- Thank you. My name is John Walsh and I am the CEO of MetroSouth Medical Center.
- I want to thank the community members for participating in the hearing today.
   While we regret the circumstances under which we are here, I believe we have important information and context that should be considered as part of this discussion.
- I want to also recognize and thank the local elected officials and community leaders, some of whom are in the room today, who have worked with us over the past few weeks as we continue to seek a new operator for the hospital.
- It was so difficult to share the news last month that MetroSouth would close by the end of the year unless we found another operator.
- I will bet there are people here today who were born at MetroSouth, had their children at the hospital and who welcomed grandchildren there.
- And we recognize the hardship this creates for the highly-qualified, dedicated professionals who don't just show up to work, but who give their heart and soul into taking care of patients.
- I know these connections run deep and the announcement seemed sudden for many.
- But in reality, representatives for the hospital have been working for three years to find a solution that would allow the hospital to continue operating in some form.

- None of those efforts, including reaching out to almost 40 health care providers and companies in Chicago, across the state and throughout the country, have been successful so far.
- The providers we reached out to said they too would be unable to operate the hospital "as is" and shared our concern over mounting financial, operational and competitive challenges.
- Many of these challenges are not unique to this community. Across the country, hospitals are closing at a rate of 30 a year as care shifts to the outpatient setting and smaller facilities fold under increasing cost pressures.
- In addition to rising costs and shrinking reimbursements, MetroSouth is faced with steadily declining volumes.
- Despite having an excellent medical staff and dedicated employees, more patients are choosing to leave the community for care.
- Since 2014:
  - Surgeries have decreased by 25%
  - o Clinic visits are down by 21%;
  - o and deliveries have decreased by 17%.
- Market share data for 2018 shows that among residents who live in the 60406 zip code, 65% chose to go to hospitals other than MetroSouth.
- The trend of patients seeking care at facilities other than MetroSouth is even stronger in our surrounding zip codes.

- The hospital has 314 licensed beds but serves fewer than 100 patients a day, on average; those dynamics mean the hospital is running at only one third of its total capacity.
- As a result, the hospital is also losing millions of dollars a year.
- Between 2014 and 2017, MetroSouth lost an average of \$2 million each year.
- Those loses intensified last year when a bill passed by the Illinois legislature allowed redesign of the state Hospital Assessment Program.
- The Program now uses data that is several years old to allocate state funds to hospitals. This unfairly penalizes hospitals like MetroSouth whose volumes have changed dramatically or who serve higher numbers of Medicaid patients than they did in the past.
- As a result, MetroSouth lost more than \$8 million in 2018 and is on track to lose more than \$10 million this year. That number could increase in 2020.
- These losses are simply unsustainable especially in the face of declining demand for our services.
- We simply do not have the resources to continue operating the facility beyond the end of the year.
- While there is no doubt MetroSouth has served this community well over the years, it is important to understand there will be no shortage of medical care in the area should the hospital close.

- The community has access to eight other hospitals offering all the necessary medical services within a 10-mile drive.
- In fact, in our service area alone there is an excess of more than 300 inpatient hospital beds.
- Despite the many nearby options for care, we understand the community's concerns and are working diligently to expand our search for a new solution.
- In recent weeks, we've met with interested leaders to discuss several options for future ownership of the hospital and campus, including the possibility of transferring ownership of the hospital and campus to the city of Blue Island.
- We indicated to Mayor Vargas we are willing to transfer ownership to potentially operate a free-standing emergency department and outpatient services.
- We await feedback from Mayor Vargas' team.
- We have also offered to work with the Blue Island Chamber of Commerce to enlist a specialized group of community real estate professionals and economic development officials to discuss reuse of the campus.
- We are willing to explore and fund an engagement with the Counselors of Real Estate Consulting Corps who specialize in redevelopment of properties like MetroSouth.
- We received no response from the Chamber.
- We remain committed to doing everything we can to preserve this community asset, but any new operator will need to secure several million dollars in

additional funding to maintain operations and undertake the necessary regulatory processes.

- Our conversations with community stakeholders and outreach to potential
  partners will continue as we work to make the best of this unfortunate situation.
- While it is clear that change is in our future, I again regret the personal impact this has on the employees and the families they support.
- They have been the lifeblood of this hospital for years and the decision to close is in no way a reflection upon their dedication, commitment and compassion for their patients.
- We are going to do everything we can to ease this transition for them, including connecting them with other employers and resources in the community.
- For now, we continue to focus on providing the best possible care for our patients and their loved ones.
- I hope the information we share tonight provides a more complete picture of the hospital's many challenges and our earnest efforts to not only address them, but also find a long-term solution for this community.
- I sincerely appreciate everyone's commitment to the hospital and to our city.

# **MetroSouth Medical Center: Facts at a Glance**

MetroSouth Medical Center filed an application with the Illinois Health Facilities and Service Review Board in June to discontinue hospital operations as it continues to search for a possible new operator to provide health care services on the MetroSouth campus.

As financial and operational challenges at the hospital increased in recent years, hospital representatives reached out to nearly 40

# Financial losses in the millions every year:

- \$2.1 M in 2014
- \$1.3 M in 2015
- \$2.5 M in 2016
- \$2.6 M in 2017
- \$8.4 M in 2018\*

patient utilization since 2014: 10% decline in admissions

25% decline in surgeries

Decreases in

17% decline in deliveries

15% decline in outpatient visits 21% decline in clinic visits

\*Financial losses spiked in 2018 following redesign of the Illinois Hospital Assessment Program

organizations in hopes of finding a potential buyer. None committed to operate MetroSouth as a full-service community hospital, but discussions continue with other organizations for possible reuse of the campus for a freestanding emergency department and outpatient services center.

If current negotiations are not successful, the hospital will wind down operations by the end of the year.

Facility	Medical/ Surgical Services	Intensive Care	OB/ Child- birth	Mental Iliness Care
Ingalls Memorial Hospital	<b>V</b>	<b>Y</b>	<b>V</b>	<b>V</b>
Roseland Community Hospital	<b>V</b>	<b>✓</b>	<b>V</b>	V
Little Company of Mary Hospital	<b>V</b>	<b>V</b>	1	<b>V</b>
Advocate Christ Medical Center	<b>V</b>	<b>V</b>	<b>*</b>	<b>V</b>
South Shore Hospital	<b>V</b>	<b>Y</b>		
Palos Community Hospital	<b>V</b>	<b>V</b>	4	✓
Advocate South Suburban Hospital	<b>V</b>	<b>Y</b>	4	
Advocate Trinity Hospital	<b>V</b>	<b>V</b>	<b>Y</b>	

#### Care in the Community

Health care options on the south side of Chicago – and throughout Cook County – have increased significantly in the last decade. The area is home to many hospitals, physician clinics and health centers. After the closure of MetroSouth Medical Center, Blue Island residents will have continued access to eight community hospitals – offering a wide array of medical services – within a 10-mile drive of the MetroSouth campus.

Service Line	Current Beds	State- Calculated Bed Need	Bed Excess after MetroSouth Closes
Medical/Surgical	2,040	1,557	+241
Intensive Care	366	322	+16
Obstetrics/Childbirth	180	128	+22
Acute Mental Illness Care	195	130	+51

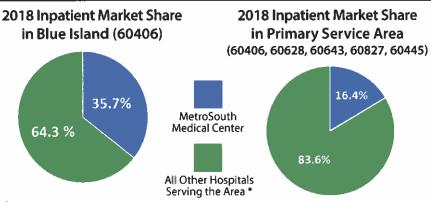
#### **Competitive Environment**

By state health planning standards, even with the closure of MetroSouth, there will be no shortage of medical care in Health Services Area in which Blue Island is located.

#### Choosing Care Elsewhere

Market share data for 2018 shows that among residents who live in the 60406 zip code, 65% chose to go to hospitals other than MetroSouth. Despite having an excellent medical staff and dedicated employees, most patients choose to receive care elsewhere.

\* "All Other Hospitals" category includes Advocate Christ, Ingalls Memorial, Palos Community, Rush University, Little Company of Mary, University of Chicago, Northwestern, South Shore, Roseland and others.



# **Medical Care in the South Chicago Community**

# Eight Hospitals in Just 10 Miles

South Cook County is fortunate to be home to many hospitals, physician clinics and health centers. After the closure of MetroSouth Medical Center, Blue Island residents will have continued access to eight community hospitals – offering a wide array of medical services – within a 10-mile drive of the MetroSouth campus.

Facility	Medical/ Surgical Services	Intensive Care	OB/ Child- birth	Mental Illness Care
Ingalls Memorial Hospital	<b>✓</b>	<b>V</b>	<b>V</b>	<b>V</b>
Roseland Community Hospital	<b>V</b>	<b>V</b>	1	<b>V</b>
Little Company of Mary Hospital	<b>V</b>	<b>V</b>	1	1
Advocate Christ Medical Center	<b>V</b>	<b>V</b>	<b>V</b>	<b>V</b>
South Shore Hospital	<b>V</b>	<b>V</b>		
Palos Community Hospital	<b>V</b>	<b>V</b>	1	<b>V</b>
Advocate South Suburban Hospital	<b>V</b>	<b>Y</b>	<b>V</b>	
Advocate Trinity Hospital	<b>Y</b>	<b>Y</b>	1	

# Advanced & Specialized Care

In addition to the core services above, local hospitals provide residents with a broad variety of specialized services and programs, including:



Advanced surgical services such as open heart and cardiovascular surgery, gastroenterology, gynecology, neurology, robotic surgery, orthopedics and joint replacement, plastic surgery



Cardiac care including valve replacement programs, catheterization, Afib and tachycardia programs, coronary artery and vascular disease services and more



Cancer care including screening, diagnosis, treatment, recovery and extended support



Diagnostic services such as MRI, CT, ultrasound, angiography, PET and CAT



Outpatient care such as ambulatory surgery, dialysis, cancer treatment, laser eye procedures, pain management, gastrointestinal and cystoscopy

# Strong & Vibrant Public Health

In addition to the many hospitals in the area, Cook County Health operates health centers in both Oak Forest and Robbins and offers a variety of health screenings, outreach programs and medical services:

- breast and cervical cancer screenings
- health fairs and prenatal programs
- vision and hearing screenings
- alcohol and drug abuse programs
- STD and HIV testing
- dental services
- · violence prevention
- · access to medical/dental insurance
- behavioral counseling
- · primary care
- services for victims of sexual abuse and assault
- smoking cessation programs.

Public Hearing: Illinois Health Facilities and Services Review Board Wednesday, July 24th at St. Benedict's Church, 2339 York St. in Blue Island

Remarks of U.S. Rep. Bobby L. Rush on MetroSouth Medical Center Closure

#### Good morning.

My name is Robyn Wheeler Grange and I am the District Director for Congressman Bobby Rush. On behalf of the Congressman, I'd like to thank you for the opportunity to share his remarks regarding his concerns about the closure of MetroSouth Medical Center.

Not too long ago, in 2008, the Congressman was joined by state and local officials in an effort to keep the, then doors of St. Francis Hospital, open. The plan to close the hospital was unfathomable because of the devastating effect it would have on the overall delivery of healthcare services to his constituents in Blue Island, and those of its neighboring communities. In addition, serious concerns existed regarding the tremendous negative economic impact the hospital's closure would have in the south and south suburban region of my District. Hundreds of dedicated physicians, nurses, administrators, and support staff who address healthcare needs and support local businesses would have lost their jobs. So, at the urging of the elected officials and community leadership, the hospital leadership secured their purchase and, in May 2008, MSMC Investors became the new owners, followed by a subsequent purchase by Quorum Health Corp. in 2012.

The Congressman recalls that at the time of purchase, the then new CEO of MetroSouth, Mr. Arnold Kimmel said, "We know how important it is to the residents of Blue Island and the surrounding communities to keep the hospital operating for the long term and we intend to do just that." That commitment was matched by the City of Blue Island when they provided the hospital with the incentive of tax increment financing for hospital renovation and service expansion.

Today, the Congressman is looking for and expecting that same commitment from MetroSouth's leaders as expressed by the previous CEO because the same circumstances that existed in 2008 exist today in Blue Island and the surrounding municipalities of Alsip, Robbins, Calumet Park and Midlothian. This acute care hospital, undoubtedly saves residents' lives because of its proximity to these communities and the healthcare it provides, particularly emergency care. By adding additional miles to a trip when a person is experiencing a health crisis, serious and even deadly consequences can be the result.

In addition, the economic impact of closure would leave over 800 people without a job and have a tremendous ripple effect on the City of Blue Island, as the hospital continues to be one of the area's largest employers.

It is important that the MetroSouth leadership work together with civic and community leaders to create a solution that keeps Blue Island's residents and those of the surrounding communities whole. The Congressman stands ready to assist in keeping healthcare > New South leadership accessible to his constituents who have been served by this hospital for more than a century.

So, on behalf of Congressman Rush and the over 70,000 constituents who will be impacted, I urge the Health Facilities and Services Review Board to take these facts under advisement and, in your deliberations, consider the significant impact MetroSouth's closure will make on the health and well-being of the patients, staff, residents and communities of the South Suburban region.

- My name is Ken King. I am Senior Vice President of Acquisitions and Development at Quorum Health.
- Quorum took ownership of MetroSouth Medical Center when the Company spun-out from Community Health Systems in May 2016.
- At the time of the spin-out, Quorum spoke publicly about its intentions to divest some of its hospitals, and has continued to communicate the same intentions ever since.
- MetroSouth has been on Quorum's list of hospitals to divest since Quorum's spin-out in 2016. Quorum has diligently attempted to sell MetroSouth for more than three years.
- During this time, I have personally contacted and spoke with many organizations in an attempt to identify a buyer for MetroSouth.
- From March 2017 through April 2018, Quorum engaged Ponder and Co. as financial advisors to represent the Company in attempting to sell MetroSouth.
- From March 2019 through the present, Quorum engaged MTS Partners as financial advisors to represent the Company in attempting to sell MetroSouth.
- Representatives from both Ponder and MTS will speak momentarily about the process they went through in an attempt to find a buyer.
- Our collective efforts (myself, Ponder, MTS) have been unsuccessful in finding a buyer for MetroSouth.

- We spoke with the Chicago-based systems, multiple times, without success.
- We spoke with not-for-profit hospital systems that operate in other parts of the State of Illinois, without success.
- We spoke to systems in Wisconsin and Indiana, without success.
- We spoke with many for-profit systems without success.
- From our collective efforts, we had five parties that expressed some level of interest. None of those expressions of interest transferred into fullyexecuted, binding, definitive purchase agreement.
- Since we announced the closure of MetroSouth, only four new parties have contacted Quorum re: MetroSouth. None of the four had hospital operating experience, and the discussions went nowhere.
- In summary, between myself and two different financial advisory firms,

  Quorum reached out to over 40 organizations in an attempt to identify a new
  owner and operator for MetroSouth. These efforts have been unsuccessful.
- I'll now ask Dave Atchison from Ponder and Frank Walker from MTS to share some comments about their efforts to sell Metro South.

I can still remember coming with my mom as a child to pick up her paycheck at St. Frances. Walking by the fountain that stood in the lobby before the renovations, was one of the greatest memories of my visits. Years later, my father had a stroke and actually delayed primary care because he wanted to go to the hospital that my mother worked for over the nearest facility. Thankfully, there was not too much damage due to the stroke, and he was in ICU for about 2 weeks. My father is only one of the many that choose to receive care at MetroSouth over their nearest hospital. There are countless times where women want to deliver their baby with us because of the phenomenal care they receive on our unit. We are convenient, serve many surrounding families, and provide compassionate care. My mother worked for St. Frances/MetroSouth for 44 years until she retired. While she worked here, she developed many friendships, many of those she still sees regularly, formed bonds with patients, and cared for many different types of pts that our OB unit cares for. Her compassion was endless. She would come home in tears when a difficult case would arise, but she still went back to continue the work she was called to do. Many years later, I followed in her footsteps and joined her, at what is now Metrosouth, to begin my nursing career. I never had any intention of working in labor and delivery, yet here I am, and I fell in love. During the past 5 years, I have formed my own friendships, learned everything I know from some of the best nurses, and we are guided by one great leader. I couldn't have imagined beginning my career anywhere else.

Our patients mean so much to us, and compassionate care is our calling. I know this doesn't mean much to many, but Metrosouth means a lot to our patients and us. This community needs this hospital. Changes need to be made, and we need to work together to make it work. We understand that a hospital cannot function without proper financial stability, however, it's not only about the dollar, but it is about the people who need and deserve care.

- Thank you. My name is David Atchison. Retired CEO and Managing Director,
   Merger & Acquisitions Group at Ponder & Co. I spent over 35 years of my
   career representing hospitals and health systems in various strategic advisory
   capacities, including representation of seller organizations.
- Ponder & Co. is a leading financial and strategic advisory firm focused exclusively on the healthcare industry. We have been providing advisory services to hospitals and healthcare systems for more than 45 years establishing a mergers and acquisitions group in 1999 dedicated to the hospital industry. In the past 10 years, Ponder's M&A group has participated in over 100 engagements for nearly 70 different healthcare clients across 27 states.
- Ponder was engaged by Quorum from March 2017 to April 2018 to represent the company in the sale of MetroSouth.
- Ponder focused its efforts on reaching out to hospitals, health systems and private equity investors that have shown previous interest or experience in operating hospitals of MetroSouth's size and financial position.
- Ponder contacted nearly 20 different organizations including Chicagolandbased, regional and national hospitals and health systems (both for-profit and not-for-profit), private equity companies and private investors.
- The structured RFP solicitation process included securing Non-Disclosure
   Agreements with interested parties, disseminating historical financial and
   operational information on MetroSouth, and facilitating one-on-one calls and
   meetings between interested parties and Quorum personnel.

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Public Hearing - E-024-19 MetroSouth Medical Center, Blue Island
David Atchison, Retired CEO and Managing Director, Merger & Acquisitions Group, Ponder & Co.

- As a result of this process, we received letters of interest from three different parties.
- We provide each of those parties additional information about MetroSouth during a due diligence review period.
- All three interested parties ultimately chose not to pursue a purchase of MetroSouth for reasons that included the deep financial distress of the organization, an operating environment in which it would prove difficult to successfully turn around the organization, or failure to secure the capital resources required to purchase and operate the facility.
- Attempts to re-market the facility proved unsuccessful and after it was
  determined by Quorum that no further reasonable opportunities existed for
  which Ponder may be of assistance, Quorum notified Ponder & Co. on April 2,
  2018, that it would like to terminate our engagement.
- In my personal experience, I have had only one other sell-side engagement
  that was unsuccessful. The current environment, however, with reductions in
  reimbursement rates by governmental payors, trends toward providing more
  outpatient services, and ever-increasing operating expenses not only resulted
  in failure to find a buyer for MetroSouth but will likely result in more sell-side
  failures and hospital closures in the future.

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Frank Walker, Vice President, MTS Health Partners

- Thank you. My name is Frank Walker and I am a Vice President at MTS Health Partners. I've spent over 7 years in healthcare investment banking, representing healthcare services companies in various strategic advisory capacities, including representation of both buyers and sellers.
- MTS Health Partners is a leading boutique investment bank that provides strategic and financial advice exclusively to public and private healthcare companies of all sizes, from global corporations to private equity-backed businesses. Formed in 1999, we now have over 45 advisory professionals, 11 partners and offices in New York, San Francisco and Tokyo
- Our most recent efforts have included providing guidance to several large-scale healthcare companies during high-profile mergers and the sale of a 200-bed facility in downtown Los Angeles.
- We have also previously advised a variety of hospital operators, including HCA, Community Health, Tenet, and Ardent.
- MTS was engaged by Quorum in January 2019 to assist in selling MetroSouth.
- In partnership with the management team at Quorum, we created a marketing document that included a detailed description of the

facility and its operations, as well as information about potential upside opportunities for MetroSouth under new ownership.

- We solicited interest from over 30 national and regional hospital and health systems, both for-profit and not-for-profit, as well as private equity investors that MTS believes would have an interest in operating a hospital of MetroSouth's size and financial position.
- The outreach process included securing Non-Disclosure Agreements with 14 interested parties.
- More detailed hospital data was made available to these parties, and each was encouraged to submit questions and schedule meetings or calls to answer any questions on the materials.
- This due diligence process resulted in receiving a letter of interest from one party in May 2019. We deemed that interest to be speculative and not credible as that party had no recent experience operating a hospital and was unable to identify financing sources necessary to fund a transaction.
- The remaining parties declined to pursue Metro for a variety of reasons, including the deep financial distress of Metro and/or failure to secure the necessary financing to purchase and operate the facility.

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Frank Walker, Vice President, MTS Health Partners

- More directly, each cited as reasons the limited future prospects for Metro based on reductions in reimbursement rates by governmental payors, trends toward outpatient services and ever increasing operating expenses.
- Accordingly, based upon a broad solicitation of potentially interested parties across the United States, we have been unable to identify and engage with an interested buyer for Metro.
- We believe the hospital is unlikely to be sold in the current environment.

My name is Randy Heuser I'm the City Clerk for the City of Blue Island. I am also a 4<sup>th</sup> generation resident of the City and was born t St Francis Hospital (now Metro South) many moons ago.

The City of Blue Island is slightly older than the City of Chicago and has a rich history. This town was built around the railroad. It was also a stopping point for farmers bringing their wares to market in the horse and buggy days.

Blue Island was a thriving community in its heyday, home to a Sears store, Montgomery Wards, car dealerships and many more retail businesses up and down Western Avenue.

Over the years, Blue Island has seen lots of changes; Shopping Malls destroyed the down town as we knew it. IDOT changed Western Avenue to one-way in the 70's but we persevered. We found ways to keep our little downtown alive, looking towards service related businesses to fill the store fronts and we are just barely hanging on.

The hospital has been here for decades and has become a HUGE economic engine for this City. I'm afraid that if we lose this engine, Blue Island will become a ghost town with no hopes of recovery.

Thank You for listening!



Alsip Beecher Blue Island Burnham Calumet Čity Calumet Park Chicago Heights

Country Club Hills Crestwood Crete Dixmoor Dolton East Hazel Crest

East Hazel Crest Flossmoor Ford Heights Glenwood Harvey Hazel Crest Homewood Lansing

Lynwood Markham Matteson Midlothian Mokena Monee

Oak Forest
Olympia Fields
Orland Hills
Orland Park
Park Forest

Park Forest Peotone Phoenix Posen Richton Park Riverdale Robbins

Sauk Village South Chicago Heights

South Holland Steger Thornton Tinley Park University Park Worth July 24, 2019

Testimony to the Illinois Health Facilities and Services Review Board (IHFSRB)

Given by:

Kristi DeLaurentiis, Executive Director, SSMMA

Re:

Possible Closure of MetroSouth Hospital

Hello. Thank you for the opportunity to testify today. My name is Kristi DeLaurentiis, I'm the executive director of the South Suburban Mayors and Managers Association (SSMMA) which represents 45 south suburban municipalities and some 750,000 residents. SSMMA provides technical assistance and support to member communities: thriving suburbs, struggling yet stable communities home to moderate-income families, to some of the most resource-strapped and economically distressed towns within the Chicago region. Our members are committed to eliminate racial disparities, heal racial divisions and build more equitable communities.

The possible closure of MetroSouth Hospital and its impact on south suburban community members- not only Blue Island residents, nurses, doctors, workers, families but the region's— raises stark concerns for us. Over the past two years, our region has seen the disinvestment and closure of two major hospitals which has left a void in outpatient and inpatient service provision within our region. The closure of Franciscan St. James Hospital in Chicago Heights and Cook County's Oak Forest Hospital means other hospitals and clinics have to serve an ever growing number of patients. Already health care providers and others are struggling to adjust to the new reality and environment that has stretched are medical resources to the limits. The closure of MetroSouth at this critical time would be catastrophic to the region's health care system.

I've reviewed MetroSouth's Hospital Profile and submission to the Health Facilities and Services Review Board. Frankly, the submission is flawed. The documents provide a snapshot of conditions of the health facilities serving the Southland that no longer exist. The numbers of beds, patients served, Emergency/Trauma care figures and other stats have all changed since the 2 south suburban hospitals have closed. Just listen to the EMS personnel today and their testimonies about wait time, delay, lack of beds, patient delivery times and distance to facilities, frequency of hospitals being on Bypass due to patient loads, etc. This would only be worsened with another hospital closure.

Please collect updated data and assess the REAL conditions of medical service and access to care in the Blue Island/South Suburban region. The Utilization and available beds #s have changed since 2017; the driving distance and drive times to other facilities around the region is faulty as no consideration of traffic, freight interference, or construction was considered in the Impact ON ACCESS Report included in MetroSouth's closure application. We've pulled data from our Metropolitan Planning Organization, CMAP, that shows starkly different information, including actual average delay times, particularly concerning in an area that is transected by rail corridors and dozens of atgrade rail crossings. I'm sure you've heard that Chicago is the crossroads of the nation with freight? Well, nowhere is it more true than in the South Suburbs.

SSMMA stands ready to assist you in understanding the deleterious and significant negative impacts ANOTHER hospital closure would have on our region. We would welcome the opportunity to share our findings and other research so that you can make an informed decision. I implore you to remember that access to care and health care services is a corner stone of our community and contributes to quality of life and success. To allow for greater disinvestment in the Southland allows for greater inequity and disparity which would further exacerbate the health care crisis we're already experiencing. Again, it would destabilize our region and further be an injustice to the residents of Blue Island and beyond.

Thank you.

Submitted by Kristi DeLaurentiis

Statement From Anne Igoe: We Urge the Illinois Health Facilities and Services Review Board to Rescind Metro South Medical Center's Request to Close Its Operation

When: Wednesday, July 24th, 2019

Where: St. Benedict Roman Catholic Church

2339 York St, Blue Island, IL 60406

Thank you for the opportunity to speak to you today.

I'm here to make the case that the Illinois Health Facilities and Services Review Board must do all that it can to stop a for-profit hospital system, Quorum Health Corp., the parent company over Metro South Medical Center, from shutting down.

My name is Anne Igoe, and I serve as the Vice-President of the Health Systems Division at SEIU Healthcare Illinois Indiana Missouri Kansas – the union that fights for and protects over 90,000 workers in hospitals, nursing homes, child care and home healthcare.

Our Union proudly represents the dedicated hospital service workers at MetroSouth Medical Center who provide quality patient care to those who need support.

We urge the Health Facilities Review Board to reseind and stop Quorum Health Corp's application to close its operations at Metro South this November.

We further ask that this Board scrutinize Quorum Health's unprecedented actions, misleading public statements and broken promises, based on the evidence and fact-pattern, whether this

corporation acted in good faith and was truthful and candid about its intentions, business practices and corporate strategy.

Please allow me to paint a picture of how we got here.

First, it is our analysis and belief that Community Health Systems (CHS), Inc., created Quorum Health Corp. as a new subsidiary in order to offload underperforming hospitals, based on their projected low or declining profits.

We believe that CHS decided to remove as many liabilities off CHS' balance sheet as they could and dump them into a new company, Quorum Health, who could then be free to spinoff, sell, or close its communities regardless of what communities would be impacted.

Let's establish some facts:

- In April 2016, an ongoing shareholder class action suit alleged that Community Health Systems, Inc. and Quorum Health Corp. made "false and misleading statements the financial status of both CHS and Quorum prior to and right after the (Quorum) spinoff".
- The Plaintiffs asserted that "impairing CHS' and Quorum's goodwill before the spin-off would have jeopardized Defendants' ability to fund the spin-off and pay down CHS' debt."

- Prior to the spinoff, CHS had the second highest debt level among the largest investor-owned hospital companies.
- Plaintiffs contend that "CHS chose to spin-off 38 of its worst hospitals into Quorum in order to improve its performance and generate cash to pay down its huge debt."
- The spinoff enabled CHS "to dump hospitals that were a drag on its financial performance while at the same time giving CHS an injection of cash to pay down its massive debt."
- Following the spinoff and \$1.2 billion "special dividend",
   Quorum supplanted CHS as the most leveraged investor-owned hospital company in the industry.vi
- Plaintiffs allege that the "Defendants' accounting fraud concealed from investors the poor performance of the Company all the while overstating the Company's financial results. As a result, investors purchased stock at artificially inflated prices."
- According to the Plaintiffs, "CHS spun-off Quorum to generate cash that it desperately needed to pay down its massive debt.
   For the spinoff to generate this cash, CHS needed to convince

investors to purchase \$400 million of bonds issued by Quorum and convince lenders to loan \$800 million to Quorum concurrently with the spin-off." The only way to accomplish this was to make Quorum look more profitable than it was.

- Indeed, former Quorum CFO Michael J. Culotta, who previously served as CHS's VP of Investor Relations, conceded on an August 11, 2016 Quorum investor call that "there were indicators of impairment" that went unreported at the time of the spinoff.<sup>ix</sup>
   Aladayaddy
- By deceiving investors about CHS and Quorum's financial performance, CHS was able to unload 40 underperforming hospitals (referred to as "dogs" by one former executive) and significantly pay down its debt load.
- Quorum, with its portfolio of underperforming hospitals, massive debt load, and collapsing stock price, never stood a chance as an independent company and began attempting to sell off assets (including MetroSouth) almost immediately.

This fact pattern is damning for the company. But the executives of CHS and their behavior should also be reviewed and held up to scrutiny.

Former Quorum CEO Thomas D. Miller and CFO Michael J. Culotta both worked for CHS before the spinoff and resigned their positions last year in 2018. Both are named and implicated in the ongoing shareholder class action lawsuit.

Miller received a staggering \$10 million in total compensation in 2018 and received an additional \$1.3 million in severance pay.

Both Miller and Culotta also received consulting contracts with Quorum that pay \$250/hour.

The fact that the CEO, Mr. Miller and the CFO, Mr. Culotta moved from CHS to Quorum to execute CHS' plan to dump the corporation's bad assets, and then received <u>exorbitant severance</u> <u>pay and lucrative consulting jobs</u> after exiting Quorum is troubling, suggests that they might have benefitted from a potentially fraudulent spinoff scheme.

To the naked eye, such behavior should require explanation and an investigation to confirm the law wasn't broken.

https://www.sec.gov/Archives/edgar/data/1650445/000119312519112405/d701768ddef14a.htm

Which leads us to this year. Between June 10<sup>th</sup> and July 10<sup>th</sup>, after SB 1739 passed the legislature and before it was signed into law, the HFSRB received 7 exemption applications from hospitals seeking to close or discontinue services.

This is more exemption applications than the board has received from any provider type for any reason during the rest of the year so far.

But it gets work the application in for Nov 201. As far 5 in as we are aware the impossat

This flurry of applications is mostly discontinuations, with MetroSouth as the only closure. It includes another Quorum hospital – Heartland Regional Medical Center in Marion – which will be closing its obstetrics category of service and associated ancillary areas. Gottleib Memorial Hospital (Loyola/Trinity hospital in Melrose Park), in an exemption application to discontinue its open-heart surgery category of service and gives a projected date to discontinue the service and then says if SB 1739 is signed into law it intends to discontinue the service sooner (pg 6 "Narrative" in application).

What does all this mean? Well, the clear and obvious intent of Quorum's application to shutter MetroSouth was to beat the buzzer before the Illinois Health Facilities and Services Review Board could exercise its power which it now has regained its broad authority.

Hospitals, and Quorum in particular, seem quite eager to discontinue services with the lowest level of scrutiny and community accountability before the change in law.

We call on Metro South first to rescind its application and to first act in good faith to find a buyer.

We call on the board to deny their request to cease operations and divest in Blue Island and the greater south suburban region.

Our workforce, patients, families, and businesses rely on MetroSouth to anchor this community.

Therefore, based on the facts, and Quorum's troubling behavior and potential fraud, the Health Facilities Review Board must stand with the people of Blue Island and demand that Quorum continue operating MetroSouth.

And if the Board believes that they do not have the proper authority, because of the timing of Quorum's application to "beat the clock" and subvert the spirit of the law when deciding to announce a hospital's closure, then we also call on Gov. Pritzker's administration to use all of its power to keep MetroSouth open until another operator can take over.

MetroSouth matters.

It matters to our workforce – and it matters to the patients and families who need access to quality healthcare and for this facility to remain open.

We fundamentally reject this notion that MetroSouth is underutilized or that this massive disinvestment scheme won't hurt this region and its economy.

Hospitals, like MetroSouth, are pillars of the community and help to stitch our fabric together.

We urge this Board not allow a bad corporate actor, like Quorum, to divide, hurt and tear this community because they feel like they aren't making enough of a profit.

Thank you.

<sup>&</sup>lt;sup>II</sup> Zwick Partners, LP and Aparna Rao, Plaintiffs v. Quorum Health Corp., Community Health Systems, Inc., et al., No. 3:16-cv-2475, Memorandum of Opinion, April 20, 2018, p. 2.

Ibid, p. 12.

<sup>&</sup>quot;Ibid.

iv Ibid.

<sup>&</sup>lt;sup>v</sup> Zwick Partners, LP and Aparna Rao, Individually and On Behalf of All Others Similarly Situated, Plaintiff v. Quorum Health Corp., Community Health Systems, Inc., Wayne T. Smith, W. Larry Cash, Thomas D. Miller, and Michael J. Culotta, Defendants, No. 3:16-cv-2475, Class Action, Second Amended Complaint for Violation of the Federal Securities Laws, April 17, 2017, p. 10.

Value Partners, LP and Aparna Rao, Individually and On Behalf of All Others Similarly Situated, Plaintiff v. Quorum Health Corp., Community Health Systems, Inc., Wayne T. Smith, W. Larry Cash, Thomas D. Miller, and Michael J. Culotta, Defendants, No. 3:16-cv-2475, Class Action, Second Amended Complaint for Violation of the Federal Securities Laws, April 17, 2017, p. 30.

<sup>&</sup>lt;sup>vi</sup> Zwick Partners, LP and Aparna Rao, Individually and On Behalf of All Others Similarly Situated, Plaintiff v. Quorum Health Corp., Community Health Systems, Inc., Wayne T. Smith, W. Larry Cash, Thomas D. Miller, and Michael J. Culotta, Defendants, No. 3:16-cv-2475, Class Action, Second Amended Complaint for Violation of the Federal Securities Laws, April 17, 2017, p. 2.

<sup>&</sup>lt;sup>viii</sup> Zwick Partners, LP and Aparna Rao, Individually and On Behalf of All Others Similarly Situated, Plaintif, v. Quorum Health Corporation, Community Health Systems, Inc., Wayne T. Smith, W. Larry Cash, Thomas D. Miller, and Michael J. Culotta, Defendants, No. 3:16-cv-03475, Third Amended Complaint for Violation of the Federal Securities Laws, September 14, 2018, p. 2-3.

ikix Ibid., p. 10.

Impact statement Page 1 of 1

## **Impact statement**

Jan Hansen [jhansen1211@yahoo.com]
Sent: Wednesday, July 24, 2019 12:08 AM
To: Valerie Albrecht; jhansen1211@yahoo.com

WARNING: This email came from outside of CHS's email system. DO NOT CLICK LINKS or ATTACHMENTS in this email unless you recognize the sender.

<>>So first introduce yourself: name, job title and how many years you've been employed there>>>

On behalf of myself and my nursing colleagues, I'd like to share some thoughts and concerns about the proposed discontinuation of services and closure of MetroSouth Medical Center.

MSMC began as St. Francis Hospital over 110 years ago. It has stood in service of Blue Island and the surrounding communities since then, opening its doors to the sick and infirm residents of these communities. From the perspective of a critically ill patient needing emergency care and services, the closure of our hospital could seriously impact their survival rates, or greatly diminish their quality of life. With the nearest ED being nearly 14 minutes away, those precious minutes are lost, and the cascade of consequences begins. EVERY MINUTE COUNTS!!

This is also very true within the population of obstetric patients we serve in our departments. The health status of many of these women places them AND their babies at a higher than average acuity, related to the serious morbidity and mortality accompanying such health status. We provide high level quality and compassionate care to all of our patients across the maternal neonatal continuum. And when minutes count to optimize good outcomes, we are on high alert. We can deliver a women in need of an emergency c/section within 20-30 minutes of her arrival to our unit. We have also been cited by the ILPQC as top care providers in the state wide initiatives to reduce incidence of maternal deaths related to hypertension and hemorrhage. Again, minutes matter in these situations, and having to travel longer distances away from home to receive their care increases their risks many fold. We function as a motivated, highly skilled and caring family of professionals. We very much want to stay together as this family to continue providing excellent maternal and neonatal services for years to come.

The impact that the closure of MSMC will be felt not only by the city of Blue Island but also for miles around, not to mention the numerous lives and families of our employees.

It has been an emotional roller coaster in the 42 days since the closure announcement was made. We beseech you to elevate our position on the agenda at the upcoming board meeting and come to a fair and positive decision regarding the future of MetroSouth Medical Center.

Thank you for your time and attention to this matter.

Sent from my iPad

MetroSouth Medical Center Demographic and Utilization Stats July 22, 2019

My Name is Kim Smith and I am a resident of the Roseland Neighborhood. I come to you today as a community member in favor of keeping this hospital open.

The decision to close this hospital is not one made of as a result of declining patients or utilization. But rather one made on profits and greed.

# To be clear

- Roughly two-thirds (65.7%) of MetroSouth patients are African-American
- 8 of 10 ZIP codes in MetroSouth's primary service area are majority non-white
- 5 Of 10 ZIP codes in MetroSouth's primary service area are 90% or greater non-white
- MetroSouth had 8,410 admissions and 34,896 inpatient days in 2017
- MetroSouth had a staffed bed occupancy rate of nearly 70% in 2017
- MetroSouth treated 39,833 Medicare patients and 17,359 Medicaid patients in 2017

- Nearly 75% of MetroSouth patients were covered by government insurance programs in 2017 (Medicare – 50%; Medicaid – 22%; Other Public – 2%)
- MetroSouth delivered 1,399 infants in 2017
- MetroSouth had 45,523 ER visits and admitted 5,954 patients from the ER in 2017
- MetroSouth had 83,381 outpatient visits in 2017

We call on Metro South first to rescind its application and to first act in good faith to find a buyer.

We call on the board to deny their request to cease operations and divest in Blue Island and the greater south suburban region.

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And if the Board believes that they do not have the proper authority, because of the timing of Quorum's application to "beat the clock" and subvert the spirit of the law when deciding to announce a hospital's closure, then we also call

on Gov. Pritzker's administration to use all of its power to keep MetroSouth open until another operator can take over.

MetroSouth matters.

It matters to our workforce – and it matters to the patients and families who need access to quality healthcare and for this facility to remain open.

We fundamentally reject this notion that MetroSouth is underutilized or that this massive disinvestment scheme won't hurt this region and its economy. Hospitals, like MetroSouth, are pillars of the community and help to stitch our fabric together.

We urge this Board not allow a bad corporate actor, like Quorum, to divide, hurt and tear this community because they feel like they aren't making enough of a profit.

Thank you.

# Demographics

# Patients by Race:

- White 25.7%
- Black 65.7%
- Other 8.6%

### Patients by Ethnicity

• Hispanic/Latinx – 9.6%

# Discharges by ZIP Code with ZIP Demographics

ZIP Code	City	Discharges	ZIP % Black	ZIP % Latinx	Zip % Total Non-White
60628	Chicago	492	94.1%	3.5%	95.8%
60643	Chicago	479	73.0%	3.3%	77.6%
60406	Blue Island	462	26.6%	50.7%	57.1%
60827	Riverdale	358	91.3%	4.9%	95.1%
60445	Midlothian	142	7.3%	16.2%	15.8%
60472	Robbins	139	92.3%	4.0%	94.8%
60803	Alsip	114	19.0%	23.2%	31.1%
60426	Harvey	73	72.0%	21.9%	87.8%
60620	Chicago	66	96.2%	1.5%	98.4%
60419	Dolton	64	90.9%	4.3%	
Other		990	30.570	4.370	93.8%
Total		3,379			

#### **Facility Utilization**

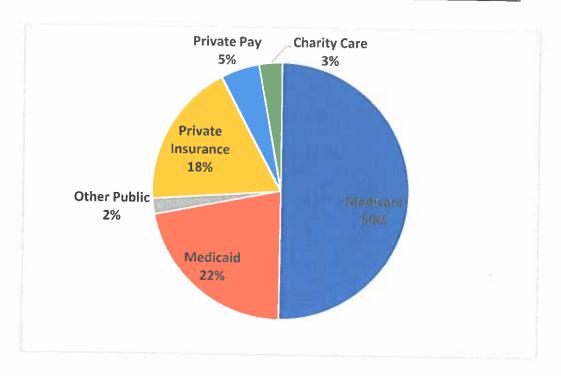
## Utilization by Clinical Service

Clinical Service	Staffed Beds	Admissions	Inpatient Days	Average Daily Census	Staffed Bed Occupancy Rate
Med/Surg	95	5,190	23,354	72.0	75.8%
ICU	12	868	2,769	7.6	63.5%
Ob/Gyn	21	1,498	3,047	8.9	42.2%
Neonatal	13	455	1,985	5.4	41.8%
AMI	12	399	3,741	10.2	85.4%
<u>Total</u>	153	8,410	34,896	104.1	68.1%

# Utilization by Payor

inpatient Outpatient lotal	Payor	Inpatient	Outpatient	Total	
----------------------------	-------	-----------	------------	-------	--

Medicare	3,435	36,398	39,833
Medicaid	3,314		
		14,045	17,359
Other Public	334	1,274	1,608
Private Insurance	1,139	13,365	14,504
Private Pay	188	3,758	3,946
Charity Care	63	2,220	2,283
Total	8,473	71,060	79,533



#### Neonatal Utilization

- Labor Rooms 5
- Recovery Rooms 13
- C-Section Rooms 2
- Births 1,399
- C-Sections Performed 449

# Emergency/Trauma Care Utilization

- ER Stations 27
- Total ED Visits 45,523
- Patients Admitted from ER 5,954

#### **Outpatient Service Utilization**

Total Outpatient Visits – 83,381

#### Sources:

- Discharges by Service Area from American Hospital Directory analysis of 2017 Medicare Hospital Market Service Area File <a href="https://www.ahd.com/">https://www.ahd.com/</a>
- ZIP Code Demographics from PolicyMap analysis of 2010 Census data https://www.policymap.com/
- All other stats from Illinois Health Facilities and Services Review Board (HFSRB) Annual Hospital Questionnaire Facility Profiles and Summary Sheets, p. 217-218, <a href="https://www2.illinois.gov/sites/hfsrb/InventoriesData/FacilityProfiles/Documents/2017%20Individual%20Hospital%20Profiles%2012-7-2018.pdf">https://www2.illinois.gov/sites/hfsrb/InventoriesData/FacilityProfiles/Documents/2017%20Individual%20Hospital%20Profiles%2012-7-2018.pdf</a>

Statement From Kim Smith, Chair of the Health Systems Division at SEIU Healthcare Illinois Indiana and a Patient Care Tech at Northwestern Memorial Hospital

When: Wednesday, July 24th, 2019

Where: St. Benedict Roman Catholic Church

2339 York St, Blue Island, IL 60406

Thank you for the opportunity to speak to the members of the Illinois Health Facilities and Services Review Board today.

My name is Kim Smith, and I proudly serve as the Vice-Chairperson for the Health Systems Division at my Union, SEIU Healthcare Illinois.

I also work as a patient care tech at Northwestern Memorial Hospital.

As the Vice-Chair of SEIU, I'm calling on the Health Facilities Review Board to use your power to act on behalf of the Blue Island community and greater south suburban region and stop Quorum Health from shutting down MetroSouth Medical Center.

Here again is another for-profit hospital system continuing the trend of disinvestment from this region – and trying to close a hospital that significantly serves communities of color.

Quorum Health Corp's unprecedented decision to try to shut down MetroSouth, simply because they <u>aren't earning enough of a profit</u> is ridiculous.

Our hospital service workforce and the patients and families whom we faithfully serve should not be the ones to suffer if another acute healthcare facility closes and families lose preventative and other vital services.

Not to mention losing an estimated 1,000 jobs or more from this area that urgently needs economic development and investment.

It's why we continue to call a 'Code Blue' on the entire hospital industry and highlight the fact that hospitals care most about their bottom lines over delivering quality patient care and living up to their core mission to foster healthy families and communities.

The Blue Island community and region deserves a vibrant, effective and accessible community hospital.

We demand the opportunity – and frankly the time – to find a new hospital system to takeover and keep Metro South delivering quality healthcare that the community's needs.

Or, the Health Facilities Board must demand that Quorum Health continue to operate the facility until a long-term solution is found.

Quorum Health, at the very least, owes that much to our community and to our fellow hospital workers.

This attempt to shut down MetroSouth, and force so many workers to lose our jobs, is wrong, unfair, and must be stopped by this Board.

I urge you to do what is right and take firm action to save MetroSouth.

Thank you.

## "Time is of the Essence"

- Time from Robbins to Metro South 5-7 minutes.
- Closes hospitals to metro south in minutes:
- Ingalls-12 minutes
- Roseland-14 minutes
- Advocate Christ-20 minutes
- Palos -23 minutes
- Emergency Department annual volume comparisons:
- Metro South- 45523
- Ingalls- 48968
- Roseland 20395
- Advocate South Suburban- 44539
- Question becomes if metro south is eliminated what
   Would the overflow do to the time element of service?
- Metro South has approximately 34,896 inpatient days annually which will directly affect the time essence on all the other hospitals
- Number of hours each hospital went on bypass =

Metro South 1.46

Palos 4.62

Ingalls 2.64

Advocate Christ 18.37

- Regarding Stroke patients: 1) Metro South is a certified primary Stroke Center. 2) Metro South has been able to retain 90% of its patients.
- "Therefore when it comes to Saving Lives, Time is of the Essence"

Mayor Ward

My name is Marie M	indeman - State My Opposition on the closure stander than the stand in Blessident/home-owner in this city - Hus band's tamily has been in Box 150 year
i am a 42 year long r	esident/home-owner in this city - flw Man Sure 1 1 for 150 years
40 years ago. I becar	ne a customer of St. Francis/Metro South with the birth of my first child.
	nile there are many viewpoints here today, I am addressing this topic from
the view of a retiree	
I have waited in the	Metro South Emergency room while the other south side hospital ED's ,
were on bypass	1000 a Depline man's community where hand in justices are

I have driven my husband a whole 3 minutes to the ED with severe bleeding of two almost severed fingers

Several days before We brought her beach up the My MIL spend to the tune of 1000 " Who will shoulden there costs

The prospects of being a healthy retiree on the Southside of Chicago look grim according to some recent studies:

I have driven my husband a whole 3 minutes to the ED with severe bleeding of two almost subject up the My MIL spend there costs

The prospects of being a healthy retiree on the Southside of Chicago look grim according to some recent studies:

I have driven my husband a whole 3 minutes to the ED with severe bleeding of two almost subject up the My MIL spend to the Southside of Chicago look grim according to

In the news two weeks ago, a study revealed that the State of Illinois ranks 46<sup>th</sup> (4<sup>th</sup> from the bottom in quality of healthcare and medical access for retirees)

The number of older adults living below the poverty line on the south side of Chicago is TWICE the national average. Yesterday the news came out that Ingalls is closing their pediatric unit.

While Illinois is ranked 46<sup>th</sup> for retiree access to health care, the figures are even more dire on the south side.

A study by the University of Chicago ranks the South Side as one of the most medically underserved communities in the United States! Closure of our hospital will affect our ability to access physicians in our community. When hospitals close in urban communities, the populations most affected are the:

- Older
- Sicker
- Poorer (who are particularly impacted by any adjustments to Medicaid funding)-and whom I am lead to understand have been regularly turned away from MetroSouth to insure that our hospital would not meet the requirements of a Disproportionate Share Hospital to justify retention of our facility

In studies, it is known that physicians and other providers will leave a community when a hospital closes. DuPage Medical has turned the once bustling Pronger Smith clinic into a ghost town, steadily referring patients to the slick, well endowed LaGrange Road facility and Silver Cross hospital-a forty mile round trip from our town.

In 2010, the Illinois General Assembly commissioned the Illinois Workforce Institute to conduct a study on physician availability, the results of which were that the southside has:

Fewer Primary Care providers per 100,000 patients

There are those who would have us believe that this closure
There are those who would have us believe that this closure
Is due to underutification - in fact, this is actually a casualty of
composite pinary and What I believe to have targeted poor
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A Higher non-white population of Blacks and Hispanics

The conclusions of the HRSA United States government website, upon my entry of my address 3. blocks-eway provided the following information were the following: that our community has been placed in the category of a HIGH NEEDS GEOGRAPHIC (HPSA) (Health Professional  $_{
m W}$ Shortage Area) in 3 key areas. We were rated in

2003- Medically Underserved Population

2017- Mental Health

2018-Primary Care

I have some knowledge of the healthcare system-as a 7 year employee of Little Company Hospital, and a 2 year employee of Pronger-Smith/now DuPage Medical, and finally with 20 years in healthcare reimbursement policy at the American Medical Association.

This closure is not about a bad hospital. It is about the systematic starvation of funds to our hospital in an industry that is raking in huge profits for shareholders and CEO's If you want to know how corporations have gone from their position as trusted agents of economic growth during the 1860's as a way to raise funds for railroad development across the US, to current get-rich-quick schemes at the expense of shareholders and the American public, I would urge you to read the 2015 paper by Bruce Bartlett (Bruce Bartlett worked for Congressmen Ron Paul and Jack Kemp, and in the Office of Policy Development in the Reagan White House, and at the Treasury Department for George H.W. Bush)

#### He cites, in general, how:

The demand for profitability has also undoubtedly contributed to job losses in the United States as companies turned to outsourcing to reduce costs and raise profits. Moreover, it has also caused them to take a much harder line against unions and to squeeze worker pay relentlessly, again to cut costs and raise profits, regardless of the human or social consequences.

#### This was the cookbook for Quorum Health!

He concludes that "shareholder primacy was supposed to align the interests of corporate owners and managers, improve efficiency and economic growth. It has done none of those things. All it has done is enrich corporate executives, while impoverishing workers and the communities in which corporations operate."

To answer my question of why the leaders of Community Health Systems and subsequently, their spin-off, Quorum Health would have squeezed our hospital dry, I refer also to the comments in Mr. Bartlett's article that state that:

"The demand for profitability has also undoubtedly contributed to iob losses in the United States as companies turned to outsourcing to reduce costs and raise profits. Moreover, it has also caused them to take a much harder line against unions and to squeeze worker pay relentlessly, again to cut costs and raise profits, regardless of the human or social consequences."

Social consequences in the case of MetroSouth and our Community being the loss of the hospital and jobs.

But that's OK, because according to the Vanity Fair expose article of September 24, 2009, "The Sick Business of Healthcare Profiteering", corporate America has figured out how to fatten their parachutes at the expense of us "Every Day Joes"-

The expose indicates that with a median compensation of \$12.4 million, CEO's at big health care companies make 2/3 more than their counterparts in finance.

Examples of these gross, imbalanced profits and unbalanced priorities are:

- Although this statement refutes Bartlett's paper, but included in fairness, shareholder profits: United Health Group shareholders have reaped profits from the 4,500% returns (22.4% annually) -generally shareholders in corporations don't profit
- CEO's: Stephen Hemsley of United Health group received annual compensations of more than \$100 million

MetroSouth was clearly at the bottom of the pickings, but someone has to pick up the crumbs and go on to the next big gig, right?

- Our own Quorum Health's CEO, Stephen Miller received a salary of \$3.2 million in 2017 (which by the way, is the same figure that Quorum shows as their current assets in the last quarter of 2018)-this will be a good stepping stone to his next corporate CEO gig.
- Hospital sales- Since 2016, Quorum Health sold off 10 hospitals with 2 more sold this year, of the initial package of 38 hospitals.

Instead of rolling profits into the remaining group of hospitals in the Community Health Services spin-off company, Quorum Health has diverted funds elsewhere, and systematically starved our community hospital of funding and viability

This diversion of funds to CEO's and stockholders across the national healthcare system puts urban hospitals like ours at risk. Metro South is only 1 of 4 Chicago area hospitals to announce closures in 2019.

This closure seems to have been a long time coming. I feel that it is a symptom of the apathy and lagging interest among our politicians at the state, local and national levels for economic

stability and growth on the southside in favor of much more glamorous issues related to currying favor and profit.

Despite this public outcry I am crifident that

the politicular and powers that the politicular and powers that

the politicular and powers that the public outcry I are confident that

the politicular and powers that the will Shower their shoulders and walk energy Please prove me wrong



#### HEALTH FACILITIES AND SERVICES REVIEW BOARD

### **Public Hearing Testimony Registration Form**

Facility	Name: MetroSouth Hospital & Medical Center
Project	Number: E-024-19
I.	OHN WALSH  City RISE And State L zip (10406)
II.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.) Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)
	MetroSoutu Medical Center
III.	POSITION (please circle appropriate position)
	Support - CLOSE Oppose - REMAIN OPEN
IV.	Testimony (please circle )  Oral  Written



## **Public Hearing Testimony Registration Form**

Facility Name: MetroSouth Hospital & Medical Center

Project Number: E	-024-19
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Name (Please Print) Robyn Grange  City Chi Cago State L Zip G  REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization).	anization or other
II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organized	anization or other
entity.) Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Health Care)  Congressman Bobby Rush	d Citizens for
III. POSITION (please circle appropriate position)	
Support - CLOSE Oppose - REMAIN OPEN	
IV. Testimony (please circle )	
Oral Written	



Facility Name: MetroSouth Hospital & Medical Center

#### **Public Hearing Testimony Registration Form**

Project Number: E-024-19 l. **IDENTIFICATION** Name (Please Print) Kenneth King REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other II. entity.) Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care) **III.** POSITION (please circle appropriate position) Support - CLOSE Oppose - REMAIN OPEN IV. Testimony (please circle ) Oral Written



#### **Public Hearing Testimony Registration Form**

Written

Oral



## Public Hearing Testimony Registration Form

lumber: E-024-19	
IDENTIFICATION Name (Please Print)	ROWICA AIDIAZ  ANDState 14. Zip 604
cityBLUG 154	AWUState 16. Zip 1004
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Support - CLOSE  Testimony (please circle )  Oral	Oppose - REMAIN OPENNAMIN OPEN Written
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Support - CLOSE  Testimony (please circle )  Oral  MH  WAS	Oppose - REMAIN OPENNAMIN OPEN Written



## Public Hearing Testimony Registration Form

Facility Name: MetroSouth Hospital & Medical Center

Project	t Number: E-024-19
l.	Name (Please Print) EMI JONES III  City Chicago State IL zip 60628
II.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)  Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)  State Genator
III.	POSITION (please circle appropriate position)
	Support - CLOSE Oppose - REMAIN OPENNeutral
IV.	Testimony (please circle )  Oral Written



## **Public Hearing Testimony Registration Form**

Facility I	Name: MetroSouth Hospital & Medical Center
Project I	Number: E-024-19 STATE REP
l.	Name (Please Print) Justin Slaughter  City Chi (ago State FL zip 60620
II.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)  Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)  FL State Representative — 27 M District
III.	POSITION (please circle appropriate position)  Support - CLOSE Oppose - REMAIN OPENNeutral  Testimony (please circle )  Oral Written





#### **Public Hearing Testimony Registration Form**

Facility Name: MetroSouth Hospital & Medical Center

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#### **Public Hearing Testimony Registration Form**

Facility Name: MetroSouth Hospital & Medical Center

**Project Number: E-024-19** 

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Health Care)	content of	(i.e., ABC Concerned Citizens
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#### HEALTH FACILITIES AND SERVICES REVIEW BOARD

	Public Hearing Te	stimony Registration Form
Facility	Name: MetroSouth Hospi	tal & Medical Center
Project	Number: E-024-19	
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IV.	Testimony (please circle )	
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#### HEALTH FACILITIES AND SERVICES REVIEW BOARD

#### **Public Hearing Testimony Registration Form**

Facility Name: MetroSouth Hospital & Medical Center

**Project Number: E-024-19** Name (Please Print) Week Smith ١. City River da le State FC Zip Cago H. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.) Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care) Riverdale Fire depose + ment III. POSITION (please circle appropriate position) **Oppose - REMAIN OPENNeutral** Support - CLOSE IV. Testimony (please circle) Oral Written



### **Public Hearing Testimony Registration Form**

Facility f	Name: MetroSouth Hospital & Medical Center
Project I	Number: E-024-19
l.	Name (Please Print) KRISTI DELAMINENTIS
	City EAST HAZEL CROST State II Zip 60429
II.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
	Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)  SOUTH SUBURBAN MAYORS & MANAGERS
	ASSOCIATION
III.	POSITION (please circle appropriate position)
	Support - CLOSE Oppose REMAIN OPENNeutral
IV.	Testimony (please circle )  Oral Written



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Facility Name: MetroSouth Hospital & Medical Center Project Number: E-024-19 ŧ. **IDENTIFICATION** Name (Please Print) \_ H.  $\textbf{REPRESENTATION} \ (\textit{This section is to be filled if the witness is appearing on behalf of any group, organization or other all the section of the property of the section of$ Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care) POSITION (please circle appropriate position) 111. **Support - CLOSE** Oppose - REMAIN OPENNeutral IV. Testimopy (please circle) Oral Written



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Facility Name: MetroSouth Hospital & Medical Center

**Project Number: E-024-19** 

IDENTIFICATION		
Name (Please Pri	int) CHIEF REDA	
City BLUE 1	SLAND FD State	Zip
REPRESENTATIO	ON (This section is to be filled if the witness is app	earing on behalf of any group, organization or other
Entity, Organiza Health Care)	ition, etc. represented in this appear	ance (i.e., ABC Concerned Citizens for
POSITION (plea	ase circle appropriate position)	
POSITION ( <i>plea</i> Support - CL		IN OPENNeutral
, i	LOSE Oppose - REMA	IN OPENNeutral



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Facility Name: MetroSouth Hospital & Medical Center Project Number: E-024-19 l. **IDENTIFICATION** II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care) III. POSITION (please circle appropriate position) **Oppose - REMAIN OPENNeutral** Support - CLOSE IV. Testimony (please circle) Oral Written



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Facility	Name: MetroSouth Hospital & Medical Center
Project	Number: E-024-19
I.	Name (Please Print) BonHa K Williams  City CHI State + C Zip 60628
II.:	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)  Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)
111.	POSITION (please circle appropriate position)
	Support - CLOSE Oppose - REMAIN OPENNeutral
IV.	Oral Written



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Facility Name: MetroSouth Hospital & Medical Center Project Number: E-024-19 ١, **IDENTIFICATION** Name (Please Print) II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care) []]. POSITION (please circle appropriate position) Support - CLOSE ' Oppose - REMAIN OPENNeutra Testimony (please circle) IV. Written



#### **Public Hearing Testimony Registration Form**

Facility Name: MetroSouth Hospital & Medical Center

Project	Number: E-024-19	
l.	Name (Please Print) Javet Tarsitano	_
	city Chicago state Illinois zip 6064	3
II,	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)	
	Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)	
	· · · · · · · · · · · · · · · · · · ·	_
10.	POSITION (please circle appropriate position)	
	Support - CLOSE Oppose - REMAIN OPENNeutral	
IV.	Testimony (please circle )	
	<b>Written</b>	



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Facility Name: MetroSouth Hospital & Medical Center

oject	Number: E-024-19	
I.	IDENTIFICATION Name (Please Print)	Orr
	City Blue Sland	State Zip_60 40 6
II.	REPRESENTATION (This section is entity.)	to be filled if the witness is appearing on behalf of any group, organization or other
	Entity, Organization, etc. repr Health Care)	esented in this appearance (i.e., ABC Concerned Citizens for
	Il Guardia	nship & Advocacy Commission
III.	POSITION (please circle appro	opriate position)
	Support - CLOSE	Oppose - REMAIN OPEN Neutral
IV.	Testimony (please circle )	
	Oral	Written

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ZWI-LY ZWI-LY	URBANO	MITCHELL-PRIC	MINDEMAN	Davis	Albrecht	Ward	Deckler, P.H.D.	Wheeler- Grange	Foster-McFarland	Frank Pods -	Halloway	Adams	Cavallon	Slaughter	Diego	Erickson	Fitzgerald	Conine	Garcia	Sinnott	Aboutalib	Martinez	Barron	Shukla	Asonye	Vallejo	DiCostanzo	Bensema
oppasition)	OPROSCITION	(/	OPPOSITION	State Rep 27th HD	Metro South	Mayor of Robbins -	Trinity	Dist Director for Cong. Rush	MetroSouth Director of TCA Clinics	Mayor of Posen	MetroSouth- Passionate Doctor	MetroSouth	Nurse- for Emergncy and Hospitalists	State Rep 30th HD	St. Donatus	MetroSouth Cardiologist	Hospitalist	Emergency Medicing Physician	Emergency Medicing Physician	MetroSouth-ED Director	MetroSouth-Internal Medicine	Emergency Medicing Physician	MetroSouth OB/GYN	MetroSouth OB/GYN	Metro South	MetroSouth	Metro So-Advanced Nurse Pract.	MetroSouth
					Nurse Coordinator	Local Elected	Director of Nursing	AM	Doctor	Mayor	Doctor	Hospital Employee	Nurse			Doctor	Doc	Doc	Doc	Doctor	Doctor	Doc	Doctor	Doctor	Doctor	Hospital Employee	Nurse Pract.	Nurse
				A.M.	A.M.	11:00-11:30AM	A.M.		Between 10 a.m. and	11:00 a.m.	Between 10 a.m noc	Between 10 a.m noc	Between 10 a.m. and	A.M	10:00 a.m.	before 12 p.m.	Between 10 a.m. and	Between 10 a.m. and	Between 10 a.m. and	Between 10 a.m. and	Between 10 a.m. and	Between 10 a.m. and	Between 10 a.m. and	Between 10 a.m. and	A.M.	Available 10 a.m - noo	10 or 10:30 a.m.	10 a.m.