her. I'll read Maggie's letter. This letter is written in favor of the partnership between the University of Chicago Medical Center and Ingalls Memorial Hospital.

Ingalls Hospital has been my family hospital for over 40 years. We have battled cancer and had surgeries and all other tests done through Ingalls. And the emergent care facilities are equipped to handle brain scans, CAT scans, mammograms, blood tests and so much more. Ingalls has the Urgent Care Unit built in many of our communities. And I look forward to receiving the Ingalls News Magazine. The article showcases the new and current healthcare treatments that Ingalls offers. You would imagine only the north side and downtown hospitals would offer. I'm always pleased to read articles of residents of the south suburbs who share their success stories from prenatal to heart surgery and joint replacements. These stories are informative and encouraging to us, needing the same procedure in the near future. It was in the last progress, magazine that I read about the possibility of the University of Chicago coming to Ingalls. I was so happy to have a prestigious medical center have a presence at Ingalls. We, who live in the area, would

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

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

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

(APPLAUSE)

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

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

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

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

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

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

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

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

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

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

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

(APPLAUSE)

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

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

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

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

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

Kirk Johnson, that you heard from earlier

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

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

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

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

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

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

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

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

Following our transaction, Ingalls and

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

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

(APPLAUSE)

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

testified who wishes to provide additional testimony? I'm going to need you to restate your name, please?

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

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

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

(APPLAUSE)

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

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

Provide for the occurrence of an indebtedness

for that purpose.

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

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

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

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

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

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

(APPLAUSE)

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

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

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

(Meeting adjourned at 6:30 p.m.)

STATE OF ILLINOIS)
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COUNTY OF C O O K)

C E R T I F I C A T E

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

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

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

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

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