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Transcript of Public Hearing - 314- Bed Acute Care Hospital - #E-024- 19

Date: July 24, 2019

Case: MetroSouth Medical Center - Discontinuation of a 314 bed Hospital/#E-024-
19

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ILLINOIS DEPARTMENT OF PUBLIC HEALTH
HEALTH FACILITIES AND SERVICES REVIEW BOARD
BEFORE HEARING OFFICER GEORGE ROATE

-----x

IN RE: : Project No.
Public Comments Regarding : E-024-19
Application for the :
Discontinuation of a :
314-Bed Acute Care Hospital, :
MetroSouth Medical Center :

-----x

Hearing in accordance with requirements of the
Illinois Health Facilities Planning Act
Blue Island, Illinois
Wednesday, July 24th, 2019
10:01 a.m.

Job No. 255237
Pages: 1-278
Transcribed by: Megan Wunsch

1 Hearing held at:

2

3

4 Saint Benedict Roman Catholic Church

5 2339 York Street

6 Blue Island, Illinois 60406

7 (708) 385-8510

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10 Pursuant to agreement, before Juan Mares,
11 Notary Public in and for the State of Illinois.

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A P P E A R A N C E S

ILLINOIS HEALTH FACILITIES AND SERVICES

REVIEW BOARD, by

GEORGE ROATE, COURTNEY AVERY, ANN GUILD,

MICHAEL CONSTANTINO, AND

DEBRA SAVAGE (AFTERNOON SESSION ONLY)

Second Floor

525 West Jefferson Street

Springfield, Illinois 62761

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C O N T E N T S

TRANSCRIPT OF PROCEEDINGS	PAGE
Transcript of Proceedings	4

E X H I B I T S

(No exhibits marked)

1 P R O C E E D I N G S

2 HEARING OFFICER ROATE: Good morning,
3 everybody. I want to thank you for participating
4 in today's public hearing for MetroSouth Medical
5 Center, Blue Island.

6 I am George Roate, Hearing Officer for the
7 Illinois Health Facilities and Services Review
8 Board. Present with me today is Ms. Courtney
9 Avery, Ms. Ann Guild, and Mr. Michael Constantino.
10 Debra Savage will join us during the afternoon
11 session.

12 On behalf of the Illinois Health
13 Facilities and Services Review Board, thank you
14 for attending.

15 Please be advised that we are here to
16 collect comments regarding the closure of the
17 MetroSouth Medical Center and at this time will
18 not respond to any information presented today nor
19 questions regarding this application for
20 exemption.

21 As per rules of the Illinois Health
22 Planning Act, the previously published legal
23 notice, notice of review and opportunity for
24 public hearing for written comment, public hearing

1 and opportunity for the comment, have been
2 submitted to the court reporter and will be
3 included in today's record. It reads as follows:

4 - - -

5 LEGAL NOTICE OF PUBLIC HEARING

6 AND OPPORTUNITY FOR WRITTEN COMMENT

7 In accordance with the requirements of the
8 Illinois Health Facilities Planning Act, notice is
9 given of a Public Hearing on the application for
10 exemption, E024-19, to discontinue MetroSouth
11 Medical Center, located at 12935 South Gregory, in
12 Blue Island, Illinois.

13 The Public Hearing is to be held by the
14 Illinois Health Facilities and Services Review
15 Board pursuant to the Illinois Health Facilities
16 Planning Act. The hearing is open to the public
17 and will afford an opportunity for parties at
18 interest to present written and/or verbal comment
19 relevant to the project.

20 All allegations or assertions should be
21 relevant to the need for the proposed project and
22 be supported with two copies of documentation or
23 materials that are preferably printed or typed on
24 paper size 8 1/2 inches by 11 inches.

1 The hearing will be held on Wednesday,
2 July 24th, 2019, from 10 a.m. to 12 p.m. and 1
3 p.m. to 6 p.m. at St. Benedict Roman Catholic
4 Church, 2339 York Street, Blue Island, Illinois.

5 The meeting will be accessible to persons
6 with special needs in compliance with the
7 pertinent state and federal laws upon notification
8 of the anticipated attendance.

9 - - -

10 HEARING OFFICER ROATE: Please note that
11 in order to ensure that the Health Facilities and
12 Services Review Board's public hearings protect
13 the privacy and maintain the confidentiality of an
14 individual's health information, covered entities,
15 as defined by the Health Insurance Portability and
16 Accountability Act of 1996 -- such as hospital
17 providers, health plans, and healthcare
18 clearinghouses -- submitting oral or written
19 testimony that discloses protected health
20 information of individuals shall have a valid
21 written authorization from that individual. The
22 authorization shall allow the covered entity to
23 share the individual's protected health
24 information at this hearing.

1 If you have not signed in yet, please
2 either see Ms. Avery or Ms. Guild in the lobby.

3 Those of you that have prepared text for
4 your testimony, please note that you may submit
5 the written text, which will be entered into
6 today's record and made available to all board
7 members prior to the August 6th board meeting.

8 I ask that you please limit your testimony
9 to three minutes. Participants will be called in
10 numerical order as assigned by the sign-in sheets.

11 As you approach the speaker's topic -- the
12 speaker's podium, please provide me with your
13 sign-in sheet. Prior to beginning your remarks,
14 clearly state and spell your full name. If you
15 have written copies of your remarks, please
16 provide those to me.

17 Are there any questions regarding these
18 instructions?

19 If there's none, we'll go ahead and begin
20 reading all the names.

21 First to speak today -- first to speak
22 today is Mr. John Walsh.

23 MR. WALSH: Thank you, sir.

24 HEARING OFFICER ROATE: Thank you very

1 much.

2 MR. WALSH: Thank you. My name is John
3 Walsh and I'm the CEO of the MetroSouth Medical
4 Center. That's J-O-H-N, W-A-L-S-H.

5 I want to thank the community members for
6 participating in the hearing today. While we
7 regret the circumstances under which we are here,
8 I believe we have important information and some
9 context which should be considered as part of this
10 discussion.

11 I want to also recognize and thank local
12 elected officials and community leaders, some of
13 whom are in the room today, who have worked with
14 us over the past few weeks as we continue to seek
15 a new operator for the hospital.

16 It was so difficult to share the news last
17 month that MetroSouth would close by the end of
18 the year unless we found another operator. I will
19 bet there are people here today who were born at
20 MetroSouth, had their children at that hospital,
21 and who welcomed grandchildren there. And we
22 recognize the hardship this creates for the highly
23 qualified, dedicated professionals who don't just
24 show up to work, but who give their heart and soul

1 into taking care of patients.

2 I know these connections run deep and the
3 announcement seemed sudden for many. But, in
4 reality, representatives for the hospital have
5 been working for three years to find a solution
6 that would allow the hospital to continue
7 operating in some form.

8 None of those efforts, including reaching
9 out to almost 40 healthcare providers and
10 companies in Chicago, across the state, and
11 throughout the country, have been successful thus
12 far. The providers we reached out to said they
13 too would be unable to operate the hospital as is
14 and shared our concern over mounting financial,
15 operational, and competitive challenges.

16 Many of these challenges are not unique to
17 this community. Across the country, hospitals are
18 closing at a rate of 30 a year as care shifts to
19 the outpatient setting and smaller facilities fold
20 under increasing cost pressures.

21 In addition to rising costs and shrinking
22 reimbursements, MetroSouth is faced with steadily
23 declining volumes. Despite having an excellent
24 medical staff and dedicated employees, more

1 patients are choosing to leave the community for
2 care.

3 Since 2014, surgeries have decreased by 25
4 percent, clinic visits have decreased by 21
5 percent, and deliveries are down by 17 percent.
6 Market share data for 2018 shows that among
7 residents who live in the 60406 zip code, 65
8 percent choose to go to other hospitals than
9 MetroSouth. The trend of patients seeking care at
10 facilities other than MetroSouth is even stronger
11 in our surrounding zip codes.

12 The hospital has 314 licensed beds, but
13 serves fewer than a hundred patients a day, on
14 average. Those dynamics mean the hospital is
15 running at only one-third of its total capacity.
16 As a result, the hospital is also losing millions
17 of dollars a year. Between 2014 and 2017,
18 MetroSouth lost an average of \$2 million each
19 year.

20 Those losses intensified last year when a
21 bill passed by the Illinois legislature allowed
22 redesign of the state Hospital Assessment Program.
23 The program now uses data that is several years
24 old to allocate state funds to hospitals. This

1 unfairly penalizes hospitals, like MetroSouth,
2 whose volumes have changed dramatically or who
3 serve higher numbers of Medicaid patients than
4 they did in the past.

5 As a result, MetroSouth lost more than \$8
6 million in 2018 and is on track to lose more than
7 \$10 million this year. That number could increase
8 in 2020. These losses are simply unsustainable,
9 especially in the face of declining demand for our
10 services. We simply do not have the resources to
11 continue operating this facility beyond the end of
12 the year.

13 While there is no doubt MetroSouth has
14 served this community well over the years, it is
15 important to understand there will be no shortage
16 of medical care in the area should the hospital
17 close. The community has access to eight other
18 hospitals, offering all necessary medical
19 services, within a ten-mile drive.

20 HEARING OFFICER ROATE: Three minutes.

21 MR. WALSH: In fact, our service area
22 alone -- in our service area alone, there is an
23 excess of more than 300 patient -- inpatient
24 hospital beds.

1 Despite the many nearby options for care,
2 we understand the community's concerns and are
3 working diligently to expand our search for a new
4 solution.

5 In recent weeks, we've met with interested
6 leaders to discuss several options for future
7 ownership of the hospital and campus, including
8 the possibility of transferring ownership of the
9 hospital and campus to the City of Blue Island.
10 We indicated to Mayor Vargas we are willing to
11 transfer ownership to potentially operate a free-
12 standing emergency department and outpatient
13 services. We await feedback from Mayor Vargas'
14 team.

15 We have also offered to work with the Blue
16 Island Chamber of Commerce to enlist a specialized
17 group of community real estate professionals and
18 economic development officials to discuss reuse of
19 the campus. We are willing to explore and fund an
20 engagement with the Counselors of Real Estate
21 Consulting Corps who specialize in redevelopment
22 of properties like MetroSouth. We have received
23 no response from the chamber.

24 We remain committed to doing everything we

1 can to preserve this community asset, but any new
2 operator will need to secure several million
3 dollars in additional funding to maintain
4 operations and undertake the necessary regulatory
5 processes.

6 Our conversations with community
7 stakeholders and outreach to potential partners
8 will continue as we work to make the best of this
9 unfortunate situation.

10 While it is clear that change is in our
11 future, I again regret the personal impact this
12 has on the employees and the families they
13 support. They have been the lifeblood of this
14 hospital for years and the decision to close is in
15 no way a reflection upon their dedication,
16 commitment, and compassion for their patients.

17 We are going to do everything that we can
18 to ease this transition for them, including
19 connecting them with other employers and resources
20 in the community. For now, we continue to focus
21 on providing the best possible care for our
22 patients and their loved ones.

23 I hope the information we share today
24 provides a more complete picture of the hospital's

1 many challenges and our earnest efforts to not
2 only address them, but to also find a long-term
3 solution for this community. I sincerely
4 appreciate everyone's commitment to the hospital
5 and to our city. Thank you.

6 HEARING OFFICER ROATE: Thank you.

7 Ms. Robyn Grange.

8 MS. GRANGE: Good morning. My name is
9 Robyn Wheeler Grange. That's R-O-B-Y-N,
10 W-H-E-E-L-E-R, G-R-A-N-G-E. I'm the district
11 director for Congressman Bobby Rush, and on behalf
12 of the Congressman, I would like to thank the
13 Board for the opportunity to share his remarks
14 concerning his concerns about the closure of
15 MetroSouth Medical Center.

16 Not too long ago, in 2008, the Congressman
17 was joined by state and local officials in an
18 effort to keep the doors of then St. Frances
19 Hospital open. The plan to close that hospital
20 was unfathomable because of the devastating effect
21 that it would have on the overall delivery of
22 healthcare services to his constituents in Blue
23 Island and those of its neighboring communities.

24 In addition, serious concerns existed

1 regarding the tremendous negative impact,
2 economically, that the hospital's closure would
3 have in the south and south suburban region of his
4 district. Hundreds of dedicated physicians,
5 nurses, administrators, and support staff, who
6 address healthcare needs and support local
7 businesses, would have lost their jobs.

8 So, at the urging of the elected officials
9 and community leadership, the hospital leadership
10 at the time secured their purchase and, in May
11 2008, MSMC Investors became the new owners,
12 followed by a subsequent purchase by Quorum Health
13 Corp. in 2012.

14 The Congressman recalls at the time of
15 purchase that the then new CEO of MetroSouth, Mr.
16 Arnold Kimmel said, "We know how important it is
17 to residents of Blue Island and the surrounding
18 communities to keep the hospital operating for the
19 long term and we intend to do just that."

20 That commitment was matched by the City of
21 Blue Island when they provided the hospital with
22 the incentive of tax increment financing for
23 hospital renovations and service expansion.

24 Today, the Congressman is looking for and

1 expecting that same commitment from MetroSouth
2 leaders as expressed by the previous CEO because
3 the same circumstances that existed in 2008 exist
4 today in Blue Island and the surrounding
5 communities -- the surrounding municipalities of
6 Alsip, Robbins, Midlothian, and Calumet Park.

7 This acute care hospital undoubtedly saved
8 residents' lives because of its proximity to these
9 communities and the healthcare it provides,
10 particularly emergency care. I'm sure none of us
11 would disagree that by adding additional miles to
12 a trip when a person is experiencing a health
13 crisis is very serious and even has deadly
14 consequences.

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

20 It is important that the MetroSouth
21 leadership work together with civic and community
22 leaders to create a solution that keeps Blue
23 Island's residents and those of the surrounding
24 communities whole. The Congressman stands ready

1 to assist MetroSouth leadership in keeping
2 healthcare accessible to his constituents who have
3 been served by this hospital for more than a
4 century.

5 So, on behalf of Congressman Rush and the
6 over 70,000 residents who will be affected by this
7 closure, I urge the Health Facilities and Services
8 Review Board to take these facts under advisement
9 and, in your deliberations, consider the
10 significant impact MetroSouth's closure will make
11 on the health and well-being of the patients,
12 staff, residents, and communities of the south
13 suburban region.

14 (Applause.)

15 HEARING OFFICER ROATE: Thank you. Thank
16 you.

17 Mr. Kenneth King.

18 MR. KING: Thank you. My name is Kenneth
19 King. That's spelled K-E-N-N-E-T-H, last name
20 King, K-I-N-G. I'm the senior vice president at
21 Quorum Health. I have responsibilities for the
22 company's acquisitions and divestitures.

23 Quorum took ownership of MetroSouth
24 Medical Center in May of 2016, when the company

1 spun out of Community Health Systems. At the time
2 of the spinout, Quorum spoke publicly of its need
3 to divest some hospitals in order to pay down some
4 debt and has continued to communicate that message
5 ever since.

6 MetroSouth has been on Quorum Health's
7 list of hospitals to divest ever since we spun out
8 in May of 2016. Quorum has diligently attempted
9 to sell MetroSouth for more than three years.

10 During this time, I have personally spoken
11 with many organizations in an attempt to find a
12 future owner of MetroSouth Medical Center. From
13 March 2017 through April of 2018, I hired Ponder &
14 Company to assist me to find a future owner of
15 MetroSouth Medical Center. From March of 2019
16 through the present time, Quorum hired MTS
17 Partners to help it find a future owner and
18 operator of MetroSouth Medical Center.

19 Our collective efforts -- myself, Ponder,
20 MTS -- have been unsuccessful in finding an
21 organization to take over the operations of Metro
22 Medical Center.

23 We spoke with the Chicago-based health
24 systems multiple times with no success. We spoke

1 with not-for-profit health systems that operated
2 throughout the state with no success. We spoke
3 with health systems in Wisconsin and northern
4 Indiana without success. We spoke with many, many
5 for-profit health systems in the country and no
6 one was interested.

7 From our collective efforts -- again,
8 myself, Ponder, MTS -- over the course of three
9 years, we had all of five organizations express
10 any interest in MetroSouth Medical Center. Three
11 of those organizations, when they actually looked
12 at the information and financials and the data,
13 said, "Thanks, but no thanks." One organization
14 couldn't get its financing together and just faded
15 into the twilight. The other organization did not
16 perform when it came to negotiating definitive
17 agreements.

18 Since the announced closure of MetroSouth
19 Medical Center, only a handful of organizations
20 have reached out to us to talk about transitioning
21 MetroSouth Medical Center. None of them had any
22 hospital experience whatsoever.

23 In summary, among myself and two different
24 organizations, two different financial advisory

1 firms, we have reached out to over 40
2 organizations to try to identify a future owner
3 and operator of MetroSouth Medical Center.

4 In a moment, Dave Atchison from Ponder &
5 Company will discuss with you his efforts to try
6 to find a future owner of MetroSouth Medical
7 Center, and he will be followed by Frank Walker
8 from MTS Partners, who will likewise talk about
9 his efforts to find a future owner of MetroSouth
10 Medical Center.

11 I'm sad to say though that we've been
12 unsuccessful today. Thank you.

13 HEARING OFFICER ROATE: Thank you. Do you
14 have written comment? Thank you, sir.

15 And I call Barb Bensema.

16 MS. BENSEMA: Good morning. My name is
17 Barb Bensema, B-A-R-B, last name B-E-N-S-E-M-A.

18 I can still remember coming with my mom as
19 a child to pick up her paycheck at St. Francis.
20 Walking by the fountain that stood in the lobby
21 before the renovations was one of the greatest
22 memories I have.

23 HEARING OFFICER ROATE: Barb, could you
24 speak into the mic, closer to the microphone?

1 MS. BENSEMA: Sorry. Down for me.

2 Better. All right. Why don't have the
3 instructions for the microphone?

4 (Laughter.)

5 MS. BENSEMA: Years later, my father had a
6 stroke and actually delayed primary care because
7 he wanted to go to the hospital that my mother
8 worked -- my mother worked for rather than the
9 nearest facility. Thankfully, there was not too
10 much damage due to his stroke, and he was in the
11 ICU for about two weeks.

12 My father is only one of the many who
13 choose to receive care at MetroSouth over the
14 nearest hospital. There are countless times where
15 women want to deliver their baby with us because
16 of the phenomenal care they receive on our unit.

17 We are convenient, serve many surrounding
18 families, and provide compassionate care.

19 My mother worked for St.
20 Francis/MetroSouth for 44 years until she retired.
21 While she worked here, she developed many
22 friendships, many of those who she still sees
23 regularly, formed bonds with her patients -- I'm
24 sorry, I lost my spot here -- and cared for many

1 different types of patients on her OB unit. Her
2 compassion was endless. She would come home in
3 tears when a difficult case would arise, but she
4 still went back to continue the work she was
5 called to do.

6 Many years later, I followed in her
7 footsteps and joined her at what is now
8 MetroSouth, to begin my nursing career. I'd had
9 -- I'd never had any intention of working in labor
10 and delivery, yet here I am, and I fell in love.

11 During the past five years, I have formed
12 my -- I have formed my own friendships, learned
13 everything I know from some of the best nurses,
14 and are led by one great (inaudible). I could not
15 have managed -- I could not have imagined
16 beginning my career anywhere else.

17 Our patients mean so much to us, and
18 compassionate care is our calling. I know this
19 doesn't mean much to many, but MetroSouth means a
20 lot to our patients and us.

21 Told myself I wasn't going to get
22 emotional.

23 This community needs this hospital.
24 Changes need to be made, and we can work together

1 to make it work. We understand the hospital
2 cannot function without proper finances. However,
3 it's not just about the dollar, but it's about the
4 people who need and deserve care.

5 (Applause.)

6 MS. BENSEMA: I'm almost done. Sorry
7 about this.

8 You know, I understand that Mr. Walsh is
9 saying that they've lost millions of dollars, but
10 how about we figure out why these people are
11 leaving rather than just shutting doors? That is
12 not the answer.

13 (Applause.)

14 HEARING OFFICER ROATE: Thank you.

15 Next, I'd like to call David Atchison.
16 Thank you, sir.

17 MR. ATCHISON: My name is David,
18 D-A-V-I-D, Atchison, A-T-C-H-I-S-O-N. I'm a
19 recently retired CEO and managing director of the
20 mergers and acquisitions group at Ponder &
21 Company. I spent over 35 years of my career
22 representing hospitals and health systems in
23 various strategic advisory capacities, including
24 representation of seller organizations.

1 Ponder & Company is a leading financial
2 and strategic advisory firm, focused exclusively
3 on the healthcare industry. We have been
4 providing advisory services to hospitals and
5 healthcare systems for more than 45 years, and we
6 established a mergers and acquisition group in
7 1999 dedicated to the hospital industry. In the
8 past ten years, Ponder's M and A group has
9 participated in over 100 engagements for nearly 70
10 different healthcare clients across 27 states.

11 Ponder was engaged by Quorum, from March
12 2017 to April of 2018, to represent the company in
13 the sale of MetroSouth. Ponder focused its
14 efforts on reaching out to hospitals, health
15 systems and the private equity investors that have
16 shown previous interest or experience in operating
17 hospitals of MetroSouth's size and financial
18 position.

19 Ponder contacted nearly 20 different
20 organizations, including Chicagoland-based,
21 regional and national hospitals and health
22 systems, both for-profit and not-for-profit,
23 private equity companies, and private investors.

24 Structured RFP solicitation process,

1 including secured -- securing non-disclosure
2 agreements with interested parties, disseminating
3 historical financial and operation information on
4 MetroSouth, facilitating one-on-one calls and
5 meetings between interested parties and Quorum
6 personnel, and organizing tours of the hospital.

7 As a result of this process, we received
8 letters of interest from three different parties.
9 We provided each of those parties additional
10 information about MetroSouth during an extensive
11 due diligence period.

12 All three interested parties ultimately
13 chose not to pursue a purchase of MetroSouth for
14 reasons that included financial distress of the
15 organization, an operating environment in which it
16 would prove difficult to successfully turn around
17 the organization, or a failure to secure the
18 capital resources required to purchase and operate
19 the facility.

20 Attempts to remarket the facility proved
21 unsuccessful and after it was determined by Quorum
22 that no further assistance -- no further
23 reasonable opportunities existed for which Ponder
24 may be of assistance, Quorum notified Ponder on

1 April 2 of 2018, that it would terminate our
2 agreement.

3 In my personal experience, I've had only
4 one other sell-side engagement that was
5 unsuccessful. The current environment, however,
6 with reductions in reimbursement rates by
7 government payers, trends toward providing more
8 outpatient services, and ever increasing operating
9 expenses not only resulted in failure to find a
10 buyer for MetroSouth, but it will likely amount to
11 -- result in more sell-side failures and hospital
12 closures across the country.

13 Thank you for your time.

14 (Applause.)

15 HEARING OFFICER ROATE: Thank you.

16 Next, I'd like to call Senator Emil Jones.

17 Senator Jones?

18 We'll catch him in a little bit. All
19 right.

20 Camille DiCostanzo.

21 Oh, Mr. Jones?

22 MALE SPEAKER: No.

23 HEARING OFFICER ROATE: Is --

24 MALE SPEAKER: Reverend spotted him.

1 HEARING OFFICER ROATE: All right. Is Mr.
2 Jones out there? I -- we can -- we can call him a
3 little bit later.

4 Good morning.

5 SENATOR JONES: Good morning, City of Blue
6 Island. State Senator Emil Jones III,
7 representing the 14th Legislative District since
8 2009.

9 I am a member of this community. When I
10 learned of the closing of Metro Health and
11 MetroSouth Hospital, I was deeply saddened.
12 MetroSouth, formerly known as St. Francis, was the
13 hospital I was born in. It's my hospital of
14 choice whenever I've needed emergency care.
15 MetroSouth Hospital is also the hospital where my
16 mother passed away at, from cancer back in 2001.
17 So keeping that hospital open in this community is
18 very dear to me.

19 Just speaking with the administration to
20 give you further, more updates, there's a lot more
21 that we need to do. Healthcare has been very
22 important to me and my district.

23 We've made (inaudible) in the past to work
24 very hard to keep those hospitals open in the 14th

1 District. Since I've been in office, it has
2 threatened to close at least about four times and
3 we've been able to keep the doors open, so I'm
4 pretty confident, with all of us coming together,
5 putting our hands together, we can make something
6 happen for MetroSouth Hospital.

7 So, we -- State Representative Justin
8 Slaughter, State Representative Robert Rita, and
9 we are coming together, and we are trying to find
10 solutions. So, please, please, (inaudible) and
11 keep us informed and we will get the job done.
12 Thank you.

13 (Applause.)

14 HEARING OFFICER ROATE: Thank you.

15 Next, I'd like to call State
16 Representative Justin Slaughter.

17 REPRESENTATIVE SLAUGHTER: Thank you.
18 Yeah. Good morning, everyone. Thank you for
19 having me. Justin Slaughter, Illinois State
20 Representative of the 27th District. Along with
21 Senator Jones and Representative Rita, we
22 represent the far South Side of Chicago. We also
23 represent the southwest, Cook County suburbs.

24 I think it's just really important to

1 emphasize what Senator Jones said, we are coming
2 together as a team to save this hospital. It's
3 critical that we have this hospital.

4 And being before you as the chairman of
5 the House Judiciary-Criminal, so when it comes to
6 justice and what we're seeing in our communities
7 and individuals that are at risk, we're seeing
8 that's interfacing with a lack of health programs
9 and health services, as it relates to -- for this
10 community, but also as it relates to our public
11 health institutions.

12 We have traditionally fought for Roseland,
13 and this year is kind of the same deal where we're
14 fighting for MetroSouth as well in a (inaudible)
15 dollars back to the hospital, but when you come
16 from an underserved community, (inaudible)
17 impacted by a lot of businesses, and so it has a
18 very, very significant adverse impact when we
19 unfortunately need these constant investors.

20 Just alone, throughout the south, you
21 know, we've created a definite and a very
22 significant challenge for people to have a health
23 institution, to -- to get to. And so it's
24 important that we -- that we save the hospital.

1 The other big, important piece of this is
2 the economic impact. This hospital employs
3 approximately 800 employees. And so -- not just
4 in Chicago, Cook County, throughout the entire
5 State of Illinois. As we look at South Side
6 economic development, these are the sorts of
7 projects at issue (inaudible) to prioritize.
8 Eight hundred jobs in this region.

9 Several families have called my office
10 after hearing that the hospitals were closing,
11 voicing their concern, with some of them doctors,
12 patients, some of them are employees of the
13 hospital.

14 The U.S. Department of Labor, about a year
15 ago came out with their report. The one industry,
16 the one that Congressman Rush had said -- or
17 Justice Stallworth (phonetic) supported this as
18 well -- but the one industry that will be the
19 biggest economic issue for our entire country is
20 our hospital systems. And so, it's important that
21 we timely embrace that. I think that means not
22 closing them, our hospitals, but trying to keep
23 open in regards to the economic impact.

24 And so two things, health issue as well as

1 the economic issue, and so again (inaudible) heads
2 up, we stand here, supporting this region and the
3 hospital (inaudible). Thank you.

4 (Applause.)

5 HEARING OFFICER ROATE: Thank you.

6 At this time, we're drawing from several
7 different lists of speakers. We're trying to draw
8 everybody's name in the order in which they signed
9 in. Some of you may still be holding sign-in
10 sheets. If I can ask those of you who are holding
11 sign-in sheets, in the upper right-hand corner of
12 your form should be a number.

13 At this time, speaker number five. Is
14 there a speaker number five in the audience this
15 morning?

16 MR. WALKER: Yes, there is.

17 HEARING OFFICER ROATE: Thank you. Sir,
18 if you'll introduce yourself please. Thank you.

19 MR. WALKER: Thank you. My name is Frank
20 Walker, F-R-A-N-K, W-A-L-K-E-R. I am the vice
21 president at MTS Health Partners. And I've spent
22 over seven years in healthcare investment banking,
23 representing a wide range of healthcare services
24 companies in various strategic advisory

1 capacities, including representation on the
2 seller's side and the buyer's side.

3 MTS Health Partners is a leading boutique
4 investment bank that provides strategic and
5 financial advice exclusively to the healthcare
6 industry, while providing guidance to the publicly
7 traded corporations --

8 SPEAKER: Speak up.

9 MR. WALKER: -- publicly traded
10 corporations as well as private equity-backed
11 companies. Formed in 1999, we now have over 45
12 advisory professionals, 11 partners and offices in
13 New York, San Francisco, and Tokyo.

14 Specifically within the hospital sector,
15 we advise several large-scale health systems in
16 mergers and acquisitions, as well as the sale of
17 individual hospitals, including most recently the
18 sale of a 200-bed facility in downtown Los
19 Angeles.

20 We have also previously advised a variety
21 of hospital operators, including HCA, Community,
22 Tenet, and Ardent.

23 MTS was engaged by Quorum in January of
24 2019 to assist in selling MetroSouth. In

1 partnership with the Quorum management team, we
2 created a detailed marketing layout that included
3 a detailed description of MetroSouth, its
4 operations, and financial profile. We also
5 included information about the potential up side
6 MetroSouth may have with a new ownership.

7 We solicited interest from over 30
8 national and regional hospital and health systems,
9 both for-profit and not-for-profit, as well as
10 private equity investors that MTS believes would
11 have an interest in operating a hospital of
12 MetroSouth's size and financial position.

13 That outreach process included securing
14 non-disclosure agreements with 14 interested
15 parties. We provided more detailed information on
16 the hospital to these parties, and they were all
17 encouraged to submit questions and schedule
18 meetings and calls to answer questions about the
19 material.

20 As a result of this due diligence process,
21 we received one letter of interest from one party
22 in May of this year. We deemed that interest to
23 be speculative and not credible as that party did
24 not have any recent operating history and was

1 unable to identify a financing source to fund the
2 transaction.

3 All the remaining parties declined to
4 pursue MetroSouth for a variety of reasons,
5 including the deep financial distress of Metro
6 and/or the failure to secure the necessary
7 financing to purchase and operate the facility.
8 More directly, parties cited reasons that the
9 future prospects of MetroSouth were limited,
10 including the reduction to the reimbursement rates
11 by government payers, trends towards outpatient
12 services, and ever increasing expenses at
13 hospitals.

14 Accordingly, based upon a broad
15 solicitation of potentially interested parties in
16 the U.S., we have been unable to identify and
17 engage with an interested buyer for MetroSouth.
18 We believe the hospital is unlikely to be sold in
19 the current environment. Thank you.

20 HEARING OFFICER ROATE: Thank you.

21 Next, I'd like to call State
22 Representative Will Davis. Mr. Davis.

23 REPRESENTATIVE DAVIS: Good morning,
24 everyone. I'm Will Davis. I represent the 30th

1 District, and for purposes of this conversation, I
2 represent probably the (inaudible) area of Blue
3 Island. I am standing here today to voice my
4 opposition to the closure of the hospital.

5 There's no doubt that we need all of Metro's
6 services that we can possibly have down here in
7 the south suburbs.

8 Unfortunately, we are a community that is
9 often overlooked and underserved. And to hear of
10 the closure of this facility certainly is going to
11 be a significant blow into -- just given the fact
12 that we have healthcare in the south suburbs.

13 This hospital is providing a great service, it's
14 providing much needed hospital resources here, not
15 only as a (inaudible) but also as a place where
16 the community could indeed gather as well.

17 There's a rich tradition, a rich history that
18 exists here in this particular facility.

19 I understand that the Board, your actions
20 will be based on a process. I still feel that the
21 Board can still have some say, some input on
22 whether or not they deem the closure of this
23 facility necessary.

24 In a conversation that I had with the

1 current CEO, while he expressed his thoughts on
2 financial aspects of why he needed to go to this
3 closure, unfortunately I don't think that this
4 facility did enough in the last budget cycle to
5 make sure that his financial needs were met
6 relative to advocating for and making sure the
7 necessary items were in the budget to give it the
8 financial resources that it needs and, if nothing
9 else, the vitality of this community, the center
10 ground, this facility.

11 Unfortunately, three days ago, and I'll
12 end on this, I just had an advisory from the
13 Illinois State Police that there was a shooting.
14 (Inaudible) shooting, heard about it. They shut
15 down I-57 over here at the time.

16 If there -- while we know these types of
17 issues can happen, things can happen in our
18 community, but if this facility goes and we have a
19 similar circumstance, while we claim that there
20 are other hospitals nearby, that extra mile or two
21 that it would take to transport someone to one of
22 the other facilities versus being able to bring
23 them to the emergency room room that exists right
24 here could be a life or death situation.

1 And then of course we can also talk about
2 the system's decision to dealing with this
3 relative from a racial standpoint as well. The
4 fact that many of the communities here in the
5 south suburbs are people of color. They're mixed
6 communities, people of color. And unfortunately
7 what we see are a dismantling of health --
8 hospital systems in communities of color, where we
9 see there what they call better care is where
10 communities are (inaudible) in that respect.

11 So, we're here today to of course pose our
12 opposition to the closure, but to encourage this
13 facility to really take a good look at the impact
14 this is going to have, not only on the community,
15 as well as the people of this community and the
16 services of this community. Has it really thought
17 about (inaudible) in a way that it could continue
18 to provide quality healthcare and other services
19 that we know that are needed out here in the south
20 suburbs? Have you really thought about that?

21 Unfortunately, I'm not sure they really
22 have taken a good look, other than just simply
23 looking at I believe their bottom line, to say we
24 can't afford it. Well, we can't afford not to

1 have you here in this community. In the exact
2 words, close the facility and see what destruction
3 and devastation that will follow relative to this
4 community.

5 So we're here to ask that the Board, while
6 many have your checklists or items that that
7 facility has to undergo in order to make a
8 decision, we still believe that we can have this
9 thing and that you can have real input in the
10 ultimate -- ultimate disposition of this hospital.
11 And like people -- many people in this room, we
12 strongly encourage you to be against the -- in
13 support of keeping this facility open.

14 (Applause.)

15 HEARING OFFICER ROATE: Thank you.

16 Next, I'd like to hear Camille DiCostanzo.

17 MS. DICOSTANZO: Hello. I'm Camille
18 DiCostanzo. My name is spelled C-A-M-I-L-L-E,
19 DiCostanzo, D-I-C-O-S-T-A-N-Z-O.

20 I'm walking on really bare ground. I'm
21 not a spring chicken. I've been around the
22 nursing field for over 40 years. I've been a
23 neonatal nurse practitioner for most of those
24 years.

1 I've had a lot of exposure to a lot of
2 different hospitals. I've worked in level three
3 facilities, which provide the highest level of
4 community care -- I'm sorry, care -- to the lowest
5 level of care, level ones. Most recently, I had
6 experience with level two facilities, including
7 (Inaudible) Hospital, Lake Forest Hospital,
8 Trinity Hospital, so I know from what I see in
9 terms of what we can deliver at a level two
10 facility.

11 And let me just give you a little
12 background, level three facility provides the
13 highest level of care, level three and four, such
14 as your medical centers provide: Rush, University
15 of Illinois, Christ Hospital. That's where they
16 have the sickest babies who require the highest
17 level of care.

18 Then below that, we have level two and
19 level one. Level two provides care to sick babies
20 that don't need critical care that the level three
21 has. We are unique in this area that we provide
22 level two care for extended (inaudible). What
23 that means is that we're taking care of sick
24 babies that ordinarily would be sent to a level

1 three.

2 When babies are transported from your
3 community hospital to, say, Rush and out of town,
4 our moms who don't have a lot of resources and
5 then say that they're wanting to breastfeed their
6 babies, they have to try to find transportation
7 downtown to see their little preemie who's not
8 going to be out for a month or two.

9 We provide a service that nobody else does
10 in this region. In fact, private patients are
11 delivered at our hospital whenever they expect a
12 sick baby or a premature baby -- they're not
13 delivered at fancy hospitals -- they're delivered
14 by us because we take exceptional care of
15 premature and sick babies.

16 And nobody's (inaudible) when we decided
17 this. It's not a matter of there's extra beds
18 five miles or ten miles. They don't get the care
19 we give.

20 I've got a lot of years behind me and can
21 tell you that I would choose this group of
22 healthcare providers if I had a pre-term baby now.
23 And people would ask me, "Would you want your 32-
24 week baby delivered at a facility like

1 MetroSouth?" "Yes."

2 (Applause.)

3 MS. DICOSTANZO: Because that 32-week
4 preemie has one on one, to two or three on one
5 care in our facility, and it's the sickest baby
6 they're going to admit, not the least sick baby
7 like in a level three. So I really want you to
8 think long and hard. That's a huge loss to the
9 groups: Our OB and neonatal services in this
10 area, with high-risk patients, who deserve and
11 need maternal care. Thank you.

12 (Applause.)

13 HEARING OFFICER ROATE: Thank you.

14 Dr. Asonye, A-S-O-N-Y-E. Dr. Asonye.

15 FEMALE SPEAKER: He's not here.

16 HEARING OFFICER ROATE: Not here? Okay.

17 Dr. Henry Shin.

18 DR. SHIN: My name is Dr. Henry Shin.
19 I've been on staff at MetroSouth Medical Center
20 for 21 years now. It was my first and only job
21 out of training, and I am current medical chief of
22 staff at MetroSouth.

23 I am sad. I'm very sad for my patients,
24 this community, all the dedicated nurses and

1 workers that I've worked side by side for the past
2 21 years at the impending foreclosed hospital.

3 This is really, truly a special community
4 hospital. I believe people realize this, but it's
5 not like any community hospital. This is the
6 first hospital on the South Side to perform open
7 heart surgery. Think about that.

8 (Applause.)

9 DR. SHIN: (Inaudible) the first hospital
10 at First Memorial, Angel Pasky (phonetic), in the
11 1970s, when (inaudible).

12 (Applause.)

13 DR. SHIN: This is a hospital that has
14 saved countless lives, countless lives. And I am
15 very proud to be associated with this hospital.

16 Unfortunately, through the years, I have
17 seen gradual degradation of the quality of this
18 hospital and, as one of the speakers alluded to
19 earlier, people are choosing more and more often
20 not to come to this hospital and they're turning
21 to the alternatives.

22 The reason is because as the different
23 changes in ownerships have occurred, that we've
24 gone through, as we have two different sales in

1 the last ten years, each time a new owner took
2 over the hospital, the quality of services and
3 staffing has been gradually degraded.

4 (Applause.)

5 DR. SHIN: Some of this could not be
6 avoided, that's for sure. That's competitive kind
7 of healthcare competition. All the hospitals are
8 acting in similar fashion. But, there has also
9 been a greedy profit motive that has led to all
10 this, and that cannot happen in what we do.

11 (Applause.)

12 DR. SHIN: I see a domino effect and, mark
13 my words, I think that we will continue to hear
14 over the next several years the announcements of
15 more community hospitals like this closing
16 throughout the south and western suburbs of
17 Chicago.

18 You've heard about Westlake on the west
19 side. I read in the newspaper yesterday that
20 Ingalls is planning closure of its pediatric
21 hospital, so there is a domino effect which is
22 taking place. Unless the elected officials change
23 the formula for which our community hospitals such
24 as this one are funded, you will see a wholesale

1 construction of healthcare in underserved
2 communities and (inaudible).

3 (Applause.)

4 DR. SHIN: So I urge each and every one of
5 you to hold our elected officials, respond to
6 these surprises. I don't want to see this
7 hospital close in a few months, but that's where
8 it's headed unless we act in one voice and make
9 sure that elected officials know that closing this
10 hospital is unacceptable.

11 (Applause.)

12 DR. SHIN: Thank you. And I will continue
13 to work until the doors close.

14 (Applause.)

15 HEARING OFFICER ROATE: Thank you.

16 Dr. Shukla, S-H-U-K-L-A.

17 DR. SHUKLA: Yes. Good morning,
18 everybody. My name is Arvind Shukla. First name
19 is spelled A-R-V-I-N-D.

20 I'm a neonatologist and I'm at -- now I'm
21 working on behalf of the neonatologists at
22 MetroSouth.

23 Let me give you my background a little
24 bit. I've been here (inaudible) since 1992. I'm

1 in Chicago area then and work with the leadership
2 physicians at Christ Hospital, Rush, and
3 University of Chicago. And, furthermore, I'm the
4 co-director for U.S. Perinatal Network, and I'm
5 the co-director for local (inaudible).

6 I would like to mention my thought on
7 different parts regarding preventative care, and
8 then I'll go to financial for a few.

9 For their care, the most important thing
10 is prevention in perinatal care. And we won't be
11 focusing on that when facilities aren't close to
12 their home, especially when I talk to the parents
13 there who work hard. Prenatal care, if it is
14 provided properly, continuing healthcare is done
15 properly, the delivery room care is done properly,
16 (inaudible) the health of the baby. Then you're
17 not going to spend a lot of money on that baby
18 afterwards.

19 Now let me talk about the financial part.
20 One little baby will cost the society \$30 million.
21 Oh, we are seeing so many lawsuit settlements and
22 what else. Again and again, over here, you see so
23 many times, so we help to prevent that on damages.

24 Think about people breastfeeding, through

1 the breastfeeding for the mothers, they focus on
2 here.

3 Why I became on the MetroSouth faculty,
4 MetroSouth, I wasn't going to be here one month
5 because of (inaudible). And my daughter, who is a
6 social worker in the Chicago South Side, always
7 she say, "Daddy, we need you here in Chicago. You
8 can go and work over there, but the world needs us
9 here."

10 And working with the group, what I see
11 over the last eight years, and working with the
12 staff at (inaudible), or we in the medical group
13 at MetroSouth, they are doing excellent, excellent
14 job. I'm doing -- I'm saying compared to Rush or
15 University (inaudible) or Rice.

16 As Camille said, anywhere -- we're going
17 to find people that are taken here. Now something
18 is working (inaudible), working greatly. By doing
19 this, by closing this hospital, it is going to be
20 a severe disservice to the operations, living in
21 this state, yes, society. And it's good, our
22 community is good across a lot of the state.

23 So you have to look at that. You might
24 save money by closing the hospital, but what it is

1 going to cost? Okay. Think of that.

2 And you are going to say that the
3 hospitals are nearby, but this -- there's no -- so
4 there's no (inaudible). We can learn in medicine.
5 We should write the news here in Chicago, and
6 especially here in Blue Island, this hospital is
7 working so hard, and especially I'm talking about
8 on our medical work here.

9 Thank you very much.

10 (Applause.)

11 HEARING OFFICER ROATE: Thank you.

12 Randy Heuser, H-E-U-S-E-R.

13 MR. HEUSER: Hi. My name is Randy Heuser.
14 I'm the city clerk for the City of Blue Island. I
15 am also a fourth generation resident of the City
16 of Blue Island, born at St. Francis Hospital, many
17 moons ago.

18 The City of Blue Island is slightly older
19 than the City of Chicago and has a rich history.
20 This town was built around the railroad. It was
21 also a stopping point for farmers bringing their
22 wares to market in the horse and buggy days. Blue
23 Island was a thriving community in its heyday,
24 home to a Sears store, Montgomery Ward, car

1 dealerships, and many more retail businesses up
2 and down Western.

3 Over the years, Blue Island has seen lots
4 of changes. Shopping malls destroyed the downtown
5 as we knew it, IDOT changed Western Avenue one-way
6 in the '70s, but we persevered. We found ways to
7 keep our little downtown alive, looking towards
8 service-related businesses to fill the
9 storefronts, and here just barely hanging on.

10 The hospital has been here for decades and
11 it's a huge economic engine for this city. I'm
12 afraid that if we lose this engine, Blue Island
13 will become a ghost town with no hopes of
14 recovery. Thank you.

15 (Applause.)

16 HEARING OFFICER ROATE: Thank you. Chief
17 Smith. Chief Smith.

18 (No response.)

19 HEARING OFFICER ROATE: Dr. Baron --

20 MALE SPEAKER: George.

21 HEARING OFFICER ROATE: Oh, I'm sorry.
22 Oh, I'm sorry. I'm sorry. Mr. Smith's coming.

23 CHIEF SMITH: Good morning, everyone.
24 Mick Smith, M-I-C-K, S-M-I-T-H. I'm the fire

1 chief of Village of Riverdale, and I'm coming to
2 represent the folks of our community.

3 The Village of Riverdale has approximately
4 13,000 residents. We run about 3,000 homes a
5 year, which about 2,500 of those are EMS calls.
6 More than half of our EMS calls are taken to
7 MetroSouth.

8 This is going to have a negative effect,
9 not only on Riverdale, but communities just south:
10 Providence, Harvey, Blue Island of course, and
11 even southsiders of the City of Chicago.

12 The Southland has taken effects from
13 hospital closing in the last ten years from
14 Olympia Fields closing the trauma center, and it
15 had a negative effect on the South Side. Chicago
16 Heights, St. James and Chicago Heights were
17 closing, having a negative effect on the
18 Southland, and now we're doing this same thing
19 again in Blue Island that's going to have a
20 negative effect on the Southland, which the
21 Southland are more working-class, low-income
22 individuals, and this is going to hurt everyone
23 involved.

24 The hospital has to stay open because it's

1 people like people sitting in this room that
2 depends on this medical care. It's good people
3 that live in these communities that are dying and
4 are going to die if we go further out looking for
5 care.

6 (Applause.)

7 CHIEF SMITH: This is going to have an
8 effect on Ingalls Hospital, it's going to have an
9 effect on South Suburban Hospital, it's going to
10 have an effect on any other hospital -- Palos
11 Hospital -- every hospital in the area because
12 (inaudible) to go farther to get care, and there's
13 only so many things you can tell a hospital that
14 are going to be able to maintain the people that
15 are coming in.

16 So, when we look at this, when you're
17 listening, this is going to have a long-lasting
18 and detrimental effect to a lot of communities
19 that are involved. And if we don't do something
20 to stop it, then it's going to be terrible.

21 So, I hope that this Board will be able to
22 understand the importance of this hospital to not
23 only the City of Blue Island, but the cities and
24 villages and townships all around that this will

1 have a negative effect. Thank you.

2 (Applause.)

3 HEARING OFFICER ROATE: Thank you.

4 Chief Reda. Chief Reda, R-E-D-A.

5 CHIEF REDA: Good morning, everyone.

6 MULTIPLE SPEAKERS: Good morning.

7 CHIEF REDA: I'll reiterate upon what
8 Chief Smith just said. From my perspective, this
9 hospital closure is going to be extremely hard for
10 a couple reasons.

11 One, I was born here 47 years ago, so it
12 is my first introduction to the hospital if you
13 will.

14 Also, my grandfather had heart surgery
15 here in 1980 and spent several weeks there for
16 which he never made it out and passed, but the
17 care that he received there was second to none.
18 My grandmother appreciated it there, my parents,
19 uncle and aunt, appreciated all that St. Francis
20 at that time did for him and our family that we've
21 not forgotten.

22 Because they got in the heart services in
23 the time there, the heart transplant here, and the
24 staff there was second to none, as it was to the

1 work in that ER are second to none, and the
2 services that they provide to this community are
3 second to none.

4 As Chief Smith said, this has a ripple
5 effect throughout this region, most specifically
6 obviously here in town, not having a hospital in
7 our backyard. It's very convenient for sure. But
8 the transport times that we're going to incur is
9 going to cause people loss, and it's not
10 acceptable.

11 And you have the ability to do something
12 about that here, with keeping this hospital open,
13 and I hope that you guys take into consideration
14 all of it, like I said, the lasting effect that
15 this is going to have.

16 Like Chief Smith, we ran quite a few calls
17 last year. Citywide, we got over 4,000 calls
18 total, 2,200 or thereabouts of which were EMS,
19 which many of those, probably about 67 percent,
20 back-to-back calls. So we were out quite a bit,
21 and this is going to have an effect.

22 Our turnaround time is going to be larger,
23 those transports will take longer, and with that
24 being said, now we run the risk if we do have a

1 fire in town, pretty bad here, people in jeopardy
2 in that area as well because we don't have
3 (inaudible).

4 So we're going to have to do some things
5 differently, which we're willing to do, of course
6 we have to get dirty to do it, but again, it's a
7 lasting effect of this because not only does it
8 affect Blue Island, it affects all the towns
9 around us and beyond.

10 As Chief Smith alluded to, we're still
11 feeling the effects of St. James shutting down.
12 If this moves -- if this moves forward, it's just
13 going to continue, that ripple gets bigger and
14 bigger and bigger. And, again, it's about lives
15 and helping people and we're not going to be able
16 to do it like we should be able to do it or that
17 we currently are doing.

18 So I'd ask that you do what you can to
19 consider keeping this open. And for those that
20 are still there, keep up the good fight. You do a
21 wonderful job. We appreciate it. Thank you.

22 (Applause.)

23 HEARING OFFICER ROATE: Dr. Abigail
24 Martinez.

1 DR. SINNOTT: So, good morning, everyone.
2 Hi. My name is Dr. Annie Sinnott, and I am the
3 emergency department director at MetroSouth, and I
4 have assembled behind me an army of compassionate
5 colleagues who care passionately about our
6 mission.

7 I will tell you that I have been in this
8 role for the last five years. I have been
9 practicing medicine along the south side of
10 Chicagoland for the last seven of my twelve years
11 post-residency.

12 Not only am I passionate about the South
13 Side and the Southland of Chicago, I am passionate
14 about the spirit that is in healthcare and I am
15 passionate about emergency medicine and hospital
16 resources.

17 Emergency medicine, very much like our
18 police, very much like our firemen and our EMS
19 personnel, is America's safety net. And what I am
20 here to tell you is that if the doors of
21 MetroSouth are allowed to close, Blue Island is
22 losing their safety net, but so are the
23 communities surrounding.

24 We are, in emergency medicine, one of the

1 very few specialists with the mantra, "No shoes,
2 no shirt, no sobriety, no problem." We are here
3 for you 24/7, 365 days a year, regardless of your
4 medical condition and regardless of your ability
5 to pay. Those behind me are very proud of that
6 fact.

7 So if we were to close the doors, let's
8 talk about the transit time to our nearest
9 hospital, which is Ingalls, 12 minutes away.
10 Maybe we don't go there. Maybe we go to Roseland.
11 That's 14 minutes away. Maybe we can't go there.
12 Maybe we have to go to Little Company of Mary, 17
13 minutes away. And Christ, at least 20.

14 And this is assuming that the traffic is
15 flowing. Those of you who live in the Blue Island
16 community understand that getting stuck behind a
17 train is a real reality.

18 (Applause.)

19 DR. SINNOTT: In preparation for our
20 conversation today, I spoke with an OB provider, a
21 midwife, who told me that she had six different
22 ways to get to MetroSouth because of how
23 challenging it can be.

24 So if you're an EMS crew and you are

1 trying to transport somebody having a heart
2 attack, now your transport to Little Company of
3 Mary used to be 12 minutes, maybe it's 20 now.

4 And if you're the person in the back of
5 that ambulance having a heart attack, this will
6 significantly impact your recovery, potentially to
7 the tune of your daughter walking down the aisle,
8 your plan was to walk with her, but now you can't
9 breathe because your heart muscle is so weak
10 because your delay to get the cardiac act that you
11 need, now you have to sit in a wheelchair and push
12 to bring her down the aisle.

13 This is the stuff we are talking about.
14 Real people with real problems are going to
15 suffer.

16 So if transit time is not enough, let's
17 talk about the capacity of our surrounding
18 hospitals that care for the nearly 50,000
19 emergency department lives that myself and my
20 colleagues care for today.

21 So, Ingalls -- MetroSouth, 27 beds.
22 Ingalls, 3 more beds, a total of 30. Roseland has
23 less beds than MetroSouth, 19. Little Company of
24 Mary, 30 beds. Christ, a ton of beds, but Christ

1 is on bypass 20 percent of the time. So you need

2 --

3 (Applause.)

4 DR. SINNOTT: So you need not be a
5 mathematician to understand that these six extra
6 beds that the Southland has to care for 50,000
7 emergency department lives is not going to cut it.
8 People are going to suffer and people are going to
9 die.

10 If you are a patient and you figure out a
11 way to get to your nearest hospital if MetroSouth
12 was no longer to exist, what you will be greeted
13 by is the faces of many other patients, stuck in
14 the waiting room, because we are talking about
15 forcing 50,000 patients to an already over-
16 capacity situation in our nearby hospitals.

17 So not only if you've ever been a patient
18 is that completely unsatisfying, as healthcare
19 providers, what we understand is that is not safe
20 for you. So there's a reason that on a billboard
21 we advertise rate times, not just for your
22 business, not just to help increase patient
23 satisfaction, but to be accountable to your care,
24 to keep you safe.

1 And with that, I want to introduce some of
2 the colleagues behind me. Through the good work
3 that they do every day, they have saved lives,
4 some of you -- perhaps one of your life or
5 somebody that you know. And they are going to
6 share a brief story, and then I'm going to turn it
7 over to Dr. Angie Arpatalo, who is the co-leader
8 of the hospital side, to explain the hospital part
9 of this business. Thank you.

10 (Applause.)

11 DR. ARPATALO: Hello. My name is Dr.
12 Angie Arpatalo. I am an internist doctor, so I
13 work on the inpatient side, and I am the senior
14 medical director.

15 So, I hear this concept that the Southland
16 of Chicago is over-bedded, specifically
17 MetroSouth. So let's talk about what that means.
18 Looking at beds, we have two things we need to
19 look at: Licensed beds and if we are fully
20 staffing to capacity.

21 So, licensed beds for Metro are 314;
22 Ingalls, 400 and -- 485; Roseland is 134; Little
23 Company is 295; and Christ has 780.

24 When we're talking about whether or not

1 we're fully staffing at capacity, there are three
2 things that we need to talk about: Number one,
3 length of stay, meaning how long our patients stay
4 in the hospital; number two, are we staffing to
5 those beds, nursing; and, number three, do we have
6 the services at the hospital.

7 So let's take length of stay. When
8 compared to all hospitals in the Chicagoland area,
9 especially the Southland area, we're the lowest
10 length of stay. We are able to take care of our
11 patients and get them out as soon as possible. So
12 let's look at those numbers.

13 (Applause.)

14 DR. ARPATALO: MetroSouth, we get our
15 patients out in an average of 4.5; Ingalls, 5.9;
16 Roseland, 4.7; Little Company, 5.4; and Christ,
17 5.6.

18 Then staffing, we've cut down our nursing
19 staffing within the last couple of years, so we've
20 had to shut down with this. And there are two
21 services that we have not talked about, which we
22 did have prior to 2015, neurosurgery and
23 cardiovascular surgery, which Dr. Shin mentioned
24 that we were the first hospital in the Southland

1 of Chicago to perform open heart surgery. Okay?

2 FEMALE SPEAKER: First one in the country.

3 DR. ARPATALO: In the country. So, let's
4 talk about numbers again.

5 So neurosurgery procedures, in 2013, our
6 inpatient side is 172 cases, outpatient 200. By
7 2015, those patients have shifted to Christ and to
8 Palos. I'm not quite sure what happened with
9 that, but that's exactly what happened.

10 Now, we look at our cardiovascular
11 procedures. In 2013, our inpatient procedures
12 were 154, outpatient procedures 61. In 2015, we
13 went down by half. Again, all those patients went
14 to Palos and went to Christ.

15 So when we are given the chance as a
16 hospital, we are number two when it comes to
17 maternity admissions, second to Christ. When we
18 are able to continue taking care of our patients
19 that are stroke patients, we keep 90 percent of
20 our patients in-house. And we've been able to
21 beat the national average when it comes to sepsis.

22 So I'm here telling you guys, as a team,
23 we need to keep this hospital open because when
24 we're given the chance to get full capacity with

1 the resources, we're able to impact this
2 community. Thank you.

3 (Applause.)

4 DR. CONINE: My name is Brandon Conine,
5 B-R-A-N-D-O-N, C-O-N-I-N-E. I'm a emergency
6 medicine physician, along with many of my
7 colleagues over here, at MetroSouth emergency
8 department. Who here is a resident of the local
9 community? Not just Blue Island, but the local
10 community here.

11 Me too. So I live in Beverly, just on the
12 kind of north (inaudible) there. And I see
13 friends, I see family, I see loved ones,
14 colleagues, in the emergency department all the
15 time.

16 I'm proud that -- we heard something
17 talked today about business, that the numbers of
18 facts and money, and that's important because
19 although we all got into medicine for care, taking
20 care of people, a lot of us, prolonging life,
21 bring in life, business -- or medicine now is a
22 business. We -- we understand that.

23 You heard the word divestment and how a
24 company wants to divest MetroSouth. They want to

1 divest in you, they want to divest in me and this
2 community, because it doesn't make them any more
3 money.

4 It hurts because we work hard. We take
5 care of a community that needs us. We take care
6 of a community that is not going to be able to get
7 the care they need at the local surrounding
8 facilities, not because they're not working hard,
9 but because they're drowning like we are.

10 Taking MetroSouth out of the arrangement
11 will flood the surrounding communities. Your
12 times to get care are going to be longer, your
13 waits are going to be longer, the care is going to
14 be compromised, not because of the ability, not
15 because of the intent, but because of the sheer
16 volume. People will die, and that's just a fact.

17 I just recently took care of a young male
18 who was shot. He was put in a car and his friend
19 drove him to MetroSouth because we were the
20 closest facility. Within five minutes, he had
21 stopped breathing. I had to put in a tube into
22 his chest to bring him blood. I had to give him
23 additional blood. And in under 15 minutes, we had
24 a non-trauma facility administering emergent

1 blood, doing emergent procedures, and I had the
2 patient transferred. And when he left, he was
3 awake, he was talking to me. We got his pulse
4 back and he lived.

5 He would not have lived with the transfer
6 to Christ. I guarantee it.

7 (Applause.)

8 DR. CONINE: To summarize, it's not
9 divesting in money, it's divesting in you and
10 everybody here.

11 FEMALE SPEAKER: I want to thank you.

12 DR. CONINE: We need to fight.

13 FEMALE SPEAKER: That was my friend,
14 (inaudible). Thank you.

15 (Applause.)

16 DR. CONINE: We need to fight.

17 (Applause.)

18 DR. CONINE: Let's see what we can do
19 (inaudible) at MetroSouth. We can't afford to
20 lose these services.

21 So, thank you for having us, and I really
22 challenge the Board to help us and challenge the
23 community, our local officials, to do everything
24 that they can because it's not just the sake of

1 business, it's all of us.

2 (Applause.)

3 DR. HINTON: I'm Dr. Hinton, Edwin,
4 E-D-W-I-N, H-I-N-T-O-N. I was not born in this
5 hospital, but I grew up in the State of Illinois.
6 I went to Eisenhower High School. If I could just
7 tell you a story about my growing up and how this
8 hospital is important to us.

9 I remember being a kid and my friend Brad
10 got stung by a bee in the back of the throat. And
11 when I sat there and watched him stop breathing,
12 he turned blue, and the Alsip paramedic picked him
13 up and brought him here, and he's still alive
14 today because of this hospital.

15 I also played football at Eisenhower High
16 School. I went to high school with some of the
17 folks here and did -- had the opportunity to get
18 knocked unconscious on the football field and then
19 (inaudible) also.

20 So this hospital played a part in my life,
21 my family's life, and I would like to say thank
22 you for the opportunity to serve, coming back
23 here, and give back to this community I'm very
24 grateful of. I'd like to continue doing it

1 (inaudible).

2 (Applause.)

3 DR. GARCIA: Ed Garcia, G-A-R-C-I-A. I'm
4 also an emergency medicine physician here at
5 MetroSouth. Just want to share a little story,
6 real life experience from recently.

7 So a couple weeks ago, I was in the middle
8 of the night shift, and a grandmother came in
9 carrying her little girl, lifeless blue,
10 unresponsive, a very bad time. With our great
11 team here, we were able to revive her, get her to
12 a pediatric NICU. I actually saw her a few weeks
13 ago for a knee sprain, for another visit, doing
14 very well. Without MetroSouth here, she probably
15 wouldn't be alive today.

16 Also, a couple days ago, I worked the
17 night shift, Dr. Shin was there, just a regular
18 old day, in the middle of the week. And we had a
19 full emergency department, the waiting room was
20 filling up, and she had a gunshot victim, a
21 cardiac arrest, and a very sick seizing child at
22 the same time, with 15 other patients.

23 Where are these patients going to go?
24 What's going to happen if we don't have anything

1 solved?

2 So, thank you for your time and your
3 inspiration.

4 MR. FITZGERALD: So, my name is Daniel
5 Fitzgerald. I'm a hospitalist.

6 F-I-T-Z-G-E-R-A-L-D. I came on board at
7 MetroSouth about one year ago actually. My one-
8 year anniversary roughly, very recent.

9 When I looked for a job, I was looking for
10 a community that had needs, a very similar kind of
11 treatment, with poverty, abuse of -- drug
12 addiction, not have access to care in its
13 community. It's very dear to my heart to serve
14 those, that compilation.

15 Little did I know when I interviewed that
16 I actually had a connection to the hospital
17 already. In fact, in 1999, my grandfather
18 actually passed away in room 4815. And my mother,
19 turns out, worked in the radiology department when
20 she was about 19 or 20. When I came to find out
21 that the hospital was closing, it was, it was very
22 sad to me.

23 It's a community that has high needs.
24 It's a community that's dealing with a lot of

1 different types of pressures, from poverty to
2 crime, my point is, draw you a picture. My job
3 is, as a hospitalist, is to support patients in
4 any way I can when they come into the hospital and
5 make a difference in the stakes. And there is a
6 stage inhabited by all of these other factors.

7 I had a friend once tell me, "Never bring
8 (inaudible) to work," meaning don't bring judgment
9 to work. This is a community that I've worked at
10 every single day.

11 I have more recently had a very hard kid
12 who -- alcohol dependence and a lot of
13 complications and no other adults seemed to be
14 present, who was, in short, very sick. I spent
15 most of my day that day at that time, caring for
16 this person, as he went into cardiac arrest
17 multiple times and needed resuscitation.

18 This community needs us, and we need them
19 as well. Thank you.

20 (Applause.)

21 DR. FITZGERALD: Thank you.

22 (Applause.)

23 HEARING OFFICER ROATE: Kristi
24 DeLaurentiis.

1 MS. DELAURENTIIS: Hello. My name's
2 Kristi DeLaurentiis. I'm the executive director
3 of the South Suburban Mayors and Managers
4 Association. We represent 45 municipalities in
5 the south -- the greater south suburban region,
6 which represents 750,000 residents across the
7 region.

8 I want to -- prior to starting my
9 testimony, I want to, just for the record, state
10 that I'm extraordinarily disappointed members of
11 the Illinois Health Facilities and Services Review
12 Board, actual board members, are not here today
13 listening to this really passionate, impactful
14 testimony. It's really, really important that
15 they hear from us and see our faces, understand
16 the -- the range of races, income levels, matters
17 for our community. And I'm disappointed that
18 they're not here today.

19 (Applause.)

20 MS. DELAURENTIIS: You heard earlier today
21 from Representative Will Davis about the culture
22 of the hospital in communities of color and the
23 destruction of how (inaudible). I advocate that
24 comment.

1 The possible closure of MetroSouth
2 Hospital and its impact on south suburban
3 community members, not only Blue Island residents,
4 nurses, doctors, workers, families, but the entire
5 Southland region, raises stark concern for us at
6 the South Suburban Mayors & Mayors Association.

7 Over the past two years, our region has
8 seen a disinvestment and closure of two major
9 hospitals within the region, which has left a void
10 in outpatient and inpatient service provision in
11 our region. The closure of Franciscan St. James
12 Hospital in Chicago Heights and Cook County's Oak
13 Forest Hospital means that other hospitals and
14 clinics have had to serve an ever growing number
15 of patients.

16 Already, healthcare providers and others
17 are struggling to adjust to the new reality and
18 the environment that those closures have created,
19 and they are stretched beyond medical resource
20 limits. That's clear. The closure of MetroSouth
21 at this critical time would be catastrophic to the
22 region's healthcare system. It's not only the
23 employment center here, the jobs, the economic
24 condition of a health system, it's really

1 catastrophic to how our patients and residents are
2 served.

3 I have to say, I've reviewed MetroSouth's
4 hospital profile and the submission to the Health
5 Facilities and Services Review Board. I have an
6 extra here in my hand. Frankly, I have to say,
7 this submission is flawed and -- and it doesn't
8 even provide you with everything.

9 The documents provide a snapshot of
10 conditions of the health facilities serving the
11 Southland that no longer exist. They literally do
12 not exist any longer. The number of beds,
13 patients served, the emergency/trauma care
14 figures, and other stats have all changed since
15 the two south suburban hospitals have closed.

16 If you listen today to the EMS personnel,
17 the medical professionals, and others, they all
18 recognize that, and their testimonies about wait
19 time, delay, lack of beds, patient delivery time,
20 and really life-saving measures that wouldn't be
21 in here because of the access are important.

22 The frequency of hospitals being on bypass
23 due to the increase in patient load, numbers have
24 increased, it's only worsened in the last year.

1 It's only going to worsen with another hospital
2 closure. It really speaks to the destruction of
3 healthcare in underserved areas (inaudible). The
4 lack of value of lives in our community is
5 exacerbated by another hospital closure.

6 I am urging the Hospital Service Board to
7 collect updated data and assess the real
8 conditions of the medical services and access to
9 care in the Blue Island/South Suburban region.
10 It'll be a much more guided picture than the
11 application of the picture from MetroSouth.

12 The utilization and available beds numbers
13 have changed since 2017. The driving distance and
14 drive times to other facilities we've heard about
15 is faulty, and there's no consideration of
16 traffic, freight interference, construction work,
17 or any other measure besides the direct driving
18 time on those identified for mileage in terms of
19 the impact on access.

20 We've pulled data -- we -- we looked at
21 data and we also pulled data from Metropolitan
22 Planning Organization, Chicago Metropolitan Agency
23 for Planning, which shows starkly different
24 information, including actual average delay times,

1 access to care in the south, in an area -- in
2 communities of color, and other issues that we're
3 very concerned about.

4 I know all of you who have been to
5 Southland have heard of Chicago's cross, this is
6 the crossroads of the nation freight. I'm sure
7 the -- the stats and presumably the hospital board
8 has heard that as well. Well, nowhere is it more
9 true than in the south suburbs.

10 And, really, I would say, while in many
11 cases, (inaudible) throughout in terms of being
12 transected by a train, delays. This is really
13 important for act -- for so many considerations
14 about just utilizing another hospital system
15 within the area. We really need to focus on
16 accuracy when we're assessing and I'm -- I'm
17 charging the Hospital Board to do that before they
18 -- they take steps in one direction or another.

19 The South Suburban Mayors & Managers
20 Association stands ready to assist the Board in
21 understanding the deleterious and significant
22 negative impacts that another hospital closure
23 would have on our region. We welcome the
24 opportunity to share our findings and our research

1 so that the Board can make an informed decision,
2 not one that's just based on dollars and cents
3 from consultants who've written a report, but
4 really our hearts and souls of the people that are
5 being active here today.

6 (Applause.)

7 MS. DELAURENTIIS: I'm asking the Board to
8 remember that access to healthcare and healthcare
9 services is a cornerstone of all communities and
10 contributes to quality of life and really our
11 neighborhood and resident success. To allow for
12 greater disinvestment and divestment in the
13 Southland allows for greater inequity and
14 disparity which further exacerbates the healthcare
15 crisis we're really experiencing.

16 Again, it would destabilize our region and
17 be an injustice to the residents of Blue Island
18 and beyond.

19 And I want to just say that this is a
20 health -- this is obviously a healthcare issue
21 that we're facing in a closure impacting a
22 community, but it's a society issue. And we're
23 looking already at disparaging healthcare, unfair
24 and unjust, this would further accelerate and

1 exacerbate that situation.

2 We need to come together and find an
3 immediate and a long-term solution to healthcare
4 services and to maintain a hospital here in Blue
5 Island. The Health Facilities Board is really an
6 integral partner in that. They're not far from
7 it. They need to be at the table, working with
8 us, for a long-term solution, not an immediate
9 closure as requested by the hospital.

10 We need to accurately map -- measure the
11 vacuum closure of MetroSouth presents to the
12 region and then really find tools and -- and
13 solutions for meeting the needs of residents and
14 the greater Southland community that all 45
15 municipal -- municipalities, which are represented
16 by my organization, all 750,000 residents within
17 the Southland. It's really -- it's merely a
18 quarter of the population in the whole Cook County
19 area.

20 So, we have huge numbers and few medical
21 resources, and I implore the Board to take a
22 measured, cautious approach to working with us for
23 a long-term solution. Thank you.

24 (Applause.)

1 HEARING OFFICER ROATE: Anne Igoe,
2 I-G-O-E.

3 MS. IGOE: Hi. My name is Anne Igoe,
4 A-N-N-E, I, George, O-E. Thank you for the
5 opportunity to speak today.

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

12 I serve as the vice president of SEIU
13 Healthcare Illinois Indiana Hospital Commission, a
14 union that represents workers at MetroSouth and
15 workers at hospitals all across Chicago and the
16 four-city area. Additionally, we represent
17 nursing home, homecare, childcare, members who
18 live near the south suburbs.

19 Our union -- we urge the Health Systems
20 Review Board to deny Quorum Health's application
21 to close operations at MetroSouth this November.

22 We further ask that this Board scrutinize
23 Quorum Health's unprecedented, misleading actions
24 and broken promises, based on evidence and fact

1 pattern, whether this corporation acted in good
2 faith and was truthful and candid about its
3 intentions, business practices, and corporate
4 strategy.

5 Allow me to add our fact pattern.

6 First, our analysis and belief that
7 Community Health Systems, CHS, created Quorum
8 Health as a new subsidiary in order to offload its
9 underperforming hospitals based upon their
10 projected low or declining profits.

11 I'm going to repeat what was said earlier
12 in terms of divestment in our high Medicaid, poor
13 pocket issues in this state too.

14 We believe that CHS allegedly decided to
15 remove as many liabilities off of CHS' balance
16 sheet as they could and dump them into a new
17 company, Quorum Health, who could then be free to
18 spin off, sell, or close its communities
19 regardless of who's impacted.

20 Allow me again to go through the timeline.

21 In April 2016, an ongoing shareholder
22 class action suit alleged that Community Health
23 Systems and Quorum Health Corporation made false
24 and misleading statements about the financial

1 status of both CHS and Quorum prior to and right
2 after the Quorum spin-off.

3 The plaintiffs asserted that impairing
4 CHS' and Quorum's goodwill before the spin-off
5 would've jeopardized the defendant's ability to
6 fund a spin-off and pay down CHS' debt. Prior to
7 the spin-off, CHS had the highest -- or, second
8 highest debt level among large investor-owned
9 hospital companies.

10 Plaintiffs then contended that CHS chose
11 to spin off 38 of its worst hospitals into Quorum
12 in order to improve its performance and generate
13 cash to pay down a huge debt, two of those
14 hospitals here in Illinois, one of them being
15 MetroSouth.

16 The spin-off enabled CHS to dump hospitals
17 that were a drag on its financial performance
18 while at the same time giving CHS an injection of
19 cash to pay down its massive debt. Following the
20 spin-off and \$1.2 billion special dividend, Quorum
21 supplemented CHS as the most leveraged investor-
22 owned hospital company in the industry.

23 Plaintiffs allege that the defendant's
24 accounting fraud concealed from investors the poor

1 performance of the company all while overstating
2 the company's financial results. As a result,
3 investors purchased stock at artificially inflated
4 prices.

5 According to the plaintiffs, CHS spun off
6 Quorum to generate cash that it desperately needed
7 to pay off its debt. For the spin-off to generate
8 this cash, CHS needed to convince investors to
9 purchase 400 million of bonds issued by Quorum and
10 convince lenders to loan 800 million to Quorum
11 concurrently with the spin-off. The only way to
12 accomplish this was to make Quorum look more
13 profitable than it actually was.

14 Allow me to continue.

15 Indeed, former Quorum CFO, Michael
16 Culotta, who previously served as CHS' VP of
17 investor relations, conceded on an August 11,
18 2016, Quorum investor call that there were
19 indications -- indicators of impairment that went
20 unreported at the time of the spin-off.

21 By allegedly deceiving investors about CHS
22 and Quorum's financial performance, CHS was able
23 to unload these hospitals, referred to as dogs by
24 one former executive, and significantly pay off

1 its debt loan.

2 Quorum, with its portfolio of
3 underperforming hospitals, massive debt load, and
4 collapsing stock price never stood a chance as an
5 independent company and began immediately
6 attempting to sell off its assets.

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

10 Former Quorum CEO, Thomas Miller, and CFO,
11 Michael Culotta, both worked for CHS before the
12 spin-off and resigned their positions last year in
13 2018. Both were named and implicated in the
14 ongoing shareholder class action lawsuit.

15 Miller received a \$10 million parachute
16 and an additional 1.3 million in severance pay.
17 Both Miller and Culotta are still on lucrative
18 consulting contracts. The fact that CEO, Mr.
19 Miller, and CFO, Mr. Culotta, moved from CHS to
20 Quorum to execute CHS' plan to dump the bad assets
21 and then received these packages after exiting
22 Quorum is troubling, and it suggests that they may
23 have benefitted from a potentially fraudulent
24 spin-off scheme.

1 This is not accidental. This is not
2 because the hospital isn't doing the right thing
3 to attract patients. This isn't because they're
4 in financial trouble. This is because MetroSouth
5 --

6 (Applause.)

7 MS. IGOE: -- (inaudible) and essentially
8 grew two hospitals together in order to defraud
9 this community and communities of color all across
10 the United States.

11 (Applause.)

12 MS. IGOE: So that brings us here, where
13 we are, in our state, which has -- and our elected
14 officials, who we apply, who has new legislation
15 to bring back the ability for the Health Systems
16 Review Board to be able to regulate hospital's
17 closure sales and discontinuation of services.

18 However, MetroSouth and half of those
19 across the state got wind of that and quickly
20 submitted their proposal to discontinuation of
21 services prior to this new bill being put into
22 place.

23 FEMALE SPEAKER: True.

24 MS. IGOE: True. We call on MetroSouth to

1 rescind their application, to resubmit it along
2 with the certificate of need showing that this
3 community does not need a hospital. Again, that
4 would be impossible to do, but it gets worse than
5 that.

6 That application foreclosure is November
7 1st, but as far as we are aware, the inpatient
8 physicians here only have a contract until
9 September 30th. Again, this is a huge -- this --
10 this -- they requested to extend their contract
11 and have been met with silence. This puts
12 patients in a dangerous and critical situation,
13 more proof to the lack of candor Quorum is
14 displaying.

15 What does this all mean? The clear and
16 obvious intent to Quorum's application to shutter
17 MetroSouth was a beat the buzzer before the
18 Illinois Health Systems and Review Board could
19 exercise its power and have its broad authority.

20 Hospitals, and Quorum in particular, seem
21 eager to discontinue services with the lowest
22 level of scrutiny and only focus on the bottom
23 line, which is not patients but dollars.

24 We call on MetroSouth to rescind its

1 application and to act in actual good faith, to
2 engage in the hearing, to engage elected
3 officials, and figure out how we can ensure this
4 hospital has a new owner, an owner that is
5 committed to the community. We call on the Board
6 to deny their request to cease operations and to
7 divide -- and divest in Blue Island and the
8 greater south suburban area.

9 HEARING OFFICER ROATE: Thank you, Ms.
10 Igoe. Please conclude your remarks.

11 MS. IGOE: If the hospital claims they do
12 not have the proper authority because of the
13 timing of Quorum's application to beat the clock,
14 we call on the Pritzker administration to use all
15 of its power to keep that hospital open. Thank
16 you.

17 (Applause.)

18 HEARING OFFICER ROATE: Thank you.
19 Valerie Albrecht.

20 MS. ALBRECHT: Valerie, V-A-L-E-R-I-E,
21 Albrecht, A-L-B-R-E-C-H-T.

22 My name is Valerie, and I've been a nurse
23 at MetroSouth for the last 17 years, and I work in
24 labor and delivery. It was formerly St. Francis.

1 That was my very first and still (inaudible)
2 nursing job, my -- to the next 17-year career.

3 On behalf of myself and my nursing
4 colleagues, I would like to share some thoughts
5 and concerns about the proposed discontinuation
6 and service -- of services and closure of
7 MetroSouth.

8 MSMC began as St. Francis Hospital over
9 110 years ago. It has stood in the service of
10 Blue Island and the surrounding communities since
11 then, opening its doors to the sick and infirm
12 residents of these communities.

13 From the perspective from a critically ill
14 patient, emergency care and services, the closure
15 of our hospital could seriously impact their
16 survival rate or greatly diminish their quality of
17 life. With the nearest emergency department being
18 nearly 14 minutes away, those precious minutes are
19 lost, and the cascade of consequences beings.
20 Every minute counts.

21 This is also very true with the population
22 of obstetric patients we serve in our departments.
23 The health status of many of these women places
24 them and their babies at a higher than average

1 acuity, related to the serious morbidity and
2 mortality accompanying such health status.

3 We provide high-level quality and
4 compassionate care to all our patients across the
5 maternal neonatal continuum. And when minutes
6 count to optimize good outcomes, we are on high
7 alert. We can deliver a woman in need of an
8 emergency C-section within 20 to 30 minutes of her
9 arrival to our unit. We have also been cited by
10 the ILPQC as top care providers in the statewide
11 initiatives to reduce incidence of maternal deaths
12 related to hypertension and hemorrhage.

13 Again, minutes matter in these situations,
14 and having to travel longer distances away from
15 home to receive their care increases their risks
16 many-fold.

17 We function as a motivated, highly
18 skilled, and caring facility, family of
19 professionals. We very much want to to stay
20 together as this family to continue to provide
21 excellent maternal care and neonatal services for
22 years to come.

23 The impact of the closure of MetroSouth
24 will not felt -- be felt only by the City of Blue

1 Island, but also for miles around, not to mention
2 the numerous lives and families of our employees.

3 On a personal note, I would just like to
4 say that the team that I have worked with for the
5 last 17 years is like no team that I have ever
6 seen in another hospital that I've been involved
7 in. We are a family at Metro.

8 We believe that healthcare is just that:
9 Healthcare. It is not a dollar sign, it is not a
10 number that we need to strive for. It is being
11 able to take any patient and to get them to the
12 help that they need. We see birth, the life of
13 birth. We help our patients into the last moments
14 of their life. We see a full circle of patients
15 at MetroSouth, and this hospital needs to stay
16 open.

17 (Applause.)

18 HEARING OFFICER ROATE: Frank Pods. Mayor
19 Frank Pods. No Mayor Pods?

20 (No response.)

21 HEARING OFFICER ROATE: Kimberly Smith.
22 Kimberly Smith. S -- oh, hi.

23 (Audience members speaking, applause.)

24 MS. SMITH: Good morning, everyone. My

1 name is Kim Smith. I'm a resident of the Roseland
2 neighborhood. And I come to you today as a
3 community member, and I'm also here in favor of
4 keeping the hospital open.

5 The decision to close this hospital is not
6 one made as a result of declining patients or
7 utilization, but rather one made on profits and
8 greed.

9 So, to be clear, roughly two-thirds, which
10 is 65.7 percent, of MetroSouth patients are
11 African American. Eight out of ten zip codes in
12 MetroSouth's primary service area are majority
13 non-white. Five out of ten zip codes in
14 MetroSouth's primary service area are 90 percent
15 or greater non-white.

16 MetroSouth had 8,410 admissions and 34,896
17 inpatient days in 2017. MetroSouth had a staffed
18 bed occupancy rate of nearly 70 percent in 2017.
19 MetroSouth treated 39,833 Medicare patients and
20 17,359 Medicaid patients in 2017. Merely 75
21 percent of MetroSouth's patients were covered by
22 government insurance programs in 2017. So
23 Medicare: 50 percent; Medicaid: 22 percent; and
24 other public: 22 percent.

1 MetroSouth delivered 1,399 infants in
2 2017.

3 (Applause.)

4 MS. SMITH: MetroSouth also had 45,523 ER
5 visits and admitted 5,954 patients from the ER in
6 2017. MetroSouth had 83,381 outpatient visits in
7 2017.

8 So we call on MetroSouth first to rescind
9 its application and to first act in good faith to
10 find a buyer.

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

14 Our workforce, patients, families, and
15 businesses rely on MetroSouth to anchor this
16 community. Therefore, based on facts, and the
17 Quorum's troubling behavior and potential fraud,
18 the Health Facilities Review Board must stand with
19 the people of Blue Island and demand that Quorum
20 continue operating MetroSouth.

21 If the Board believes that they do not
22 have the proper authority because of the timing of
23 Quorum's application to beat the clock, which
24 means they don't care about the people, and

1 subvert the spirit of the law when declining --
2 deciding to announce the hospital's closure, then
3 we also call on J.B. -- J.B. Pritzker's
4 administration to use all its power to keep
5 MetroSouth open until another operator can take
6 over.

7 Because MetroSouth matters. The people
8 matter. It matters to our workforce, it matters
9 to our patients, and it matters to the families
10 who need access to quality healthcare and for this
11 facility to remain open.

12 We fundamentally reject the notion that
13 MetroSouth is underutilized or that this massive
14 disinvestment scheme won't hurt this region and
15 its econ- -- economy. Excuse me. Hospitals, like
16 MetroSouth, are pillars of the community and help
17 to stitch our fabric together.

18 So we urge that this Board not allow a bad
19 corporate actor, like Quorum, to divide, hurt, and
20 tear this community apart because they don't feel
21 like they're making enough profit, but to keep the
22 hospital open because it brings jobs and it keeps
23 our communities alive.

24 So, thank you.

1 (Applause.)

2 HEARING OFFICER ROATE: Thank you.

3 Dr. Kurt Erickson.

4 MALE SPEAKER: All right. Dr. E.

5 DR. ERICKSON: This is a surprise. I
6 didn't even realize I'm on the list.

7 (Laughter.)

8 DR. ERICKSON: But anyway, I've got some
9 things to say.

10 I was born (inaudible). I wasn't born in
11 this hospital, but I was in (inaudible).
12 (Inaudible).

13 But, anyway, I didn't come here 28 years
14 ago because I wanted to return to the South Side
15 to work, okay? It has the absolute best
16 statistics for cardiovascular care in the City of
17 Chicago.

18 (Applause.)

19 DR. ERICKSON: Besides, you know, we --
20 the first angioplasty, one was done in 1979. My
21 partners, Dr. Abako (phonetic) and Dr. Betchet
22 (phonetic) went to Switzerland to learn
23 angioplasty for a course they didn't offer in the
24 United States. They did their first acute infarct

1 angioplasty in 18 -- in 1981. I believe that was
2 the first one in the Chicago area, done on a
3 prominent businessman in the area.

4 And the (inaudible) Group in '90 -- in
5 1990, Mass General Hospital, in -- in Boston was
6 -- had about a 10 percent mortality rate for all
7 the different people coming in with heart attacks.
8 Little MetroSouth, St. Francis at the time, had a
9 less than 3 percent mortality rate --

10 (Applause.)

11 DR. ERICKSON: -- (inaudible) by
12 angioplasty.

13 And the hospital, the hospital of St.
14 Francis had a true mission. All right? And their
15 -- their mission, for instance, was to deal with
16 human (inaudible), and they did that. And they
17 did that (inaudible). They frequently took in
18 people who couldn't pay and they took care of them
19 because that's what their mission was.

20 Unfortunately, the other truth of the
21 mission is, and this is spoken about at least in
22 every hospital, there's no money, no mission. All
23 right? And that's an unfortunate reality of a
24 hospital. All right?

1 And the speaker before quoted as to how
2 many people aren't going to pay in a hospital.

3 And I want to express something by the
4 staff in here, in 2002, the data was that for
5 every dollar it costs to take care of a patient of
6 the hospital, Medicaid -- or Medicaid only
7 reimbursed the hospital 19 cents of the dollar.
8 There's no way a hospital like this deserves to
9 stay in business if they're only reimbursed 19
10 cents on the dollar for each patient out of a
11 portion of every Chicago patient. All right?
12 It's just a fact.

13 So we have our nice representatives here
14 from Illinois because, you know, part of the
15 demise of a hospital system like this is because
16 you're not reimbursing hospitals what they deserve
17 to get paid. We're pretending to take care of
18 patient care, but hospitals are not going to sail
19 if you're only reimbursing 19 cents on the dollar
20 for what it costs to take care of a patient. And
21 so part of the demise of this hospital is -- is --
22 is that they're trying to maintain a mission, but
23 they can't do it without funds.

24 The commonwealth has -- wants to paid, our

1 vendors want to get paid, and the Lord knows the
2 nurses don't get paid enough for the work they do.
3 If any of you spent a day in the hospital, with
4 the nurses, that you saw what they do on a daily
5 basis, you would be stunned that anybody would be
6 able to do it, so thanks for the nurses.

7 (Applause.)

8 DR. ERICKSON: So in order to maintain a
9 hospital -- I really actually -- (inaudible)
10 hospital each day and I don't want to see it
11 closed. I spent the last 28 years of my
12 professional life there. I don't want to see it
13 closed.

14 And I know that's pessimistic, but I deem
15 it reality as well, and I deem it with a spirit
16 and with reality, I would offer our legislators a
17 couple of ways to prevent this from happening to
18 other hospitals, because it will happen to other
19 hospitals.

20 One, stop pretending to take care of
21 indigent care. Do it. And that means you have to
22 reimburse hospitals for the cost to take -- to
23 supply healthcare. And if you don't do that, it's
24 going to be a flood of hospitals closing.

1 Number two, I don't know if you know this,
2 there's a House Bill 0008 in front of -- at least
3 in one legislation, that's the Healthcare for All
4 Act. And it says in there, the stable control of
5 healthcare, says that in -- prior to healthcare,
6 insurance immediately, through the state. It says
7 the state -- hospital expenditures will all be
8 under control of the state, and now we see what
9 Medicare -- or Medi- -- Medicaid is doing for the
10 city, the hospital system.

11 If this happens, more and more hospitals
12 will close. There won't be healthcare at any --
13 there won't be any healthcare in the State of
14 Illinois.

15 So, legislators, do your job so that more
16 hospitals don't close. Thank you.

17 HEARING OFFICER ROATE: Bonita Williams.

18 MS. WILLIAMS: Good afternoon, everyone.
19 My name is Bonita Williams.

20 HEARING OFFICER ROATE: Ma'am.

21 MS. WILLIAMS: And I proudly serve in the
22 new organized health systems, SEIU.

23 HEARING OFFICER ROATE: Bonita.

24 MS. WILLIAMS: I also work as a -- I also

1 work as a consult.

2 HEARING OFFICER ROATE: Bonita, could you
3 stand closer to the mic?

4 MS. WILLIAMS: I also work as a mental
5 health consult.

6 As -- as a mental health consult, I'm
7 calling on the Health Facilities Review Board to
8 use your power to actively have open eyes to the
9 community and embrace our south suburban community
10 and stop Quorum Health from shutting down
11 MetroSouth, which is a first-rate hospital.

12 Here, again, is another for-profit
13 hospital system, counting on the trend of
14 divesting from the region and trying to close a
15 hospital that significantly serves everyone in
16 this community of color and poor and middle-class
17 families.

18 Quorum Health caused underdo (inaudible)
19 to try to shut down MetroSouth simply because they
20 aren't earning enough -- not enough profit. It's
21 ridiculous.

22 Our hospital service, workforce, and
23 patients, and families, who we faithfully serve,
24 should not be one of those subgroups. If another

1 acute care facility closes and families lose the
2 benefit of medicine and otherwise services and
3 jobs in the community, not to mention (inaudible)
4 and establish thousands of jobs or more from this
5 area that urgent need and economic development and
6 investment.

7 It inspired me to continue to call a code
8 blue on the entire hospital association the fact
9 that hospitals are close -- about to close. The
10 bottom line's over the living -- the quality of
11 patient care and living up to their care mission
12 to foster health of families and communities.

13 The Blue Island community and region,
14 diverse environment affect a (inaudible) community
15 hospitals. We demand the opportunity, and frankly
16 the time, to find a new hospital system to take
17 over and keep MetroSouth's quality healthcare in
18 the community or the Health Facilities Board must
19 demand reform and continue to operate until the
20 defined divestment.

21 Quorum Health, at the very least, owes --
22 owes the community much more, to our community and
23 our fellow hospital workers.

24 The attempt to shut down MetroSouth and

1 force so many workers to lose their jobs, homes is
2 gone, unfair and must be stopped by this group. I
3 urge you to do that right and take -- take full
4 action against MetroSouth Hospital and not let the
5 IHA take away with closing down another one of our
6 community hospitals that provides jobs for the
7 community.

8 FEMALE SPEAKER: That's right.

9 (Applause.)

10 HEARING OFFICER ROATE: Thank you. Tyrone
11 Ward. Mayor Ward, Mayor of Robbins. Mr. Ward.
12 Thank you.

13 MAYOR WARD: Good morning. I've been back
14 there scratching out a lot of things that have
15 already been said, facts and etcetera.

16 If you remember two things, two things I
17 ask you to remember: Lives and time. Lives and
18 time, those are the two emphasized words that we
19 need to push forward, that we need to resonate all
20 the way up to this board.

21 Time is of the essence. The time that it
22 takes to get from Robbins to Metro is anywhere
23 from five to seven minutes. The closest hospital
24 to MetroSouth in minutes: Ingalls, as you know,

1 12 minutes; Roseland, 14 minutes; Advocate Christ,
2 approximately 20 minutes; Palos, 23 minutes. Time
3 is of the essence.

4 Emergency department annual numbers,
5 approximately 45,523. So the question becomes, if
6 Metro -- and I'm told this were -- if Metro is
7 eliminated, what would the overflow do to the time
8 element of service? Is that time is of the
9 essence.

10 MetroSouth has approximately 34,896
11 inpatients on an annual basis that directly affect
12 time essence of all the other hospitals. Time is
13 of the essence.

14 The number of (inaudible), as you know,
15 each hospital will admit on bypass. MetroSouth:
16 1.46; Palos: 4.62; Ingalls: 2.64; Advocate
17 Christ: 18.37. So, again, time -- just to
18 reiterate -- time is of the essence.

19 We reinforce what's underscored is the
20 effect of the -- in stroke patients, MetroSouth is
21 a certified primary stroke center. Also, it has
22 been able to retain 90 percent of its patients.
23 Time is of the essence.

24 Therefore, this thing comes down to saving

1 lives because time is of the essence. Thank you.

2 (Applause.)

3 HEARING OFFICER ROATE: Levorn McCain-
4 Jones. Levorn McCain-Jones.

5 MS. MCCAIN-JONES: Hi. My name is Levorn
6 McCain-Jones. That's L-E-V -- and I'll pronounce
7 -- O-R-N, McCain, M-C-C-A-I-N, hyphen, Jones.

8 I am a 1961 recipient of the St. Francis
9 Hospital nursing scholarship. I went to St.
10 Mary's Hospital School of Nursing in Madison,
11 Wisconsin.

12 And it's kind of powerful for me to hear
13 and see this because I went back for my 50-year
14 class reunion, and St. Mary's has just blossomed.
15 It has enlarged, it has affiliated itself with the
16 University of Wisconsin, Madison General Methodist
17 Hospital, and to see the sister hospital -- I'm
18 sure the sisters are turning over in their graves
19 right now, to see that this is about to happen to
20 their hospital.

21 All I can say, and I know no one wants to
22 hear this, it's all about the race card and socio-
23 economic needs. And that's what (inaudible) to
24 spend. So, I pray now that something can be done.

1 Thank you.

2 (Sotto voce speaking.)

3 HEARING OFFICER ROATE: Mahmoud Halloway.

4 DR. HALLOWAY: I am Mahmoud Halloway,

5 M-A-H-M-O-U-D, H-A-L-L-O-W-A-Y.

6 I was (inaudible) 40 year on the staff at
7 MetroSouth, as (inaudible) at MetroSouth, until I
8 turned about three to four years ago.

9 In those 40 years, MetroSouth hired me, so
10 I felt very sad and I felt -- part of me couldn't
11 even believe this, but I have for the hospital a
12 few words I will say.

13 When I started my practice, I had a
14 practice in which there was (inaudible) of sisters
15 and cousins, one of whom was pregnant, whom I took
16 care of, and they live at St. Francis Hospital.
17 One of the sisters got married to a gentleman
18 working for (inaudible) company, in Decatur. She
19 got pregnant, called me, and she wanted me to take
20 care of her so she could have her baby at St.
21 Francis Hospital.

22 Of course I told her it was going to be
23 difficult because she was in Decatur, and that was
24 further. She insisted that she wanted to continue

1 her care with me, but another thing she wanted, to
2 deliver at St. Francis Hospital. The reason for
3 this, she said, was when her sister was having her
4 baby at St. Francis Hospital, she wasn't far, and
5 she was very much praising the care and compassion
6 that she saw with her sister.

7 So we arranged for her to still be my
8 patient even though she was in Decatur. She came
9 every month in the early part of her pregnancy and
10 later, she (inaudible). And when it was 12 weeks
11 to go, (inaudible) she moved in and stayed with
12 her sister here and had the baby at St. Francis.

13 She was very happy by the care, the
14 compassion and the care of the nurses and because
15 of me.

16 I had another experience with a patient of
17 Blue Island and it was almost this time. She and
18 her husband had to go to St. Louis on (inaudible).

19 One evening, I got paged by the answering
20 service that there was a call for the patient,
21 saying the patient wanted to talk to me. Call it
22 in. She told me that the (inaudible) had
23 ruptured. And I said, "Well, (inaudible) in route
24 for the hospital in St. Louis?"

1 And (inaudible). She said she wanted to
2 come to Chicago and deliver at St. Francis because
3 (inaudible). It was fortunate that we guided the
4 care that St. Francis gave.

5 So I asked her whether she -- whether she
6 was bleeding, whether the baby was moving, and
7 then I talked to her and said, "How long will it
8 take you?" (Inaudible), drove up to Chicago in
9 (inaudible). She told me it took me five hours.
10 I said okay. You can ride that.

11 She came, had her baby at St. Francis
12 Hospital and was very happy because of the care,
13 the nursing care.

14 HEARING OFFICER ROATE: Thank you, Dr.
15 Halloway.

16 (Applause.)

17 HEARING OFFICER ROATE: Janet Tarsitano.
18 Janet Tarsitano.

19 MS. TARSITANO: All right. Can I just --

20 HEARING OFFICER ROATE: Renee -- oh.

21 MS. TARSITANO: I'm going to speak from
22 back here, all right?

23 HEARING OFFICER ROATE: Okay.

24 MS. TARSITANO: I'm from a very large

1 Italian family, here in three generations for --

2 HEARING OFFICER ROATE: Can you come up
3 here? Yeah. Ma'am.

4 MS. TARSITANO: (Inaudible).

5 HEARING OFFICER ROATE: Ma'am. In order
6 for our court reporter to take your testimony, do
7 you mind speaking in the microphone? Or I can --
8 let me see. You have written testimony, correct?

9 MS. TARSITANO: Yes.

10 HEARING OFFICER ROATE: Okay. If you'd be
11 willing to share that.

12 MS. TARSITANO: Yeah.

13 HEARING OFFICER ROATE: And right there is
14 perfect if you're okay or --

15 MS. TARSITANO: I just wrote it right
16 here, so --

17 HEARING OFFICER ROATE: Okay.

18 MS. TARSITANO: -- it's (inaudible)
19 handwriting.

20 HEARING OFFICER ROATE: Thank you.

21 MS. TARSITANO: Okay. I am Janet
22 Tarsitano. I'm from a very large Italian family,
23 three generations, born (inaudible). We all were
24 born at St. Francis Hospital, and we'll start

1 there and study there, and took great care from
2 normal doctors.

3 As my parents became very elderly, both
4 were cared for by this great facility. They
5 really cared, Dr. Albeunderhill (phonetic), Dr.
6 Gerafio (phonetic), who are on staff there. My
7 mother's life was saved.

8 When my father became very ill, it was
9 this hospital that identified his illness for the
10 first diagnosis of pancreatic cancer. Not wanting
11 to believe this, we took him to three to five
12 different facilities on the north side of Chicago.
13 And even after going through all these opinions,
14 it was the first diagnosis that he had at St.
15 Francis that was the right one.

16 When adult adopted daughter, who has
17 Asperger's and is kind of exasperating for people
18 to interacting sometimes with people on the
19 autistic spectrum, is that in the emergency ward,
20 the nurses were wonderful at St. Francis, and they
21 nursed her, they treated her, cleaning, and it
22 just was an ongoing wonderful experience.

23 As a former graduate of urban planning,
24 urban studies, closing this hospital would have a

1 devastating economic and rippling effect on the
2 residents of Blue Island.

3 For those that work in the hospital,
4 hundreds of them will lose their jobs. They'll
5 have to relocate, move in with families in the
6 near north side of the city, their children will
7 lose those two great school districts, District
8 130 and Eisenhower District. So it doesn't stop
9 just with the healthcare. It stops with all
10 aspects of these residents' lives.

11 We are a wonderful community, wonderful,
12 diverse city. And I hate to see them try to
13 divide us. Thank you.

14 (Applause.)

15 HEARING OFFICER ROATE: Thank you.

16 Tina Decker.

17 DS. DECKER: Dr. Tina Decker, T-I-N-A,
18 D-E-C-K-E-R.

19 I am speaking as the chairman of
20 Department of Nursing at Trinity Christian College
21 and the vice chair of the Illinois Association of
22 Colleges of Nursing. I would like to speak on
23 behalf of another partner in the community, that
24 it would be a major disadvantage of the closing of

1 MetroSouth.

2 Currently, there are a lot of efforts in
3 Illinois to increase the number of graduates to be
4 called (inaudible) nurses within the state.
5 Examples of that (inaudible) state is the Illinois
6 Board of Higher Education grant, which is for
7 hundreds of thousands of dollars to increase the
8 capacity of nursing programs.

9 But I can tell you firsthand what my
10 program needs. It's not money, though money would
11 be nice. It is clinical sites. That is high-
12 quality healthcare facilities where students can
13 get hands-on experience caring for patients in
14 acute care settings.

15 For as long as I can remember, Trinity has
16 been partnered with MetroSouth, before that St.
17 Francis, to provide these clinical placements.
18 This is not a situation where if one door closes,
19 another door opens. For nursing education, if
20 MetroSouth closes its door, that is just another
21 closed door (inaudible) we can produce.

22 Another action currently going on in the
23 state is actively working towards decreasing
24 maternal and infant mortality. Just as recently

1 as July 12th, a new act was passed called the
2 Taskforce on Infant and Maternal Mortality among
3 African Americans. This cites that black infants
4 in America are more than twice as likely to die as
5 white infants, black women are three to four times
6 more likely to die from pregnancy related causes.

7 And as I hear these stats, as a former
8 MetroSouth nurse, I look at the faces of patients
9 I cared for. I guarantee every nurse, every
10 doctor, every first responder in this room is
11 thinking not about statistics and not about
12 dollars, but of the faces of the people they cared
13 for.

14 I see the face of a woman brought up,
15 actively hemorrhaging, with minutes for her child
16 to live, and we successfully did a C-section that
17 saved their lives. And if you asked me, how would
18 that mom and baby have been if they had to travel
19 ten more miles or 12 more minutes, I'd say maybe
20 they would've been okay.

21 Just like maybe that gunshot victim, maybe
22 that asthmatic child, or maybe that patient having
23 a stroke would be okay, but I ask you, is maybe
24 worth the 2 million a year or the 8 million or 10

1 million? How do we put a price on the lives of
2 our patients who are sitting here?

3 Thank you.

4 (Applause.)

5 HEARING OFFICER ROATE: Renee Foster-
6 McFarland.

7 (No response.)

8 HEARING OFFICER ROATE: Gia Orr.

9 MS. ORR: Hello. I'm glad everybody's
10 still here. I'm standing here -- my name is Gia
11 Orr, G-I-A, O-R-R.

12 I am here representing the Illinois
13 Guardianship and Advocacy Commission, and we
14 provide our community relationships and resources
15 as well as the legislative liaison agency.

16 We are here, and just so people know,
17 three -- IGAC has three entities (inaudible)
18 program: The Office of State Guardian, the Human
19 Rights Authority, and Legal Advocacy Services.

20 We wanted to make a statement today in
21 regards to the number of beds that would now be
22 lost as it relates to people with ultimate health
23 issues in the community, and we know that it has
24 an adverse effect on local law enforcement in Cook

1 and de facto persons who have to take care of
2 persons who need some help and stabilities in the
3 community.

4 We have a significant stake in what
5 happens to the communities as it relates to
6 persons of mental health issues and instabilities,
7 and we want to ensure that the hospital board,
8 which of course is a sister agency of ours --
9 sister agencies also act to have oversight on
10 another board if necessary.

11 So we want to be sure that those persons
12 in this community and the surrounding communities
13 who have mental health issues have somewhere to go
14 for treatment or to come for voluntary treatment,
15 that that's given to them.

16 One-third of minority persons with mental
17 health issues, diagnosed and undiagnosed, actually
18 has access to treatment. So again it's vital --
19 vital to the Blue Island community, but also in
20 communities that are surrounding.

21 I am a former Blue Island resident. I
22 just moved a few months out of Blue Island with my
23 daughter (inaudible) date. My daughter was saved
24 by MetroSouth Hospital, who diagnosed her overall

1 hyperglycemia. But I had no idea what was going
2 on one day when she passed out in the bathroom and
3 had a seizure.

4 So it's her -- now, still to this day, Dr.
5 Humaira Khan, who diagnosed and took care of her,
6 and also former Dr. Sandra Willis, who anyone from
7 MetroSouth knew, will know recently retired from
8 MetroSouth after leaving -- I can't think of the
9 hospital right now that they closed downtown.

10 So with that being said, thank you all for
11 all your service to the community and our state
12 and placing the lives of those with mental health
13 issues and disabilities and where they'll go for
14 healthcare. Thank you.

15 (Applause.)

16 HEARING OFFICER ROATE: Father Diego.
17 Father Diego.

18 (No response.)

19 HEARING OFFICER ROATE: Dr. Robert House.
20 Dr. Robert House.

21 (No response.)

22 HEARING OFFICER ROATE: Okay. David
23 Vallejo. V-A-L-L-E-J-O.

24 FEMALE SPEAKER: He may be here this

1 afternoon. He's not here this morning.

2 HEARING OFFICER ROATE: He'll be here this
3 afternoon.

4 FEMALE SPEAKER: Possibly.

5 HEARING OFFICER ROATE: That's about it?

6 FEMALE SPEAKER: I'm saying -- the morning
7 -- there was supposed to be a morning list.

8 HEARING OFFICER ROATE: I'm sorry.

9 FEMALE SPEAKER: Linda Adams.

10 HEARING OFFICER ROATE: Linda Adams? Ms.
11 Adams.

12 MS. ADAMS: Yes.

13 HEARING OFFICER ROATE: Sorry.

14 MS. ADAMS: Good morning. My name is
15 Linda Adams, L-I-N-D-A, A-D-A-M-S.

16 I am a nurse. I belong to the most
17 trusted profession, according to a 2019 Gallup
18 poll. I hope that you will trust what I have to
19 say today and carry it in your hearts and in your
20 minds.

21 I stand before you as a former Blue Island
22 resident of 55 years and as an employee of St.
23 Francis/MetroSouth since 1982. I have just
24 celebrated my 40th anniversary as a registered

1 nurse in Illinois, and I've been practicing for 40
2 continuous years.

3 My husband, my three children, two of my
4 grandchildren and I were all born at St. Francis
5 and MetroSouth. I have a long personal history
6 with this facility.

7 My daughter was diagnosed with Type 1
8 diabetes in 1981. We were frequent flyers to the
9 emergency room. Home blood testing was not yet
10 created.

11 We carried our sometime seizing, due to
12 hypoglycemia, and one time comatose child through
13 the doors of St. Francis. And because of the
14 close proximity of the hospital to our home, our
15 child was spared, no negative patient outcomes. I
16 believe that a hospital even ten minutes further
17 distance, would have had catastrophic results for
18 my daughter.

19 My parents coded in this facility: My mom
20 respiratory arrest, my father cardiac arrest.
21 Both survived. We had my father for ten more
22 precious years, and my mother is 90 and still
23 thriving today. I know the clinical skills of the
24 staff that cared for them, and I believe that the

1 comfort of being close to home, plus the care of
2 my coworkers, led to their recoveries.

3 Working in my own community led to the
4 acquaintance of many local residents.

5 My phone will ring at 2 a.m., a nervous
6 mother on the other end of the phone begging me to
7 listen to her child's coarse respirations, a phone
8 call that saved her daughter's life.

9 Another time, I helped a local baby and I
10 observed apneic episodes, which led to the
11 infant's diagnosis of apnea of prematurity and
12 resulted in a treatment.

13 One time I picked up my phone, the scared
14 wife of a local hospital -- hospice patient. She
15 was questioning if this was the end. It was, and
16 her husband died where he was diagnosed at,
17 MetroSouth.

18 I share these stories with you in an
19 attempt to prove that MetroSouth nurse are
20 special. We engage with the community. We teach,
21 we cry with our families, we fight for our
22 patients and for proper staff ratios. We work in
23 tandem with physicians. We are the eyes and the
24 ears of doctors when they cannot be in house. We

1 observe the subtle physical changes that lead to
2 prompt care and an adjustment in a patient's plan
3 of care.

4 I personally started my career as a post
5 partum/labor and delivery nurse, and I moved to
6 special care nursery 37 years ago. I am a
7 preceptor. I am a certified NICU nurse. I am a
8 neonatal (inaudible), NRP instructor for
9 physicians, nurses, and respiratory therapists.

10 We nurses at Metro South, we precept
11 through our hands, we help pass down students, we
12 teach medical students and residents. But our
13 favorite audience and our favorite people that we
14 like to teach are our patients.

15 Teaching parents how to cope with and
16 understand a confusing diagnosis makes me feel
17 accomplished. Doctors explain things to patients,
18 and they are very compassionate, but when the dust
19 settles, it is we nurses that sit down, hold hands
20 and say, "Let's talk. How do you feel? Do you
21 understand what's going on?"

22 You see, we nurses at MetroSouth, we've
23 been in Blue Island for a very long time and we're
24 very good at what we do.

1 If the doors close here, then I can't use
2 these hands to start IV access on an infant with
3 massive blood loss and infuse life-saving fluids
4 into his limp, lifeless body. I won't be able to
5 use my hands to give that child that's not
6 breathing, to pump air into his body anymore. I
7 won't be able to make him an A student.

8 I won't be able to connect with the local
9 opioid addicted mom and get her the treatment that
10 she needs or to sit and hold her hand and say,
11 "You can do this."

12 We are special. If you agree with Quorum
13 and you close our doors, you will allow this
14 corporation to silence my hands and my voice, so
15 that I can't tell another resident in this area
16 that I am here for them.

17 Sure, I can go elsewhere, I can practice
18 from afar. But I know that the residents of my
19 hometown, their faces, their voices that I know so
20 well, will be underserved. You will not just be
21 shutting the doors of this hospital. You will be
22 shutting out an entire community.

23 (Applause.)

24 HEARING OFFICER ROATE: Thank you. Is

1 there anyone who wishes to testify who has not had
2 an opportunity?

3 If so, please -- ma'am, you -- your name,
4 please.

5 MS. MINDEMAN: Marie.

6 HEARING OFFICER ROATE: I'm sorry. Marie?
7 Ms. Marie?

8 MS. MINDEMAN: Marie.

9 HEARING OFFICER ROATE: Marie. Okay.
10 Last name?

11 MS. MINDEMAN: Mindeman, M-I-N-D-E-M-A-N.

12 HEARING OFFICER ROATE: All right. Ms.
13 Mindeman.

14 MS. MINDEMAN: Thank you to all of you who
15 have stated these passionate testimonies.

16 My name is Marie Mindeman. M-A-R-I-E,
17 M-I-N-D-E-M-A-N. I would like to state my
18 opposition on the closure of my hospital.

19 I'm a 42-year-long resident of the City of
20 Blue Island. I married (inaudible). We've had a
21 house here. I worked in Little Company at the
22 time and I moved here. It was important for me to
23 become a complete member of this community.

24 And for that reason, (inaudible), Little

1 Company where I worked, I had my first child and
2 became a customer of MetroSouth 40 years ago.
3 Subsequent children and miscarriages took place
4 there.

5 We've had cancer treatment there with our
6 family. My husband has gone through the oncology
7 treatments that the DuPage Medical Group has
8 allowed him to have here at St. -- St. Francis-
9 MetroSouth. They actively discourage us from
10 coming to this hospital. When we're told, by
11 (inaudible) people, that people are disappearing,
12 they're actively not choosing to be here, it's
13 because we're being sent elsewhere.

14 I've waited in MetroSouth during the
15 closures, when the other South Side hospitals have
16 been on bypass. A family member with a bleeding
17 head injury on a -- on a bypass day, I sat for 12
18 years waiting for treatment while all other
19 emergency rooms were closed.

20 I've driven my husband a whole three
21 minutes from my house three blocks away, ten weeks
22 ago, for two fingers that were almost completely
23 severed, fully bleeding. Any other trek would
24 have been horrifying. We made it here in three

1 minutes. Within eight minutes, he was being
2 treated.

3 You know what my complaint was about that?
4 The individuals from Quorum stand here today and
5 said nobody is showing up, people are going
6 elsewhere, when the treatment was already
7 (inaudible), and I asked, "What's next?" I was
8 told we need to find a hand surgeon. We're in a
9 working community and there are no hand surgeons.
10 We are a community of working men. Why isn't
11 there a hand surgeon in the orthopedic department?

12 To me, that's because Quorum Health has
13 not been doing their job of finding where this
14 community is at and the services they need.
15 That's just one.

16 The oncology, it's a known issue, I can
17 count my neighbors who have had to have cancer
18 treatment and how many of them are sent 20 miles
19 out to DuPage Medical for infusions. I ask for
20 infusion care and I can do it at (inaudible).

21 In the news two weeks ago, as -- I'm
22 retired. Two weeks ago, on WMAQ, they announced a
23 study that indicated that the State of Illinois
24 ranks 46th in the country for healthcare for

1 retirees. When you couple that with the study
2 that was done a couple years ago by the University
3 of Chicago that cites that the South Side is one
4 of the most underserved communities in the United
5 States, and they're talking about closing our
6 hospital, what is that going to do this entire
7 region?

8 The politicians sat by and diverted funds
9 as our steel mills closed and our steel industries
10 and employment went someplace else, and now
11 they're doing it with healthcare.

12 The people who will be affected by these
13 closures are the older, the sicker, and the
14 poorer. I'm a retiree. I'm the one who was
15 driven to St. Francis to get treatment.

16 In 2010, Illinois General Assembly
17 commissioned the Illinois Workforce Institute to
18 conduct a study on physician availability. The
19 results on the South Side were that fewer primary
20 care providers were available for -- for 100,000
21 patients, or lower median incomes, and a higher
22 non-white population of blacks and Hispanics, and
23 that spells no healthcare.

24 I have some knowledge about the healthcare

1 system. I said that I worked at Little Company
2 for seven years. I also worked at DuPage Medical
3 for two years. And my last 20 years of
4 employment, I worked in healthcare reimbursement
5 policy at the American Medical Association.

6 This closure is not about a bad hospital.
7 It's about the systematic starvation of funds for
8 our hospital in an industry that is raking in huge
9 profits for shareholders, as Ms. Igoe cited in her
10 statement.

11 If we go to a 2015 paper -- I'm -- I'm
12 just -- you know, I'm just retired and I wanted to
13 see what's really going on. How can a hospital go
14 broke? Besides citing 19 cents on the dollar for
15 a Medicaid patient, I understand that, but the
16 issue is, is that since the agencies and the
17 corporations were put together, they were first
18 put together to fund things. Now, what it grew to
19 be is funding CEOs. Ms. Igoe made a brilliant
20 statement about --

21 (Applause.)

22 MS. MINDEMAN: -- reimbursement that has
23 been accounted for the CEO's (inaudible).

24 HEARING OFFICER ROATE: Thank you, Ms.

1 Mindeman.

2 MS. MINDEMAN: In closing, as a lifelong
3 South Side resident, I'm a realist. And despite
4 this public outcry, just like Dr. Erickson said,
5 I'm confident the politicians and powers that be
6 will once again shrug their shoulders and walk
7 away from the South Side. I would like it to be
8 wrong. I would like them to go to Governor
9 Pritzker.

10 And as we did with power, in 2009, when
11 Lisa Patkin (phonetic) took all of the
12 (inaudible), the investment company's support, and
13 with all the United States attorney generals, she
14 successfully sued those companies and made them
15 pay.

16 (Applause.)

17 MS. MINDEMAN: I want to see people like
18 Quorum Health also take them to court, sue the
19 (inaudible) to our communities and our socio-
20 economy.

21 Thank you.

22 (Applause.)

23 HEARING OFFICER ROATE: Is there anyone
24 else who wishes to testify?

1 Ma'am. Come on up, ma'am.

2 Do you want to wait for --

3 SPEAKER: Yeah, sure.

4 HEARING OFFICER ROATE: -- this woman to
5 speak? Okay. Go ahead.

6 MS. MITCHELL-PRICE: Good morning,
7 everyone. I don't have any computer, written
8 remarks, but I just want to convey my feelings
9 about closure of MetroSouth.

10 My name is Arles Mitchell-Price. It's
11 A-R-L-E-S, M-I-T-C-H-E-L-L, hyphen, P-R-I-C-E.

12 I am a resident of over 30 years in the
13 Village of Calumet Park. My husband and I have
14 lived there as a married couple for a very -- or a
15 pretty young age, in our -- in our thirties.
16 We're now senior citizens and my husband is
17 critically ill. He suffers from a heart condition
18 and he's also a dialysis patient. The reason that
19 he is not here today is because he is on dialysis.

20 In the past month, we have used our EMS
21 services twice: Once for my husband and once for
22 my daughter. It scares me, quite frankly, to
23 think what will happen if MetroSouth is not here
24 and we have to travel 12 to 15 minutes away to

1 another hospital. It scares the life out of me,
2 and I'm afraid that this may come the death of my
3 husband should he have another medical emergency.

4 I have gone to MetroSouth for many years,
5 not as an inpatient, mostly outpatient. My
6 primary care physician always gave me referrals to
7 MetroSouth. And what I remember is -- I believe
8 Dr. Shin spoke on this morning -- the degrading of
9 the equipment and the facilities.

10 I had a neighbor that needed a bone
11 density scan. Her doctor referred her to
12 MetroSouth. When she called, she was told,
13 "Sorry. The equipment is not working."

14 When I had to have a medical test there,
15 my physician referred me to MetroSouth because I
16 asked to be at the nearby medical facility. When
17 I called for my appointment, I was told, "The
18 equipment stopped working. We have no idea when
19 it's going to be working." So then I had to
20 travel all the way out to Tinley Park to have that
21 same medical procedure done or medical exam done.

22 I remember MetroSouth, especially last
23 year, when I went there for my annual mammogram,
24 they found something wrong. I had to go back. I

1 was in tears, I was so upset, very (inaudible),
2 and I remember the nurse in that department sat
3 with me and said, "It's going to be okay. No
4 matter what it is, it's going to be okay." And
5 the reason I can say that is because I'm a cancer
6 survivor. This is what she told me.

7 Things turned out fine, but I was grateful
8 that I had a hospital in my neighborhood that
9 supported me and cared for me.

10 It's not all about dollars and cents. I
11 am a believer that over the years I have seen what
12 has happened to once was -- once was St. Francis
13 and now MetroSouth. Services have decreased,
14 equipment has not been upgraded, so when you don't
15 support the staff, you don't keep pace with
16 technology, this is what's going to happen. Your
17 doctor is going to send you someplace else.

18 So, I blame the owners of MetroSouth for
19 what has happened here, for not supporting that
20 facility, for not supporting that staff.

21 And I am very angry and, at the same time,
22 very scared, especially for my husband who I love
23 very much. I want him to be able to be
24 transported to a hospital within two to three

1 minutes, should he have an emergency, not 12
2 minutes because 12 minutes is going to represent
3 to me the difference between life and death.
4 That's all I have to say.

5 (Applause.)

6 HEARING OFFICER ROATE: Thank you. Your
7 name please.

8 MS. CANTELO: Diane Cantelo. I was on for
9 this afternoon. C-A-N-T-E-L-O.

10 HEARING OFFICER ROATE: Ms. Cantelo,
11 you're in opposition?

12 MS. CANTELO: Yes.

13 HEARING OFFICER ROATE: Okay.

14 MS. CANTELO: Hi. My name is Diane
15 Cantelo, and my family has been in Blue Island
16 since the 1920s. My husband was born in that
17 hospital and his children were born in that
18 hospital. We're very emotionally connected. I
19 work with that hospital professionally and I've
20 worked over the prior decade.

21 Professionally, you can't ask for a better
22 staff of social workers, nurses, and doctors.

23 Privately, I work at Pronger Smith for 11
24 years, and the doctors at Pronger Smith, which is

1 now DuPage Medical, have all been credentialed at
2 MetroSouth Hospital.

3 Well, we assembled a team of physicians
4 when my husband became very, very ill three years
5 ago. These seven physicians, which are all
6 credentialed at MetroSouth Hospital, collaborated
7 and cared for his needs.

8 Me, being a part of the medical field, so
9 I decided to take him to Mayo Clinic. I wanted a
10 second opinion, and his attorneys thought that
11 that would be a great idea. We go to Mayo Clinic,
12 and if anybody's familiar with that facility, you
13 bring your medical records and any illnesses you
14 have and you're seen by that specialty.

15 Well, my husband had so many different --
16 what's it called, (inaudible) -- he had so many
17 different illness that he's been seen by seven
18 specialties at MetroSouth. He was seen by seven
19 specialists at Mayo Clinic. And when -- it's a
20 collaborative effort at Mayo Clinic, as it was
21 with these seven physicians from MetroSouth, at
22 the end of this session at Mayo Clinic -- and if
23 you've ever been there, it's one appointment after
24 another -- these physicians all said one thing to

1 me, "Your husband has an amazing team of doctors
2 back home."

3 This community can't lose that.

4 Another incidence, my stepson was weeding
5 mulch, got stung by hundreds of bees. He was
6 brought to MetroSouth Hospital. If it wasn't for
7 MetroSouth Hospital, he was told he would've died.
8 He wouldn't be here today.

9 My grandson swallows a sticker, he
10 couldn't breathe. If it wasn't for MetroSouth
11 stabilizing him, getting an airway started for him
12 to be transferred to (inaudible) to have that
13 removed, I don't know what would've happened to
14 him.

15 My daughter, who's a teacher in Blue
16 Island, had a severe concussion. If it wasn't for
17 her being so close to MetroSouth Hospital, I don't
18 know what would've happened.

19 So, my family has benefitted from the
20 quality physicians and care that we've received
21 there. We have to keep this hospital open.

22 (Applause.)

23 HEARING OFFICER ROATE: Thank you. Is
24 there anyone who wishes to testify who has not had

1 an opportunity?

2 (Sotto voce speaking.)

3 HEARING OFFICER ROATE: Name, please.

4 MS. URBANO: Ida.

5 HEARING OFFICER ROATE: Ida.

6 MS. URBANO: Urbano.

7 HEARING OFFICER ROATE: U-R-B-A-N-O?

8 MS. URBANO: Yes, sir.

9 HEARING OFFICER ROATE: All right. And in
10 opposition?

11 MS. URBANO: I'm an echo tech at
12 MetroSouth.

13 HEARING OFFICER ROATE: In opposition or
14 support of the project? Opposition to the
15 project?

16 MS. URBANO: I'm for -- I'm for helping
17 MetroSouth stay open.

18 HEARING OFFICER ROATE: So obviously you
19 oppose. Okay.

20 (Sotto voce speaking.)

21 MS. URBANO: My name is Ida Urbano, I-D-A,
22 U-R-B-A-N-O, and I've worked at MetroSouth for 40
23 years. And I just wanted to have a word for Jesus
24 Christ, sayings in the Bible.

1 In the Bible, God speaks often of the poor
2 and needy. He commands us to give generously to
3 them and to speak up on their behalf. So I come
4 here on behalf of what the Bible says about the
5 poor and needy, that our job is to our community
6 who is less fortunate.

7 Proverbs 31:8 and 9 says, Speak up for
8 those who cannot speak for themselves, for the
9 rights of all who are destitute. Speak up and
10 judge fairly; defend the rights of the poor and
11 needy.

12 Proverbs 22:22 and 23 says, Do not exploit
13 the poor because they are poor and do not crush
14 the needy in court, for the Lord will take up
15 their case and will exact life for life.

16 Proverbs 3:27-28 says, Do not withhold
17 good from those to whom it is due, when it is in
18 your power to act. Do not say to your neighbor,
19 "Come back tomorrow and I'll give it to you," when
20 you already have it with you.

21 Proverbs 11:25 says, A generous person
22 will prosper; whoever refreshes others will be
23 refreshed.

24 Proverbs 14:21 says, It is a sin to

1 despise -- despise one's neighbor, but blessed is
2 the one who is kind to the needy.

3 Proverbs 14:31 says, Whoever oppresses the
4 poor shows contempt to the master, but whoever is
5 kind to the needy will honor God.

6 I do not see anyone honoring God here and
7 helping the poor and needy. So I had to come and
8 to say what the word of God says about what our
9 job is: To help the needy and to help the poor,
10 not to close the hospital and (inaudible).

11 Thank you.

12 FEMALE SPEAKER: Thank you.

13 (Applause.)

14 HEARING OFFICER ROATE: Thank you. Name
15 please, ma'am.

16 MS. WEST: Lavelle West.

17 HEARING OFFICER ROATE: West?

18 MS. WEST: Yeah. W-E-S-T.

19 HEARING OFFICER ROATE: Okay.

20 (Sotto voce speaking.)

21 MS. WEST: Hello. My name is Lavelle
22 West. I'm a respiratory therapist at MetroSouth
23 Medical Center.

24 When I first heard about MetroSouth --

1 well, St. Francis -- was years ago, when my nephew
2 had an allergic reaction, and he had hives all
3 over his body, and my sister took him to Ingalls
4 and, there, they didn't know what to do. So she
5 took him to St. Francis, and the Francis -- St.
6 Francis took care of him. And I was like, man,
7 you know, this is a good hospital. You know? And
8 that was 35 years ago.

9 So when I finished my respiratory and
10 someone told me to go to St. Francis to work, I
11 said, "I think that would be a good place for me
12 to work." And everybody was so friendly to me.
13 Because I had worked at other places and they
14 weren't that friendly. I said, "Boy, this is a
15 nice place, a nice hospital." I said, "I can see
16 myself being here for a long length of time, save
17 a couple lives."

18 So, it hurts me that they -- that
19 MetroSouth may close. That's why I want to get
20 the word out to everybody to try to fight to save
21 MetroSouth.

22 I talked to my patients. My patients are
23 telling me, "We want the hospital to stay open.
24 We don't want to go to the other hospitals. This

1 is a good hospital. We love coming here."

2 I said, "Well, I love being here, so I'm
3 going to fight, but I want you all to fight with
4 us. You know?"

5 So I've been in respiratory for 13 years
6 -- well, 15 years, but 13 years at MetroSouth. So
7 I'm just praying that MetroSouth stays open.

8 (Applause.)

9 HEARING OFFICER ROATE: Thank you. Your
10 name please.

11 MS. HARRIS: Synathia, S-Y --

12 HEARING OFFICER ROATE: Okay. I'm sorry?

13 MS. HARRIS: S-Y --

14 HEARING OFFICER ROATE: S-Y --

15 MS. HARRIS: Uh-huh. N-A-T-H-I-A, Harris.
16 N-A.

17 HEARING OFFICER ROATE: I'm sorry. Harris
18 is the last name?

19 MS. HARRIS: Um-hmm, yes.

20 (Sotto voce speaking.)

21 MS. HARRIS: Hi. I'm a Cal Park resident,
22 and -- 14 years, and I'm also on the school board
23 at District 132.

24 And what this amounts to is that we have

1 schools and senior citizens all around in the area
2 and for this hospital to be as close as it is, it
3 is so important because our district has children
4 with -- they're diabetics, they're asthma
5 patients, and just being close enough to a
6 hospital with those kind of illnesses is very
7 important. As Mayor Ward stated that, time is of
8 the essence.

9 And we would hate that if a child had an
10 asthma attack or needed specialty treatments or
11 some serious medical attention, they had to go
12 more than 10, 15 minutes out of the area.

13 As a woman, I don't know what to tell the
14 parents. I don't know how to give an answer on
15 how we're supposed to be how we're supposed to be
16 able to get services for your child quickly,
17 especially also when they (inaudible), so they can
18 get paid for their services, when they're being
19 transported. That wasn't ever mentioned. I never
20 heard anyone about that. We as residents have to
21 pay probably for services to be able to go to
22 those hospitals.

23 But I'm hoping and praying that this
24 hospital does not close. It can stay open for the

1 needs of our residents in Calumet Park, Blue
2 Island, whatever other communities are close by.

3 I have lupus, and it is very important for
4 me to be able to have some type of medical
5 assistance. Although my hospital is the
6 University of Chicago, but just having a hospital
7 nearby just -- just for emergency, if necessary.

8 It just sickens me to hear about all these
9 medical insurances (inaudible). And it's money,
10 it's money over life. So they choose money over
11 the life.

12 It's just -- in closing, but I'm hoping
13 and praying that something turns around and know
14 that Blue Island does matter and -- and that I'll
15 have an answer and to feel comfortable knowing
16 that a hospital is near our school for whatever
17 attention, medical attention that's needed.
18 Because you know kids are sometimes pumped and
19 just on occasion get nervous, but just know that
20 the hospitals are near, the services, instead of
21 just going so far out in the community. So, I
22 just hope things change.

23 HEARING OFFICER ROATE: Thank you.

24 (Applause.)

1 HEARING OFFICER ROATE: Sir, your name
2 please.

3 MR. SMITH: Edward C. Smith, Sr.

4 HEARING OFFICER ROATE: Douglas Smith.

5 MR. SMITH: Edward.

6 HEARING OFFICER ROATE: Edward Smith?

7 MR. SMITH: Edward C. Smith, Sr.

8 HEARING OFFICER ROATE: Mr. Smith, go
9 ahead.

10 MR. SMITH: Hello, everybody. I'm
11 (inaudible) in Chicago.

12 This hospital has been taking care of my
13 family for years. And now I'm disappointed
14 because all these big news I see now are
15 pharmaceutical companies who make billions of
16 dollars.

17 How come they're not -- they're not
18 investing in keeping hospitals open? Because they
19 got the money, and they're going to get the money
20 (inaudible). Because with doctors, they got
21 prescriptions. They still need to get money.
22 They can't lose. So I'm trying to figure out why
23 the pharmaceutical companies are not invested in
24 our hospitals.

1 (Applause.)

2 HEARING OFFICER ROATE: Thank you.

3 Please note that this project is
4 tentatively scheduled for consideration by the
5 Board at its Tuesday, September 17th, 2019,
6 meeting. The meeting will be held at the
7 Bolingbrook -- Bolingbrook Golf Club, located at
8 2001 Rodeo Drive, Bolingbrook, Illinois.

9 Please refer to the Illinois Health
10 Facilities and Services Review Board website at
11 www.hfsrb.illinois.gov for more details and
12 possible agenda changes.

13 Written comments and responses should be
14 sent to the Illinois Health Facilities and
15 Services Review Board, Attention: Ms. Courtney
16 Avery, Administrator, 525 West Jefferson Street,
17 Second Floor, Springfield, Illinois 62761.

18 This concludes the morning session. We'll
19 take a brief break and we'll begin again at 1 p.m.
20 If you wish to speak and have not registered,
21 please excuse yourself to the lobby and sign up.
22 Thank you.

23 (A recess was taken from 12:50 p.m. to
24 1:33 p.m.)

1 HEARING OFFICER ROATE: Good afternoon.
2 Thank you for participating in today's public
3 hearing for MetroSouth Medical Center, Blue
4 Island.

5 I am George Roate, Hearing Officer for the
6 Illinois Health Facilities and Services Review
7 Board. Present with me today is Ms. Courtney
8 Avery, Ann Guild, and Michael Constantino, also
9 (inaudible) Health Facilities and Services Review
10 Board. Ms. Debra Savage is a board member. She
11 is with us during this afternoon session as well.

12 On behalf of the Illinois Health
13 Facilities and Services Review Board, thank you
14 for attending.

15 Please be advised that we are here to
16 collect comments regarding the closure of
17 MetroSouth Medical Center and at this time will
18 not respond to any information presented today nor
19 questions regarding this application for
20 exemption.

21 As per rules of the Illinois Health
22 Planning Act, the previously published --
23 published legal notice, notice of review and
24 opportunity for public hearing for written

1 comment, public hearing and opportunity for the
2 comment, have been submitted to the court reporter
3 and will be included in today's record. I will
4 read some of it in.

5 - - -

6 LEGAL NOTICE OF PUBLIC HEARING
7 AND OPPORTUNITY FOR WRITTEN COMMENT

8 In accordance with the requirements of the
9 Illinois Health Facilities Planning Act, notice is
10 given of a Public Hearing on the application for
11 exemption, E024-19, to discontinue MetroSouth
12 Medical Center, located at 12935 South Gregory, in
13 Blue Island, Illinois.

14 The Public Hearing is to be held by the
15 Illinois Health Facilities and Services Review
16 Board pursuant to the Illinois Health Facilities
17 Planning Act. The Hearing is open to the public
18 and will afford an opportunity for parties at
19 interest to present written and/or verbal comment
20 relevant to the project.

21 All allegations or assertions should be
22 relevant to the need for the proposed project and
23 be supported with two copies of documentation or
24 materials that are preferably printed or typed on

1 paper size 8 1/2 inches by 11 inches.

2 The hearing will be held on Wednesday,
3 July 24th, from 10 a.m. to 12 p.m. and from 1 p.m.
4 to 6 p.m. at Saint Benedict Catholic -- Roman
5 Catholic Church, 2339 York Street, Blue Island,
6 Illinois.

7 The meeting will be accessible to persons
8 with special needs in compliance with the
9 pertinent state and federal laws upon notification
10 of anticipated attendance.

11 - - -

12 HEARING OFFICER ROATE: Please note that
13 in order to ensure that the Health Facilities and
14 Services Review Board's public hearings protect
15 the privacy and maintain the confidentiality of an
16 individual's health information, covered entities
17 as defined by the Health Insurance Portability and
18 Accountability Act of 1996 -- such as hospital
19 providers, health plans, and healthcare
20 clearinghouses -- submitting oral or written
21 testimony that disclose protected health
22 information of individuals shall have a valid
23 written authorization from that individual. The
24 authorization shall allow the covered entity to

1 share the individual's protected health
2 information at this hearing.

3 If you have not signed up to speak yet,
4 please see Ms. Avery or Ms. Guild in the lobby.

5 Those of you that have prepared text of
6 your testimony, please note that you may submit
7 the written text, which will be entered into
8 today's record, and made available to all Illinois
9 Health Facilities and Services Review Board
10 members prior to the August 6th board meeting.

11 I ask that you please limit your testimony
12 to three minutes. Participants will be called in
13 the order in which they did sign in.

14 As you approach the speaker's column --
15 the speaker's podium, please provide me with your
16 sign-in sheet. Prior to beginning your remarks,
17 clearly state your name, and spell your full name.
18 If you have written copies of your remarks, please
19 leave them with us.

20 Are there any questions regarding these
21 instructions?

22 HEARING OFFICER ROATE: Okay. Hearing
23 none, today's proceedings will begin, and I'll
24 start calling from the list.

1 First speaker this afternoon is Dr.

2 Brandon Hamilton.

3 DR. HAMILTON: All right. Thank you.

4 HEARING OFFICER ROATE: Sure.

5 DR. HAMILTON: No pressure to be the first
6 speaker.

7 (Laughter.)

8 DR. HAMILTON: All right. As he said, my
9 name is Dr. Brandon Hamilton. I'm not a doctor of
10 medicine doctor however. I'll take (inaudible)
11 for you. I'm a doctor of business, so I'm going
12 to bring a business perspective.

13 And in order for me to be persuasive, I
14 want to tell you a little story. I've lived 11
15 years in Calumet Park, right next to you, but I
16 spent a number of years in California and Los
17 Angeles. And what happened in Los Angeles is
18 really important to this community.

19 There was a crazy riot in 1992. People
20 recognize it as the Rodney King riots. Crazy
21 riot. It was a reaction to a verdict of four
22 police officers that did something rather
23 horrific. And if you recall those experiences,
24 they were trying to burn down almost all the city.

1 I was one of the consulting companies that
2 was brought together to try to figure out why
3 people would burn down their own property, that
4 they were starting to burn down their own
5 property. There's obviously a problem there.

6 Six days of community meetings like this,
7 we discovered that the problem had nothing to do
8 with the Rodney King verdict. The problem had to
9 do with lack of healthcare in Compton. It's funny
10 how sometimes real problems eventually start to
11 having that conversation. Well, it's not funny
12 actually; it's tragic.

13 So we discovered then that there were
14 certain health service needs in Compton. We got
15 together and we worked with nearby hospitals to
16 figure out what specific skills that our medical
17 facilities have in Compton that were voids in some
18 of the other areas around the community of Los
19 Angeles. For you business minds, that's called
20 comparative analysis.

21 So rather than shutting down a hospital or
22 any kind of health facility because it appears
23 that they're not serving, a better analysis would
24 be to see where the voids are in the services and

1 pick out the strengths from those services.

2 I could predict that this community has
3 specialty in childcare because it has a high
4 percentage of children. I would suspect that
5 there's some different service skills here. And I
6 don't know how to solve the other problems, but I
7 just wanted to share that, and (inaudible) to
8 decide. And when I saw the reduction in billing
9 and when I saw the various services, high on that
10 list was obviously services.

11 So I'm bringing to you a case study of
12 something that was not addressed. I'm glad to
13 address it now. Something that was not addressed
14 at LA and went all the way to a riot. I'm hoping
15 that doesn't happen here. God bless all of you.

16 (Applause.)

17 HEARING OFFICER ROATE: Thank you.

18 Ms. Kristin Smith.

19 MS. SMITH: Good afternoon, and thank you
20 to the members of the Illinois Health Facilities
21 and Services Review Board for this hearing and
22 giving us the opportunity to speak about the
23 importance of MetroSouth Medical Center.

24 My name is Kristin Smith. I'm a speech

1 language pathologist and an employee of
2 MetroSouth. In my 13-year career as a speech
3 pathologist, I have worked at various levels of
4 healthcare: Subacute rehabilitation, acute
5 rehabilitation, skilled nursing, home health,
6 long-term acute care, and various acute care
7 hospitals.

8 I have never before, across my experience,
9 found another place like MetroSouth. I have been
10 a proud member of the rehabilitation services team
11 at MetroSouth for two and a half years.

12 With the constant changes in healthcare,
13 it's refreshing to tell you that after two and a
14 half years, I am the lowest team member in terms
15 of seniority and we have many rehab members that
16 have spent the majority of their careers in that
17 building across the street, dedicating themselves
18 to the service of our patient population. Our
19 most senior members have devoted 30, 33, 34, and
20 39 years to this hospital and to its patients.

21 We love working at MetroSouth. We are a
22 family and we treat our patients as if they're our
23 own family. It is my honor to speak on their
24 behalf today.

1 I speak about MetroSouth with great pride.
2 I'm proud of the facilities we have, the services
3 we offer, and the quality of care that is given to
4 our patients. I, and I'm sure all of us,
5 understand that the hospital is a business.
6 However, I can guarantee that none of us that are
7 direct patient care providers come into work every
8 day thinking about it in that vein.

9 We are treating people, people that live
10 in this and the close surrounding communities,
11 people that trust us with their lives and the
12 lives of their loved ones. We focus on providing
13 ethical, safe, quality care to people irregardless
14 of their payer source, if they are underinsured or
15 uninsured. We treat them as the human beings they
16 are and give them the care that they are deserving
17 of.

18 As an American Heart Association/American
19 Stroke Association Gold Plus award winning
20 hospital and primary stroke center, we have -- we
21 have received and treated hundreds of stroke
22 patients every year, with that number quickly
23 growing each year. From 2017 to 2018, the number
24 of stroke patients increased nearly 15 percent to

1 297 patients.

2 As a speech pathologist and a rehab team
3 member, evaluating, diagnosing, treating and
4 making recommendations for almost 300 people is a
5 huge task, and it's a task that we are humbled by
6 and so very proud to do.

7 In my time at MetroSouth, I have read
8 emergency room notes and history and physicals for
9 many people and have noted that a surprising
10 amount of these patients have driven themselves or
11 asked a family member to drive them to our
12 emergency department.

13 When I have questioned as to why they
14 arrived by personal vehicle in such a scary time
15 in their health, their answer always really
16 strikes me and it makes me feel incredibly
17 essential to provide their care. "Well, because I
18 knew I wanted to. I mean, I knew I needed to come
19 here. I wouldn't take the risk of being taken to
20 the hospital that's closest to me."

21 During life-saving, critical situations of
22 acute stroke, heart attack, gunshot, or other
23 severe injuries, having people travel 12 to 14
24 extra minutes to the next nearest emergency room

1 is not only unsafe, it is unacceptable.

2 For our patients, our goals are usually
3 the same. The rehab team assesses, diagnoses --
4 diagnoses, and makes recommendations for ongoing
5 rehab and a discharge destination for every
6 patient we're ordered on. The extent of our
7 practice reaches far beyond where most people
8 expect. As a preferred surgical site for
9 specialized orthopedic -- excuse me. I lost my
10 sentence.

11 Oh, for specialized orthopedic procedures
12 such as super paths, our dedicated physical
13 therapy and occupational therapists at MetroSouth
14 accommodate these patients by evaluating and
15 mobilizing them three hours post surgery to
16 improve their functional outcomes.

17 Patients in our same-day surgery unit are
18 evaluated for needed assistive devices and
19 environmental barrier training prior to being
20 discharged home. Women in our obstetrics and
21 mother/baby unit are seen post epidural and post
22 birth for gait, balance, and safety assessments.
23 Our speech language pathologists are able to
24 evaluate and make recommendations for oral diets

1 for patients that have just suffered an acute
2 stroke.

3 We assess and trial patients with speaking
4 valves so they can continue to communicate with
5 their family members and their care staff after
6 having a tracheotomy. Newborn hearing screenings
7 are performed both in our mother/baby unit and as
8 -- and on an outpatient basis.

9 Our scope, it is vast. And as clinicians,
10 we are proud of the service we provide to the
11 people of this generally underserved population.

12 HEARING OFFICER ROATE: Thank you, Ms.
13 Smith.

14 MS. SMITH: This hospital is a tremendous
15 resource and the cornerstone of this community.
16 We have developed long-term, ongoing relationships
17 with the people we serve that have come here for
18 multiple admissions, have birthed their children
19 here, have come here for excellent local
20 outpatient services, and have brought their family
21 members here because they trust us and they are
22 reassured by the continuing of care that we can
23 provide.

24 HEARING OFFICER ROATE: Thank you, Ms.

1 Smith.

2 MS. SMITH: Can I finish?

3 HEARING OFFICER ROATE: Yes, ma'am.

4 MS. SMITH: May I?

5 HEARING OFFICER ROATE: Yes.

6 MS. SMITH: Thank you. Since March of
7 this year, we have completed 500 pre-employment
8 physical ability assessments for the residents of
9 the surrounding areas. Last year, across
10 inpatient and outpatient rehab services, we
11 provided over 200 audiological procedures, 4,500
12 occupational therapy procedures, 3,200 speech
13 language pathology procedures, and an astounding
14 31,000 physical therapy procedures.

15 The loss of MetroSouth would be
16 devastating to its almost 1,000 employees, to our
17 patients who rely on us, and to the entire area of
18 Blue Island. Because while the hospital may be a
19 business, our business is saving people, giving
20 them the best outcomes, providing them with
21 timely, highly effective care. Without
22 MetroSouth, we are doing the wonderful human
23 beings of this community a disservice.

24 Thank you.

1 (Applause.)

2 HEARING OFFICER ROATE: Ms. Smith, do you
3 have copies of your written testimony?

4 MS. SMITH: I do.

5 HEARING OFFICER ROATE: Thank you.
6 Rosalind Priest.

7 MS. PRIEST: Hello, everyone. You know, I
8 wasn't going to talk, but I thought I had
9 something to say, because I just got aware of the
10 hospital closing, and when I hear about that, I
11 was kind of emotional because I got sick about
12 three or four years ago and I changed my doctor to
13 -- to MetroSouth.

14 I came -- I turned my arm real bad at the
15 top and I had about ten stitches that happened in
16 there, I had about two more when I came in that
17 day, it was just a (inaudible) in the emergency
18 room. And they worked on me so fast and make you
19 so emotional and see nothing but hurting me. It
20 was just that.

21 We -- and, you know what, I was in
22 Northwestern Hospital, it was my doctor, that was
23 where I was -- was at the time. But they were so
24 wonderful to me, I changed doctor to here because

1 they were so wonderful to me. I think I
2 (inaudible).

3 They say, "Now go back to your own
4 doctor." And I went back over there to discover
5 that it was here that I wanted to be. And when I
6 found my doctor, he (inaudible). And everybody I
7 talked to, it was so emotional.

8 And they explained to sign the petition
9 because where would we be without a hospital in my
10 neighborhood? The closest one to go to for
11 emergencies is Christ, and if you can see
12 (inaudible) Christ -- where would -- where would
13 be without a hospital? What would we do? We've
14 always had our own.

15 So this -- this hospital means a lot, not
16 only to me and (inaudible), but I know all of you.
17 Because it really does mean a lot to me. That's
18 why I came. And I'm -- I was trying hard not to
19 speak, but I couldn't help it because they was --
20 they were wonderful to me, and they still are.

21 So, with that note, I do get three minutes
22 allowed to speak. I ain't never given three
23 minutes ever in my life.

24 (Laughter.)

1 MS. PRIEST: Thank you.

2 (Applause.)

3 HEARING OFFICER ROATE: Pastor Dan Willis.

4 PASTOR WILLIS: Thank you, sir.

5 HEARING OFFICER ROATE: Thank you.

6 PASTOR WILLIS: Good afternoon, everybody.

7 My name is Pastor Dan Willis. I'm the senior
8 pastor at the Lighthouse Church, 127th and Cicero,
9 and fighting for the opportunity to speak within
10 that hopefully three minutes here.

11 Precedential to note, I have been a pastor
12 in Chicago for 42 years. Yes, I started when I
13 was four years old. But I have been 42 years from
14 Chicago kid, South Side of Chicago, and I'm a
15 pastor of the largest multicultural church in all
16 of Chicago, 72 nations represented in our
17 congregation, 6,000 members.

18 From that standpoint, I would like to
19 address those who are listening. Members of the
20 Board today, thank you for this -- thank you for
21 the opportunity to do this.

22 MetroSouth cannot close. That's the
23 bottom line. When I'm counseling, I always start
24 at the end and I work my way back. So I'm going

1 to start at the end. MetroSouth cannot close, and
2 I'm going to work my way back from there.

3 In 42 years of being a pastor in Chicago,
4 one of the things that we are known for is that we
5 reach kids in our community. We have over 500
6 teenagers in our youth ministry, over 700 children
7 in our children's ministry.

8 One of the programs that we do is bring
9 them every year to MetroSouth to take a tour, to
10 be inspired in the medical field. We've done it
11 for years.

12 We've tried to get into Christ Hospital,
13 we've tried to get into other hospitals. They
14 would not allow it. MetroSouth allows us every
15 year to come in, bring these students, and go
16 through this hospital. What other hospital in
17 Chicago will do that? None. We know, not just by
18 surmising, but by experiencing and trying.

19 MetroSouth, they were never paid for that.
20 In fact, they brought in indigent kids from the
21 community, and you know what MetroSouth did? They
22 provided food for these kids when we would come to
23 bring them on a tour. They never asked us for a
24 dime in return. They treated these kids from the

1 streets like they were just kings and queens.

2 Thank you, MetroSouth.

3 And now we're trying to express that
4 thanks by closing you? No. MetroSouth cannot
5 close.

6 The second reason why I stand here --
7 there are three reasons -- is because our
8 congregation has so many that are employed at
9 MetroSouth, from physicians to nurses,
10 radiologists. So many people from our
11 congregation are employed at MetroSouth, making a
12 difference in their family and in this community.

13 What do they do? Where do they go? What
14 happens?

15 And then thirdly, my final thing,
16 (inaudible) keep in mind today is because I
17 represent a community, a congregation that has
18 6,000 members, 75 percent is African American.
19 The children, the youth, in our congregation that
20 will be told that live your life, live in Cal
21 Park, live in Alsip, live in our community. What
22 happens when they are told in an emergency to
23 travel 15 minutes to the next closest hospital?
24 That's life and that's death.

1 You cannot put a price on how critical
2 MetroSouth Hospital is to those that we serve on
3 our church community, that live in this community,
4 who don't have an insurance plan, they don't have
5 a deductible. All they have is their lives,
6 sometimes seems between life and death with
7 everything that's going on in Chicago.

8 So I told this today, I appeal, and say,
9 MetroSouth cannot close.

10 If it's just about money, then people in
11 healthcare should not be in it. It's like a
12 ministry. This is a ministry. MetroSouth is a
13 ministry.

14 I'm 42 years as a pastor in Chicago. I
15 don't have a savings account; my church doesn't
16 have a savings account. But tonight, 1,300
17 people, 1,300 families in this community will go
18 to bed with a full stomach because our church fed
19 them today because of a food pantry. We don't
20 have a bank account, but 1,300 families will go to
21 sleep with food in their tummy.

22 We don't have a savings account, but we
23 can call up and say, MetroSouth is getting rich,
24 and I realize that sometimes that's a tradeoff,

1 but there are kids in this community whose lives
2 have been saved. And so while we may not have
3 fact packs or big bank accounts to show to
4 MetroSouth, we've got young people that are now
5 touring that hospital in pre-med, Loyola, because
6 they were inspired because of our community
7 hospital.

8 MetroSouth, you've got a fan in Dan Willis
9 and my house church and we are rooting for you.
10 MetroSouth, keep doing what you're doing. God,
11 bless you.

12 (Applause.)

13 HEARING OFFICER ROATE: Thank you. Dee
14 Konecy, K-O-N-E-C-Y. Okay. Dee?

15 MS. KONECY: Good afternoon.

16 HEARING OFFICER ROATE: Hi, Dee.

17 MS. KONECY: Hi. I'm Deeann Konecy. I
18 would like to represent our business here in Blue
19 Island that's been here for 38 years, T&G Gyros,
20 who if you know (inaudible) --

21 HEARING OFFICER ROATE: Ms. Konecy.
22 Ma'am, could you set the microphone just -- there
23 you go. Thank you.

24 MS. KONECY: Okay. We've been here for

1 38 years. I've been there 25 of those 38 years.

2 A lot of you know who we are. A lot of you buy
3 our food.

4 We do not want to see MetroSouth close.
5 None of the businesses here want to see MetroSouth
6 close.

7 We love you guys. We appreciate
8 everything you guys got, especially me. A year
9 and a half ago, I was at MetroSouth with a heart
10 -- heart murmur, heart problem, and, ASAP, you
11 guys helped me out.

12 You know, a daughter in nursing, I'm like,
13 "Hi, Francis." They're all over at MetroSouth.
14 And I -- please do not close MetroSouth. We need
15 -- really, really need this hospital here in Blue
16 Island.

17 Thank you.

18 (Applause.)

19 HEARING OFFICER ROATE: Mayor Denson.

20 MAYOR DENSON: You know, Pastor Dan can be
21 pretty tough to follow.

22 (Laughter.)

23 MAYOR DENSON: And, what is it, some kind
24 of joke or something? Senators and saints and

1 whatever, Dan, state (inaudible) politicians, send
2 him up.

3 MALE SPEAKER: You got this.

4 MAYOR DENSON: Yeah, no, no, no, no. But
5 I'm so thankful to be able to come here today.

6 First of all, if all the residents of Cal
7 Park would stand.

8 (Applause.)

9 MAYOR DENSON: Thank you for coming out
10 today. I want to share a few things that -- that
11 are close to my heart.

12 I've been the mayor of Cal Park for the
13 last six years and been living there for about 34
14 years. So, when I first heard that they were
15 closing MetroSouth, I thought I would come and ask
16 the questions. I'm not here to -- to try to keep
17 it open or close it. I just want to know what I'm
18 going to do as a mayor and we move forward.

19 So, I want to ask the person about, what
20 do I tell the people of Calumet Park, 8,000 people
21 when they walk in and say, "Mayor, what did you
22 do? What did you do? What do we do now as Cal
23 Park?" And I always refer to Blue Island as
24 Calumet Park West, so we are part of the same

1 community. We share the same things. We share
2 the same waters, we share the same things.

3 But my issue becomes that when -- if this
4 hospital closes, then I'm going to have a lot of
5 questions to ask and a lot of people that I'm
6 going to have to answer to, 8,000 people that say,
7 "What did you do?" What -- what do we do? What
8 happened? What do we have to do that we could
9 keep this hospital open? Somebody tell the person
10 for me to ask and talk to.

11 Everyone in this community says, you know
12 -- everyone in Cal Park says, "Keep it open." But
13 who makes the decisions? Surely not the
14 residents. If we're going through this process,
15 you know, you just have the feeling that, you
16 know, the cards are kind of stacked against us.

17 You know, the whole thing around they
18 haven't even been decided, you know, I never heard
19 about it. Nobody asked the mayor of Calumet Park,
20 "What do you think? What do you feel about it?
21 How would it impact you?" I had to put on a sign
22 and say, put me down the street. Wouldn't it be
23 important to ask the mayor (inaudible) of Cal
24 Park, if they asked us, "What do you think?"

1 I take my school system, School System
2 132. (Inaudible) about that. When Jonny called
3 and scratched -- scratched his knee, "What are we
4 going to do now, Jonny? Do you want" -- "Do you
5 want to go over to Christ or somewhere?" And I'm
6 going to have to tell his mother that, you know,
7 he's out of history. We couldn't take him up the
8 street. You're talking about the difference
9 between two minutes and 15 to 20 minutes going out
10 of the district. What do you think?

11 Did you ever ask the school district in my
12 town, "How would this affect you?" What will we
13 do with that? How will we continue to function
14 when we're not even part of it to here it? They
15 haven't asked the general -- (inaudible) people.
16 Because everyone in this town stood up and said,
17 you know, "Save this hospital."

18 What are we going to say if it closed
19 down? What do we say to the first responders?
20 Okay? In Cal Park, we got a (inaudible) that we
21 do not want to toss up. Okay?

22 I want to know how we're going to tell
23 them that you're safer now than when this hospital
24 -- I heard them talk about once somebody came up

1 from the hospital, talking about their
2 neighborhood hospital.

3 But we've got two minutes that -- in Cal
4 Park. If they go 15 minutes this way, 15 minutes
5 that way, and somebody's hurt, what are we going
6 to do? When we get to that hospital, (inaudible)
7 we have to call somebody, I'm going to have tell
8 somebody's mother or somebody's loved one that we
9 closed the hospital and we had lost them.

10 Think about if it was your town or your
11 loved one. What happens? Two minutes in 15
12 minutes makes (inaudible) devastations for us.
13 And we can have -- I think it'd be very
14 comfortable, I think the death of the country, the
15 (inaudible) because they increased the death of
16 the country (inaudible). Shouldn't there be some
17 consolation that says we can do better? Isn't
18 there a better solution than just let's close the
19 hospital?

20 So I say to you that if you decide to
21 close -- so make sure you write this down -- if
22 you decide to close, come to Cal Park and you
23 staying to tell my brother then (inaudible). Tell
24 them why you closing the hospital. That's all I

1 ask. Don't have me standing up there; they going
2 to shoot me.

3 (Laughter.)

4 MAYOR DENSON: But you want to decide, you
5 come, and I'd love for you to be able to tell my
6 citizens in Cal Park that (inaudible) any hospital
7 around this area that they're saving. So would
8 you please come by to get in, come by Cal Park,
9 and tell the people here why we couldn't keep this
10 hospital?

11 So, thank you for your time.

12 (Applause.)

13 HEARING OFFICER ROATE: Nell Givens.

14 MS. GIVENS: Good afternoon. My name is
15 Nell Givens. I'm here today to -- Givens, G as in
16 George, I, V as in Victor, E-N-S.

17 I was asked by my parish, St. Benedict, if
18 I could come on behalf of the church. I came here
19 at 2008 and we prayed to keep St. Francis open.

20 But on a personal level, let me just tell
21 you, for 52 years, I have been here, over in that
22 building over there. I started in the old
23 building. I'm still walking those halls. But
24 first I want to tell you, that place is like no

1 place.

2 They have the most dedicated nurses,
3 doctors, staff, that you're ever going to find in
4 the entire United States. And I say that lovingly
5 and gratefully. The nurses there care about the
6 patients. They work very hard.

7 Now, I heard somebody (inaudible) the
8 dollar, the distance. You know, 52 years, I don't
9 know how many minutes they gave to me, but I could
10 tell you a lot of things that have gone on in my
11 personal life and at that hospital. I've watched
12 babies being born. I've watched people die. I've
13 prayed with families. And I've seen nurses hold
14 people's hands and comfort them when they have so
15 many more patients to see. You have no idea.

16 I don't know how many people have been
17 there as a patient or with family, but if you
18 haven't, I challenge you to talk with a friend of
19 mine. They can tell you what good care they got.
20 They could tell you how the nurses struggled, how
21 the staff works so hard to help them.

22 My concern is not just for me. I'm old,
23 so -- but for the staff that's there, over 800
24 employees. My concern is if MetroSouth closed,

1 what happens? What happens to the baby's mama?
2 I've heard stories about going distant
3 (inaudible). I can tell you about the story about
4 that too. I'll tell you later.

5 But for the community itself, what
6 happened? What happened to the doctor's office,
7 the (inaudible)? That hospital can never be
8 closed. MetroSouth has to stay open.

9 I wasn't here to talk about how they feed
10 the poor. When I came to St. Francis, we took
11 care of people. Several years back, there were
12 people who got off the train, hoboes or whatever
13 you call them, and they took care of them. They
14 had no money. What happened to the caring?

15 Now, my church endeavored to send me to
16 speak because -- you know, I don't want to get off
17 on that religion (inaudible). I mean, what
18 happened to the love and the passion and the
19 caring? You know, I understand that it takes
20 money to run a hospital. I understand that it
21 takes money to run a home. But somehow we manage,
22 we manage our home.

23 That hospital has to stay open. There is
24 no way that hospital can close.

1 Now, on a personal standpoint, October 14,
2 2014, my cousin had a stroke. I'm 2.2 miles from
3 my front door to the emergency room -- and I
4 tested it many years ago because my insurance
5 would be cheaper -- my cousin had a huge stroke,
6 paralyzed completely on the right side. We got to
7 the emergency room in, I'd say, approximately
8 three minutes. They took care of him.

9 If he had to go someplace else, he would
10 probably not be here today. If he would -- if he
11 wouldn't be here, it would most likely be
12 (inaudible) the right side, unable to talk, but
13 MetroSouth got him in that emergency room, took
14 care of him, sent him to the floor, gave him care.
15 The nurses took care of him. I can't tell you the
16 care he got. When he left rehab, he was walking,
17 talking.

18 I'm the chairperson of the school board,
19 and I hear people talk about what happens if a
20 child breaks their arm? I have been at the school
21 and I've seen the a kid break their arm. They
22 take them over to MetroSouth.

23 There is things that goes on and on and
24 on, but for all the people who think that

1 MetroSouth is going to close, no, MetroSouth is no
2 way going to close. It's going to stay open.
3 Whatever you take, prayers, work, hard work, I
4 challenge all the community, every one in this
5 community, everyone (inaudible).

6 They say they don't have patients. It's
7 hard for me. I'm there every Friday, I'm there on
8 Sundays and days in between, and I don't see the
9 ambulance stop coming. They are forever coming.

10 HEARING OFFICER ROATE: Thank you, Ms.
11 Givens.

12 MS. GIVEN: All directions.

13 My time is up. But I ask you to please,
14 please, please pray that that hospital stays open.
15 Thank you.

16 (Applause.)

17 HEARING OFFICER ROATE: Claudia Tripoli.

18 MS. TRIPOLI: Thank you. Good afternoon.
19 I know some of you (inaudible). Nalla out there?
20 Hello. Yeah. Okay.

21 I am now employed over at at Moraine
22 Valley Community College. I'm an associate
23 professor. But I spent over 30 years over at the
24 old St. Francis, and I still come because I have

1 students there. And it's a joy to visit because I
2 get to see all my old friends.

3 As I reflect on this, kind of makes me
4 sentimental. I'm sorry. But I'm also over there
5 30-some years. And this home, it is home. It's a
6 family orientated hospital. It seemed like
7 everybody knows everybody, somebody there.

8 Every time I come, my husband (inaudible).
9 Unfortunately, he's in the VA home on a
10 (inaudible) now, but I still enjoy it. It still
11 will always be home to me. I always come back.

12 And every time I've ever been there, it's
13 because of whatever my condition was. When I had
14 breast cancer, the doctors (inaudible) department
15 said, "You have to go somewhere else. We cannot
16 help you." Because they felt I would get better
17 care there.

18 My father was a park patient, and he was
19 dedicated there. Remember all those (inaudible)
20 we used to have?

21 Again, I can't stress enough, I just feel
22 there will be such a big void when -- if it ever
23 does close. I can't see it closing. That would
24 be extremely devastating. My family, we're going

1 to be missing them.

2 (Inaudible) hold people, hold it together,
3 but it was a pleasure to come to work. I always
4 said that. I never said I didn't like going to
5 work. I needed to go into work. I enjoyed it
6 because it's like my home away from home in a
7 strange way. And when I went home, I always felt
8 better.

9 I remember my mother always said, "How
10 many lives did you save today," when I got home.
11 Even though the work I did was in radiology, it
12 was the (inaudible) way, it helped, in some way,
13 to some degree. And now I can sit here and go on
14 and on and on about them. We all have good
15 stories. Yep.

16 And also, one of the bigger ones was
17 because of the different snowstorms, a lot of
18 these people walk to work, public transportation.

19 My mother went back to work when we were
20 kids, before we came (inaudible) two incomes in
21 the household, but she took the bus to work and
22 because of how close because I lived in Cal Park
23 as I grew up. It wasn't that long ago.

24 I remember coming through a snowstorm,

1 nobody could come in. I'm 11 to 7, and I had
2 walked to work at 11 o'clock in the morning.
3 Because you didn't mind. You kind of were
4 helping, not yourself but everybody else at the
5 time.

6 HEARING OFFICER ROATE: Thank you.

7 MS. TRIPOLI: That's all. So, like I
8 said, I work various areas in the hospital and all
9 three shifts, and I still enjoy going to visit
10 everybody. It's really great. (Inaudible) dad
11 and sister, you should see that from up above.

12 Thank you.

13 (Applause.)

14 HEARING OFFICER ROATE: Thank you.

15 Mayor John Ryan.

16 (Sotto voce speaking.)

17 MAYOR RYAN: Good afternoon. My name is
18 John Ryan. I'm the mayor of Alsip, Cook County.
19 And I appreciate the opportunity to address the
20 Board here this afternoon.

21 I attended the last couple of meetings
22 that Representative Rita had, and I appreciate his
23 efforts, and obviously the committees, to do what
24 they can to save this hospital. It's a great

1 asset and, you know, just great for the community.

2 I tell you, being in government, you know,
3 my job is public service, as the hospital's as
4 well in that too. And everything's about
5 efficiency, everything's about public service.
6 And I will tell you, my emails are inundated with,
7 you know, are you articulating the message well?
8 Are you getting this done, get that done? And are
9 you taking care of your residents?

10 As Mayor Denson said, are you counting
11 residents in the best capacity -- excuse me --
12 what you can?

13 I want to just share with you what our
14 community is and how we -- why we're supporting
15 this and hopefully help in any capacity to salvage
16 this hospital and keep it for -- available for us.

17 You know, Alsip is home to 20,000
18 residents at night and it becomes an outlet of the
19 people in our community during the day with the
20 economic base of business. We've got over 850
21 businesses in our town.

22 I've got during the day, we have active,
23 you know, three elementary schools, two junior
24 highs, four locations for people with special

1 needs or disabilities, two -- two apprenticeship
2 trade schools in town, and three active hotels,
3 and an extremely, very busy tristate expressway
4 that we get called out on often.

5 I spoke with our -- I was in our
6 (inaudible), out of town, but he sent an email,
7 (inaudible) and I wanted everybody to see him
8 personally, so I'm sorry he's not here. And he
9 wanted me to kind of assure everyone too that the
10 Alsip Fire Department has proudly had a ISO rating
11 of two. That's how they -- one to nine scale, one
12 being the best.

13 Alsip Fire is trained for specialty
14 services such as hazardous materials, technical
15 rescue, fire investigations, and we staff eight
16 firefighters/paramedics on duty at all times at
17 two stations.

18 Alsip Fire equipment includes three
19 advanced life support ambulances, three fire
20 trucks, two are equipped with advanced life
21 support, and the village employs 33 full-time fire
22 -- firefighter personnel to respond over -- last
23 year, we responded to 3,500 calls for service.
24 That's a lot.

1 And so certainly Alsip Fire has the
2 personnel and equipment to respond too and best
3 protect everyone's greatest asset, their families,
4 employees, businesses, and yet we need resources
5 at MetroSouth Hospital, and they need to be
6 included in -- in the (inaudible). We've had --
7 we utilize Christ, we've utilized Palos, but when
8 we get to the eastern part of town, we need a
9 hospital like this available to our residents as
10 well too.

11 A bigger part of our services too is the
12 mutual aid. I'm told that how mutual aid works,
13 we constantly back all the other communities.
14 We're backing up Cal Park, backing up whomever,
15 anybody else -- Robbins and Crestwood are part of
16 there too. By closing a hospital like this, by
17 closing a resource like this, we are increasing
18 the distance to get somebody to a hospital.

19 In the meantime, really are leaving
20 without the correct protection too, so it's a
21 domino effect. Everybody has to rely on the next
22 guy, so it's not just one or two towns that are
23 stuck here; it's multiple towns, and that's why
24 we're (inaudible) too. It's the idea that I'm in

1 public service. I'm here to look out for the best
2 interest of not just my town, but everybody else
3 too at the same time. So we're here to support
4 each other.

5 Anything the other mayors ask of me, I do
6 all to make sure I'm at their event, I try to do
7 the best I can with the resources that I have.

8 But again, we've got great resources right
9 down the street from us. I find it very
10 difficult, like some of the other mayors that are
11 sitting here too, to think it's acceptable to
12 close this, it will affect the available resources
13 (inaudible).

14 So again --

15 HEARING OFFICER ROATE: Thank you, Mayor.

16 MAYOR RYAN: I want to thank you
17 Representative Rita and the Board for having me
18 come speak with you today. Thank you very much.

19 (Applause.)

20 HEARING OFFICER ROATE: Dr. Shin.

21 FEMALE SPEAKER: He spoke this morning.

22 HEARING OFFICER ROATE: He spoke this
23 morning?

24 FEMALE SPEAKER: He spoke this morning.

1 HEARING OFFICER ROATE: Randall Gordon.

2 MR. GORDON: I'm an obstetrician and
3 gynecologist at MetroSouth. I've been there for
4 32 years. Before me, my father was there for over
5 40 years.

6 And I'm part of the DuPage Medical Group
7 right now, but prior to that, we'd been Pronger
8 Smith MedicalCare for, whatever, close to 70
9 years, I think. So we've been in the community.

10 Our office is across the street from the
11 hospital. We have approximately 39 physicians and
12 quite a few physician extenders, PAs, nurse
13 practitioners. The vast majority of our hospital
14 admissions go across the street to MetroSouth.
15 I'd say at least 90 percent of my cases go to
16 MetroSouth.

17 Before we became DuPage Medical Group --
18 which by the way is the largest physician-owned
19 medical group in the Chicagoland area down to Des
20 Moines -- Pronger Smith, we had a saying which
21 was, "Families caring for families."

22 And I believe that this is an appropriate
23 saying for the hospital as well. We feel like
24 family. We see our colleagues, we're all happy to

1 sit and talk about family, talk about children. I
2 see Nancy here, who I've delivered lots of babies
3 with over the years. It is a -- it is truly
4 family and it's a family feeling whether it's St.
5 Francis or now MetroSouth.

6 Closing MetroSouth is going to affect more
7 than just the patients that depend on good care --
8 and it's excellent care. It's excellent
9 physicians, it's excellent nurses. But it's going
10 to absolutely affect the community here in many
11 ways.

12 I bring my car into the -- to the auto
13 places on Ridge or the Interstate or Ridge Auto,
14 and I'm certain there's a lot of other employees
15 that probably utilize a lot of businesses on
16 Western Avenue. I (inaudible) stores and my kids.
17 A lot of this is going to be affected adversely,
18 as well as on staff. I will mention that the
19 hospital is probably the biggest employer in the
20 Blue Island area.

21 My sister is a dentist across the street
22 to MetroSouth. If MetroSouth closed, I understand
23 that the building closes also, and my sister takes
24 care of every -- every type of patient in her

1 dental practice. It's hard to find a dentist that
2 is willing to take care of the indigent population
3 and the population that can't afford dentistry.
4 She's there very early. And she's been there --
5 she's been part of the community here for probably
6 25 years now I guess.

7 I guess it's probably appropriate to say,
8 and I'm preaching to the choir here, even if we're
9 in a church, but I can honestly say that it would
10 be a terrible thing for the community here if
11 MetroSouth was to close.

12 (Applause.)

13 HEARING OFFICER ROATE: Alan Cromwell.
14 Alan Cromwell.

15 Gerald Dagenais, D-A-G-E-N-A-I-S.

16 MR. DAGENAIS: Thank you, and good
17 afternoon to everybody here. My name is Gerry
18 Dagenais, D-A-G-E-N-A-I-S.

19 I live at 12813 Irving Avenue. It's just
20 down the hill and about two blocks north of where
21 we're at, and I'd like to say I'm living in the
22 house that I was born into, my parent's house. I
23 live on the corner, across the street there.

24 But I'm a lifelong resident. And people

1 say to me, "Well, how about you sell in Blue
2 Island?" And I say, "This is home. This is
3 home."

4 I'm not here as any kind of official or
5 anybody who has any solutions or impact statements
6 or anything like that, but I challenge anybody
7 here, any official or anybody, come to my house on
8 Friday, stay as long as you want, stay the whole
9 weekend, stay Saturday, stay Sunday, stay on a
10 weekend when there's a holiday, 4th of July or
11 Labor Day or one of those things, and every ten
12 minutes, there's an ambulance coming by, nonstop,
13 like a trolley system, day and night.

14 Several of them will go turn their siren
15 off as they get to our street and come on.
16 Others, sirens are going until they go up to the
17 door of the emergency room. At night, most of
18 them turn the sirens off, but we see the lights
19 flashing all over the living room though. They're
20 coming and coming.

21 If this place closes -- this has already
22 been said, but I'm just repeating things -- where
23 are these people going to go? Where are they
24 going to go?

1 It's just something -- I -- I have no
2 solutions. I don't understand the economics of
3 it. I just know that we're living in a period of
4 time that it's -- the word for it is pure
5 (inaudible). Things are happening that we -- we
6 aren't aware of, where things happen that affect
7 us, that catches us by surprise.

8 So we hope and pray that people will think
9 from their heart and think about our community and
10 the people that the hospital serves and keep
11 things going. That's all I have.

12 (Applause.)

13 HEARING OFFICER ROATE: Thank you.

14 Domingo Vargas.

15 (No response.)

16 HEARING OFFICER ROATE: Gwen Miller.

17 MS. MILLER: Hello. Thank you. Good
18 afternoon. My name is Gwen Miller, M-I-L-L-E-R,
19 and I'm a resident of Calumet Park. I've been
20 there for over 25 years.

21 I want to thank the Illinois Health
22 Facilities in this region for hearing us.

23 And I think that it is imperative that we
24 do whatever it takes to make certain that

1 MetroSouth stays open.

2 I want to talk a little bit about my
3 experiences, personal, of living in this community
4 over the past 25 years and how this hospital has
5 been there to support me and my family.

6 Sitting in my mother's living room,
7 looking at her as her face became contorted and
8 her speech became off, until where I didn't
9 recognize it, that she would speak, and to be able
10 to put her in my car and drive four or five
11 minutes here to get her -- to get her stabilized
12 care, to make a significant difference in the
13 outcome of her life.

14 To be able to come here and see the
15 services provided to my brother and the care that
16 they gave him.

17 For me to be able to bring my son when he
18 was injured severely -- and I put him in the car
19 instead of calling an ambulance because I knew I
20 could get here quicker than the ambulance could
21 get to my house and get him here -- and I brought
22 him here. They stabilized him and transferred him
23 to Christ Trauma Center. He would not be here had
24 it not been for MetroSouth.

1 Me, myself, I have driven myself here to
2 this hospital. My doctor, my cardiac doctor, is
3 at University of Chicago. But I was in crisis and
4 I came here. They kept me here for three days.
5 They -- they ran a battery of tests and, I mean,
6 no stone was unturned. The care was just
7 surmountable that I received here.

8 And I can't say enough about the
9 importance of this hospital remaining open. There
10 are these communities that surround this hospital
11 that are already underserved, that the communities
12 are changing and the needs are changing, but we
13 cannot afford to not have this hospital here to
14 support the needs of those communities that are
15 changing.

16 It is critical to say that we are going to
17 close this hospital when you have Robbins that has
18 the needs that they may have, Cal Park, you have
19 Blue Island, how it has changed over there years
20 as I've been here, Posen. This hospital cannot
21 close. It would be a tragedy to the surrounding
22 communities.

23 Economically, you know, it changes the --
24 the look of the communities around it. The local

1 businesses would be definitely impacted. You'll
2 see businesses close and people start to move and
3 apartment buildings will come vacant, and we end
4 up in this place that is not home anymore. It
5 looks like a combat zone. A big building closing,
6 and then its local businesses end up closing, and
7 then the apartment buildings start to -- to be
8 abandoned because there's no residents that have
9 the economic support to live here anymore.

10 HEARING OFFICER ROATE: Thank you, Ms.
11 Miller.

12 MS. MILLER: It would be criminal to close
13 this hospital.

14 HEARING OFFICER ROATE: Thank you.

15 MS. MILLER: And I just wanted to speak
16 that I'm in full support of whatever we need to do
17 as a community. I hope we can rally around and
18 just get together and do whatever it takes though.

19 Thank you for listening.

20 (Applause.)

21 HEARING OFFICER ROATE: Thank you.

22 MS. MILLER: Thank you.

23 HEARING OFFICER ROATE: Joseph Martin.

24 MR. MARTIN: Good evening. I am Joseph

1 Martin. I am 76 years old, and I'm a senior.

2 I talk to seniors all the time because I
3 live in a senior community. We have several
4 senior buildings in this area. We have a
5 multitude of schools in this area. And if anyone
6 (inaudible) gets sick, if it's a child, or a
7 senior, (inaudible) they don't go to Metro
8 (inaudible) hospital. Okay?

9 So, when I talked to seniors the last few
10 days, a couple days, I had so many people tell me
11 they have friends and Ingalls is already
12 overcrowded, and they will come to MetroSouth.

13 Keeping the hospital open is about saving
14 time and saving lives. Our children first, our
15 seniors, and the members that we have in the
16 community.

17 When the young -- up and coming, younger,
18 those that buy houses, they come into the area, to
19 move into their houses, whatever, they look for
20 the schools and hospitals. If you don't have this
21 hospital, the neighborhood goes downhill.

22 Let's talk about our first responders.
23 First responders save time and save lives. When
24 our first responders throughout the communities --

1 all the other communities also -- they get over
2 here and six to ten minutes without timing, many
3 times. Get involved in six minutes over there.

4 How do we save lives? So we want to save
5 lives. We want to take a real look -- ultimately
6 our first responders is hoping to save lives. We
7 want to save Blue Island. Save Blue Island.

8 I don't say "if the hospital closes,"
9 because we are not going to let it close.
10 Whatever we -- whatever we have to do, we -- all
11 of us, our whole communities, and I appreciate
12 this, we will keep this open. We have to. We
13 have no choice. If this goes, our city goes
14 downhill. This closes, our surrounding
15 communities goes downhill.

16 We must save lives, so we must save
17 MetroSouth. Thank you.

18 HEARING OFFICER ROATE: Thank you.

19 Michael Marzal.

20 MR. MARZAL: Thank you, sir. Good
21 afternoon. My name is Michael Marzal. I'm the
22 director of finance and administration for the
23 City of Blue Island. I've prepared a short
24 statement here for the Board, and thank you very

1 much for coming. As I've said many times, welcome
2 to the Island.

3 On July 11th, 2019, a crowd of more than
4 200 gathered at the City of Blue Island's
5 MetroSouth Summit at the City Hall East Annex.
6 This summit was hosted by Blue Island Mayor,
7 Domingo Vargas, and staff.

8 And the summit featured facilitators from
9 the South Suburban Mayors and Managers
10 Association, the City of Blue Island, and others
11 who helped guide breakout discussions with first
12 responders, medical professionals, and community
13 leaders about the impacts of the hospital's
14 announced intent to close, the resources that
15 would be needed to properly address those impacts,
16 and the opportunities that exist to mitigate those
17 impacts, and provide ongoing healthcare for the
18 community.

19 Community leaders in attendance included
20 concerned residents and businesses of Blue Island
21 and neighboring communities, State Representatives
22 Bob Rita and Will Davis, a representative for U.S.
23 Senator Tammy Duckworth, Mayor Ward of Robbins,
24 Mayor Rogers of Dolton, Thornton Village President

1 Bob Kolosh, and several Blue Island alderman,
2 representatives from local commissioner's offices,
3 and PACE Health Services, as well as
4 representatives of offices of locally elected
5 officials, federally elected officials.

6 This summit was also attended by
7 physicians, medical directors, nurses currently
8 employed at Metro -- at MetroSouth, as well as
9 first responders from across the Southland.

10 The finding of the summit was the closure
11 of MetroSouth would have a devastating impact on
12 the under-resourced communities in the Southland
13 community. Here is a summary of these devastating
14 impacts:

15 From the first responders:

16 They would need substantial funding to
17 upgrade equipment and training for personnel to
18 address longer drive times to get patients to
19 medical facilities.

20 Additional staffing and funding for
21 staffing to address the longer turnaround times.

22 Significant funding for equipment and
23 maintenance.

24 Assistance with redeveloping mutual aid

1 programs.

2 Funding for road improvements to address
3 the number of railroad crossings in the Southland
4 region to reduce travel times to medical
5 facilities.

6 From the medical community:

7 There are over 50,000 ER visits to
8 MetroSouth. The next closest hospital only has a
9 net three additional beds. They would not be able
10 to endure these 50,000 ER visits.

11 Delayed time to be seen by medical
12 professionals.

13 Loss of specialty care, such as stroke and
14 heart care.

15 Loss of delivery services for expecting
16 mothers.

17 Loss of senior care for the elderly.

18 And the loss of over 800 jobs at the
19 facility and additional jobs associated in the
20 medical field.

21 From our community leaders:

22 How after 9/11, MetroSouth has been
23 identified as a location to serve the injured in
24 case of a catastrophic attack on our country.

1 The economic impact on the region on the
2 closure.

3 Loss of elderly care programs.

4 Again, the distance and travel times,
5 including the railroad crossings, to get patients
6 to care.

7 Loss of specialty care.

8 Loss of care for retirees.

9 How the South Side is already an
10 underserved medical community.

11 How the older, sicker, and poorer are the
12 most impacted by this closure.

13 Loss of mental care services.

14 And how PACE Health serves 23 communities
15 with specific routes to this hospital.

16 We in the Southland do not have the
17 resources to address these impacts, but we do have
18 a hospital. As it's been said before, time is at
19 issue and loss of tissue is loss of life. The
20 closure would drastically impact the under-
21 resourced communities in the Southland region and
22 the quality of life for its residents. The City
23 of Blue Island and surrounding region cannot
24 sustain a loss of this magnitude. Thank you.

1 (Applause.)

2 HEARING OFFICER ROATE: Thank you.

3 Laurie Gordon.

4 MS. GORDON: Hi. I'm Laurie Gordon,
5 L-A-U-R-I-E, Gordon, G-O-R-D-O-N.

6 I wasn't going to speak, but after
7 listening to people this morning, I probably have
8 to speak up.

9 I come from a unique perspective. My
10 father, Murray Gordon, practiced at the hospital
11 for 45 years and helped fundraise to build the
12 hospital. My brother has been in practice for
13 almost 35 years, my brother-in-law 30 years, and
14 I've been a practicing dentist in the Doctors
15 Pavilion by the hospital for about 31 years.

16 There are a lot of things that were talked
17 about this morning that I'd like to touch on.

18 I've had the unfortunate experience of
19 being in an accident where when the emergency --
20 the emergency -- the ambulance came, they weren't
21 able to get me to the first hospital because it
22 was on bypass. The second hospital was on bypass.
23 And finally the community hospital was able to see
24 me.

1 And so, luckily for me, it was not a life
2 or death situation. But, if it had been, can you
3 imagine the panic of having to try to find any
4 hospital that would be willing to see you if
5 everything else was on bypass?

6 The second issue I'm going to address is
7 when my own daughter was born and I needed an
8 emergency C-Section, St. Francis Hospital was here
9 to get me in quickly and doctors were available.
10 They not only saved my daughter's life 25 years
11 ago, but they saved mine as well.

12 And, again, to have a hospital in this
13 community available with the emergency room
14 services, as well as the incredible guiding care,
15 we'd be making a gross error.

16 The final issue that I'd like to address
17 is the economy of Blue Island. We talked about it
18 earlier (inaudible) village and that could not be
19 more true when it comes to the economy of the
20 local businesses. The restaurants that serve, the
21 people who come to the hospital, park at the
22 hospital, the florists in town that take care of
23 the floral needs of the patients in the hospital.

24 And for people like me, who's a small

1 business owner, who treat not just the people in
2 the community but the staff of the hospital or the
3 people if they were to lose their dental insurance
4 or their medical insurance, what would they be
5 able to do?

6 So we need to think of the impact of the
7 hospital and the neighborhood around it, not just
8 the medical care, but what it would mean to the
9 economy, to all the small businesses on -- on
10 these (inaudible) locations, if the hospital and
11 the money it brings to the community would
12 disappear.

13 So I encourage the state representatives
14 and local representatives to find a way to find
15 the money, find the funding to make this sale --
16 or a sale or some money to keep the hospital open
17 for everyone. Thank you.

18 (Applause.)

19 HEARING OFFICER ROATE: Mark Mast.

20 MR. MASTANTUONO: Good afternoon. My name
21 is Mark Mast, M-A-S-T, but it's Mastantuono.
22 That's my real name, but I just go by Mast.

23 My family's been part of the Blue Island
24 community for just under about a hundred years, I

1 think, which we're for some people, relatively
2 speaking, we're babies in the community.
3 (Inaudible).

4 We've also operated a business here in
5 town, D'Masti Catering, for just under 75 years.
6 And again, for a lot of businesses here, we're
7 relatively new members here. So, we have a long
8 history here.

9 Now, like thousands of others in Blue
10 Island and communities around Blue Island, like my
11 sister, Courtney, like my brother after me, my
12 cousins, I was born at St. Francis Hospital, now
13 MetroSouth. I was brought into this world by Dr.
14 Steven Crumley (phonetic). I don't know if any of
15 you remember Dr. Steven Crumley, but if you do,
16 you're old, first of all.

17 (Laughter.)

18 MR. MASTANTUONO: Okay. But Dr. Canu was
19 a quintessential, the epitome of a community
20 family practitioner. Part of the neighborhood,
21 part of the community, somebody to look up to,
22 respected, a great man. He served as chief of
23 staff at St. Francis for actually a number of
24 years.

1 And I just remember that, you know,
2 whether in his office or during one of his many
3 midnight house calls to our house, carrying his
4 black bag, or meeting my parents at the emergency
5 room to take care of one of us, he was always
6 there. You know? The hospital was always here,
7 (inaudible) within minutes away, you're a part of
8 our community lives.

9 So, you know, I remember -- I still
10 picture him with his glasses, I remember his
11 glasses, with his trademark sigh, looking at me
12 saying, "All right, Mark. How did we get
13 ourselves into this?"

14 Well, you know, Dr. Crumley and the
15 fantastic doctors, nurses, staff, the nuns at St.
16 Francis -- and again I refer to St. Francis
17 because I'm -- I'm also one of those people who
18 still refer to the White Sox (inaudible).

19 But I remember they'd always ask you, you
20 know -- stitch me up, set the bones, whatever they
21 had to do, and there would be some kind of advice,
22 which usually fell on deaf ears. You know, and
23 most of those trips were due to my incredible
24 stupidity and overwhelming lack of good judgment,

1 you know. So they would always send me on my way
2 to prove to them that that judgment never got
3 better, and I'd find some other adventure to
4 further test their knowledge and their patience at
5 some point.

6 But for me and this community, the
7 hospital was always here. The doctors were always
8 here, the nurses are always here. And, you know,
9 my experience isn't any different from -- from
10 most of the other people in this room. For over a
11 hundred years, St. Francis was always around, now
12 MetroSouth. Thousands of people and families have
13 stories just like mine.

14 I'm not telling you anything you haven't
15 heard before, and I'm probably not going to tell
16 you anything that anyone else hasn't. As the fine
17 staff here, doctors, the community members, our
18 representatives, we all know that the hospital,
19 any hospital by them, St. Francis/MetroSouth, is
20 and has been a vital part of our community
21 structure, part of an infrastructure for years and
22 years and years.

23 HEARING OFFICER ROATE: Thank you, Mr.
24 Mast.

1 MR. MASTANTUONO: It's not only the center
2 of our medical services, for our physical and
3 mental health. It is our preventative, medical,
4 and emergency services for those in need. It's a
5 fantastic family healthcare center. The stroke
6 and heart healthcare here is second to none.

7 You know, we look at -- we take for
8 granted at how good MetroSouth is and that we have
9 one of the finest stroke care facilities right
10 here. And in terms of -- and you've heard people
11 talk about it -- in terms of what that means to
12 the people here, minutes are lives. Minutes are
13 our chance to recover or not.

14 You know, it's -- it's -- we all -- I -- I
15 don't need to speak to anybody about what the
16 detriment of losing the hospital here would be.
17 You know, we know all too well what -- what we're
18 looking at in terms of trains and traffic to get
19 out of Blue Island.

20 And going -- losing MetroSouth here and
21 going to a hospital like Christ, which is always
22 on bypass; Little Company, that really doesn't
23 have the great stroke facility that we have here;
24 Ingalls is a great hospital, but it doesn't have

1 the beds. You know, I heard a couple of the
2 doctors speak at the summit, said that they have,
3 I mean, 27 emergency beds here, and I think
4 Ingalls has about -- about the same, maybe 30, or
5 vice versa.

6 So where are we going to pick up all that
7 extra need if MetroSouth closed today?

8 HEARING OFFICER ROATE: Thank you, Mr.
9 Mast. Thank you, sir. Beyond your time limit.

10 MR. MASTANTUONO: All right. I'm going to
11 just, you know, kind of sum up by saying, on a
12 personal note, I just want to make one -- one
13 example here.

14 My mother, who's 87 years old, lifelong --
15 well, almost lifelong resident of Blue Island --
16 had knee surgery about five years ago, had a knee
17 replacement. Dr. Palm and Dr. Robert Atkenson and
18 some others did the surgery. When we met with
19 them, they said, "Well, we work out of Palos, we
20 work out of Christ, we work out of Metro. Where
21 are we going to do this surgery?"

22 And they said, "Well, you know, your mom's
23 in Blue Island, so it's going to be for her, we'll
24 do it at Metro. It's closer to us than Palos, or

1 we can go to Christ."

2 And this speaks volumes to Metro: I
3 remember Dr. Atkenson, (inaudible) said the same
4 thing, he said, "The surgical team is second to
5 none." He said, "If I were to do this" -- "if I
6 were operating on my mother, I'd be doing it at
7 MetroSouth." That speaks volumes.

8 You know, we cannot let such an incredible
9 place close down. You talk about the economic
10 repercussions and everything else, that's business
11 first, and I know that. And I know it's business
12 first, they can't keep up, you know, an operation
13 that's losing money open, not having answers.

14 I would hope that the powers at be in the
15 Board, Representative Rita, the representatives
16 (inaudible) to the south, know it would be
17 detrimental to lose such an incredible
18 establishment.

19 Thank you very much for your time.

20 (Applause.)

21 HEARING OFFICER ROATE: Marsha O'Brien-
22 Rausch.

23 MS. O'BRIEN-RAUSCH: Hi. My name is
24 Marsha O'Brien-Rausch. I wasn't going to talk, so

1 I don't have anything for you, but I can give you
2 a piece of my heart because that's where it's
3 coming from. If I get a little jumbled, I'm
4 sorry.

5 I want to speak on behalf of the children
6 I raised. I'm a Blue Island resident. I grew up
7 in Calumet Park. My mother lived in Calumet Park
8 until she passed 11 years ago. Her passing words
9 were, "Take me to my hospital. That's where I'm
10 going to die." And she did.

11 Going on to raise my kids -- and I saw
12 these three young women who walked in when I was
13 thinking about what I was going to say -- raising
14 my children who are now 35 to 40, so going back
15 some time, stitches in the hospital, high fevers,
16 air compressions. Again, for my mom, in her aging
17 years, going to the hospital for healthcare, they
18 were always there. The nurses that held my hand
19 when I had my children there, the nurses that held
20 my hand when I left my mother there.

21 And thinking of different economic things
22 everybody was saying, I was listening to
23 everybody, and there's more people are saying
24 about businesses and stuff. As far as insurance,

1 there were times when I -- when I -- when I was
2 raising my children, where we had no insurance.
3 Nobody asked me about it. I took a bleeding child
4 over there.

5 It was after they were healed, after they
6 were taken care of, "How are you going to pay your
7 bill?" Sometimes we had insurance, great. If we
8 didn't have the insurance, there was Social
9 Services to figure out a way. But the money was
10 never, ever put before the care of our children,
11 and I wanted to speak for those children right
12 now. Thank you.

13 (Applause.)

14 HEARING OFFICER ROATE: Thank you.

15 Sara Brown.

16 MS. BROWN: Hi. I'm Sara Brown, S-A-R-A,
17 Brown, B-R-O-W-N. I'm the executive director of
18 the Chamber of Commerce in Blue Island.

19 And before I speak for myself, for the
20 board, the rest of our members, I would like to
21 read an excerpt from one of our members of
22 business owners here at Blue Island. This is from
23 Christine Illiopoulos, from De Mars Restaurant:

24 MetroSouth is a fundamental part of our

1 community, so it's no surprise that we are very
2 concerned that the hospital is closing.

3 Our family-owned restaurant, De Mars, has
4 been in existence since 1950 and employs about 15
5 people, some as long as 30 years. The hospital
6 brings in at least 60 percent of our revenue from
7 the employees and the guest visitors every day
8 ordering breakfast, lunch, and dinner.

9 The closing of the hospital will not only
10 affect De Mars, but other surrounding businesses
11 as well. Not only is it convenient for Blue
12 Island residents, but also for our surrounding
13 neighboring communities like Alsip, Beverly,
14 Robbins, just to name a few, and especially far
15 more ends in case of emergencies. Thank you.

16 (Applause.)

17 HEARING OFFICER ROATE: Thank you.

18 MS. BROWN: Can I read mine? Thank you.
19 Thank you for supporting me. Thanks.

20 You will hear from some other business
21 owners this afternoon as well, but this is from
22 me, from our board.

23 I'm Sara Brown, the executive director of
24 the Chamber. I'm here to speak on behalf of our

1 board of directors, our members, their employees
2 and families, and the residents of Blue Island and
3 our neighboring communities.

4 As the largest employer in our city's
5 second largest employment sector, the closure of
6 MetroSouth Medical Center would decimate 800 jobs
7 at the core of our region's economy. That's 62
8 percent of the jobs held in healthcare and social
9 services work and professionals in Blue Island.
10 But that's only the beginning.

11 Beyond the hospital closure's direct
12 economic destruction, the crippling ripple effects
13 on surrounding businesses would be devastating,
14 most especially on retail trade, which is Blue
15 Island's largest employment sector. The closure
16 of MetroSouth Medical Center would derail the
17 south county efforts to establish a workforce
18 development and ongoing training initiatives for
19 youth, as well as for adults and for veterans who
20 are re-entering the workforce.

21 But if only the economic impact was my
22 only reason for being here today.

23 What you've heard this morning and this
24 afternoon from medical professionals and first

1 responders about the danger to human lives if this
2 hospital closes, the very real possibility that
3 people will die without access to nearby critical
4 emergency services and hospital care, while others
5 in high-paying positions among the for-profit
6 companies enjoy buyouts, payouts, and the gentle
7 glide of a golden parachute, they never have to
8 question that an extra 12-minute drive might mean
9 the difference between their loved one living or
10 dying.

11 That's the information that we're all
12 listening to and taking in and hearing today.

13 I urge the Board to deny MetroSouth's
14 application to close their facility.

15 I call upon our elected leaders to use
16 every possible tool in the box to delay the
17 hospital's timeline for closure, and I thank you
18 all for your efforts so far.

19 To the staff at MetroSouth, I extend our
20 community's sincerest gratitude for all you've
21 done to take care of all of us for more than 110
22 years. This is not a goodbye, but a chance for
23 all of us to embrace this challenge ahead of us
24 together and to ensure that Blue Island and our

1 neighbors have access to the critical care
2 services we need for generations to come. Thank
3 you.

4 (Applause.)

5 HEARING OFFICER ROATE: Thank you.

6 Dr. David Vallejo.

7 DR. VALLEJO: Can you hear me okay?

8 FEMALE SPEAKER: Yes.

9 DR. VALLEJO: Hi. My name is Dr. David
10 Vallejo. I'm one of the OB/GYN physicians here in
11 the area.

12 I've been here working at MetroSouth for
13 the past seven years, and I've got to say that
14 this is one of the best institutions that I've
15 worked at in the past -- in my (inaudible) career
16 as a physician. The nursing staff is amazing.
17 Patient care is superb.

18 And closing a facility like MetroSouth
19 would be a complete detriment to this community.
20 I mean, we provide superior care for all our OB
21 patients and all our gyno patients. And to think
22 that a community hospital like this, that is vital
23 to this community, shutting down its doors is just
24 unthinkable. You know?

1 Where will the patients go now for
2 services? Where are all of the 110 -- 1,000,
3 1,200 patients that we deliver, anyone, going to
4 go to get the care that we provide for those
5 patients?

6 As a physician in this community, I see
7 the need for this type of hospital. I know we
8 have patients who are high risk. We see patients
9 with preexisting conditions. And not every
10 facility is equipped to handle these type of
11 patients, and we have the physicians and the
12 resources to be able to care for these high-risk
13 patients.

14 And, again, to close down this hospital
15 would be a detriment to those patients, to their
16 babies, and to the lives of all the other
17 residents who come here for other care as well,
18 especially the ER, as people have already said --
19 spoken to this previously. And superior care that
20 patients get here for stroke care. You know, time
21 is of the essence.

22 So, if we were to close this hospital
23 down, where are those patients going to go? Where
24 is the EMT services going to send these patients?

1 Again, the quicker these patients get to the ER,
2 to see a physician, that is of the utmost
3 importance to these patients. And if we were to
4 close this hospital down, again, it's another 10,
5 12, maybe 20 minutes to get to another hospital
6 where that individual could literally die getting
7 to that other facility.

8 And, again, this negatively impacts a
9 patient's health, but here in the community, it's
10 going to impact the whole community (inaudible),
11 you know. This is kind of the center of the
12 economics for this community and shutting this --
13 this hospital down will have a complete ripple
14 effect as on the surrounding -- to the surrounding
15 businesses in the community.

16 So, again, I would say it would be
17 detrimental to close down this facility. We need
18 to do everything we can to make sure that this
19 hospital stays open for the residents and for all
20 of the patients who come to this hospital for
21 their care. Thank you.

22 (Applause.)

23 HEARING OFFICER ROATE: Thank you. Jean
24 Kennedy.

1 MR. KENNEDY: Good afternoon. My name is
2 Jeanne Kennedy, and I want to thank the Board for
3 hearing my comments.

4 I've been employed at MetroSouth Medical
5 Center for the last 26 years. Currently, I'm an
6 administrative assistant in the facilities
7 department. I've been a resident of Blue Island
8 for the past ten years. And if MetroSouth closes,
9 my biggest concern is, where is the closest
10 hospital I will be taken to for my healthcare
11 needs?

12 Why is MetroSouth Medical Center closing,
13 is what I think most -- has most of us employees
14 confused. Just a couple of months ago, the
15 previous CEO stated we'll never close since we
16 have a high volume of patients in which we are --
17 in our -- see in our emergency room, department.

18 In the past several years, we were
19 informed that the hospital was financially sound
20 and the patient volumes and several service lines
21 were increasing.

22 Then in 2018, we were informed that the
23 hospital was losing money due to Medicare and
24 Medicaid reductions.

1 In the past year, I have worked on
2 reducing service contracts in the facilities
3 department, which we achieved a huge reduction of
4 costs for the hospital, which is over half -- half
5 a \$10 million. And that's just my department.
6 Every other department had to renegotiate their
7 contracts. Where has that gone?

8 In all the years that I've been here, I
9 have never seen the hospital at full capacity, 314
10 licensed beds. We have 72 specialty beds, 242
11 Med-Surg beds. Out of those 242 Med-Surg beds,
12 that's not including OB, behavioral health,
13 surgical intensive care. And St. Francis, during
14 our heyday, our top admission score was 120
15 patients. That was our top score, and it was with
16 staffing of a hundred -- 1,582 patients, we had
17 800 (inaudible). They've (inaudible) the last
18 five years.

19 So, in summary, I feel betrayed by Quorum
20 Health Systems, not only as an employee but as a
21 resident of Blue Island, to care for me and my
22 family's healthcare issues.

23 Thank you.

24 (Applause.)

1 HEARING OFFICER ROATE: Thank you. Ma'am,
2 can I have your written comments? Thank you.

3 Karen Warrick.

4 MS. WARRICK: Thank you. My name is Karen
5 Warrick, K-A-R-E-N, W-A-R-R-I-C-K.

6 I was born and raised in Blue Island, born
7 at MetroSouth, formerly St. Francis, along with
8 probably 200 more other relatives.

9 I delivered five of our six children
10 there. While raising our children in Blue Island,
11 it was always comforting to know that there was a
12 hospital so close in case of an emergency.

13 I recently had an auto accident and was
14 given a choice of South Suburban or Metro. I
15 chose Metro because it was what I consider my
16 hospital, desperately always mine.

17 Having a hospital in your community is an
18 asset that enhances not only business property,
19 residential property, business prospects as well.
20 In this high time -- in this time of high rising
21 health insurance cost and care, losing a hospital
22 is not advantageous to the community. It is a
23 vital part of our community that employs many.

24 I'm sure that a lot of hospital employees

1 do not need to worry about transportation due to
2 the proximity of where they live and work.

3 We -- as Jeanne said -- we have our
4 business here in Blue Island, a paper recycling
5 and public buy back center, and one of the reasons
6 -- some of the reasons we have our business here
7 is proximity to the hospital and transportation.

8 Businesses need that type of commitment
9 from a community.

10 Thank you for hearing our comments today
11 and hope that keeping the hospital open is a
12 reality that can happen. Thank you.

13 (Applause.)

14 HEARING OFFICER ROATE: Thank you.

15 Alan Cromwell. Mr. Cromwell? Welcome.

16 MR. CROMWELL: So I'm just giving some
17 remarks on the situation?

18 HEARING OFFICER ROATE: Yes, sir.

19 MR. CROMWELL: Am I speaking to you or to
20 the crowd?

21 HEARING OFFICER ROATE: You just have
22 three minutes. Speak into the microphone, and
23 we've got it on -- on record.

24 MR. CROMWELL: On record? So --

1 HEARING OFFICER ROATE: Yes, sir.

2 MR. CROMWELL: My name is Alan Cromwell
3 with the Blue Island Beer Company, small, craft
4 brewery right down the corner from here.

5 I guess I'm speaking on behalf of losing
6 the hospital center here.

7 I think, more importantly, from there, we
8 have a family member who went a couple of years on
9 -- just the same South Side (inaudible) healthcare
10 center provider for a situation right across from
11 here in town. Where is it at there? It's on the
12 (inaudible). (Inaudible).

13 It's going to be a big loss.

14 Just so you notice that we're somewhat in
15 favor of (inaudible) with our palettes and the
16 kegs, different chemicals and things like that,
17 very, very fortunate to not have (inaudible) and
18 things that are necessary for beer services.

19 I think I'm done.

20 HEARING OFFICER ROATE: Thank you, sir.

21 MR. CROMWELL: All right.

22 (Applause.)

23 HEARING OFFICER ROATE: Joyce Shaw.

24 MS. SHAW: Good afternoon.

1 HEARING OFFICER ROATE: Good afternoon.

2 MS. SHAW: Good afternoon, everyone. I
3 have been a patient at -- when the hospital was
4 St. Francis. I started like when I was 14 years
5 old. My husband and I had both of our children at
6 St. Francis.

7 And we were saddened when we learned that
8 St. Francis was going to close, but then we were
9 happy that it was going to possibly open --
10 MetroSouth took over.

11 And I would be -- I think it's very
12 devastating for our community -- I live in Calumet
13 Park -- for the hospital to close down, on just a
14 human aspect, if we did that to our seniors, our
15 children, ourselves. We have so far to go to get
16 to another hospital. And I think that's
17 catastrophic to our community.

18 We can't afford to lose this hospital
19 because -- I -- I come here every year for my
20 annual tests, and I used to bring my mother. My
21 mother came here for many years for her tests.
22 And just elective procedures, the testing, but,
23 more importantly, the emergency aspect of losing a
24 hospital.

1 I just hope that if MetroSouth can't stay
2 open for whatever reason, that another hospital
3 system is looking to come in because we definitely
4 need healthcare in the Southland.

5 Thank you.

6 (Applause.)

7 HEARING OFFICER ROATE: Thank you.

8 Jeanne Kennedy.

9 FEMALE SPEAKER: She already spoke.

10 HEARING OFFICER ROATE: She already spoke?

11 All right. Thank you.

12 Tom Hawley. Mr. Hawley.

13 (No response.)

14 HEARING OFFICER ROATE: If you don't mind,
15 what I'd like to do at this time is take a quick,
16 five-minute break. I'll set my timer on five
17 minutes, and I'll be back in five minutes. Okay?

18 Thank you.

19 (A recess was taken from 3:07 p.m. to
20 3:22 p.m.)

21 HEARING OFFICER GUILD: Is Tom -- is Tom
22 Hawley not here?

23 FEMALE SPEAKER: He's not here.

24 HEARING OFFICER GUILD: Okay. Is he

1 coming or -- okay.

2 FEMALE SPEAKER: I -- I don't -- I don't
3 think so.

4 HEARING OFFICER GUILD: Okay. Domingo
5 Vargas.

6 FEMALE SPEAKER: He's here. He just
7 walked in the door right now.

8 FEMALE SPEAKER: Go get him, someone go
9 get him. Yeah.

10 FEMALE SPEAKER: Mayor.

11 MAYOR VARGAS: Do I face this way? Which
12 way?

13 HEARING OFFICER GUILD: Face the audience.

14 MAYOR VARGAS: Good afternoon. My name is
15 Domingo Vargas. I'm the mayor of the City of Blue
16 Island. I'm here to speak regarding the future of
17 MetroSouth.

18 As a resident and as the mayor of the City
19 of Blue Island, this hospital is a vital, vital
20 asset to this community.

21 Personally, as mayor, I would state that
22 the problem with this hospital would be the -- if
23 it would go -- where the 50,000 plus patients who
24 use it, in the emergency room, were to go. The

1 closest hospitals, as you know, are Ingalls in
2 Harvey, Little Company of Mary, and also Christ
3 Hospital in Oak Lawn.

4 As we know, Christ Hospital's always on
5 bypass and Ingalls is under renovation, so
6 critical issues, where are these 50,000 plus
7 patients in the emergency room going to go? This
8 hospital has been used for cardiac, has been used
9 for stroke patients, and also for high-risk
10 prenatal and births and deliveries.

11 So this hospital not only employing 800
12 plus residents from the community, but the
13 surrounding suburbs as well. Not only does this
14 hospital serve Chicago, the surrounding
15 communities of Blue Island -- even though they
16 claim we have 23,000 residents at Blue Island,
17 we're close to 30, so just imagine that 30,000
18 residents without a hospital next to them and then
19 we all know the situation in front of us.

20 So, where are we going to go? Are we
21 going to go south? Are we going to go north?

22 The main thing is this, you cannot let
23 this hospital move our community. This hospital
24 has been here since 1905. Again, this hospital

1 has always been here.

2 And, personally, back in 2007, 2008, I
3 suffered what appeared to be a stroke and I was
4 rushed from my home, over here on Irving, within
5 two to five minutes to this hospital, and they
6 saved my life. So, again, I am a living example
7 of what this hospital means to this community.

8 Again, we have a lot of seniors here, we
9 have a lot of veterans here, we have a lot of new
10 couples with their new families starting here.
11 This hospital is vital to our community.

12 I know our state rep is here, all the
13 elected officials, a lot of staples, and you
14 probably heard the testimony of a lot of people
15 who have an interest in this community, and they
16 are here to show the testimony as to what this
17 hospital has meant to them and what would happen
18 if this hospital did not exist in our community.

19 The main thing I want to stress is the
20 lack of the emergency room close by, whether it's
21 eight, nine miles south of us, seven to five miles
22 north of us, would be critical to that, not only
23 the strain that that would put on our emergency
24 first responders, our fire departments, cost,

1 etcetera.

2 And then there's a domino effect,
3 financially, what effect that would have in our
4 community for the loss of jobs, again for the
5 restaurants not being able to have any clients, to
6 teach, etcetera. So it's a domino effect in our
7 community, and it would be devastating for Blue
8 Island if this hospital did not exist.

9 We don't know anything else other than
10 having this hospital in our backyard. In fact,
11 we've been so fortunate growing up that we've
12 always known it. Whether it was St. Francis, it
13 was MetroSouth, it's always been in our community.
14 We cannot allow it to go away.

15 Again, you've heard the testimony since
16 this morning, from 10 o'clock to probably 6
17 o'clock, of people who had their own personal
18 experiences, what this hospital has meant to them,
19 to their families, whose children have been born
20 here. And unfortunately some people have died as
21 a result at that hospital, but that's life. Our
22 main thing is that life has to continue in Blue
23 Island, with a hospital in our backyard.

24 Again, Roseland Hospital, Ingalls, Christ,

1 Little Company of Mary, they cannot take the
2 influx of patients that this hospital will bring
3 to them. They can't do it. If we've got Christ
4 Hospital already in bypass almost every single
5 day, where are those 50,000 patients from the ER
6 room going to go? That's the main thing.

7 Again, whether you like this hospital or
8 the president or not, we need an emergency
9 hospital with a lot of services in this community.

10 It's vital not only to us, but even
11 Chicago uses MetroSouth. Back on 9/11, this
12 hospital was going to be used as a possible
13 emergency examination or rooms in case something
14 happened in Chicago.

15 That's how vital it is because of how
16 close it is to the -- to the rail transportation.
17 We're very centrally located, okay? From the
18 expressways. (Inaudible), if you want -- if worst
19 comes to worst, it can be used there. And they
20 know how vital this place is, away from Chicago,
21 and how important this hospital is, not only to
22 Blue Island, not only to the suburbs that surround
23 Blue Island, but to the Southland.

24 This is not only an issue for Blue Island,

1 for the Southland, this is a national issue that
2 needs to be addressed and put -- and come up with
3 some kind of idea of what they're going to do to
4 save the medical/hospital industry. And this
5 could be a model.

6 This hospital has been the model before,
7 through its cardiac unit, through its stroke unit,
8 and prenatal. Why can't it be also innovative in
9 a new model of a hospital here?

10 That's why I came to support our state
11 legislators here. From our representatives out in
12 Washington, they know the importance of this.

13 Before I came here, I ran into a news crew
14 from the station downtown --

15 HEARING OFFICER GUILD: Thank you.

16 MAYOR VARGAS: -- and they interviewed me,
17 showing the importance of this hospital.

18 Thank you very much.

19 (Applause.)

20 HEARING OFFICER GUILD: Lynn Laxis Kelly.

21 (No response.)

22 HEARING OFFICER GUILD: Okay. Dr. Izmo.

23 (No response.)

24 HEARING OFFICER GUILD: Jane Sokowski.

1 (No response.)

2 HEARING OFFICER GUILD: The rest of the
3 people on our list signed up to testify at 4 or
4 after. So we'll wait a few minutes and then I'll
5 -- we'll get back to it. We'll take a little
6 break.

7 FEMALE SPEAKER: Jane and Lynn are going
8 to be here closer to 4 or 5.

9 HEARING OFFICER GUILD: Right. We will --
10 we will reconvene the meeting when some of those
11 people arrive.

12 (A recess was taken from 3:28 p.m. to
13 3:30 p.m.)

14 HEARING OFFICER GUILD: Is there anyone in
15 the audience who would like to make any remarks?

16 FEMALE SPEAKER: Yes.

17 FEMALE SPEAKER: Save the hospital.

18 MS. MINDEMAN: Yes. Thank you. Marie,
19 M-A-R-I-E, Mindeman, M-I-N-D-E-M-A-N.

20 The one thing that has come to light as
21 I'm listening to the conversations today, is that
22 the company who is the current owner of our
23 hospital is quite expert in putting together a
24 great plan for closing the hospital and doing it

1 in a very ex parte fashion, while shutting down as
2 much as possible any kind of review, survey of the
3 population that this facility serves, or actually
4 having anybody have a chance to study and look at
5 the impact on the community in any kind of fashion
6 that would help us to determine what the best
7 method going forward is. This is all driven by --
8 by the bottom line and their top dollar.

9 Thank you.

10 (Applause.)

11 HEARING OFFICER GUILD: Is there anyone
12 else?

13 (No response.)

14 (A recess was taken from 3:31 p.m. to
15 3:38 p.m.)

16 HEARING OFFICER GUILD: We're going to
17 reconvene. Robert Oliver. Anytime.

18 MR. OLIVER: All right. I'm one of the
19 physicians that works across the street from
20 MetroSouth. I've been there for 20 years. I work
21 at DuPage Medical Group.

22 I'm rising to talk in support of keeping
23 the hospital open, want to see the hospital remain
24 open.

1 Like they said, it would be a big loss for
2 this area if the hospital wasn't there. The
3 issues that we have in our clinic at DuPage, right
4 across the street, would have significant
5 difficulties finding other hospitals, on behalf of
6 our practice in Blue Island as well as in Tinley
7 Park.

8 I can tell you -- we have services in
9 Tinley Park. A lot of our patients in Blue Island
10 cannot even get out to Tinley Park, which is not
11 that far away. To get those services done, we use
12 the hospital pretty regularly.

13 On a personal level, I grew up in Blue
14 Island, which is not far from here. My family
15 lived over there, decided to have both my babies
16 at MetroSouth Hospital. And my mother and father
17 both had their surgeries (inaudible), eye surgery
18 at that hospital, when they could've gone to any
19 hospital.

20 The hospital staff there is superior to a
21 lot of the other hospitals in the area if you ask
22 me. And it's more of a family atmosphere. You
23 know, our group, Pronger Smith, we used to say,
24 "Families take care of families." And MetroSouth

1 is pretty much the same way. So the families
2 that, you know, take care of the whole community.

3 I think it would be a huge burden on this
4 community if the hospital wasn't there.

5 (Inaudible).

6 Again, I talk in support of keeping the
7 hospital open, (inaudible) continue with having a
8 hospital there.

9 HEARING OFFICER GUILD: Thank you.

10 MR. OLIVER: Thank you.

11 (Applause.)

12 (A recess was taken from 3:40 p.m. to
13 3:45 p.m.)

14 HEARING OFFICER GUILD: We're going to
15 reconvene. Tom Hawley.

16 ALDERMAN HAWLEY: Thank you. First, I'd
17 like to thank you for giving us this opportunity
18 to speak on behalf of the citizens of Blue Island.
19 I'm an alderman in the 4th Ward of Blue Island.

20 And I know you've heard probably lots of
21 stories and everything else all day long, but I
22 know I've gone to the emergency room for various
23 reasons and for various family members and people
24 that I know at surrounding hospitals, including

1 Christ Advocate, Palos Community, and Little
2 Company of Mary. They always seem to be
3 incredibly overflowing and full with very long
4 wait times, especially at Christ. With Christ
5 being the only trauma room hospital on the South
6 Side, it's always the first place people are taken
7 to.

8 I feel like the emergency room here at St.
9 Francis -- or at MetroSouth, sorry -- has really
10 filled a need in the area. I think getting to
11 Ingalls Hospital, which is apparently the closest
12 hospital, is not an easy trip at all from here.
13 If you forget, make the mistake of going down
14 Western Avenue, there are three sets of tracks
15 that almost always, at some point during the day,
16 have a train -- at least one train going through
17 it. And if it's truly an emergency, it could
18 really be a bad result in the end.

19 Additionally, going to Little Company of
20 Mary and Christ and/or Palos, I've sat in waiting
21 rooms for hours waiting to get somebody in there,
22 into their emergency rooms, and I feel that --
23 that MetroSouth does fill a very large need in the
24 south suburbs and in this area, for especially

1 emergency room service.

2 I'm also a little concerned economic
3 development-wise for the city, with the -- if the
4 hospital were to close. A lot of small businesses
5 in town would take a direct hit.

6 And I have a lot of friends and neighbors
7 who work at the hospital, so the couple of times
8 I've needed to go in the hospital, it's always
9 been more like a neighborhood hospital as opposed
10 to going someplace where you know nobody. And I
11 know that that's mainly just the people from Blue
12 Island that have the neighborhood hospital feel,
13 but it is -- it's a good feeling for Blue
14 Islanders when they go to the hospital that they
15 know people pretty much all over the hospital.

16 I feel the staff does a great job.

17 I would like to see the hospital stay
18 open.

19 I would also be a little bit concerned
20 just about the general healthcare availability in
21 the city.

22 I believe if the hospital would close,
23 Pronger Smith would really have, you know, reason
24 to stay with their offices here, and they already

1 ship us out to Orland as often as they can for
2 certain services. And I feel that pretty much the
3 only thread that's keeping them here is the
4 hospital, and then that would cause a whole other
5 issue with access to healthcare and -- and family
6 and care for doctors.

7 So, that's it.

8 HEARING OFFICER GUILD: Thank you.

9 ALDERMAN HAWLEY: Thank you.

10 (Applause.)

11 (A recess was taken from 3:48 p.m. to
12 3:50 p.m.)

13 HEARING OFFICER GUILD: Fred Bilotto.

14 ALDERMAN BILOTTO: Yes.

15 HEARING OFFICER GUILD: Is that right?

16 ALDERMAN BILOTTO: I'm Fred Bilotto, the
17 2nd Ward Alderman to Blue Island. I'm a lifelong
18 resident. I'm also a tax assessor for Calumet
19 Township, which the hospital is located in.

20 And I'm sure it's been said multiple times
21 already, (inaudible) hospital and institution for
22 over a hundred in Blue Island. I was born there.
23 My wife was born there. My two boys were born
24 there. And I want to continue the tradition in

1 the town.

2 More -- most importantly, access to
3 healthcare in the South Side. I've lived here my
4 entire life, and I believe it's huge accessing the
5 hospital right here in town. It's only a few
6 minutes away. I know when I hurt my shoulder, it
7 was nice and easy, right there, having it there.

8 My mom had cancer, also passed away from
9 cancer, and she loved having the hospital. It's
10 right here in town in case there was an emergency.
11 When she was first diagnosed, I was in junior
12 high, and it was great, saved her life by having
13 the hospital right here, right over the bridge,
14 two to three minutes away. So, the hospital's
15 very important to my family personally, but also
16 as a city.

17 Economically, this would be devastating
18 for our town here. We are in the south suburbs.
19 We're not a rich community. And none of the south
20 -- southern suburbs are rich, and this would be a
21 huge hit for most of the businesses. I hear every
22 day, a lot of businesses would lose 30, 40, 50
23 percent or probably just close shop if the
24 hospital is allowed to close and nothing takes its

1 place. And that would be devastating for
2 everybody in Blue Island.

3 The employees (inaudible) in the hospital,
4 which I have many in my work there and (inaudible)
5 work at the hospital, their livelihood's at the
6 hospital, and they live in the town here. They
7 put their money right back in the town. Not only
8 that, these businesses also employ all of the
9 these people that live in the town here right down
10 the street, and they would lose their source of
11 income.

12 So it would be a huge blow to the south
13 suburbs. We don't have the economic opportunities
14 as our northern neighbors. And this is just
15 another hit if this happens where they would lose
16 livelihood down here. And we can't allow that to
17 happen.

18 As a tax assessor, I know that recently,
19 in the last ten years, I know St. Francis grew its
20 own profits, but I know since the two last owners
21 of the hospital, the city's been very generous and
22 working out wherever we can to re-make tax monies
23 back to them. I'm sure anybody that would come
24 in, we would also work out the best we can to keep

1 a local health facility in town. And I think we
2 were very generous in the past as a city and a
3 township to the corporation that owns it now.

4 And I'd like to -- and if they think we
5 weren't, it's the first I'm hearing about it, and
6 I've been elected for the last six years as an
7 alderman, and since 2009 as township assessor, so
8 if there was an issue, we didn't have any
9 knowledge that they were hurting this bad, that
10 they were going to close down.

11 And I think it's a slap in the face for
12 local officials to not know about these kinds of
13 things. And there's things we probably could've
14 done to help. We could've lobbied, we could've
15 done all these things we're doing right now,
16 without the threat of closure. So I think finding
17 out the last minute that a company, to close us
18 down, is a big slap in the face to all the local
19 officials in our community.

20 So that being said, it's a lot of things
21 that we'd need if this thing closes down. And I'd
22 like it to remain open, I think it's not safe, and
23 I think they need to work with if there is a
24 potential buyer. If they don't want to stay open

1 or if they're not going to stay open, it would be
2 a terrible shame.

3 I think they should be accounted for to
4 work out a deal with another -- any other
5 interested parties because there seems no other
6 reason to not do that outside of money. So I
7 think if anybody's interested in working with,
8 they should be able to work with them with open --
9 open eyes to keep this facility open.

10 I'm a teacher by day for 15 years in
11 Thornton and Harvey and other various (inaudible)
12 South Side. And a lot of my students, who was
13 telling me that they -- that MetroSouth in Blue
14 Island, their family was in emergency care, and I
15 don't think I can explain that Harvey, Illinois,
16 is one of the worst towns, but one of the highest
17 crime rates in Illinois and the whole country, and
18 they would not be here.

19 They were here -- I would hear that all
20 the time from teachers. Because teachers who are
21 at work are basically, constantly faced with this
22 every single day. They see us more than they see
23 their own parents.

24 So they would tell us about family stories

1 about how my brother got shot or my mom is sick
2 and they would have to go to MetroSouth or St.
3 Francis Hospital, when it would still go by St.
4 Francis Hospital. There's a lot of people who
5 have been around for a while. And they wouldn't
6 have the one parent they have or the family they
7 have if it wasn't so close to driving right up the
8 street from MetroSouth.

9 And even they have Ingalls there, but they
10 still prefer to come to MetroSouth or St. Francis,
11 (inaudible) of time, because of the better care
12 offered here and the accessibility to the
13 emergency room that we have here in Blue Island.

14 So, on multiple, different levels, I think
15 it would be a huge devastation to the southsiders,
16 our fire departments, (inaudible), it would be a
17 huge additional burden for these towns.

18 For example, mine only has two fire -- two
19 ambulances and I think unless they both were on
20 call, they're going to Christ or they're going to
21 Ingalls for their emergency calls. We need to buy
22 a new ambulance, we need to staff those, we need
23 to hire more firemen or more paramedics, and it's
24 not only us, it's everyone around us. So, it's

1 just going to be a huge loss and a huge additional
2 burden on -- on the rest of the area, like us.

3 And we're struggling with everyday, basic
4 needs here. Just the streets alone need to be
5 resurfaced. People aren't thinking, you know,
6 until they have to think about the access to
7 healthcare. And to have that burden on top of us,
8 it's going to hurt these towns over here.

9 So --

10 HEARING OFFICER GUILD: Thank you.

11 ALDERMAN BILOTTO: Thank you for your
12 time.

13 (Applause.)

14 (A recess was taken from 3:55 p.m. to
15 4:10 p.m.)

16 HEARING OFFICER GUILD: We are reconvening
17 the hearing.

18 Dr. Steven Fox.

19 DR. FOX: Thank you. My name is Steven
20 Fox. And I am a --

21 HEARING OFFICER GUILD: Can you speak into
22 the microphone?

23 DR. FOX: -- resident of Blue Island and
24 -- and a physician. My practice is focused on

1 geriatric medicine --

2 HEARING OFFICER GUILD: You're going to
3 have to turn around.

4 DR. FOX: -- geriatric medicine and
5 disability.

6 HEARING OFFICER GUILD: Can you walk
7 around the mic, to this side? Yeah.

8 DR. FOX: That's better. Thank you.
9 Okay. This is better. Thank you.

10 As I said, I'm Steve Fox. I'm a resident
11 here, and I've lived in the community a long time.
12 I'm a geriatric physician. And I happen to be a
13 contributing editor to the Forum, where I've
14 recently been writing some columns about
15 MetroSouth.

16 I thank the committee for the opportunity
17 to provide some commentary and advice today on
18 this topic.

19 Advice is one of those things -- advice is
20 something you ask for when you already know the
21 answer but you don't like it. And I think that
22 that's the situation that we're in with
23 MetroSouth. I don't think any of us likes the
24 notion of this institution closing, but, in my

1 opinion, under the current management and
2 ownership, I feel it must close.

3 However, I think we need to consider this
4 a marvelous opportunity for us to continue the
5 history of an institution that began here in 1904.
6 And at that time, the doctors in this community,
7 which was growing quite rapidly at the time,
8 realized we need the hospital.

9 In 1919 -- 1905, the sisters of Mary
10 agreed to open up a hospital here and, if I'm
11 informed correctly (inaudible), they purchased a
12 house for \$30,000, which was a lot of money at
13 that time. They began with a house essentially,
14 converted it into beds. They just needed ten beds
15 at the time. And as the community grew, so did
16 the hospital.

17 And by the new World War II, the hospital
18 had a hundred beds. It was becoming -- it had
19 become certified as a hospital throughout the
20 State of Illinois. In the '60s, it was recognized
21 by the media as a Medicare and Medicaid hospital.
22 It at one point taught residents medicine. It was
23 a teaching hospital. In -- and at that point, in
24 the '60s, it did have about over a hundred beds.

1 Around 2003, the sisters invested an
2 additional \$34 million in the hospital and it
3 actually is the result of the hospital we see now.
4 They added 60,000 square feet, an outpatient
5 clinic, a women's wellness center, and, in about
6 2003, the hospital at that point had approximately
7 410 beds.

8 Unfortunately, we know what happened after
9 that. The hospital had declining beds. I'd like
10 to say that the only thing the sisters did wrong
11 was to do their mission and serve all people in
12 this community.

13 So, at the time when Community Health
14 Systems purchased this hospital, there was an
15 evolving trend throughout the United States of
16 what are called micro hospitals. And micro
17 hospitals are essentially something now that
18 exists in over 20 states, (inaudible) in the west
19 and the south.

20 Illinois, we have some problem with it
21 because our legislature and our requirements say
22 we're not supposed to have under a hundred beds.
23 It's my understanding that someone was going to
24 introduce legislation which will do away with that

1 hundred-bed limit, in view of the current
2 increasing demand and the cusp of micro hospitals.

3 And the reason I bring up the notion of a
4 micro hospital is that that's the evolution that I
5 think has to happen with MetroSouth. Yes, it
6 started out as -- as ten beds. I think we're
7 going to get that way now. The primary and most
8 important reason that micro hospitals exist are to
9 provide various specific services for a community.

10 I would clearly call MetroSouth a safety
11 net hospital. This is an institution that
12 provides 24-hour emergency room care, so
13 desperately needed, by Blue Island and all the
14 surrounding communities.

15 Without that, every one of the folks who
16 live in Blue Island and all the surrounding
17 communities would be at risk with the possibility
18 of having to be transported to either -- either
19 Little Company of Mary Hospital, a longer distance
20 that would be required to go to Advocate, Ingalls,
21 anyplace else.

22 And the real fear I gather is that you get
23 -- you get time to transport, especially for older
24 people, with very acute conditions, it could mean

1 a matter of life and death.

2 I believe that we have an incredibly great
3 opportunity to convert this hospital with them
4 operating a 24-hour-a-day emergency room and, as
5 most micro hospitals have, 10, 15, in some cases
6 as high as 20 beds, that are there for short-stay
7 patient stabilization.

8 Surprisingly, micro hospitals do not
9 transport out many of their patients. Many of the
10 patients with some experience with micro
11 hospitals, only 4 to 5 percent of the patients
12 have been transported somewhere else. Because
13 many illnesses can be acutely treated and -- and
14 covered in a few days, when the patient can return
15 home and go back to his own physician.

16 So, in that regard, this represents a
17 great opportunity to keep the care here, provide
18 the care that is even less expensive surprisingly
19 than currently exists in this hospital.

20 HEARING OFFICER GUILD: Thank you.

21 DR. FOX: I was almost -- almost done.
22 Thank you.

23 So one of the other things that I think we
24 should look at is what the cost of putting in this

1 hospital would be.

2 Generally, the -- we're looking at, if
3 they were to build one from scratch as they do in
4 many communities, about \$30 million, maybe \$34
5 million, but that's why this is such a great
6 opportunity. We already have the physical plant.
7 We already have the operating rooms, we already
8 have the emergency room, the laboratory, it's all
9 there just to be utilized.

10 And, in conclusion, what I would recommend
11 is that for the rest of that hospital space, that
12 we give that back to the community in some way.

13 And what I mean by that is I believe that
14 after seeing these conversions -- that occur all
15 over the country, certainly in Illinois there,
16 etcetera -- is that the rest of those hospital
17 beds could be converted into senior housing for
18 lower income individuals and also assisted living
19 for lower income individuals, and as such can
20 provide a remarkable teaching site for all of our
21 local and nearby junior colleges with certified
22 nursing aide plans, to train the people we so
23 desperately need. For (inaudible) and Saint
24 Xavier, we'll get to train registered nurses.

1 The good news about that is if we make the
2 type of changes I'm talking about, many, many
3 people will still stay employed. And they'll be
4 employed in a place that we know is supported by
5 their community.

6 Thank you very much.

7 (Applause.)

8 HEARING OFFICER GUILD: Thank you.

9 Alderman Johnny Hill, Ringo Hill.

10 ALDERMAN HILL: Good evening. I just
11 wanted to share an episode that I had about two
12 years ago. I was at MetroSouth Hospital myself
13 for healthcare and, at that time, they told me if
14 I didn't come, I would've been dead. So I was in
15 the ICU for two, almost three days.

16 So I just want to say to the staff of
17 MetroSouth Hospital a big thank you, and we
18 definitely need it to stay open.

19 I talked to businesses up and down
20 Western, and they are saying if this hospital
21 closes, it will affect their business as well and
22 eventually they're (inaudible), so we definitely
23 don't want that to happen. So let's do everything
24 we can to keep MetroSouth open. Thank you.

1 HEARING OFFICER GUILD: Thank you.

2 (Applause.)

3 HEARING OFFICER GUILD: James Porter.

4 MR. PORTER: Thank you. Good evening.

5 The alderman just made a very important statement
6 that would affect me at least. He said that there
7 was businesses that would be affected if
8 MetroSouth closed down. Well, Mr. Alderman, if
9 MetroSouth closed, it would affect me and my
10 family. Thank you for saying that.

11 I say that because I had an experience in
12 the community this year, something that I had
13 never went through. I was in my home and I was
14 sitting in the back and my son came to me, my
15 oldest son, he came and said that -- he said, "Mom
16 is looking funny in the face." And he said, "Can
17 I (inaudible) at MetroSouth? That's the closest
18 hospital to us."

19 I know that when I was taking my college
20 courses and we were studying -- I was studying
21 corporate -- how corporations operate and then
22 corporations were in the business of making a
23 profit, just (inaudible), and that they, you know,
24 cared about the (inaudible) and those with ties.

1 Well, when he said that she was looking
2 funny in the face, I went to the front and I
3 looked at her myself, and she was looking
4 different.

5 She had suffered a stroke before and we
6 were living in Cal Park for about -- we were going
7 on three years. And she has been to Metro
8 Hospital three times prior to this move to Cal
9 Park. She had already suffered a stroke. She
10 suffers from diabetes. She is on an insulin-
11 dependent basis, 1986. Then, one day, she had a
12 stroke.

13 And so on New Year's Eve or New Year's
14 morning, about 2 o'clock, this -- we had to call
15 an ambulance because she started sinking. And I
16 was wondering if she had suffered from having
17 another stroke. And so, the ambulance, fire
18 department, Cal Park police department, they all
19 showed up at my home and they got her ready
20 because she was still awake, I'll put it like
21 that.

22 But by the time they got her in the
23 ambulance, when we start -- when we started going,
24 she went to sleep. She went to sleep for three

1 days. She just slipped into a five-day coma.
2 When we got to the emergency room across the
3 street at Metro, the doctor came in the room that
4 they had assigned us to and said that we needed to
5 put her on a bunch -- I'm sorry.

6 Need to put her on (inaudible). And for
7 some reason, she changed her mind, said she don't
8 need that, but yet she was asleep for two or three
9 more days. And so we were in intensive care --
10 not intensive care, emergency room that entire
11 night. They didn't get her a room until that
12 morning.

13 Her blood sugar had shot up to 12-48, and
14 her blood pressure had went up to 200. And so
15 when they told me that most people when their
16 blood sugar shoot up to 12-48, that a lot of
17 people don't come out of that. And so she was --
18 they told me that it's good that she's stable in
19 her asleep. She said -- they said that's a good
20 thing.

21 We were up in ICU, she was in ICU for
22 about four days, four or five days, an entire
23 week, and then one day, she woke up. And when she
24 woke up, she was not the same person as back in

1 January. When she woke up, it's like she was
2 looking through you, not at you.

3 And she kept on calling someone because
4 she wanted to be where she was. She kept on
5 saying, "Hello, hello, hello. Hello, hello." The
6 nurse came in the room, said, "Who you talking
7 at?" She looked around and she said, "Hello,
8 hello, hello." Until this day, she has not
9 remembered that.

10 But I said all that to say this, that day,
11 I want to thank -- I want to thank the Lord, first
12 of all, for working through these people to put
13 Metro Hospital over there because I could've been
14 making other arrangements, if you know what I
15 mean. Um-hmm. That arrangement, by her blood
16 sugar being that high.

17 She could not have woke up. She could've
18 still been asleep, but she woke up. And the
19 professionals in the ICU, the emergency room, they
20 worked so diligent -- diligently with her until
21 she woke up and after she woke up.

22 One of the nurses, at the time she went
23 down to take ultrasound in the EEU, and they still
24 don't what caused it. And the EEU, the test brain

1 scans and this, they still referring -- referring
2 the cause that would cause her sugar to shoot up
3 like that. And we almost lost her.

4 But, as I (inaudible), thank you to the
5 professionals, the nurses, and the doctors.

6 And my question is -- is -- we have
7 different solutions, but my question is, if
8 MetroSouth closed, because I've been around it
9 since Metro was St. Francis years ago, but if
10 MetroSouth closes, then what would be the nearest
11 hospital then? Because (inaudible) matters. If
12 we had to go farther than Metro, then what would
13 the consequences have been?

14 HEARING OFFICER GUILD: Thank you.

15 MR. PORTER: Okay. Thank you.

16 (Applause.)

17 HEARING OFFICER GUILD: Are there others
18 in the audience who haven't yet had an opportunity
19 to speak?

20 Thank you.

21 MS. CANTELO-ZYLMAN: Raeann Cantelo-
22 Zylman. I'm a teacher of Blue Island. I'm a
23 community member of Blue Island. I'm a lifetime
24 -- (inaudible) alderwoman of Blue Island, I was

1 previously a park commissioner of Blue Island.

2 The hospital needs to stay open. I could
3 go on for hours.

4 As a teacher, we've had students with
5 seizures, students with emergency care that they
6 needed the hospital, and the hospital of
7 MetroSouth took care of them.

8 As a community member, I was with the
9 hospital -- or, I mean, sorry, with the park
10 district, my sister runs a daycare with 156 kids.
11 There's constantly something with emergency,
12 emergencies happening. I was told about -- I was
13 at the park district one day and I see somebody
14 fall off the diving board -- this was years ago.
15 He could've died, but luckily MetroSouth is so
16 close and took care of him.

17 My brother was -- lives two blocks away
18 and he got -- he was in the yard doing -- I think
19 my stepmom was talking about it earlier. He was
20 -- he hit a beehive and they attacked him. He
21 went inside and passed out, and they called the
22 ambulance, and they told him if he was any farther
23 away than two blocks, he would never make it.
24 MetroSouth, the ER, they called him a miracle then

1 because he survived it.

2 My mother passed away in September.

3 Before that, she was at MetroSouth for a while.

4 They took extremely great care of her. I couldn't
5 ask for better care as MetroSouth.

6 So I could sit here and go on and on and
7 on, but as a community member, an alderman, a
8 teacher, former park commissioner, we need to work
9 together to bring MetroSouth back. Community work
10 or teamwork, maybe some dream work, that's what we
11 need to do. So we need to work together.

12 Thank you.

13 HEARING OFFICER GUILD: Thank you.

14 (Applause.)

15 HEARING OFFICER GUILD: Is there anyone
16 else who has comments they'd like to make?

17 MS. TOWNSEND: I can talk for maybe three
18 minutes.

19 HEARING OFFICER GUILD: You're welcome to
20 come up.

21 MS. TOWNSEND: Oh, okay.

22 HEARING OFFICER GUILD: Remember to say
23 and state and spell your name for the court
24 reporter.

1 MS. TOWNSEND: Oh, okay. My name is
2 Roseanne Townsend. And I am a home care provider,
3 nursing assistance. SEIU, market union. I've
4 been a home care provider now for about 17 years,
5 been with SEIU approximately eight years.

6 I find it very sad as far as closing
7 MetroSouth Hospital. I remember back, it used to
8 be St. Francis Hospital. But just let me say
9 this, MetroSouth Hospital is a great hospital.
10 And it is truly needed in the Blue Island area.
11 The doctors and nurses are great.

12 About four years ago, St. Francis Hospital
13 saved my husband. My husband came home from work
14 one Saturday morning and we had a conversation.
15 He told me he wanted -- after we ate breakfast, he
16 wanted to lay down because he worked nights, he
17 was security. So it's a Saturday morning, I'm
18 sitting there, watching some TV because I didn't
19 work weekends.

20 About 30 minutes later, after he laid
21 down, he tells me, "I need to go to the hospital
22 because I don't feel good." So it was running in
23 my mind, I thought his pressure had gone up. So
24 immediately, I grabbed all our medication and I

1 brought him to the hospital.

2 I asked him, I said, (inaudible) don't let
3 it be crowded because I know ER can be over-
4 crowded. When I walked in, it was not even
5 crowded, it was empty. If he -- they brought him
6 in and I sat down and waited. The nurse called me
7 in and she says, "Ms. Townsend, we are going to
8 keep your husband and we're going to keep him in a
9 room." So they ran the tests and they told me
10 that he had a heart attack and they're going to
11 have to do surgery.

12 So, they did more bloodwork and everything
13 to make sure. Then the doctor told me later on,
14 doctor, they -- just before they did the
15 procedure, that they were going to put a stent in
16 him, and that his main valve was closed 98
17 percent. And the doctor told me that if I didn't
18 bring him in, he would've been gone. And I really
19 -- I was just like, "Wow."

20 But let me just say, before I close, real
21 quick, before I brought my husband in the
22 hospital, he went and laid down about that 30
23 minutes. During that 30 minutes of time, he was
24 in the other room laying down to rest.

1 I lost my mother in 1994 and she died of a
2 massive heart attack in her sleep. In that time
3 my husband was laying down, he told me that my
4 mother, he saw my mother for the first time, she
5 came to him and told him to go to the hospital.
6 And he said, "I will, but I'm just going to lay
7 down for a few minutes." So, but, anyway, my
8 mother, the last time she came to him, she said,
9 "Go to the hospital now." So that's when he came
10 out and he told me, "I need to go to the
11 hospital."

12 So I'm so grateful for MetroSouth that
13 saved my husband, good family doctors. After they
14 kept him for about a week, they sent him home.

15 My husband was only home for a week. He
16 got up one night, went in the refrigerator and got
17 some cold water. So I was (inaudible), so when he
18 opened up the door to get that water and he
19 reached, and next thing I know I hear somebody
20 moving in the kitchen, so I quickly got up and
21 looked. I saw the water on the floor and my
22 husband on the floor passed out.

23 So I immediately jumped down to the floor
24 trying to see, to call his name, and he didn't

1 respond, so immediately I called the ambulance,
2 and they were on their way.

3 So I went back down to the floor to talk
4 to him and he says, "What happened?" And I said,
5 "The ambulance is coming to get you," so they
6 examined him. They took him again to MetroSouth
7 immediately. By the time I got over there, they
8 already had admitted him, they took X-rays and
9 everything, and they kept him and they found out
10 that he had pneumonia.

11 And then while he's in the hospital,
12 during the time he's in for a few days, they found
13 that he had fluid in his lungs and they found
14 bacteria in the bottom of his lungs. And next
15 thing you know, he was on oxygen.

16 That was four years ago. So, I'm just
17 saying that we need this hospital in the
18 community. So thank you.

19 HEARING OFFICER GUILD: Thank you.

20 (Applause.)

21 FEMALE SPEAKER: (Inaudible).

22 HEARING OFFICER GUILD: Yes.

23 FEMALE SPEAKER: There's supposed to be a
24 meeting on September 17th in Bolingbrook. Do they

1 have a time scheduled for that?

2 HEARING OFFICER GUILD: I will address
3 that in my closing remarks, but you are correct.
4 Jacqueline Franklin.

5 MS. FRANKLIN: Hi. Good evening. My name
6 is Jacqueline Franklin. I'm chief of staff for
7 Cook County Commissioner Donna Miller.
8 Commissioner Miller and I are in support of the
9 hospital remaining open. Once the hospital
10 closes, it affects the community health and also
11 the local economy here.

12 I have a personal story. My mom actually
13 goes to this hospital now. She's a senior
14 citizen. It took me about three months for us to
15 travel here so she could (inaudible). So I really
16 want this hospital to stay open because she needs
17 to continue her mission. She knows her way.

18 So, Mayor Vargas, Commissioner Miller and
19 her staff are able to assist you with whatever's
20 needed from the county. All you need to do is
21 call us and we'll answer the call.

22 Thank you.

23 HEARING OFFICER GUILD: Thank you.

24 (Applause.)

1 HEARING OFFICER GUILD: Is there anyone
2 else in the audience who was planning on speaking
3 this afternoon?

4 Are you doing it together?

5 FEMALE SPEAKER: I'll be with him.

6 HEARING OFFICER GUILD: Remember to say
7 and spell your name for the court reporter.

8 FEMALE SPEAKER: Go ahead.

9 MR. DONOHUE: My name is Brendan Donohue.
10 That's B-R-E-N-D-A-N, D-O-N-O-H-U-E. I --

11 FEMALE SPEAKER: What did you want to say
12 about MetroSouth?

13 MR. DONOHUE: MetroSouth has been in this
14 community for almost -- over -- over a hundred
15 years, and it has saved countless lives. My
16 father and my sister and my (inaudible). And I
17 wanted to say, I want it to stay. And Ms. Martha
18 Biller (phonetic), she has worked there for 36
19 years.

20 FEMALE SPEAKER: We want our hospital to
21 stay in our community.

22 MR. DONOHUE: And we want our hospital to
23 stay in our community.

24 FEMALE SPEAKER: Thank you.

1 HEARING OFFICER GUILD: Thank you,
2 Brendan.

3 (Applause.)

4 (A recess was taken from 4:40 p.m. to
5 4:43 p.m.)

6 MS. SOKOWSKI: Hi. I'm Jane Sokowski.
7 I'm a certified nurse midwife. I work for
8 (inaudible) Healthcare Centers. It's the second
9 largest federally qualified center in Illinois.
10 We happen to have two midwives (inaudible). It's
11 important to MetroSouth as well as the
12 administration (inaudible).

13 Basically, we have been -- midwives have
14 had (inaudible) at MetroSouth since the beginning.
15 We've always been there, we've always been
16 successful with opportunities there. We -- we
17 (inaudible) the surrounding communities that we
18 bring them to MetroSouth. Some of these
19 (inaudible) as far as 10 or 12 miles away. We
20 serve the population as much as 11 communities
21 around, as well as Blue Island.

22 So let me say this, why MetroSouth? We're
23 not a part of MetroSouth so therefore we can pick
24 other hospitals to take our patients. We pick

1 MetroSouth because of who they are. MetroSouth
2 has got -- as far as I'm concerned, they're the
3 best labor and delivery units in any of the
4 hospitals around, a nursing staff that's far
5 better than any I've ever seen is close to.

6 We have a nursery that's staffed with
7 excellent nursery staff, nursing -- nurses, as
8 well as they have a neonatologist there a hundred
9 percent of the time. This is a staff that cares
10 for our youngest babies, whether they're well or
11 sick, in the hospital during that time.

12 (Inaudible) delivery if there's a problem. So the
13 babies get expert care the minute they're born if
14 they need it.

15 Also, too, as I said, nursing staff is
16 quick to take care of normal deliveries as well as
17 high-risk, things of that (inaudible). They also
18 have physicians who do a great job. They have
19 laborers. It is their job to come in and cover
20 the labor and delivery unit. And anything that
21 comes in through that delivery, anything that
22 comes in through that emergency room, anything
23 that that the hospital involved, they can handle.
24 They're there to support us if we need them.

1 They're also there a hundred percent of the time.

2 We have (inaudible) a hundred percent of
3 the time also, to support us, take care of our
4 patients.

5 Plus, importantly, we have an maternal
6 medicine physician that goes far beyond whatever
7 has ever been called necessary in maternal
8 medicine. I wouldn't -- I've dealt with
9 (inaudible). Dr. Potts is there for us, there if
10 we need it, he's there for patients, and he's
11 there for all of us to support anything in terms
12 of a more high-risk situation, (inaudible), he's
13 there, available to us a hundred percent of the
14 time.

15 So that's the reason why I chose the
16 hospital.

17 So what do we -- how do we get our
18 patients in to MetroSouth who actually pass maybe
19 two hospitals on the way? There are actually
20 hospitals in the back door (inaudible) occupied.
21 Why MetroSouth?

22 Well, first of all, they know compassion,
23 they know that we're taking care of them in the
24 clinic, they know we can work there. We also are

1 passionate about MetroSouth, the uniqueness there,
2 the way that MetroSouth handles themselves,
3 especially in the ED also. A lot of them come
4 through the emergency room. They're cared for
5 well there because they're taking care of all the
6 labor and delivery and our nurse in ED and labor
7 and delivery.

8 So it's the passion, our passion gets them
9 there the first time. What gets them there the
10 second time is they get their experience exactly
11 what we told them they were going to experience.
12 So they come the second time for other reasons,
13 their family, friends, their relatives, for all
14 facets of care at MetroSouth.

15 They come based on their family member's
16 in the emergency room. If they feel like they're
17 having a problem with a child (inaudible), or a
18 family member is having a stroke that they need
19 care for.

20 Numerous things that I (inaudible). We'd
21 have huge barriers of MetroSouth not being here,
22 serving the needs of this community. This
23 community is a safe community. That's why I
24 (inaudible) to neighboring communities. We have a

1 lot of small hospitals in the South Side. This is
2 a safe environment for them to drive into. Your
3 family can be safe. (Inaudible). It's always
4 been this way for as long as I've been involved.

5 So that's really what we want.

6 Also, too a negative, also negative to
7 this hospital not being here is -- I'm sure you've
8 heard this from people a lot -- it is completely
9 walled off by trains.

10 If this community did not have a hospital,
11 the people who need quick access to a hospital
12 would be in big danger because time is (inaudible)
13 for care and need. It could be somebody
14 delivering a baby and have a pre-term baby that's
15 only 28 weeks and she's going to have this baby
16 and it's a rush to get to this hospital. So we
17 need to be able to get to this hospital within
18 this community because we don't have time to wait.

19 So, I think basically, the last thing I
20 want to say is I know what we're talking about is
21 some mathematical equation to some to state, okay,
22 there are too many beds in the South Side of
23 Chicago. So then what do we get to? Math says
24 you should eliminate some of the beds, which would

1 be the hospital.

2 Well, first of all, I know this was also
3 spoken to earlier, but that's not all occupied
4 beds. These are beds unnecessary to even be
5 (inaudible), number one. Number two, we as a
6 healthcare provider do not think about (inaudible)
7 beds. We're thinking about beds that are occupied
8 and the people we are taking care of, those beds,
9 and the quality they receive at MetroSouth while
10 the are in those beds.

11 And I'm -- I -- I feel that this hospital
12 has to be purchased by an establishment that
13 understands the nature of this community,
14 understands the nature of the population that it
15 serves, and sees the district for all that we all
16 see from MetroSouth for this hospital to prosper
17 and remain the community.

18 Thank you.

19 HEARING OFFICER GUILD: Thank you.

20 (Applause.)

21 HEARING OFFICER GUILD: Dr. Abbasi. Is
22 that how you say it? Say -- remember to say and
23 spell your name for the court reporter. Start.

24 DR. ABBASI: Good afternoon. I am Dr.

1 Abbasi, A-B-B-A-S-I. I am one of the
2 neonatologists. We are a group of neonatologists,
3 which we take care of the sick and all of the
4 neonatology. And this is also including premature
5 babies, under any -- any time of (inaudible).

6 Those babies are in need of immediate
7 attention. And we are -- the group of us is on
8 call 24 hours a day because those babies might
9 come evening, all day, at any time, and they need
10 immediate attention, which is the first hour in
11 their lives, what we call important hour, it is
12 the most important hour in their lives.

13 If we take care of them in this hour,
14 okay, they will be all right. If we are late to
15 take care of them in this hour, they will spend
16 all their life suffering from brain problem,
17 mental retardation, and all the problems.

18 So, those babies, as I said, they can come
19 at any time, especially if they're premature.
20 They will not (inaudible) and there is no time to
21 transfer them over to other hospital if they go to
22 this one hospital.

23 We have best hospital staff here. There's
24 a care nursery that is equipped for those sick

1 babies, and we are always stepping it up.

2 So if we miss this hour, those babies will
3 be having trouble all their life. Plus, if
4 (inaudible) to take care of those babies, they
5 will have problems.

6 It is exactly those sick babies that need
7 urgent care, (inaudible) has heart attack or
8 stroke in the ambulance and we have to take care
9 of them immediately.

10 So, we need this hospital because we have
11 this care. And I want the healthcare (inaudible)
12 and we can provide our community for the most
13 important needs are -- is the healthcare. It's
14 not only the healthcare, it is healthcare in their
15 lifetime. It has to be immediate healthcare for
16 those babies.

17 Thank you very much.

18 HEARING OFFICER GUILD: Thank you.

19 (Applause.)

20 HEARING OFFICER GUILD: Tolasky?

21 MR. TOLASKY: Yes.

22 HEARING OFFICER GUILD: Robert Tolasky.

23 MR. TOLASKY: Good afternoon. I'm a
24 resident of Calumet Park, and I'm 66 years old.

1 I've lived in Calumet Park all my life.

2 Between -- I'm retired from the Calumet
3 Park Fire Department. Between myself and my dad,
4 we have 105 years of service in that fire
5 department. And I've brought in many people here
6 to St. Francis Hospital and MetroSouth Hospital.
7 And without this hospital, a lot of people are
8 going to die.

9 This hospital has saved many lives because
10 (inaudible) residents in this area were in life
11 situations, with heart attacks and strokes and
12 major accidents, it's a matter of life and death.

13 And I support keeping this hospital open
14 and I -- for my family and my wife and, you know,
15 I -- without this hospital here, I'm really
16 seriously thinking about moving out of this area
17 because it's my life that's at stake, and I hope
18 that there's just a way that they can keep this
19 hospital open.

20 And, like I said, I've seen first-hand
21 what this hospital can do in a matter of time.
22 It's a matter of life and death for the residents
23 of this area to keep this hospital open.

24 And I want to thank everybody for their

1 time. Hopefully we can keep the hospital open.

2 Thank you.

3 (Applause.)

4 (A recess was taken from 4:54 p.m. to
5 4:56 p.m.)

6 HEARING OFFICER GUILD: Dr. Guillermo
7 Font.

8 DR. FONT: So this --

9 HEARING OFFICER GUILD: Yep.

10 DR. FONT: Hi. My name is Dr. Font. I'm
11 a maternal/fetal medicine specialist. I started
12 the high-risk clinic at MetroSouth approximately
13 11 years ago. We basically take care of patients
14 who are pregnant or at high risk and who otherwise
15 would not be able to (inaudible), to seek this
16 kind of care.

17 The other two places that provide the same
18 kind of care that we deliver to these patients
19 would be the University of Chicago, which is about
20 12 miles away, and Christ Hospital, which is
21 approximately seven miles away, and those clinics
22 are very busy and sometimes cannot take these kind
23 of patients.

24 MetroSouth delivers about 1,200 babies a

1 month, more or less. And, approximately, we have
2 about 40 percent of patients that are high risk.
3 We function as a relative nursery with exceptions.
4 That means that we take care of babies that are 32
5 weeks and that also has mature or neonatal
6 complications. These babies cannot be delivered
7 in a regular unit.

8 This is very important because if you work
9 in normal labor and delivery, probably impact the
10 community (inaudible) as the kind of services that
11 we provide. We provide specialized services. We
12 create an impact that is integral in daily lives.
13 And -- and thanks to the hard work that the
14 hospital provides, we make a difference to these
15 mothers and these babies' lives.

16 Currently, as we speak, we have patients
17 that are high risk at the hospital, like a mother
18 who delivered her baby and had hypertension, and
19 has a bleed in the brain, due to hypertension; we
20 have another mother who's diabetic; we have
21 another mother (inaudible). Those are the kind of
22 patients that we take care of on a daily basis.

23 And if the hospital would not be there,
24 they would do without the care, we would probably

1 start seeing an increase in the maternal and the
2 neonatal mortality in our area because not only do
3 we serve the community of Blue Island, but we draw
4 from other communities that are close to us, and
5 most hospitals that do not have these kinds of
6 services.

7 For example, we have hospitals such as St.
8 Bernard, Ingalls, which are the closest hospitals
9 that basically those patients bypass and come to
10 see us for their care. So, it's very important
11 that this kind of services remain here in the
12 community.

13 Also, I would like to leave you with a
14 notion that is very important and probably not a
15 lot of people know. Of all the developed
16 countries -- and again of all the developed
17 countries, the United States is the most dangerous
18 country to have a baby. We have the highest
19 maternal mortality of all developed countries.
20 The maternal mortality in our country is similar
21 to Afghanistan as an example.

22 These are data that is up there.

23 So, 60 percent of our maternal mortality
24 is preventable. And the reason that sometimes we

1 do not prevent it is because of access to care.

2 And not having a delivery room will take away this
3 access to care.

4 So, it's very important that we all fight
5 to keep this kind of place within the community to
6 (inaudible). Thank you very much.

7 (Applause.)

8 HEARING OFFICER GUILD: Thank you.

9 Is there anybody else in the audience
10 who's been waiting to speak?

11 Olivia Caceres.

12 MS. CACERES: Is my name.

13 HEARING OFFICER GUILD: Yes. Please say
14 and spell your name for the court reporter.

15 MS. CACERES: Olivia Caceres.

16 HEARING OFFICER GUILD: Right, right. And
17 so --

18 MS. CACERES: My name is Olivia Caceres.

19 MALE SPEAKER: That's it?

20 HEARING OFFICER GUILD: Yeah. Well, sit
21 down and then I'll -- oh, oh. What is she -- were
22 you -- were you planning on saying any --

23 (Discussion off the record.)

24 (Testimony of Jorge Caceres taken through

1 a Spanish interpreter.)

2 HEARING OFFICER GUILD: Jorge Caceres.

3 MR. CACERES: Hello. My name is Jorge.

4 I would like this hospital to remain open
5 because they provide good service and it's close
6 to home. I would like to let you all to know that
7 several years ago, that hospital provided me with
8 excellent service and that's the reason why I
9 don't want this hospital to close.

10 Thank you.

11 (Applause.)

12 HEARING OFFICER GUILD: Thank you.

13 (A recess was taken from 5:03 p.m. to
14 5:19 p.m.)

15 HEARING OFFICER GUILD: Kerry Kelly.
16 Remember to say and spell your name for the court
17 reporter.

18 MS. KELLY: Hi. I'm Kerry Kelly,
19 K-E-L-L-Y. K-E-R-R-Y, K-E-L-L-Y.

20 Hi. I work at the hospital in the medical
21 records department. I may not have the hands-on
22 experience with patients that the doctors and
23 midwives and nurses have, but I work with patients
24 that come in afterwards that are requesting their

1 medical records for different reasons, purposes.

2 I have people who come in saying, "You
3 know what? I went to the ER and they saved my
4 life." I have the mothers who come in with the
5 brand-new little babies and (inaudible), telling
6 me, "My baby is alive because of the doctors and
7 nurses of this hospital."

8 This hospital is very important. It saves
9 lives.

10 There are people who wouldn't have
11 healthcare because they couldn't get there. I
12 have many people come into my office on a daily
13 basis that have walked five, six blocks because
14 they have no other transportation to get there.
15 They have no way to get to hospitals, even if they
16 are only seven miles away. They need someplace in
17 their community that they can get to, that they
18 can get good, quality healthcare.

19 I see these people on a daily basis. I
20 don't have hands-on medical experience with them,
21 but I have personal connections with these people,
22 and they just all come in with stories about how
23 this place saved their lives, their family
24 members' lives.

1 And that's why I think the people should
2 save MetroSouth because MetroSouth saves lives.
3 Thank you.

4 (Applause.)

5 HEARING OFFICER GUILD: Thank you.

6 (A recess was taken from 5:21 p.m. to
7 5:36 p.m.)

8 HEARING OFFICER GUILD: Can you remember
9 to say and spell your name for the court reporter.

10 MS. UMECKER: My name is Donna Umecker,
11 D-O-N-N-A, U-M-E-C-K-E-R. I live (inaudible).

12 I'm here to make a statement that I want
13 MetroSouth to still stay open. My family has been
14 associated with this community hospital for more
15 than 50 years. (Inaudible) administration, had to
16 have three surgeries here, one as a child.

17 The community needs this hospital to stay
18 open. If nothing else, I hope that they will give
19 the authorities enough time to look for a -- a new
20 buyer. Six months is not enough time to try to
21 find someone to take over what we already have in
22 this community.

23 So that's what I really want to say is
24 that my relationship with MetroSouth is -- has

1 been ongoing. I do -- I'm not here to represent
2 my publication, but I will say that for ten years,
3 ten to twelve years, I had a relationship with the
4 community public relations departments, staff at
5 the hospital. It's always been very favorable.
6 And I hope that this will continue.

7 I can't say that the hospital stopped
8 (inaudible) promotional acts in the shared news,
9 which was formerly the (inaudible) news for the
10 past two years, so I wanted that to be made
11 public, hoping that that will help. I don't
12 believe that they gave it the attention or let the
13 community know in advance that they were having
14 trouble and that we would be able to rally
15 together all the communities in this area
16 (inaudible).

17 And they said that there were 48,000
18 patients that came through the ER community. I
19 don't know where those people will go in the
20 future. Little Company of Mary's, always on
21 bypass, and Christ Hospital has an overabundance
22 of traffic coming through the trauma center. So I
23 hope that many considerations will be given.

24 Thank you.

1 HEARING OFFICER GUILD: Thank you.

2 (Applause.)

3 (A recess was taken from 5:39 p.m. to
4 5:52 p.m.)

5 HEARING OFFICER GUILD: The last speaker,
6 I believe our last speaker, remember to say and
7 spell your name for the court reporter.

8 REPRESENTATIVE RITA: Robert Rita,
9 R-O-B-E-R-T, R-I-T-A.

10 I am a resident of the City of Blue
11 Island. I'm also member of the general assembly
12 representing the 28th legislative district, which
13 encompasses the physical location of MetroSouth.

14 I figured I'd speak last for the -- at
15 this public hearing. We heard a lot of testimony,
16 starting this morning when we first arrived here
17 to see all the support from the surrounding
18 communities, with all the fire trucks and
19 ambulances upfront, and the first responders that
20 came to testify showing the community support, not
21 only from Blue Island but from the surrounding
22 communities of what this hospital means.

23 We heard from a number of professionals
24 that work in the emergency room -- doctors,

1 nurses, and staff from the hospital -- throughout
2 the day. We heard from business owners. We heard
3 from community people. We heard from retired
4 employees, who love this hospital and their
5 stories of different scenarios and situations and
6 the doctor or the individuals or just community
7 people, what this hospital has meant to them and
8 their family.

9 All of the testimony was really about --
10 we heard from a number of the officials that
11 represent Blue Island and the surrounding
12 communities, from representatives from our
13 federal, Congressman Rush's office, our county
14 officials, representing the (inaudible), all of my
15 colleagues in the house and the senate, Senator
16 Jones, Representative Justin Slaughter,
17 Representative Will Davis, all in support of what
18 I'm here before you: To save this hospital.

19 Not only save the hospital, but the jobs,
20 our hardworking people who work at this hospital,
21 but for the healthcare facility for the
22 hardworking people, for the benefit of Blue Island
23 and the surrounding communities that come here,
24 whether it's for the emergency room or for other

1 healthcare needs.

2 It was a long day, very hot day. We don't
3 have the air conditioner working in here.

4 And I'd like to thank the Health
5 Facilities Planning Board for coming here, for
6 this duration, to hear from the public, and the
7 testimony of what this hospital means.

8 I can tell you I am a member of the
9 advisory board for the hospital. I found out the
10 closure a few hours before they went public, along
11 with other board members that serve on that
12 advisory board.

13 For a number of years, I looked back at
14 all the minutes to see, was there any indication
15 that this hospital was in trouble? And there was
16 never an indication that they were trying to sell
17 this, they testified, for the last two years or
18 that they were in trouble.

19 We came off the very successful
20 legislative session this year in Springfield. Not
21 once did I hear from any of the officials, whether
22 it's the CEO, their lobbyists, the CFO, of any
23 indication that they needed assistance for the
24 hospital during our budgetary process that we take

1 in Springfield.

2 I don't sit on the Appropriations
3 Committee for Health, Human Services, but I am the
4 chairman of the General Services Appropriation
5 Committee and I was in a number of meetings
6 throughout May as we were crafting a budget. Not
7 one individual from this hospital has reached out
8 and said, "We need some help. We're in trouble."
9 Total mystery. Very devastating.

10 So it was quite a shock, when they met me
11 in front of my office the day they filed the
12 application to -- to terminate services here.

13 We recently, Senate Bill 13 -- Senate Bill
14 1739 was recently -- I believe it was July 15th --
15 became a public act that addresses how a hospital
16 closure would take place based on other
17 communities going through this.

18 What Quorum pulled here was to file this
19 with the Health Facilities Planning Board so that
20 they would not have to go under the requirements
21 under this new public act of state legislation.
22 It's like they wanted to run out in the middle of
23 the night and just shut their doors and leave this
24 community.

1 You could look at that as corporate greed,
2 money grab, however you would like to do it. It's
3 not showing commitment and care to this community
4 and the community it serves.

5 The Board, how I understand it, is going
6 to see this through here in September. What I'm
7 asking is that you read through all this
8 testimony, slow this process down. You don't have
9 to do a rubber stamp because they've got the 10 or
10 12 case requirement and the chairman can just sign
11 off and say, "Go ahead and shut down and leave
12 this community and the surrounding communities
13 with an empty facility."

14 It was stated in testimony almost 50,000
15 emergency room visits take place. They said that
16 there's not a need for them. I have no idea how
17 these other hospitals, from what I heard in this
18 testimony today, are going to be able to absorb
19 those emergencies.

20 It was stated from 12 minutes, depending
21 if you're going to Ingalls, or up to 22 minutes if
22 you're going to Christ. So between this 12
23 minutes and 22 minutes, between Ingalls, Christ,
24 Little Company of Mary, or Rosewood, which there

1 isn't the capacity to take the emergency room when
2 these first responders bring in the ambulances,
3 bringing in somebody with a heart attack or a
4 stroke or car accident victim, a shooting was
5 brought up. Time saves lives is what I heard.

6 So what I'm going to ask this Board to do
7 is to take their time, give us the time to sit
8 down to try to figure out what we can do at this
9 facility, how we can meet the community's needs
10 for healthcare, and give us the time to put that
11 together rather than put this on a fast track.

12 It was told to me that they have not
13 signed contracts with various doctors' groups,
14 whether it's in the emergency room for admitting
15 patients and -- and these various contracts.
16 They're pulling their services away prior to any
17 vote of this -- of your board, the Illinois
18 Facilities Planning Board.

19 They say that they want to -- to work, but
20 their actions -- to work with us, but their
21 actions so far have not shown that. Because if
22 they were working with us, they would be reaching
23 out and saying, "You know what? Let's defer this
24 for a little while. Let's defer this for another

1 two months."

2 They keep saying that they've talked to 40
3 different networks of hospitals, in state and out
4 of state, and nobody is interested. It is really
5 clear that they have their minds made up. It's
6 clear when you look at the data -- and I'm no
7 health -- healthcare expert -- but for the last
8 eight years, they've slowly stopped putting
9 patients in in-service and what this hospital
10 does.

11 But there's a number of things that this
12 hospital does. You heard from all the emergency
13 situations, with the outpatient services, and
14 there is a need in the south suburbs here for
15 mental health. It shows that in some of the
16 statistics on -- on the -- the inpatient for
17 mental health services. There's a number of
18 services that can be provided through this
19 facility.

20 With the time to work, we'll put that
21 together. But if it's on the fast track and a
22 rubber stamp or a chairman pending the authority
23 because it was filed a month earlier would be
24 disingenuous to this community, it would be

1 disingenuous to all the communities in the South
2 Side.

3 Again, how is -- how do these other
4 hospitals support up to 50 -- almost 50,000
5 emergency room visits? I know -- I know that the
6 first responders, the mayors have testified,
7 talking about, you know, everybody's constantly
8 having a couple of ambulances and if they're
9 traveling, that distance is greater, a patient or
10 someone in need of emergency services and they're
11 22 minutes away, and another one goes to the other
12 hospital, who's going to be able to cover those?
13 Where is this (inaudible)?

14 So there is a number of issues. You heard
15 all the testimony today. As I reiterate for the
16 doctors, for the professionals that are related to
17 healthcare, you heard from our community, what
18 (inaudible) to this Board is to defer this, not
19 put this on the fast track. Give us the time to
20 try and put something together.

21 I understand healthcare has changed. I'm
22 also pragmatic as a 17-year legislator, working to
23 put bills together, working with various groups.
24 Sometimes you need time, but you need (inaudible)

1 the other side. And what we don't have right now,
2 or what I haven't seen, is an honest (inaudible)
3 for Quorum Health.

4 So if we can slow this, because I think
5 they believe this is on their fast track, that
6 this is just -- you know, if we meet the ten
7 requirements, we can shut down.

8 So, my ask to the Health Facilities
9 Planning Board, please, give us some time that you
10 can see not only myself, Representative Will
11 Davis, Representative Justin Slaughter, Senator
12 Emil Jones, all here testifying, we're all working
13 together to try to make what's right for the south
14 suburbs, for the areas that we represent, to
15 deliver healthcare and to provide the services to
16 the people of Blue Island.

17 Thank you.

18 HEARING OFFICER GUILD: Thank you. I have
19 some final remarks, and that -- they will include
20 some important dates, among other things. So, if
21 you're interested, you may want to pull out
22 something to write on.

23 This project is tentatively scheduled to
24 be considered by the Review Board at its Tuesday,

1 September 17 meeting in Bolingbrook, at the
2 Bolingbrook Golf Club. Please refer to the HFSRB
3 website at [www.hfsrb.illinois](http://www.hfsrb.illinois.gov), spelled out, .gov,
4 for more details and possible agenda changes.

5 Written comments regarding the project
6 must be received by August 28th, 2019. The state
7 board staff report will be posted online on the
8 state board's website, on September 3rd, 2019.
9 And then if there are any responses to the state
10 board staff report, those must be submitted by
11 September 9, 2019.

12 And written comments and responses should
13 be sent to the Illinois Health Facilities and
14 Services Review Board, to the attention of
15 Courtney Avery, Administrator, at 525 West
16 Jefferson Street, in Springfield, on the second
17 floor.

18 So, thank you very much for attending, and
19 this public hearing is adjourned.

20 (Off the record at 6:07 p.m.)

21
22
23
24

CERTIFICATE OF COURT REPORTER

I, Juan Mares, the officer before whom the foregoing proceedings were taken, do hereby certify that said proceedings were electronically recorded by me; and that I am neither counsel for, related to, nor employed by any of the parties to this case and have no interest, financial or otherwise, in its outcome.



Juan Mares, Court Reporter

CERTIFICATE OF TRANSCRIBER

I, Megan Wunsch, do hereby certify that the foregoing transcript is a true and correct record of the recorded proceedings; that said proceedings were transcribed to the best of my ability from the audio recording and supporting information; and that I am neither counsel for, related to, nor employed by any of the parties to this case and have no interest, financial or otherwise, in its outcome.

Megan Wunsch

Megan Wunsch

August 6th, 2019

A	185:9, 187:21, 187:23, 189:5, 202:12, 214:5, 227:8, 248:19, 254:17, 259:15, 266:14, 271:18, 274:12	accomplish 78:12 accomplished 113:17 accordance 1:12, 5:7, 137:8 according 78:5, 110:17 accordingly 34:14 account 154:15, 154:16, 154:20, 154:22 accountability 6:16, 138:18 accountable 57:23 accounted 119:23, 227:3 accounting 77:24 accounts 155:3 accuracy 72:16 accurately 74:10 achieved 205:3 acquaintance 112:4 acquisition 24:6 acquisitions 17:22, 23:20, 32:16 across 9:10, 9:17, 24:10, 26:12, 46:22, 68:6, 75:15, 80:9, 80:19, 84:4, 143:8, 143:17, 148:9, 173:10, 173:14, 174:21, 175:23, 184:9, 208:10, 218:19,	219:4, 239:2 act 1:13, 4:22, 5:8, 5:16, 6:16, 44:8, 56:10, 72:13, 82:1, 87:9, 93:4, 106:1, 108:9, 128:18, 136:22, 137:9, 137:17, 138:18, 270:15, 270:21 acted 76:1 acting 43:8 action 76:22, 79:14, 96:4, 105:22 actions 35:19, 75:23, 272:20, 272:21 active 73:5, 169:22, 170:2 actively 94:8, 105:23, 106:15, 116:9, 116:12 actor 88:19 acts 266:8 actual 68:12, 71:24, 82:1 actually 19:11, 21:6, 65:12, 66:7, 66:16, 66:18, 78:13, 92:9, 108:17, 141:12, 190:23, 218:3, 232:3, 248:12, 252:18, 252:19 acuity 84:1 acute 1:9, 16:7,
a-b-b-a-s-i 256:1 a-d-a-m-s 110:15 a-l-b-r-e-c-h-t 82:21 a-n-n-e 75:4 a-r-l-e-s 121:11 a-r-v-i-n-d 44:19 a-s-o-n-y-e 41:14 a-t-c-h-i-s-o-n 23:18 abako 89:21 abandoned 180:8 abbasi 255:21, 255:24, 256:1 abigail 53:23 ability 52:11, 55:4, 62:14, 77:5, 80:15, 148:8, 278:6 able 28:3, 36:22, 50:14, 50:21, 53:15, 53:16, 59:10, 60:18, 60:20, 61:1, 62:6, 65:11, 78:22, 80:16, 85:11, 92:6, 97:22, 114:4, 114:7, 114:8, 123:23, 132:16, 132:21, 133:4, 146:23, 157:5, 161:5, 178:9, 178:14, 178:17,	above 168:11 absolute 89:15 absolutely 174:10 absorb 271:18 abuse 66:11 accelerate 73:24 acceptable 52:10, 172:11 access 11:17, 66:12, 70:21, 71:8, 71:19, 72:1, 73:8, 88:10, 108:18, 114:2, 200:3, 201:1, 223:5, 224:2, 229:6, 254:11, 262:1, 262:3 accessibility 228:12 accessible 6:5, 17:2, 138:7 accessing 224:4 accident 187:19, 206:13, 272:4 accidental 80:1 accidents 258:12 accommodate 146:14 accompanying 84:2		

89:24, 95:1, 105:14, 143:4, 143:6, 145:22, 147:1, 233:24 acutely 234:13 adams 110:9, 110:10, 110:11, 110:12, 110:14, 110:15 add 76:5 added 232:4 addicted 114:9 addiction 66:12 adding 16:11 addition 9:21, 14:24, 16:15 additional 13:3, 16:11, 25:9, 62:23, 79:16, 184:20, 185:9, 185:19, 228:17, 229:1, 232:2 additionally 75:16, 221:19 address 14:2, 15:6, 142:13, 151:19, 168:19, 183:15, 184:18, 184:21, 185:2, 186:17, 188:6, 188:16, 248:2 addressed 142:12, 142:13, 216:2 addresses 270:15 adjourned 276:19 adjust 69:17	adjustment 113:2 administering 62:24 administration 27:19, 82:14, 88:4, 182:22, 250:12, 265:15 administrative 204:6 administrator 135:16, 276:15 administrators 15:5 admission 205:14 admissions 60:17, 86:16, 147:18, 173:14 admit 41:6, 97:15 admitted 87:5, 247:8 admitting 272:14 adopted 103:16 adult 103:16 adults 67:13, 199:19 advance 266:13 advanced 170:19, 170:20 advantageous 206:22 adventure 192:3 adverse 29:18, 107:24 adversely 174:17 advertise 57:21 advice 32:5, 191:21, 230:17, 230:19	advise 32:15 advised 4:15, 32:20, 136:15 advisement 17:8 advisory 19:24, 23:23, 24:2, 24:4, 31:24, 32:12, 36:12, 269:9, 269:12 advocacy 107:13, 107:19 advocate 68:23, 97:1, 97:16, 221:1, 233:20 advocating 36:6 afar 114:18 affect 53:8, 95:14, 97:11, 159:12, 172:12, 174:6, 174:10, 177:6, 198:10, 236:21, 237:6, 237:9 affected 17:6, 118:12, 174:17, 237:7 affects 53:8, 248:10 affiliated 98:15 afford 5:17, 37:24, 63:19, 137:18, 175:3, 179:13, 209:18 afghanistan 261:21 afraid 48:12, 122:2 african 86:11, 106:3,	153:18 after 25:21, 30:10, 77:2, 79:21, 103:13, 109:8, 125:23, 143:13, 147:5, 185:22, 187:6, 190:11, 197:5, 217:4, 232:8, 235:14, 240:21, 244:15, 244:20, 246:13 afternoon 3:7, 4:10, 93:18, 110:1, 110:3, 124:9, 136:1, 136:11, 140:1, 142:19, 151:6, 155:15, 161:14, 165:18, 168:17, 168:20, 175:17, 177:18, 182:21, 189:20, 198:21, 199:24, 204:1, 208:24, 209:1, 209:2, 211:14, 249:3, 255:24, 257:23 afterwards 45:18, 263:24 again 13:11, 19:7, 31:1, 45:22, 49:19, 53:6, 53:14, 60:4, 60:13, 73:16, 76:20, 81:3, 81:9, 84:13, 94:12, 97:17, 108:18, 120:6, 135:19, 166:21, 172:8, 172:14, 186:4, 188:12, 190:6, 191:16, 196:16, 202:14, 203:1, 203:4, 203:8, 203:16, 212:24, 213:6,
---	---	---	---

213:8, 214:4, 214:15, 214:24, 215:7, 220:6, 247:6, 261:16, 274:3 against 38:12, 96:4, 158:16 age 121:15 agencies 108:9, 119:16 agency 71:22, 107:15, 108:8 agenda 135:12, 276:4 aging 196:16 ago 14:16, 30:15, 36:11, 47:17, 51:11, 65:7, 65:13, 65:16, 66:7, 83:9, 89:14, 99:8, 113:6, 116:2, 116:22, 117:21, 117:22, 118:2, 125:5, 130:1, 130:8, 149:12, 156:9, 164:4, 167:23, 188:11, 194:16, 196:8, 204:14, 236:12, 241:9, 242:14, 244:12, 247:16, 259:13, 263:7 agree 114:12 agreed 231:10 agreement 2:10, 26:2 agreements 19:17, 25:2, 33:14 ahead 7:19, 121:5,	134:9, 200:23, 249:8, 271:11 aid 171:12, 184:24 aide 235:22 ain't 150:22 air 114:6, 196:16, 269:3 airway 126:11 aisle 56:7, 56:12 alan 175:13, 175:14, 207:15, 208:2 albeunderhill 103:5 albrecht 82:19, 82:20, 82:21 alcohol 67:12 alderman 184:1, 220:16, 220:19, 223:9, 223:14, 223:16, 223:17, 226:7, 229:11, 236:9, 236:10, 237:5, 237:8, 243:7 alderwoman 241:24 alert 84:7 alive 48:7, 64:13, 65:15, 88:23, 264:6 allegations 5:20, 137:21 allege 77:23 alleged 76:22 allegedly 76:14, 78:21	allergic 130:2 allocate 10:24 allow 6:22, 9:6, 73:11, 76:5, 76:20, 78:14, 88:18, 114:13, 138:24, 152:14, 214:14, 225:16 allowed 10:21, 54:21, 116:8, 150:22, 224:24 allows 73:13, 152:14 alluded 42:18, 53:10 almost 9:9, 23:6, 100:17, 116:22, 140:24, 145:4, 148:16, 187:13, 194:15, 215:4, 221:15, 234:21, 236:15, 241:3, 249:14, 271:14, 274:4 alone 11:22, 29:20, 229:4 along 28:20, 54:9, 61:6, 81:1, 206:7, 269:10 already 57:15, 66:17, 69:16, 73:23, 96:15, 117:6, 128:20, 176:21, 179:11, 181:11, 186:9, 202:18, 210:9, 210:10, 215:4, 222:24, 223:21, 230:20, 235:6, 235:7, 238:9, 247:8,	265:21 alsip 16:6, 64:12, 153:21, 168:18, 169:17, 170:10, 170:13, 170:18, 171:1, 198:13 also 8:11, 10:16, 12:15, 14:2, 27:15, 28:22, 29:10, 32:20, 33:4, 35:15, 37:1, 43:8, 47:15, 47:21, 51:14, 64:15, 64:19, 65:4, 65:16, 71:21, 79:9, 83:21, 84:9, 85:1, 86:3, 87:4, 88:3, 93:24, 94:4, 97:21, 108:9, 108:19, 109:6, 119:2, 120:18, 121:18, 131:22, 132:17, 136:8, 166:4, 167:16, 174:23, 182:1, 184:6, 190:4, 191:17, 198:12, 212:2, 212:9, 216:8, 222:2, 222:19, 223:18, 224:8, 224:15, 225:8, 225:24, 235:18, 248:10, 251:15, 251:17, 252:1, 252:3, 252:24, 253:3, 254:6, 255:2, 256:4, 260:5, 261:13, 267:11, 274:22 alternatives 42:21 although 61:19, 133:5
---	---	---	---

always 46:6, 122:6, 145:15, 150:14, 151:23, 157:23, 166:11, 167:3, 167:7, 167:9, 191:5, 191:6, 191:19, 192:1, 192:7, 192:8, 192:11, 193:21, 196:18, 206:11, 206:16, 212:4, 213:1, 214:12, 214:13, 221:2, 221:6, 221:15, 222:8, 250:15, 254:3, 257:1, 266:5, 266:20 amazing 126:1, 201:16 ambulance 56:5, 165:9, 176:12, 178:19, 178:20, 187:20, 228:22, 238:15, 238:17, 238:23, 242:22, 247:1, 247:5, 257:8 ambulances 170:19, 228:19, 267:19, 272:2, 274:8 america 106:4 america's 54:19 american 86:11, 119:5, 144:18, 153:18 americans 106:3 among 10:6, 19:23, 77:8, 106:2, 200:5, 275:20 amount 26:10, 145:10 amounts 131:24	analysis 76:6, 141:20, 141:23 anchor 87:15 angel 42:10 angeles 32:19, 140:17, 141:19 angie 58:7, 58:12 angioplasty 89:20, 89:23, 90:1, 90:12 angry 123:21 ann 3:5, 4:9, 136:8 anne 75:1, 75:3 annex 183:5 annie 54:2 anniversary 66:8, 110:24 announce 88:2 announced 19:18, 117:22, 183:14 announcement 9:3 announcements 43:14 annual 97:4, 97:11, 122:23, 209:20 another 8:18, 65:13, 71:1, 71:5, 72:14, 72:18, 72:22, 85:6, 88:5, 94:12, 94:24, 96:5, 100:1, 100:16, 104:23, 105:19,	105:20, 105:22, 108:10, 112:9, 114:15, 122:1, 122:3, 125:24, 126:4, 143:9, 203:4, 203:5, 209:16, 210:2, 225:15, 227:4, 238:17, 260:20, 260:21, 272:24, 274:11 answer 23:12, 33:18, 132:14, 133:15, 145:15, 158:6, 230:21, 248:21 answering 100:19 answers 195:13 anticipated 6:8, 138:10 any 4:18, 7:17, 13:1, 19:10, 19:21, 22:9, 33:24, 42:5, 50:10, 62:2, 67:4, 70:12, 71:17, 85:11, 92:3, 93:12, 93:13, 116:23, 121:7, 125:13, 136:18, 139:20, 141:22, 161:6, 169:15, 176:4, 176:5, 176:7, 188:3, 190:14, 192:9, 192:19, 214:5, 217:15, 218:2, 218:5, 219:18, 226:8, 227:4, 230:23, 242:22, 251:3, 251:5, 256:5, 256:9, 256:19, 262:22, 269:14, 269:21, 269:22,	272:16, 276:9, 277:6, 278:8 anybody 92:5, 171:15, 176:5, 176:6, 176:7, 193:15, 218:4, 225:23, 262:9 anybody's 125:12, 227:7 anymore 114:6, 180:4, 180:9 anyone 109:6, 115:1, 120:23, 126:24, 129:6, 132:20, 181:5, 192:16, 202:3, 217:14, 218:11, 243:15, 249:1 anyplace 233:21 anything 65:24, 172:5, 176:6, 192:14, 192:16, 196:1, 214:9, 251:20, 251:21, 251:22, 252:11 anytime 218:17 anyway 89:8, 89:13, 246:7 anywhere 22:16, 46:16, 96:22 apart 88:20 apartment 180:3, 180:7 apnea 112:11 apneic 112:10 apparently 221:11
--	---	---	---

appeal 154:8 appeared 213:3 appears 141:22 application 1:7, 4:19, 5:9, 71:11, 75:20, 81:1, 81:6, 81:16, 82:1, 82:13, 87:9, 87:23, 136:19, 137:10, 200:14, 270:12 apply 80:14 appointment 122:17, 125:23 appreciate 14:4, 53:21, 156:7, 168:19, 168:22, 182:11 appreciated 51:18, 51:19 apprenticeship 170:1 approach 7:11, 74:22, 139:14 appropriate 173:22, 175:7 appropriation 270:4 appropriations 270:2 approximately 30:3, 49:3, 97:2, 97:5, 97:10, 164:7, 173:11, 232:6, 244:5, 259:12, 259:21, 260:1 april 18:13, 24:12, 26:1, 76:21 ardent 32:22	area 11:16, 11:21, 11:22, 35:2, 39:21, 41:10, 45:1, 50:11, 53:2, 59:8, 59:9, 72:1, 72:15, 74:19, 75:16, 82:8, 86:12, 86:14, 90:2, 90:3, 95:5, 114:15, 132:1, 132:12, 148:17, 161:7, 173:19, 174:20, 181:4, 181:5, 181:18, 201:11, 219:2, 219:21, 221:10, 221:24, 229:2, 244:10, 258:10, 258:16, 258:23, 261:2, 266:15 area's 16:19 areas 71:3, 141:18, 148:9, 168:8, 275:14 aren't 45:11, 91:2, 94:20, 177:6, 229:5 arise 22:3 arles 121:10 arm 149:14, 164:20, 164:21 army 54:4 arnold 15:16 around 25:16, 38:21, 47:20, 50:24, 53:9, 85:1,	132:1, 133:13, 141:18, 158:17, 161:7, 179:24, 180:17, 189:7, 190:10, 192:11, 228:5, 228:24, 230:3, 230:7, 232:1, 240:7, 241:8, 250:21, 251:4 arpatalo 58:7, 58:11, 58:12, 59:14, 60:3 arranged 100:7 arrangement 62:10, 240:15 arrangements 240:14 arrest 65:21, 67:16, 111:20 arrival 84:9 arrive 217:11 arrived 145:14, 267:16 articulating 169:7 artificially 78:3 arvind 44:18 asap 156:10 asked 101:5, 106:17, 117:7, 122:16, 145:11, 152:23, 158:19, 158:24, 159:15, 161:17, 197:3, 245:2 asking 73:7, 271:7 asleep 239:8, 239:19,	240:18 asonye 41:14 aspect 209:14, 209:23 aspects 36:2, 104:10 asperger's 103:17 assembled 54:4, 125:3 assembly 118:16, 267:11 asserted 77:3 assertions 5:20, 137:21 assess 71:7, 147:3 assesses 146:3 assessing 72:16 assessment 10:22 assessments 146:22, 148:8 assessor 223:18, 225:18, 226:7 asset 13:1, 169:1, 171:3, 206:18, 211:20 assets 79:6, 79:20 assigned 7:10, 239:4 assist 17:1, 18:14, 32:24, 72:20, 248:19 assistance 25:22, 25:24, 133:5, 184:24, 244:3, 269:23 assistant 204:6
---	---	--	---

assisted 235:18	attempting 79:6	auto 174:12, 174:13, 206:13	272:16, 274:11
assistive 146:18	attempts 25:20	availability 118:18, 222:20	B
associate 165:22	attendance 6:8, 138:10, 183:19	available 7:6, 71:12, 118:20, 139:8, 169:16, 171:9, 172:12, 188:9, 188:13, 252:13	b-a-r-b 20:17
associated 42:15, 185:19, 265:14	attended 168:21, 184:6	avenue 48:5, 174:16, 175:19, 221:14	b-e-n-s-e-m-a 20:17
association 68:4, 69:6, 72:20, 95:8, 104:21, 119:5, 144:18, 144:19, 183:10	attending 4:14, 136:14, 276:18	average 10:14, 10:18, 59:15, 60:21, 71:24, 83:24	b-r-a-n-d-o-n 61:5
assuming 55:14	attention 132:11, 133:17, 135:15, 256:7, 256:10, 266:12, 276:14	avery 3:5, 4:9, 7:2, 135:16, 136:8, 139:4, 276:15	b-r-e-n-d-a-n 249:10
assure 170:9	attorney 120:13	avoided 43:6	b-r-o-w-n 197:17
asthma 132:4, 132:10	attorneys 125:10	await 12:13	babies 39:16, 39:19, 39:24, 40:2, 40:6, 40:15, 83:24, 162:12, 174:2, 190:2, 202:16, 219:15, 251:10, 251:13, 256:5, 256:6, 256:8, 256:18, 257:1, 257:2, 257:4, 257:6, 257:16, 259:24, 260:4, 260:6, 260:15, 264:5
asthmatic 106:22	attract 80:3	awake 63:3, 238:20	baby 21:15, 40:12, 40:22, 40:24, 41:5, 41:6, 45:16, 45:17, 45:20, 99:20, 100:4, 100:12, 101:6, 101:11, 106:18, 112:9, 146:21, 147:7, 254:14, 254:15, 260:18, 261:18, 264:6
astounding 148:13	audience 31:14, 85:23, 113:13, 211:13, 217:15, 241:18, 249:2, 262:9	award 144:19	baby's 163:1
atchison 20:4, 23:15, 23:17, 23:18	audio 278:6	aware 81:7, 149:9, 177:6	back 22:4, 27:16, 29:15, 56:4, 63:4, 64:10, 64:22, 64:23,
ate 244:15	audiological 148:11	away 27:16, 55:9, 55:11, 55:13, 66:18, 83:18, 84:14, 96:5, 116:21, 120:7, 121:24, 167:6, 191:7, 214:14, 215:20, 219:11, 224:6, 224:8, 224:14, 232:24, 242:17, 242:23, 243:2, 250:19, 259:20, 259:21, 262:2, 264:16,	
atkenson 194:17, 195:3	august 7:7, 78:17, 139:10, 276:6, 278:17		
atmosphere 219:22	aunt 51:19		
attack 56:2, 56:5, 132:10, 145:22, 185:24, 245:10, 246:2, 257:7, 272:3	authorities 265:19		
attacked 242:20	authority 81:19, 82:12, 87:22, 107:19, 273:22		
attacks 90:7, 258:11	authorization 6:21, 6:22, 138:23, 138:24		
attempt 18:11, 95:24, 112:19	autistic 103:19		
attempted 18:8			

80:15, 96:13, 98:13, 101:22, 122:24, 126:2, 128:19, 150:3, 150:4, 151:24, 152:2, 163:11, 166:11, 167:19, 171:13, 196:14, 207:5, 210:17, 213:2, 215:11, 217:5, 225:7, 225:23, 234:15, 235:12, 237:14, 239:24, 243:9, 244:7, 247:3, 252:20, 269:13 back-to-back 52:20 background 39:12, 44:23 backing 171:14 backyard 52:7, 214:10, 214:23 bacteria 247:14 bad 53:1, 65:10, 79:20, 88:18, 119:6, 149:14, 221:18, 226:9 bag 191:4 balance 76:15, 146:22 bank 32:4, 154:20, 155:3 banking 31:22 barb 20:15, 20:17, 20:23 bare 38:20 barely 48:9	baron 48:19 barrier 146:19 barriers 253:21 base 169:20 based 34:14, 35:20, 73:2, 75:24, 76:9, 87:16, 253:15, 270:16 basic 229:3 basically 227:21, 250:13, 254:19, 259:13, 261:9 basis 92:5, 97:11, 147:8, 238:11, 260:22, 264:13, 264:19 bathroom 109:2 battery 179:5 beat 60:21, 81:17, 82:13, 87:23 became 15:11, 46:3, 103:3, 103:8, 116:2, 125:4, 173:17, 178:7, 178:8, 270:15 become 48:13, 115:23, 231:19 becomes 97:5, 158:3, 169:18 becoming 231:18 bed 1:9, 32:18, 86:18, 154:18	beds 10:12, 11:24, 40:17, 56:21, 56:22, 56:23, 56:24, 57:6, 58:18, 58:19, 58:21, 59:5, 70:12, 70:19, 71:12, 107:21, 185:9, 194:1, 194:3, 205:10, 205:11, 231:14, 231:18, 231:24, 232:7, 232:9, 232:22, 233:6, 234:6, 235:17, 254:22, 254:24, 255:4, 255:7, 255:8, 255:10 bee 64:10 beehive 242:20 beer 208:3, 208:18 bees 126:5 before 1:3, 2:10, 20:21, 29:4, 72:17, 77:4, 79:11, 81:17, 91:1, 105:16, 110:21, 143:8, 167:20, 173:4, 173:17, 186:18, 192:15, 197:10, 197:19, 216:6, 216:13, 238:5, 243:3, 245:14, 245:20, 245:21, 268:18, 269:10, 277:2 began 79:5, 83:8, 231:5, 231:13 begging 112:6	begin 7:19, 22:8, 135:19, 139:23 beginning 7:13, 22:16, 139:16, 199:10, 250:14 behalf 4:12, 14:11, 17:5, 44:21, 83:3, 104:23, 128:3, 128:4, 136:12, 143:24, 161:18, 196:5, 198:24, 208:5, 219:5, 220:18 behavior 79:8, 87:17 behavioral 205:12 behind 40:20, 54:4, 55:5, 55:16, 58:2 being 29:4, 36:22, 52:24, 64:9, 70:22, 72:11, 73:5, 77:14, 80:21, 83:17, 85:10, 109:10, 112:1, 116:13, 117:1, 125:8, 126:17, 130:16, 131:2, 132:5, 132:18, 145:19, 146:19, 152:3, 162:12, 169:2, 170:12, 187:19, 199:22, 214:5, 221:5, 226:20, 240:16, 253:21, 254:7 beings 83:19, 144:15, 148:23 belief 76:6
---	--	---	--

<p>believe 8:8, 34:18, 37:23, 38:8, 42:4, 76:14, 85:8, 90:1, 99:11, 103:11, 111:16, 111:24, 122:7, 173:22, 222:22, 224:4, 234:2, 235:13, 266:12, 267:6, 270:14, 275:5</p> <p>believer 123:11</p> <p>believes 33:10, 87:21</p> <p>belong 110:16</p> <p>below 39:18</p> <p>benedict 2:4, 6:3, 138:4, 161:17</p> <p>benefit 95:2, 268:22</p> <p>benefitted 79:23, 126:19</p> <p>bensema 20:15, 20:16, 20:17, 21:1, 21:5, 23:6</p> <p>bernard 261:8</p> <p>besides 71:17, 89:19, 119:14</p> <p>best 13:8, 13:21, 22:13, 89:15, 148:20, 169:11, 170:12, 171:2, 172:1, 172:7, 201:14, 218:6, 225:24, 251:3, 256:23, 278:5</p> <p>bet 8:19</p> <p>betchet 89:21</p>	<p>betrayed 205:19</p> <p>better 21:2, 37:9, 124:21, 141:23, 160:17, 160:18, 166:16, 167:8, 192:3, 228:11, 230:8, 230:9, 243:5, 251:5</p> <p>between 10:17, 25:5, 124:3, 154:6, 159:9, 165:8, 200:9, 258:2, 258:3, 271:22, 271:23</p> <p>beverly 61:11, 198:13</p> <p>beyond 11:11, 53:9, 69:19, 73:18, 146:7, 194:9, 199:11, 252:6</p> <p>bible 127:24, 128:1, 128:4</p> <p>big 30:1, 134:14, 155:3, 166:22, 180:5, 208:13, 219:1, 226:18, 236:17, 254:12</p> <p>bigger 53:13, 53:14, 167:16, 171:11</p> <p>biggest 30:19, 174:19, 204:9</p> <p>bill 10:21, 80:21, 93:2, 197:7, 270:13</p> <p>billboard 57:20</p> <p>biller 249:18</p> <p>billing 142:8</p>	<p>billion 77:20</p> <p>billions 134:15</p> <p>bills 274:23</p> <p>bilotto 223:13, 223:14, 223:16, 229:11</p> <p>birth 85:12, 85:13, 146:22</p> <p>birthed 147:18</p> <p>births 212:10</p> <p>bit 26:18, 27:3, 44:24, 52:20, 178:2, 222:19</p> <p>black 106:3, 106:5, 191:4</p> <p>blacks 118:22</p> <p>blame 123:18</p> <p>bleed 260:19</p> <p>bleeding 101:6, 116:16, 116:23, 197:3</p> <p>bless 142:15, 155:11</p> <p>blessed 129:1</p> <p>blocks 116:21, 175:20, 242:17, 242:23, 264:13</p> <p>blood 62:22, 62:23, 63:1, 111:9, 114:3, 239:13, 239:14, 239:16, 240:15</p> <p>bloodwork 245:12</p>	<p>blossomed 98:14</p> <p>blow 35:11, 225:12</p> <p>board 1:2, 3:4, 4:8, 4:13, 5:15, 7:6, 7:7, 14:13, 17:8, 35:19, 35:21, 38:5, 50:21, 63:22, 66:6, 68:12, 70:5, 71:6, 72:7, 72:17, 72:20, 73:1, 73:7, 74:5, 74:21, 75:8, 75:20, 75:22, 80:16, 81:18, 82:5, 87:11, 87:18, 87:21, 88:18, 94:7, 95:18, 96:20, 105:6, 108:7, 108:10, 131:22, 135:5, 135:10, 135:15, 136:7, 136:10, 136:13, 137:16, 139:9, 139:10, 142:21, 151:20, 164:18, 168:20, 172:17, 182:24, 195:15, 197:20, 198:22, 199:1, 200:13, 204:2, 242:14, 269:5, 269:9, 269:11, 269:12, 270:19, 271:5, 272:6, 272:17, 272:18, 274:18, 275:9, 275:24, 276:7, 276:10, 276:14</p> <p>board's 6:12, 138:14, 276:8</p> <p>bob 183:22, 184:1</p>
--	---	---	--

bobby 14:11 body 114:4, 114:6, 130:3 bolingbrook 135:7, 135:8, 247:24, 276:1, 276:2 bonds 21:23, 78:9 bone 122:10 bones 191:20 bonita 93:17, 93:19, 93:23, 94:2 born 8:19, 27:13, 47:16, 51:11, 64:4, 89:10, 102:23, 102:24, 111:4, 124:16, 124:17, 162:12, 175:22, 188:7, 190:12, 206:6, 214:19, 223:22, 223:23, 251:13 boston 90:5 both 24:22, 33:9, 77:1, 79:11, 79:13, 79:17, 103:3, 111:21, 147:7, 209:5, 219:15, 219:17, 228:19 bottom 37:23, 81:22, 95:10, 151:23, 218:8, 247:14 boutique 32:3 box 200:16 boy 130:14	boys 223:23 brad 64:9 brain 240:24, 256:16, 260:19 brand-new 264:5 brandon 61:4, 140:2, 140:9 break 135:19, 164:21, 210:16, 217:6 breakfast 198:8, 244:15 breakout 183:11 breaks 164:20 breast 166:14 breastfeed 40:5 breastfeeding 45:24, 46:1 breathe 56:9, 126:10 breathing 62:21, 64:11, 114:6 brendan 249:9, 250:2 brewery 208:4 bridge 224:13 brief 58:6, 135:19 brilliant 119:19 bring 36:22, 56:12, 61:21, 62:22, 67:7, 67:8, 80:15, 125:13, 140:12, 152:8,	152:15, 152:23, 174:12, 178:17, 209:20, 215:2, 233:3, 243:9, 245:18, 250:18, 272:2 bringing 47:21, 142:11, 272:3 brings 80:12, 88:22, 189:11, 198:6 broad 34:14, 81:19 broke 119:14 broken 75:24 brother 160:23, 178:15, 187:12, 190:11, 228:1, 242:17 brother-in-law 187:13 brought 64:13, 106:14, 126:6, 141:2, 147:20, 152:20, 178:21, 190:13, 245:1, 245:5, 245:21, 258:5, 272:5 brown 197:15, 197:16, 197:17, 198:18, 198:23 budget 36:4, 36:7, 270:6 budgetary 269:24 buggy 47:22 build 187:11, 235:3 building 143:17, 161:22, 161:23, 174:23,	180:5 buildings 180:3, 180:7, 181:4 built 47:20 bunch 239:5 burden 220:3, 228:17, 229:2, 229:7 burn 140:24, 141:3, 141:4 bus 167:21 business 57:22, 58:9, 61:17, 61:21, 61:22, 64:1, 76:3, 91:9, 140:11, 140:12, 141:19, 144:5, 148:19, 155:18, 169:20, 189:1, 190:4, 195:10, 195:11, 197:22, 198:20, 206:18, 206:19, 207:4, 207:6, 236:21, 237:22, 268:2 businesses 15:7, 29:17, 48:1, 48:8, 87:15, 156:5, 169:21, 171:4, 174:15, 180:1, 180:2, 180:6, 183:20, 188:20, 189:9, 190:6, 196:24, 198:10, 199:13, 203:15, 207:8, 222:4, 224:21, 224:22, 225:8, 236:19, 237:7 businessman 90:3
---	--	---	---

busy 170:3, 259:22 buy 156:2, 181:18, 207:5, 228:21 buyer 26:10, 34:17, 87:10, 226:24, 265:20 buyer's 32:2 buyouts 200:6 buzzer 81:17 bypass 57:1, 70:22, 97:15, 116:16, 116:17, 187:22, 188:5, 193:22, 212:5, 215:4, 261:9, 266:21	california 140:16 call 20:15, 23:15, 26:16, 27:2, 28:15, 34:21, 37:9, 78:18, 80:24, 81:24, 82:5, 82:14, 87:8, 87:11, 88:3, 95:7, 100:20, 100:21, 112:8, 154:23, 160:7, 163:13, 200:15, 228:20, 233:10, 238:14, 246:24, 248:21, 256:8, 256:11 called 7:9, 22:5, 30:9, 99:19, 105:4, 106:1, 122:12, 122:17, 125:16, 139:12, 141:19, 159:2, 170:4, 232:16, 242:21, 242:24, 245:6, 247:1, 252:7 calling 22:18, 94:7, 139:24, 178:19, 240:3 calls 25:4, 33:18, 49:5, 49:6, 52:16, 52:17, 52:20, 170:23, 191:3, 228:21 calumet 16:6, 121:13, 133:1, 140:15, 157:20, 157:24, 158:19, 177:19, 196:7, 209:12, 223:18, 257:24, 258:1, 258:2 came 19:16, 30:15,	65:8, 66:6, 66:20, 100:8, 101:11, 149:14, 149:16, 150:18, 159:24, 161:18, 163:10, 167:20, 179:4, 187:20, 209:21, 216:10, 216:13, 237:14, 237:15, 239:3, 240:6, 244:13, 246:5, 246:8, 246:9, 266:18, 267:20, 269:19 camille 26:20, 38:16, 38:17, 46:16 campus 12:7, 12:9, 12:19 can't 37:24, 55:11, 56:8, 63:19, 91:23, 109:8, 114:15, 124:21, 126:3, 134:22, 164:15, 166:21, 166:23, 175:3, 179:8, 195:12, 209:18, 210:1, 215:3, 216:8, 225:16, 266:7 cancer 27:16, 103:10, 116:5, 117:17, 123:5, 166:14, 224:8, 224:9 candid 76:2 candor 81:13 cannot 23:2, 43:10, 112:24, 128:8, 151:22, 152:1, 153:4, 154:1, 154:9, 166:15, 179:13, 179:20,	186:23, 195:8, 212:22, 214:14, 215:1, 219:10, 259:22, 260:6 cantelo 124:8, 124:10, 124:12, 124:14, 124:15, 241:21 cantelo-zylman 241:21 canu 190:18 can't 114:1 capacities 23:23, 32:1 capacity 10:15, 56:17, 57:16, 58:20, 59:1, 60:24, 105:8, 169:11, 169:15, 205:9, 272:1 capital 25:18 car 47:24, 62:18, 174:12, 178:10, 178:18, 272:4 card 98:22 cardiac 56:10, 65:21, 67:16, 111:20, 179:2, 212:8, 216:7 cardiovascular 59:23, 60:10, 89:16 cards 158:16 cared 21:24, 103:4, 103:5, 106:9, 106:12, 111:24, 123:9, 125:7, 237:24, 253:4 career 22:8, 22:16,
---	---	--	--

23:21, 83:2, 113:4, 143:2, 201:15 careers 143:16 cares 251:9 caring 67:15, 84:18, 105:13, 163:14, 163:19, 173:21 carried 111:11 carry 110:19 carrying 65:9, 191:3 cascade 83:19 case 22:3, 75:6, 128:15, 142:11, 185:24, 198:15, 206:12, 215:13, 224:10, 271:10, 277:7, 278:9 cases 60:6, 72:11, 173:15, 234:5 cash 77:13, 77:19, 78:6, 78:8 catastrophic 69:21, 70:1, 111:17, 185:24, 209:17 catch 26:18 catches 177:7 catering 190:5 catholic 2:4, 6:3, 138:4, 138:5 cause 52:9, 223:4, 241:2	caused 94:18, 240:24 causes 106:6 cautious 74:22 cease 82:6, 87:12 celebrated 110:24 center 1:10, 4:5, 4:17, 5:11, 8:4, 14:15, 17:24, 18:12, 18:15, 18:18, 18:22, 19:10, 19:19, 19:21, 20:3, 20:7, 20:10, 36:9, 41:19, 49:14, 69:23, 75:10, 97:21, 129:23, 136:3, 136:17, 137:12, 142:23, 144:20, 178:23, 193:1, 193:5, 199:6, 199:16, 203:11, 204:5, 204:12, 207:5, 208:6, 208:10, 232:5, 250:9, 266:22 centers 39:14, 250:8 centrally 215:17 cents 73:2, 91:7, 91:10, 91:19, 119:14, 123:10 century 17:4 ceo 8:3, 15:15, 16:2, 23:19, 36:1, 79:10, 79:18, 204:15, 269:22	ceo's 119:23 ceos 119:19 certain 141:14, 174:14, 177:24, 223:2 certainly 35:10, 171:1, 235:15 certificate 81:2, 277:1, 278:1 certified 97:21, 113:7, 231:19, 235:21, 250:7 certify 277:4, 278:2 cfo 78:15, 79:10, 79:19, 269:22 chair 104:21 chairman 29:4, 104:19, 270:4, 271:10, 273:22 chairperson 164:18 challenge 29:22, 63:22, 162:18, 165:4, 176:6, 200:23 challenges 9:15, 9:16, 14:1 challenging 55:23 chamber 12:16, 12:23, 197:18, 198:24 chance 60:15, 60:24, 79:4, 193:13, 200:22, 218:4 change 13:10, 43:22,	133:22 changed 11:2, 48:5, 70:14, 71:13, 149:12, 149:24, 179:19, 239:7, 274:21 changes 22:24, 42:23, 48:4, 113:1, 135:12, 143:12, 179:23, 236:2, 276:4 changing 179:12, 179:15 charging 72:17 cheaper 164:5 checklists 38:6 chemicals 208:16 chest 62:22 chicago 9:10, 28:22, 30:4, 43:17, 45:1, 45:3, 46:6, 46:7, 47:5, 47:19, 49:11, 49:15, 49:16, 54:13, 58:16, 60:1, 69:12, 71:22, 75:15, 89:17, 90:2, 91:11, 101:2, 101:8, 103:12, 118:3, 133:6, 134:11, 151:12, 151:14, 151:16, 152:3, 152:17, 154:7, 154:14, 179:3, 212:14, 215:11, 215:14, 215:20, 254:23, 259:19 chicago's 72:5
--	--	--	--

chicago-based 18:23 chicagoland 54:10, 59:8, 173:19 chicagoland-based 24:20 chicken 38:21 chief 41:21, 48:16, 48:17, 48:23, 49:1, 50:7, 51:4, 51:5, 51:7, 51:8, 52:4, 52:16, 53:10, 190:22, 248:6 child 20:19, 65:21, 106:15, 106:22, 111:12, 111:15, 114:5, 116:1, 132:9, 132:16, 164:20, 181:6, 197:3, 253:17, 265:16 childcare 75:17, 142:3 children 8:20, 104:6, 111:3, 116:3, 124:17, 132:3, 142:4, 147:18, 152:6, 153:19, 174:1, 181:14, 196:5, 196:14, 196:19, 197:2, 197:10, 197:11, 206:9, 206:10, 209:5, 209:15, 214:19 children's 152:7 child's 112:7 choice 27:14, 182:13,	206:14 choir 175:8 choose 10:8, 21:13, 40:21, 133:10 choosing 10:1, 42:19, 116:12 chose 25:13, 77:10, 206:15, 252:15 christ 39:15, 45:2, 55:13, 56:24, 58:23, 59:16, 60:7, 60:14, 60:17, 63:6, 97:1, 97:17, 127:24, 150:11, 150:12, 152:12, 159:5, 171:7, 178:23, 193:21, 194:20, 195:1, 212:2, 212:4, 214:24, 215:3, 221:1, 221:4, 221:20, 228:20, 259:20, 266:21, 271:22, 271:23 christian 104:20 christine 197:23 chs 76:7, 76:14, 76:15, 77:1, 77:4, 77:6, 77:7, 77:10, 77:16, 77:18, 77:21, 78:5, 78:8, 78:16, 78:21, 78:22, 79:8, 79:11, 79:19, 79:20 church 2:4, 6:4, 138:5, 151:8,	151:15, 154:3, 154:15, 154:18, 155:9, 161:18, 163:15, 175:9 cicero 151:8 circle 85:14 circumstance 36:19 circumstances 8:7, 16:3 cited 34:8, 84:9, 119:9 cites 106:3, 118:3 cities 50:23 citing 119:14 citizen 248:14 citizens 121:16, 132:1, 161:6, 220:18 city 12:9, 14:5, 15:20, 16:17, 27:5, 47:14, 47:15, 47:18, 47:19, 48:11, 49:11, 50:23, 84:24, 89:16, 93:10, 104:6, 104:12, 115:19, 140:24, 182:13, 182:23, 183:4, 183:5, 183:10, 186:22, 211:15, 211:18, 222:3, 222:21, 224:16, 226:2, 267:10 city's 199:4, 225:21 citywide 52:17 civic 16:21	claim 36:19, 212:16 claims 82:11 class 76:22, 79:14, 98:14 claudia 165:17 cleaning 103:21 clear 13:10, 69:20, 81:15, 86:9, 273:5, 273:6 clearinghouses 6:18, 138:20 clearly 7:14, 139:17, 233:10 clerk 47:14 clients 24:10, 214:5 clinic 10:4, 125:9, 125:11, 125:19, 125:20, 125:22, 219:3, 232:5, 252:24, 259:12 clinical 105:11, 105:17, 111:23 clinicians 147:9 clinics 69:14, 259:21 clock 82:13, 87:23 close 8:17, 11:17, 13:14, 14:19, 28:2, 38:2, 44:7, 44:13, 45:11, 54:21, 55:7, 75:21, 76:18, 86:5, 93:12, 93:16,
--	--	--	---

<p>94:14, 95:9, 111:14, 112:1, 114:1, 114:13, 126:17, 129:10, 130:19, 132:2, 132:5, 132:24, 133:2, 144:10, 151:22, 152:1, 153:5, 154:9, 156:4, 156:6, 156:14, 157:11, 157:17, 160:18, 160:21, 160:22, 163:24, 165:1, 165:2, 166:23, 167:22, 172:12, 173:8, 175:11, 179:17, 179:21, 180:2, 180:12, 182:9, 183:14, 195:9, 200:14, 202:14, 202:22, 203:4, 203:17, 204:15, 206:12, 209:8, 209:13, 212:17, 213:20, 215:16, 222:4, 222:22, 224:23, 224:24, 226:10, 226:17, 228:7, 231:2, 242:16, 245:20, 251:5, 261:4, 263:5, 263:9 closed 70:15, 92:11, 92:13, 105:21, 109:9, 116:19, 118:9, 159:18, 160:9, 162:24, 163:8, 174:22, 194:7, 237:8, 237:9, 241:8, 245:16 closer 20:24, 94:3, 194:24, 217:8 closes 95:1, 105:18,</p>	<p>105:20, 158:4, 174:23, 176:21, 182:8, 182:14, 200:2, 204:8, 226:21, 236:21, 241:10, 248:10 closest 62:20, 96:23, 145:20, 150:10, 153:23, 185:8, 204:9, 212:1, 221:11, 237:17, 261:8 closing 9:18, 27:10, 30:10, 30:22, 43:15, 44:9, 46:19, 46:24, 49:13, 49:14, 49:17, 66:21, 92:24, 96:5, 103:24, 104:24, 118:5, 120:2, 133:12, 149:10, 153:4, 157:15, 160:24, 166:23, 171:16, 171:17, 174:6, 180:5, 180:6, 198:2, 198:9, 201:18, 204:12, 217:24, 230:24, 244:6, 248:3 closure 4:16, 14:14, 15:2, 16:16, 17:7, 17:10, 19:18, 35:4, 35:10, 35:22, 36:3, 37:12, 43:20, 51:9, 69:1, 69:8, 69:11, 69:20, 71:2, 71:5, 72:22, 73:21, 74:9, 74:11, 80:17, 83:6, 83:14, 84:23,</p>	<p>88:2, 115:18, 119:6, 121:9, 136:16, 184:10, 186:2, 186:12, 186:20, 199:5, 199:15, 200:17, 226:16, 269:10, 270:16 closure's 199:11 closures 26:12, 69:18, 116:15, 118:13 club 135:7, 276:2 co-director 45:4, 45:5 co-leader 58:7 coarse 112:7 code 10:7, 95:7 coded 111:19 codes 10:11, 86:11, 86:13 cold 246:17 collaborated 125:6 collaborative 125:20 collapsing 79:4 colleagues 54:5, 56:20, 58:2, 61:7, 61:14, 83:4, 173:24, 268:15 collect 4:16, 71:7, 136:16 collective 18:19, 19:7 college 104:20, 165:22,</p>	<p>237:19 colleges 104:22, 235:21 color 37:5, 37:6, 37:8, 68:22, 72:2, 80:9, 94:16 column 139:14 columns 230:14 coma 239:1 comatose 111:12 combat 180:5 come 22:2, 29:15, 42:20, 67:4, 74:2, 84:22, 86:2, 89:13, 101:2, 102:2, 108:14, 121:1, 122:2, 128:3, 128:19, 129:7, 134:17, 144:7, 145:18, 147:17, 147:19, 152:15, 152:22, 157:5, 157:15, 160:22, 161:5, 161:8, 161:18, 165:24, 166:8, 166:11, 167:3, 168:1, 172:18, 176:7, 176:15, 178:14, 180:3, 181:12, 181:18, 187:9, 188:21, 201:2, 202:17, 203:20, 209:19, 210:3, 216:2, 217:20, 225:23, 228:10, 236:14, 239:17, 243:20, 251:19, 253:3, 253:12,</p>
--	---	---	--

253:15, 256:9, 256:18, 261:9, 263:24, 264:2, 264:4, 264:12, 264:22, 268:23 comes 29:5, 60:16, 60:21, 97:24, 188:19, 215:19, 251:21, 251:22 comfort 112:1, 162:14 comfortable 133:15, 160:14 comforting 206:11 coming 20:18, 28:4, 28:9, 29:1, 48:22, 49:1, 50:15, 64:22, 90:7, 116:10, 131:1, 157:9, 165:9, 167:24, 176:12, 176:20, 181:17, 183:1, 196:3, 211:1, 247:5, 266:22, 269:5 commands 128:2 comment 4:24, 5:1, 5:6, 5:18, 20:14, 68:24, 137:1, 137:2, 137:7, 137:19 commentary 230:17 comments 1:6, 4:16, 135:13, 136:16, 204:3, 206:2, 207:10, 243:16, 276:5, 276:12 commerce 12:16, 197:18 commission 75:13, 107:13	commissioned 118:17 commissioner 242:1, 243:8, 248:7, 248:8, 248:18 commissioner's 184:2 commitment 13:16, 14:4, 15:20, 16:1, 207:8, 271:3 committed 12:24, 82:5 committee 230:16, 270:3, 270:5 committees 168:23 commonwealth 91:24 communicate 18:4, 147:4 communities 14:23, 15:18, 16:5, 16:9, 16:24, 17:12, 29:6, 37:4, 37:6, 37:8, 37:10, 44:2, 49:9, 50:3, 50:18, 54:23, 62:11, 68:22, 72:2, 73:9, 76:18, 80:9, 83:10, 83:12, 88:23, 95:12, 108:5, 108:12, 108:20, 118:4, 120:19, 133:2, 144:10, 171:13, 179:10, 179:11, 179:14, 179:22, 179:24, 181:24, 182:1, 182:11, 182:15, 183:21, 184:12, 186:14, 186:21, 190:10,	198:13, 199:3, 212:15, 233:14, 233:17, 235:4, 250:17, 250:20, 253:24, 261:4, 266:15, 267:18, 267:22, 268:12, 268:23, 270:17, 271:12, 274:1 community's 12:2, 200:20, 272:9 companies 9:10, 24:23, 31:24, 32:11, 77:9, 120:14, 134:15, 134:23, 141:1, 200:6 company 17:24, 18:14, 20:5, 23:21, 24:1, 24:12, 55:12, 56:2, 56:23, 58:23, 59:16, 61:24, 75:10, 76:17, 77:22, 78:1, 79:5, 79:8, 99:18, 115:21, 116:1, 119:1, 193:22, 208:3, 212:2, 215:1, 217:22, 221:2, 221:19, 226:17, 233:19, 266:20, 271:24 company's 17:22, 78:2, 120:12 comparative 141:20 compared 46:14, 59:8 compassion 13:16, 22:2, 100:5, 100:14, 252:22 compassionate 21:18, 22:18,	54:4, 84:4, 113:18 competition 43:7 competitive 9:15, 43:6 compilation 66:14 complaint 117:3 complete 13:24, 115:23, 201:19, 203:13 completed 148:7 completely 57:18, 116:22, 164:6, 254:8 compliance 6:6, 138:8 complications 67:13, 260:6 compressions 196:16 compromised 62:14 compton 141:9, 141:14, 141:17 computer 121:7 concealed 77:24 conceded 78:17 concept 58:15 concern 9:14, 30:11, 69:5, 162:22, 162:24, 204:9 concerned 72:3, 183:20, 198:2, 222:2, 222:19, 251:2 concerning 14:14 concerns 12:2, 14:14,
---	---	--	---

14:24, 83:5 conclude 82:10 concludes 135:18 conclusion 235:10 concurrently 78:11 concussion 126:16 condition 55:4, 69:24, 121:17, 166:13 conditioner 269:3 conditions 70:10, 71:8, 202:9, 233:24 conduct 118:18 confident 28:4, 120:5 confidentiality 6:13, 138:15 confused 204:14 confusing 113:16 congregation 151:17, 153:8, 153:11, 153:17, 153:19 congressman 14:11, 14:12, 14:16, 15:14, 15:24, 16:24, 17:5, 30:16, 268:13 conine 61:4, 63:8, 63:12, 63:16, 63:18 connect 114:8 connected 124:18 connecting 13:19	connection 66:16 connections 9:2, 264:21 consequences 16:14, 83:19, 241:13 consider 17:9, 53:19, 206:15, 231:3 consideration 52:13, 71:15, 135:4 considerations 72:13, 266:23 considered 8:9, 275:24 consolation 160:17 constant 29:19, 143:12 constantino 3:6, 4:9, 136:8 constantly 171:13, 227:21, 242:11, 274:7 constituents 14:22, 17:2 construction 44:1, 71:16 consult 94:1, 94:5, 94:6 consultants 73:3 consulting 12:21, 79:18, 141:1 contacted 24:19 contempt 129:4 contended 77:10 context 8:9 continue 8:14, 9:6,	11:11, 13:8, 13:20, 22:4, 37:17, 43:13, 44:12, 53:13, 60:18, 64:24, 78:14, 84:20, 87:20, 95:7, 95:19, 99:24, 147:4, 159:13, 214:22, 220:7, 223:24, 231:4, 248:17, 266:6 continued 18:4 continues 16:18 continuing 45:14, 147:22 continuous 111:2 continuum 84:5 contorted 178:7 contract 81:8, 81:10 contracts 79:18, 205:2, 205:7, 272:13, 272:15 contributes 73:10 contributing 230:13 control 93:4, 93:8 convenient 21:17, 52:7, 198:11 conversation 35:1, 35:24, 55:20, 141:11, 244:14 conversations 13:6, 217:21 conversions 235:14 convert 234:3	converted 231:14, 235:17 convey 121:8 convince 78:8, 78:10 cook 28:23, 30:4, 69:12, 74:18, 107:24, 168:18, 248:7 cope 113:15 copies 5:22, 7:15, 137:23, 139:18, 149:3 core 199:7 corner 31:11, 175:23, 208:4 cornerstone 73:9, 147:15 corp 15:13, 75:9 corporate 76:3, 88:19, 237:21, 271:1 corporation 76:1, 76:23, 114:14, 226:3 corporations 32:7, 32:10, 119:17, 237:21, 237:22 corps 12:21 correct 102:8, 171:20, 248:3, 278:3 correctly 231:11 cost 9:20, 45:20, 47:1, 92:22, 206:21, 213:24, 234:24
--	---	--	--

costs 9:21, 91:5, 91:20, 205:4 could 11:7, 20:23, 22:14, 22:15, 35:16, 36:24, 37:17, 43:5, 64:6, 76:16, 76:17, 81:18, 83:15, 94:2, 99:20, 142:2, 155:22, 158:8, 161:18, 162:9, 162:20, 168:1, 178:20, 188:18, 203:6, 216:5, 221:17, 233:24, 235:17, 240:17, 242:2, 243:6, 248:15, 254:13, 271:1 could've 219:18, 226:13, 226:14, 240:13, 240:17, 242:15 couldn't 19:14, 90:18, 99:10, 126:10, 159:7, 243:4, 264:11 couldn't 150:19, 161:9 counsel 277:5, 278:7 counseling 151:23 counselors 12:20 count 84:6, 117:17 counting 94:13, 169:10 countless 21:14, 42:14, 249:15 countries 261:16, 261:17,	261:19 country 9:11, 9:17, 19:5, 26:12, 30:19, 60:2, 60:3, 117:24, 160:14, 160:16, 185:24, 227:17, 235:15, 261:18, 261:20 counts 83:20 county 28:23, 30:4, 74:18, 168:18, 199:17, 248:7, 248:20, 268:13 county's 69:12 couple 51:10, 59:19, 65:7, 65:16, 92:17, 118:1, 118:2, 121:14, 130:17, 168:21, 181:10, 194:1, 204:14, 208:8, 222:7, 274:8 couples 213:10 course 19:8, 37:1, 37:11, 49:10, 53:5, 89:23, 99:22, 108:8 courses 237:20 court 5:2, 102:6, 120:18, 128:14, 137:2, 243:23, 249:7, 255:23, 262:14, 263:16, 265:9, 267:7, 277:1, 277:12 courtney 3:5, 4:8, 135:15, 136:7,	190:11, 276:15 cousin 164:2, 164:5 cousins 99:15, 190:12 cover 251:19, 274:12 covered 6:14, 6:22, 86:21, 138:16, 138:24, 234:14 coworkers 112:2 craft 208:3 crafting 270:6 crazy 140:19, 140:20 create 16:22, 260:12 created 29:21, 33:2, 69:18, 76:7, 111:10 creates 8:22 credentialed 125:1, 125:6 credible 33:23 crestwood 171:15 crew 55:24, 216:13 crime 67:2, 227:17 criminal 180:12 crippling 199:12 crisis 16:13, 73:15, 179:3 critical 29:3, 39:20, 69:21, 81:12, 145:21, 154:1,	179:16, 200:3, 201:1, 212:6, 213:22 critically 83:13, 121:17 cromwell 175:13, 175:14, 207:15, 207:16, 207:19, 207:24, 208:2, 208:21 cross 72:5 crossings 185:3, 186:5 crossroads 72:6 crowd 183:3, 207:20 crowded 245:3, 245:4, 245:5 crumley 190:14, 190:15, 191:14 crush 128:13 cry 112:21 culotta 78:16, 79:11, 79:17, 79:19 culture 68:21 current 26:5, 34:19, 36:1, 41:21, 217:22, 231:1, 233:1 currently 53:17, 105:2, 105:22, 184:7, 204:5, 234:19, 260:16 cusps 233:2 customer 116:2 cut 57:7, 59:18
---	--	--	---

cycle 36:4	19:12, 71:7, 71:20, 71:21, 91:4, 261:22, 273:6	days 36:11, 47:22, 55:3, 65:16, 86:17, 141:6, 165:8, 179:4, 181:10, 234:14, 236:15, 239:1, 239:9, 239:22, 247:12	decades 48:10
D			decatur 99:18, 99:23, 100:8
d'masti 190:5	date 108:23	de 108:1, 197:23, 198:3, 198:10	deceiving 78:21
d-a-g-e-n-a-i-s 175:15, 175:18	dates 275:20	dead 236:14	decide 142:8, 160:20, 160:22, 161:4
d-a-v-i-d 23:18	daughter 46:5, 56:7, 103:16, 108:23, 111:7, 111:18, 121:22, 126:15, 156:12, 188:7	deadly 16:13	decided 40:16, 76:14, 125:9, 158:18, 219:15
d-e-c-k-e-r 104:18	daughter's 188:10	deaf 191:22	deciding 88:2
d-i-c-o-s-t-a-n-- z-o 38:19	daughter's 112:8	deal 29:13, 90:15, 227:4	decimate 199:6
d-o-n-n-a 265:11	dave 20:4	dealerships 48:1	decision 13:14, 37:2, 38:8, 73:1, 86:5
d-o-n-o-h-u-e 249:10	david 23:15, 23:17, 109:22, 201:6, 201:9	dealing 37:2, 66:24	decisions 158:13
dad 168:10, 258:3	davis 34:22, 34:23, 34:24, 68:21, 183:22, 268:17, 275:11	dealt 252:8	decker 104:16, 104:17
daddy 46:7	day 10:13, 58:3, 65:18, 67:10, 67:15, 92:3, 92:10, 109:2, 109:4, 116:17, 144:8, 149:17, 169:19, 169:22, 176:11, 176:13, 198:7, 215:5, 220:21, 221:15, 224:22, 227:10, 227:22, 238:11, 239:23, 240:8, 240:10, 242:13, 256:8, 256:9, 268:2, 269:2, 270:11	dear 27:18, 66:13	declined 34:3
dagenais 175:15, 175:16, 175:18		death 36:24, 122:2, 124:3, 153:24, 154:6, 160:14, 160:15, 188:2, 234:1, 258:12, 258:22	declining 9:23, 11:9, 76:10, 86:6, 88:1, 232:9
daily 92:4, 260:12, 260:22, 264:12, 264:19		deaths 84:11	decreased 10:3, 10:4, 123:13
damage 21:10		debra 3:7, 4:10, 136:10	decreasing 105:23
damages 45:23		debt 18:4, 77:6, 77:8, 77:13, 77:19, 78:7, 79:1, 79:3	dedicated 8:23, 9:24, 15:4, 24:7, 41:24, 146:12, 162:2, 166:19
damning 79:7		decade 124:20	dedicating 143:17
dan 151:3, 151:7, 155:8, 156:20, 157:1	daycare 242:10		dedication 13:15
danger 200:1, 254:12			deductible 154:5
dangerous 81:12, 261:17			dee 155:13, 155:14,
daniel 66:4			
data 10:6, 10:23,			

155:16 deeann 155:17 deem 35:22, 92:14, 92:15 deemed 33:22 deep 9:2, 34:5 deeply 27:11 defend 128:10 defendant's 77:5, 77:23 defer 272:23, 272:24, 274:18 defined 6:15, 95:20, 138:17 definite 29:21 definitely 180:1, 210:3, 236:18, 236:22 definitive 19:16 defraud 80:8 degradation 42:17 degraded 43:3 degrading 122:8 degree 167:13 delaurentiis 67:24, 68:1, 68:2, 68:20, 73:7 delay 56:10, 70:19, 71:24, 200:16 delayed 21:6, 185:11	delays 72:12 deleterious 72:21 deliberations 17:9 deliver 21:15, 39:9, 84:7, 100:2, 101:2, 202:3, 259:18, 275:15 delivered 40:11, 40:13, 40:24, 87:1, 174:2, 206:9, 260:6, 260:18 deliveries 10:5, 212:10, 251:16 delivering 254:14 delivers 259:24 delivery 14:21, 22:10, 45:15, 70:19, 82:24, 113:5, 185:15, 251:3, 251:12, 251:20, 251:21, 253:6, 253:7, 260:9, 262:2 demand 11:9, 87:19, 95:15, 95:19, 233:2 demise 91:15, 91:21 density 122:11 denson 156:19, 156:20, 156:23, 157:4, 157:9, 161:4, 169:10 dental 175:1, 189:3 dentist 174:21, 175:1,	187:14 dentistry 175:3 deny 75:20, 82:6, 87:11, 200:13 department 1:1, 12:12, 30:14, 54:3, 56:19, 57:7, 61:8, 61:14, 65:19, 66:19, 83:17, 97:4, 104:20, 117:11, 123:2, 145:12, 166:14, 170:10, 204:7, 204:17, 205:3, 205:5, 205:6, 238:18, 258:3, 258:5, 263:21 departments 83:22, 213:24, 228:16, 266:4 depend 174:7 dependence 67:12 dependent 238:11 depending 271:20 depends 50:2 derail 199:16 des 173:19 description 33:3 deserve 23:4, 41:10, 91:16 deserves 91:8 deserving 144:16 desperately 78:6, 206:16,	233:13, 235:23 despise 129:1 despite 9:23, 12:1, 120:3 destabilize 73:16 destination 146:5 destitute 128:9 destroyed 48:4 destruction 38:2, 68:23, 71:2, 199:12 detailed 33:2, 33:3, 33:15 details 135:11, 276:4 determine 218:6 determined 25:21 detriment 193:16, 201:19, 202:15 detrimental 50:18, 195:17, 203:17 devastating 14:20, 104:1, 148:16, 166:24, 184:11, 184:13, 199:13, 209:12, 214:7, 224:17, 225:1, 270:9 devastation 38:3, 228:15 devastations 160:12 developed 21:21, 147:16, 261:15, 261:16, 261:19 development 12:18, 30:6,
--	--	---	--

<p>95:5, 199:18 development-wise 222:3 devices 146:18 devoted 143:19 diabetes 111:8, 238:10 diabetic 260:20 diabetics 132:4 diagnosed 108:17, 108:24, 109:5, 111:7, 112:16, 224:11 diagnoses 146:3, 146:4 diagnosing 145:3 diagnosis 103:10, 103:14, 112:11, 113:16 dialysis 121:18, 121:19 diane 124:8, 124:14 dicostanzo 26:20, 38:16, 38:17, 38:18, 38:19, 41:3 die 50:4, 57:9, 62:16, 106:4, 106:6, 162:12, 196:10, 200:3, 203:6, 258:8 died 112:16, 126:7, 214:20, 242:15, 246:1 diego 109:16, 109:17 diets 146:24 difference 67:5, 124:3,</p>	<p>153:12, 159:8, 178:12, 200:9, 260:14 different 19:23, 19:24, 22:1, 24:10, 24:19, 25:8, 31:7, 39:2, 42:22, 42:24, 45:7, 55:21, 67:1, 71:23, 90:7, 103:12, 125:15, 125:17, 142:5, 167:17, 192:9, 196:21, 208:16, 228:14, 238:4, 241:7, 264:1, 268:5, 273:3 differently 53:5 difficult 8:16, 22:3, 25:16, 99:23, 172:10 difficulties 219:5 diligence 25:11, 33:20 diligent 240:20 diligently 12:3, 18:8, 240:20 dime 152:24 diminish 83:16 dinner 198:8 direct 71:17, 144:7, 199:11, 222:5 direction 72:18 directions 165:12 directly 34:8, 97:11</p>	<p>director 14:11, 23:19, 54:3, 58:14, 68:2, 182:22, 197:17, 198:23 directors 184:7, 199:1 dirty 53:6 disabilities 109:13, 170:1 disability 230:5 disadvantage 104:24 disagree 16:11 disappear 189:12 disappearing 116:11 disappointed 68:10, 68:17, 134:13 discharge 146:5 discharged 146:20 disclose 138:21 discloses 6:19 discontinuation 1:8, 80:17, 80:20, 83:5 discontinue 5:10, 81:21, 137:11 discourage 116:9 discover 150:4 discovered 141:7, 141:13 discuss 12:6, 12:18, 20:5 discussion 8:10, 262:23</p>	<p>discussions 183:11 disingenuous 273:24, 274:1 disinvestment 69:8, 73:12, 88:14 dismantling 37:7 disparaging 73:23 disparity 73:14 displaying 81:14 disposition 38:10 disseminating 25:2 disservice 46:20, 148:23 distance 71:13, 111:17, 162:8, 171:18, 186:4, 233:19, 274:9 distances 84:14 distant 163:2 distress 25:14, 34:5 district 14:10, 15:4, 27:7, 27:22, 28:1, 28:20, 35:1, 104:7, 104:8, 131:23, 132:3, 159:10, 159:11, 242:10, 242:13, 255:15, 267:12 districts 104:7 diverse 95:14, 104:12 diverted 118:8</p>
--	---	--	--

divest 18:3, 18:7, 61:24, 62:1, 82:7, 87:12 divesting 63:9, 94:14 divestitures 17:22 divestment 61:23, 73:12, 76:12, 95:20 divide 82:7, 88:19, 104:13 dividend 77:20 diving 242:14 doctor 58:12, 106:10, 122:11, 123:17, 140:9, 140:10, 140:11, 149:12, 149:22, 149:24, 150:4, 150:6, 179:2, 239:3, 245:13, 245:14, 245:17, 268:6 doctor's 163:6 doctors 30:11, 69:4, 103:2, 112:24, 113:17, 124:22, 124:24, 126:1, 134:20, 162:3, 166:14, 187:14, 188:9, 191:15, 192:7, 192:17, 194:2, 223:6, 231:6, 241:5, 244:11, 246:13, 263:22, 264:6, 267:24, 272:13, 274:16 documentation 5:22, 137:23 documents 70:9	doesn't 142:15 dogs 78:23 doing 12:24, 46:13, 46:14, 46:18, 49:18, 53:17, 63:1, 64:24, 65:13, 80:2, 93:9, 117:13, 118:11, 148:22, 155:10, 195:6, 217:24, 226:15, 242:18, 249:4 dollar 23:3, 85:9, 91:5, 91:7, 91:10, 91:19, 119:14, 162:8, 218:8 dollars 10:17, 13:3, 23:9, 29:15, 73:2, 81:23, 105:7, 106:12, 123:10, 134:16 dolton 183:24 domingo 177:14, 183:7, 211:4, 211:15 domino 43:12, 43:21, 171:21, 214:2, 214:6 done 23:6, 28:11, 45:14, 45:15, 89:20, 90:2, 98:24, 118:2, 122:21, 152:10, 169:8, 200:21, 208:19, 219:11, 226:14, 226:15, 234:21 donna 248:7, 265:10	donohue 249:9, 249:13, 249:22 don't 36:3, 266:11, 270:2, 275:1 door 105:18, 105:19, 105:20, 105:21, 164:3, 176:17, 211:7, 246:18, 252:20 doors 14:18, 23:11, 28:3, 44:13, 54:20, 55:7, 83:11, 111:13, 114:1, 114:13, 114:21, 201:23, 270:23 doubt 11:13, 35:5 douglas 134:4 down 10:5, 18:3, 21:1, 35:6, 36:15, 48:2, 53:11, 56:7, 56:12, 59:18, 59:20, 60:13, 75:11, 77:6, 77:13, 77:19, 94:10, 94:19, 95:24, 96:5, 97:24, 113:11, 113:19, 140:24, 141:3, 141:4, 141:21, 158:22, 159:19, 160:21, 172:9, 173:19, 175:20, 195:9, 201:23, 202:14, 202:23, 203:4, 203:13, 203:17, 208:4, 209:13, 218:1, 221:13, 225:9, 225:16, 226:10, 226:18, 226:21, 236:19, 237:8, 240:23, 244:16, 244:21, 245:6, 245:22, 245:24, 246:3, 246:7, 246:23, 247:3, 262:21, 271:8, 271:11, 272:8, 275:7 downhill 181:21, 182:14, 182:15 downtown 32:18, 40:7, 48:4, 48:7, 109:9, 216:14 dr 41:14, 41:17, 41:18, 42:9, 42:13, 43:5, 43:12, 44:4, 44:12, 44:16, 44:17, 48:19, 53:23, 54:1, 54:2, 55:19, 57:4, 58:7, 58:11, 59:14, 59:23, 60:3, 61:4, 63:8, 63:12, 63:16, 63:18, 64:3, 65:3, 65:17, 67:21, 89:3, 89:4, 89:5, 89:8, 89:19, 89:21, 90:11, 92:8, 99:4, 101:14, 103:5, 104:17, 109:4, 109:6, 109:19, 109:20, 120:4, 122:8, 140:1, 140:3, 140:5, 140:8, 140:9, 172:20, 190:13, 190:15, 190:18, 191:14, 194:17,
--	--	--

195:3, 201:6, 201:7, 201:9, 216:22, 229:18, 229:19, 229:23, 230:4, 230:8, 234:21, 252:9, 255:21, 255:24, 259:6, 259:8, 259:10 drag 77:17 dramatically 11:2 drastically 186:20 draw 31:7, 67:2, 261:3 drawing 31:6 dream 243:10 drive 11:19, 71:14, 135:8, 145:11, 178:10, 184:18, 200:8, 254:2 driven 116:20, 118:15, 145:10, 179:1, 218:7 driving 71:13, 71:17, 228:7 drove 62:19, 101:8 drowning 62:9 drug 66:11 ds 104:17 duckworth 183:23 due 21:10, 25:11, 33:20, 70:23, 111:11, 128:17,	191:23, 204:23, 207:1, 260:19 dump 76:16, 77:16, 79:20 dupage 116:7, 117:19, 119:2, 125:1, 173:6, 173:17, 218:21, 219:3 duration 269:6 during 4:10, 18:10, 22:11, 25:10, 116:14, 136:11, 145:21, 169:19, 169:22, 191:2, 205:13, 221:15, 245:23, 247:12, 251:11, 269:24 dust 113:18 duty 170:16 dying 50:3, 200:10 dynamics 10:14 <hr/> E <hr/> e 5:10, 137:11 e- 1:6 e-d-w-i-n 64:4 e-n-s 161:16 each 10:18, 25:9, 43:1, 44:4, 91:10, 92:10, 97:15, 144:23, 172:4 eager 81:21 earlier 42:19, 68:20,	76:11, 188:18, 242:19, 255:3, 273:23 early 100:9, 175:4 earnest 14:1 earning 94:20 ears 112:24, 191:22 ease 13:18 east 183:5 eastern 171:8 easy 221:12, 224:7 echo 127:11 econ 88:15 economic 12:18, 16:15, 30:2, 30:6, 30:19, 30:23, 31:1, 48:11, 69:23, 95:5, 98:23, 104:1, 169:20, 180:9, 186:1, 195:9, 196:21, 199:12, 199:21, 222:2, 225:13 economically 15:2, 179:23, 224:17 economics 177:2, 203:12 economy 88:15, 120:20, 188:17, 188:19, 189:9, 199:7, 248:11 ed 65:3, 253:3, 253:6	editor 230:13 education 105:6, 105:19 edward 134:3, 134:5, 134:6, 134:7 edwin 64:3 eeu 240:23, 240:24 effect 14:20, 16:17, 43:12, 43:21, 49:8, 49:15, 49:17, 49:20, 50:8, 50:9, 50:10, 50:18, 51:1, 52:5, 52:14, 52:21, 53:7, 97:20, 104:1, 107:24, 171:21, 203:14, 214:2, 214:3, 214:6 effective 148:21 effects 49:12, 53:11, 199:12 efficiency 169:5 effort 14:18, 125:20 efforts 9:8, 14:1, 18:19, 19:7, 20:5, 20:9, 24:14, 105:2, 168:23, 199:17, 200:18 eight 11:17, 30:8, 46:11, 86:11, 117:1, 170:15, 213:21, 244:5, 273:8 eisenhower 64:6, 64:15,
---	--	--	--

104:8 either 7:2, 233:18 elderly 103:3, 185:17, 186:3 elected 8:12, 15:8, 43:22, 44:5, 44:9, 80:13, 82:2, 184:4, 184:5, 200:15, 213:13, 226:6 elective 209:22 electronically 277:4 element 97:8 elementary 169:23 eliminate 254:24 eliminated 97:7 else 22:16, 36:9, 40:9, 45:22, 118:10, 120:24, 123:17, 164:9, 166:15, 168:4, 171:15, 172:2, 188:5, 192:16, 195:10, 214:9, 218:12, 220:21, 233:21, 234:12, 243:16, 249:2, 262:9, 265:18 elsewhere 114:17, 116:13, 117:6 email 170:6 emails 169:6 embrace 30:21, 94:9, 200:23	emergencies 150:11, 198:15, 242:12, 271:19 emergency 12:12, 16:10, 27:14, 36:23, 54:3, 54:15, 54:17, 54:24, 56:19, 57:7, 61:5, 61:7, 61:14, 65:4, 65:19, 70:13, 83:14, 83:17, 84:8, 97:4, 103:19, 111:9, 116:19, 122:3, 124:1, 133:7, 145:8, 145:12, 145:24, 149:17, 153:22, 164:3, 164:7, 164:13, 176:17, 187:19, 187:20, 188:8, 188:13, 191:4, 193:4, 194:3, 200:4, 204:17, 206:12, 209:23, 211:24, 212:7, 213:20, 213:23, 215:8, 215:13, 220:22, 221:8, 221:17, 221:22, 222:1, 224:10, 227:14, 228:13, 228:21, 233:12, 234:4, 235:8, 239:2, 239:10, 240:19, 242:5, 242:11, 251:22, 253:4, 253:16, 267:24, 268:24, 271:15, 272:1, 272:14, 273:12, 274:5, 274:10 emergent 62:24, 63:1 emil 26:16, 27:6,	275:12 emotional 22:22, 149:11, 149:19, 150:7 emotionally 124:18 emphasize 29:1 emphasized 96:18 employ 225:8 employed 153:8, 153:11, 165:21, 184:8, 204:4, 236:3, 236:4, 277:6, 278:8 employee 110:22, 143:1, 205:20 employees 9:24, 13:12, 30:3, 30:12, 85:2, 148:16, 162:24, 171:4, 174:14, 198:7, 199:1, 204:13, 206:24, 225:3, 268:4 employer 174:19, 199:4 employers 13:19, 16:19 employing 212:11 employment 69:23, 118:10, 119:4, 199:5, 199:15 employs 30:2, 170:21, 198:4, 206:23 empty 245:5, 271:13 ems 49:5, 49:6, 52:18, 54:18,	55:24, 70:16, 121:20 emt 202:24 enabled 77:16 encompasses 267:13 encourage 37:12, 38:12, 189:13 encouraged 33:17 end 8:17, 11:11, 36:12, 112:6, 112:15, 125:22, 151:24, 152:1, 180:3, 180:6, 221:18 endeavored 163:15 endless 22:2 ends 198:15 endure 185:10 enforcement 107:24 engage 34:17, 82:2, 112:20 engaged 24:11, 32:23 engagement 12:20, 26:4 engagements 24:9 engine 48:11, 48:12 enhances 206:18 enjoy 166:10, 168:9, 200:6 enjoyed 167:5
---	---	---	--

<p>enlarged 98:15</p> <p>enlist 12:16</p> <p>enough 36:4, 56:16, 88:21, 92:2, 94:20, 132:5, 166:21, 179:8, 265:19, 265:20</p> <p>ensure 6:11, 82:3, 108:7, 138:13, 200:24</p> <p>entered 7:5, 139:7</p> <p>entire 30:4, 30:19, 69:4, 95:8, 114:22, 118:6, 148:17, 162:4, 224:4, 239:10, 239:22</p> <p>entities 6:14, 107:17, 138:16</p> <p>entity 6:22, 138:24</p> <p>environment 25:15, 26:5, 34:19, 69:18, 95:14, 254:2</p> <p>environmental 146:19</p> <p>epidural 146:21</p> <p>episode 236:11</p> <p>episodes 112:10</p> <p>epitome 190:19</p> <p>equation 254:21</p> <p>equipment 122:9, 122:13, 122:18, 123:14, 170:18, 171:2,</p>	<p>184:17, 184:22</p> <p>equipped 170:20, 202:10, 256:24</p> <p>equity 24:15, 24:23, 33:10</p> <p>equity-backed 32:10</p> <p>er 52:1, 87:4, 87:5, 185:7, 185:10, 202:18, 203:1, 215:5, 242:24, 245:3, 264:3, 266:18</p> <p>erickson 89:3, 89:5, 89:8, 89:19, 90:11, 92:8, 120:4</p> <p>error 188:15</p> <p>especially 11:9, 45:12, 47:6, 47:7, 59:9, 122:22, 123:22, 132:17, 156:8, 198:14, 199:14, 202:18, 221:4, 221:24, 233:23, 253:3, 256:19</p> <p>essence 96:21, 97:3, 97:9, 97:12, 97:13, 97:18, 97:23, 98:1, 132:8, 202:21</p> <p>essential 145:17</p> <p>essentially 80:7, 231:13, 232:17</p> <p>establish 95:4, 199:17</p> <p>established 24:6</p>	<p>establishment 195:18, 255:12</p> <p>estate 12:17, 12:20</p> <p>etcetera 96:15, 214:1, 214:6, 235:16</p> <p>ethical 144:13</p> <p>evaluate 146:24</p> <p>evaluated 146:18</p> <p>evaluating 145:3, 146:14</p> <p>eve 238:13</p> <p>even 10:10, 16:13, 49:11, 70:8, 89:6, 99:11, 100:8, 103:13, 111:16, 158:18, 159:14, 167:11, 175:8, 212:15, 215:10, 219:10, 228:9, 234:18, 245:4, 255:4, 264:15</p> <p>evening 100:19, 180:24, 236:10, 237:4, 248:5, 256:9</p> <p>event 172:6</p> <p>eventually 141:10, 236:22</p> <p>ever 18:5, 18:7, 26:8, 34:12, 57:17, 69:14, 85:5, 125:23, 132:19, 150:23, 159:11, 162:3, 166:12, 166:22, 197:10, 251:5, 252:7</p> <p>every 44:4, 50:11,</p>	<p>58:3, 67:10, 83:20, 90:22, 91:5, 91:11, 100:9, 106:9, 106:10, 144:7, 144:22, 146:5, 152:9, 152:14, 165:4, 165:7, 166:8, 166:12, 174:24, 176:11, 198:7, 200:16, 202:9, 205:6, 209:19, 215:4, 224:21, 227:22, 233:15</p> <p>everybody 4:3, 44:18, 63:10, 130:12, 130:20, 134:10, 150:6, 151:6, 166:7, 168:4, 168:10, 170:7, 171:21, 172:2, 175:17, 196:22, 196:23, 225:2, 258:24</p> <p>everybody's 31:8, 107:9, 274:7</p> <p>everyday 229:3</p> <p>everyone 28:18, 34:24, 48:23, 49:22, 51:5, 54:1, 85:24, 93:18, 94:15, 121:7, 149:7, 158:11, 158:12, 159:16, 165:5, 170:9, 189:17, 209:2, 228:24</p> <p>everyone's 14:4, 171:3</p> <p>everything 12:24, 13:17, 22:13, 63:23, 70:8, 154:7,</p>
---	--	---	---

156:8, 188:5, 195:10, 203:18, 220:21, 236:23, 245:12, 247:9 everything's 169:4, 169:5 evidence 75:24 evolution 233:4 evolving 232:15 ex 218:1 exacerbate 74:1 exacerbated 71:5 exacerbates 73:14 exact 38:1, 128:15 exactly 60:9, 253:10, 257:6 exam 122:21 examination 215:13 examined 247:6 example 194:13, 213:6, 228:18, 261:7, 261:21 examples 105:5 exasperating 103:17 excellent 9:23, 46:13, 84:21, 147:19, 174:8, 174:9, 251:7, 263:8 exceptional 40:14 exceptions 260:3	excerpt 197:21 excess 11:23 exclusively 24:2, 32:5 excuse 88:15, 135:21, 146:9, 169:11 execute 79:20 executive 68:2, 78:24, 197:17, 198:23 executives 79:8 exemption 4:20, 5:10, 136:20, 137:11 exercise 81:19 exhibits 3:18 exist 16:3, 57:12, 70:11, 70:12, 183:16, 213:18, 214:8, 233:8 existed 14:24, 16:3, 25:23 existence 198:4 exists 35:18, 36:23, 232:18, 234:19 exiting 79:21 expand 12:3 expansion 15:23 expect 40:11, 146:8 expecting 16:1, 185:15 expenditures 93:7	expenses 26:9, 34:12 expensive 234:18 experience 19:22, 24:16, 26:3, 39:6, 65:6, 100:16, 103:22, 105:13, 143:8, 187:18, 192:9, 234:10, 237:11, 253:10, 253:11, 263:22, 264:20 experiences 140:23, 178:3, 214:18 experiencing 16:12, 73:15, 152:18 expert 217:23, 251:13, 273:7 explain 58:8, 113:17, 227:15 explained 150:8 exploit 128:12 explore 12:19 exposure 39:1 express 19:9, 91:3, 153:3 expressed 16:2, 36:1 expressway 170:3 expressways 215:18 extend 81:10, 200:19 extended 39:22 extenders 173:12	extensive 25:10 extent 146:6 extra 36:20, 40:17, 57:5, 70:6, 145:24, 194:7, 200:8 extraordinarily 68:10 extremely 51:9, 166:24, 170:3, 243:4 eye 219:17 eyes 94:8, 112:23, 227:9 <hr/> F <hr/> f-i-t-z-g-e-r-a-- l-d 66:6 f-r-a-n-k 31:20 fabric 88:17 face 11:9, 106:14, 178:7, 211:11, 211:13, 226:11, 226:18, 237:16, 238:2 faced 9:22, 227:21 faces 57:13, 68:15, 106:8, 106:12, 114:19 facets 253:14 facilitating 25:4 facilitators 183:8 facilities 1:2, 1:13, 3:3,
---	---	--	---

4:7, 4:13, 5:8, 5:14, 5:15, 6:11, 9:19, 10:10, 17:7, 36:22, 39:3, 39:6, 45:11, 62:8, 68:11, 70:5, 70:10, 71:14, 74:5, 75:7, 87:18, 94:7, 95:18, 103:12, 105:12, 122:9, 135:10, 135:14, 136:6, 136:9, 136:13, 137:9, 137:15, 137:16, 138:13, 139:9, 141:17, 142:20, 144:2, 177:22, 184:19, 185:5, 193:9, 204:6, 205:2, 269:5, 270:19, 272:18, 275:8, 276:13 facility 11:11, 21:9, 25:19, 25:20, 32:18, 34:7, 35:10, 35:18, 35:23, 36:4, 36:10, 36:18, 37:13, 38:2, 38:7, 38:13, 39:10, 39:12, 40:24, 41:5, 62:20, 62:24, 84:18, 88:11, 95:1, 103:4, 111:6, 111:19, 122:16, 123:20, 125:12, 141:22, 185:19, 193:23, 200:14, 201:18, 202:10, 203:7, 203:17, 218:3, 226:1, 227:9, 268:21, 271:13,	272:9, 273:19 facing 73:21 fact 11:21, 35:11, 37:4, 40:10, 55:6, 62:16, 66:17, 75:24, 76:5, 79:7, 79:18, 91:12, 95:8, 152:20, 155:3, 214:10 facto 108:1 factors 67:6 facts 17:8, 61:18, 87:16, 96:15 faculty 46:3 faded 19:14 failure 25:17, 26:9, 34:6 failures 26:11 fairly 128:10 faith 76:2, 82:1, 87:9 faithfully 94:23 fall 242:14 false 76:23 familiar 125:12 families 13:12, 21:18, 30:9, 69:4, 85:2, 87:14, 88:9, 94:17, 94:23, 95:1, 95:12, 104:5,	112:21, 154:17, 154:20, 162:13, 171:3, 173:21, 192:12, 199:2, 213:10, 214:19, 219:24, 220:1 family 51:20, 61:13, 84:18, 84:20, 85:7, 102:1, 102:22, 116:6, 116:16, 124:15, 126:19, 134:13, 143:22, 143:23, 145:11, 147:5, 147:20, 153:12, 162:17, 166:6, 166:24, 173:24, 174:1, 174:4, 178:5, 190:20, 193:5, 208:8, 219:14, 219:22, 220:23, 223:5, 224:15, 227:14, 227:24, 228:6, 237:10, 246:13, 253:13, 253:15, 253:18, 254:3, 258:14, 264:23, 265:13, 268:8 family's 64:21, 189:23, 205:22 family-owned 198:3 fan 155:8 fancy 40:13 fantastic 191:15, 193:5 far 9:12, 28:22, 74:6, 81:7, 100:4, 133:21, 146:7, 196:24, 198:14, 200:18, 209:15, 219:11,	219:14, 244:6, 250:19, 251:2, 251:4, 252:6, 272:21 farmers 47:21 farther 50:12, 241:12, 242:22 fashion 43:8, 218:1, 218:5 fast 149:18, 272:11, 273:21, 274:19, 275:5 father 21:5, 21:12, 103:8, 109:16, 109:17, 111:20, 111:21, 166:18, 173:4, 187:10, 219:16, 249:16 faulty 71:15 favor 86:3, 208:15 favorable 266:5 favorite 113:13 fear 233:22 featured 183:8 fed 154:18 federal 6:7, 138:9, 268:13 federally 184:5, 250:9 feed 163:9 feedback 12:13 feel 35:20, 88:20,
---	---	---	--

113:16, 113:20, 133:15, 145:16, 158:20, 166:21, 173:23, 205:19, 221:8, 221:22, 222:12, 222:16, 223:2, 231:2, 244:22, 253:16, 255:11 feeling 53:11, 158:15, 174:4, 222:13 feelings 121:8 feet 232:4 fell 22:10, 191:22 fellow 95:23 felt 84:24, 99:10, 166:16, 167:7 female 41:15, 60:2, 63:11, 63:13, 80:23, 96:8, 109:24, 110:4, 110:6, 110:9, 129:12, 172:21, 172:24, 201:8, 210:9, 210:23, 211:2, 211:6, 211:8, 211:10, 217:7, 217:16, 217:17, 247:21, 247:23, 249:5, 249:8, 249:11, 249:20, 249:24 fetal 259:11 fevers 196:15 few 8:14, 44:7, 45:8, 52:16, 55:1, 65:12, 74:20, 99:12,	108:22, 157:10, 173:12, 181:9, 198:14, 217:4, 224:5, 234:14, 246:7, 247:12, 269:10 fewer 10:13, 118:19 field 38:22, 64:18, 125:8, 152:10, 185:20 fields 49:14 fight 53:20, 63:12, 63:16, 112:21, 130:20, 131:3, 262:4 fighting 29:14, 151:9 figure 23:10, 57:10, 82:3, 134:22, 141:2, 141:16, 197:9, 272:8 figured 267:14 figures 70:14 file 270:18 filed 270:11, 273:23 fill 48:8, 221:23 filled 221:10 filling 65:20 final 153:15, 188:16, 275:19 finally 187:23 finance 182:22 finances 23:2	financial 9:14, 19:24, 24:1, 24:17, 25:3, 25:14, 32:5, 33:4, 33:12, 34:5, 36:2, 36:5, 36:8, 45:8, 45:19, 76:24, 77:17, 78:2, 78:22, 80:4, 277:7, 278:9 financially 204:19, 214:3 financials 19:12 financing 15:22, 19:14, 34:1, 34:7 find 9:5, 14:2, 18:11, 18:14, 18:17, 20:6, 20:9, 26:9, 28:9, 40:6, 46:17, 66:20, 74:2, 74:12, 87:10, 95:16, 117:8, 162:3, 172:9, 175:1, 188:3, 189:14, 189:15, 192:3, 244:6, 265:21 finding 18:20, 117:13, 184:10, 219:5, 226:16 findings 72:24 fine 123:7, 192:16 finest 193:9 fingers 116:22 finish 148:2 finished 130:9	fire 48:24, 53:1, 170:10, 170:13, 170:15, 170:18, 170:19, 170:21, 171:1, 213:24, 228:16, 228:18, 238:17, 258:3, 258:4, 267:18 firefighter 170:22 firefighters 170:16 firemen 54:18, 228:23 firm 24:2 firms 20:1 first 7:21, 41:20, 42:6, 42:9, 42:10, 44:18, 51:12, 59:24, 60:2, 76:6, 83:1, 87:8, 87:9, 89:20, 89:24, 90:2, 103:10, 103:14, 106:10, 116:1, 119:17, 129:24, 140:1, 140:5, 157:6, 157:14, 159:19, 161:24, 181:14, 181:22, 181:23, 181:24, 182:6, 183:11, 184:9, 184:15, 187:21, 190:16, 195:11, 195:12, 199:24, 213:24, 220:16, 221:6, 224:11, 226:5, 240:11, 246:4, 252:22, 253:9, 255:2, 256:10, 267:16, 267:19, 272:2, 274:6
--	--	---	--

first-hand 258:20 first-rate 94:11 firsthand 105:9 fitzgerald 66:4, 66:5, 67:21 five 19:9, 22:11, 31:13, 31:14, 40:18, 54:8, 62:20, 86:13, 96:23, 101:9, 103:11, 178:10, 194:16, 205:18, 206:9, 210:16, 210:17, 213:5, 213:21, 239:22, 264:13 five-day 239:1 five-minute 210:16 flashing 176:19 flawed 70:7 flood 62:11, 92:24 floor 3:8, 135:17, 164:14, 246:21, 246:22, 246:23, 247:3, 276:17 floral 188:23 florists 188:22 flowing 55:15 fluid 247:13 fluids 114:3 flyers 111:8	focus 13:20, 46:1, 72:15, 81:22, 144:12 focused 24:2, 24:13, 229:24 focusing 45:11 fold 9:19 folks 49:2, 64:17, 233:15 follow 38:3, 156:21 followed 15:12, 20:7, 22:6 following 77:19 follows 5:3 font 259:7, 259:8, 259:10 food 152:22, 154:19, 154:21, 156:3 football 64:15, 64:18 footsteps 22:7 for-profit 19:5, 24:22, 33:9, 75:8, 94:12, 200:5 force 96:1 forcing 57:15 foreclosed 42:2 foreclosure 81:6 foregoing 277:3, 278:3 forest 39:7, 69:13	forever 165:9 forget 221:13 forgotten 51:21 form 9:7, 31:12 formed 21:23, 22:11, 22:12, 32:11 former 78:15, 78:24, 79:10, 103:23, 106:7, 108:21, 109:6, 110:21, 243:8 formerly 27:12, 82:24, 206:7, 266:9 formula 43:23 fortunate 101:3, 128:6, 208:17, 214:11 forum 230:13 forward 53:12, 96:19, 157:18, 218:7 foster 95:12, 107:5 fought 29:12 found 8:18, 48:6, 122:24, 143:9, 150:6, 247:9, 247:12, 247:13, 269:9 fountain 20:20 four 28:2, 39:13, 99:8, 106:5, 140:21, 149:12, 151:13, 169:24, 178:10, 239:22,	244:12, 247:16 four-city 75:16 fourth 47:15 fox 229:18, 229:19, 229:20, 229:23, 230:4, 230:8, 230:10, 234:21 frances 14:18 francis 20:19, 21:20, 27:12, 47:16, 51:19, 82:24, 83:8, 90:8, 90:14, 98:8, 99:16, 99:21, 100:2, 100:4, 100:12, 101:2, 101:4, 101:11, 102:24, 103:15, 103:20, 105:17, 110:23, 111:4, 111:13, 116:8, 118:15, 123:12, 130:1, 130:5, 130:6, 130:10, 156:13, 161:19, 163:10, 165:24, 174:5, 188:8, 190:12, 190:23, 191:16, 192:11, 192:19, 205:13, 206:7, 209:4, 209:6, 209:8, 214:12, 221:9, 225:19, 228:3, 228:4, 228:10, 241:9, 244:8, 244:12, 258:6 franciscan 69:11 francisco 32:13 frank 20:7, 31:19,
--	--	--	--

85:18, 85:19 franklin 248:4, 248:5, 248:6 frankly 70:6, 95:15, 121:22 fraud 77:24, 87:17 fraudulent 79:23 fred 223:13, 223:16 free 12:11, 76:17 freight 71:16, 72:6 frequency 70:22 frequent 111:8 frequently 90:17 friday 165:7, 176:8 friend 62:18, 63:13, 64:9, 67:7, 162:18 friendly 130:12, 130:14 friends 61:13, 166:2, 181:11, 222:6, 253:13 friendships 21:22, 22:12 front 93:2, 164:3, 212:19, 238:2, 270:11 full 7:14, 60:24, 65:19, 85:14, 96:3, 139:17, 154:18, 180:16, 205:9, 221:3 full-time 170:21	fully 58:19, 59:1, 116:23 function 23:2, 84:17, 159:13, 260:3 functional 146:16 fund 12:19, 34:1, 77:6, 119:18 fundamental 197:24 fundamentally 88:12 funded 43:24 funding 13:3, 119:19, 184:16, 184:20, 184:22, 185:2, 189:15 fundraise 187:11 funds 10:24, 91:23, 118:8, 119:7 funny 141:9, 141:11, 237:16, 238:2 further 25:22, 27:20, 50:4, 73:14, 73:24, 75:22, 99:24, 111:16, 192:4 furthermore 45:3 future 12:6, 13:11, 18:12, 18:14, 18:17, 20:2, 20:6, 20:9, 34:9, 211:16, 266:20 <hr/> G <hr/> g-a-r-c-i-a 65:3	g-i-a 107:11 g-o-r-d-o-n 187:5 g-r-a-n-g-e 14:10 gait 146:22 gallup 110:17 garcia 65:3 gather 35:16, 233:22 gathered 183:4 gave 101:4, 122:6, 162:9, 164:14, 178:16, 266:12 general 90:5, 98:16, 118:16, 159:15, 222:20, 267:11, 270:4 generally 147:11, 235:2 generals 120:13 generate 77:12, 78:6, 78:7 generation 47:15 generations 102:1, 102:23, 201:2 generous 128:21, 225:21, 226:2 generously 128:2 gentle 200:6 gentleman 99:17 george 1:3, 3:5, 4:6,	48:20, 75:4, 136:5, 161:16 gerafio 103:6 gerald 175:15 geriatric 230:1, 230:4, 230:12 gerry 175:17 getting 55:16, 126:11, 154:23, 169:8, 203:6, 221:10 ghost 48:13 gia 107:8, 107:10 girl 65:9 give 8:24, 27:20, 36:7, 39:11, 40:19, 44:23, 62:22, 64:23, 114:5, 128:2, 128:19, 132:14, 144:16, 196:1, 235:12, 265:18, 272:7, 272:10, 274:19, 275:9 given 5:9, 35:11, 60:15, 60:24, 108:15, 137:10, 144:3, 150:22, 165:12, 206:14, 266:23 givens 161:13, 161:14, 161:15, 165:11 giving 77:18, 142:22, 148:19, 207:16, 220:17 glad 107:9, 142:12
---	---	---	---

glasses 191:10, 191:11 glide 200:7 go 7:19, 10:8, 21:7, 36:2, 45:8, 46:8, 50:4, 50:12, 55:10, 55:11, 55:12, 65:23, 76:20, 100:11, 100:18, 108:13, 109:13, 114:17, 119:11, 119:13, 120:8, 121:5, 122:24, 125:11, 130:10, 130:24, 132:11, 132:21, 134:8, 150:3, 150:10, 152:15, 153:13, 154:17, 154:20, 155:23, 159:5, 160:4, 164:9, 166:15, 167:5, 167:13, 173:14, 173:15, 176:14, 176:16, 176:23, 176:24, 181:7, 189:22, 195:1, 202:1, 202:4, 202:23, 209:15, 211:8, 211:23, 211:24, 212:7, 212:20, 212:21, 214:14, 215:6, 222:8, 222:14, 228:2, 228:3, 233:20, 234:15, 241:12, 242:3, 243:6, 244:21, 246:5, 246:9, 246:10, 249:8, 256:21, 266:19, 270:20, 271:11 goals 146:2	god 128:1, 129:5, 129:6, 129:8, 142:15, 155:10 goes 36:18, 164:23, 181:21, 182:13, 182:15, 248:13, 252:6, 274:11 gold 144:19 golden 200:7 golf 135:7, 276:2 gone 42:24, 96:2, 116:6, 122:4, 162:10, 205:7, 219:18, 220:22, 244:23, 245:18 good 4:2, 14:8, 20:16, 27:4, 27:5, 28:18, 34:23, 37:13, 37:22, 44:17, 46:21, 46:22, 48:23, 50:2, 51:5, 51:6, 53:20, 54:1, 58:2, 76:1, 82:1, 84:6, 85:24, 87:9, 93:18, 96:13, 110:14, 113:24, 121:6, 128:17, 130:7, 130:11, 131:1, 136:1, 142:19, 151:6, 155:15, 161:14, 162:19, 165:18, 167:14, 168:17, 174:7, 175:16, 177:17, 180:24, 182:20, 189:20, 191:24, 193:8, 204:1, 208:24,	209:1, 209:2, 211:14, 222:13, 236:1, 236:10, 237:4, 239:18, 239:19, 244:22, 246:13, 248:5, 255:24, 257:23, 263:5, 264:18 goodbye 200:22 goodwill 77:4 gordon 173:1, 173:2, 187:3, 187:4, 187:5, 187:10 gov 135:11, 276:3 government 26:7, 34:11, 86:22, 169:2 governor 120:8 grab 271:2 grabbed 244:24 gradual 42:17 gradually 43:3 graduate 103:23 graduates 105:3 grandchildren 8:21, 111:4 grandfather 51:14, 66:17 grandmother 51:18, 65:8 grandson 126:9 grange 14:7, 14:8, 14:9 grant 105:6	granted 193:8 grateful 64:24, 123:7, 246:12 gratefully 162:5 gratitude 200:20 graves 98:18 great 22:14, 35:13, 65:10, 103:1, 103:4, 104:7, 125:11, 144:1, 168:10, 168:24, 169:1, 172:8, 190:22, 193:23, 193:24, 197:7, 217:24, 222:16, 224:12, 234:2, 234:17, 235:5, 243:4, 244:9, 244:11, 251:18 greater 68:5, 73:12, 73:13, 74:14, 82:8, 86:15, 87:13, 274:9 greatest 20:21, 171:3 greatly 46:18, 83:16 greed 86:8, 271:1 greedy 43:9 greeted 57:12 gregory 5:11, 137:12 grew 64:5, 80:8, 119:18, 167:23, 196:6, 219:13, 225:19, 231:15 gross 188:15
--	--	--	---

ground 36:10, 38:20 group 12:17, 23:20, 24:6, 24:8, 40:21, 46:10, 46:12, 90:4, 96:2, 116:7, 173:6, 173:17, 173:19, 218:21, 219:23, 256:2, 256:7 groups 41:9, 272:13, 274:23 growing 64:7, 69:14, 144:23, 214:11, 231:7 guarantee 63:6, 106:9, 144:6 guardian 107:18 guardianship 107:13 guess 175:6, 175:7, 208:5 guest 198:7 guidance 32:6 guide 183:11 guided 71:10, 101:3 guiding 188:14 guild 3:5, 4:9, 7:2, 136:8, 139:4, 210:21, 210:24, 211:4, 211:13, 216:15, 216:20, 216:22, 216:24, 217:2, 217:9, 217:14, 218:11,	218:16, 220:9, 220:14, 223:8, 223:13, 223:15, 229:10, 229:16, 229:21, 230:2, 230:6, 234:20, 236:8, 237:1, 237:3, 241:14, 241:17, 243:13, 243:15, 243:19, 243:22, 247:19, 247:22, 248:2, 248:23, 249:1, 249:6, 250:1, 255:19, 255:21, 257:18, 257:20, 257:22, 259:6, 259:9, 262:8, 262:13, 262:16, 262:20, 263:2, 263:12, 263:15, 265:5, 265:8, 267:1, 267:5, 275:18 guillermo 259:6 gunshot 65:20, 106:21, 145:22 guy 171:22 guys 52:13, 60:22, 156:7, 156:8, 156:11 gwen 177:16, 177:18 gyn 201:10 gynecologist 173:3 gyno 201:21 gyros 155:19 <hr/> H <hr/> h-a-l-l-o-w-a-y 99:5	h-e-u-s-e-r 47:12 h-i-n-t-o-n 64:4 half 49:6, 60:13, 80:18, 143:11, 143:14, 156:9, 205:4 hall 183:5 halloway 99:3, 99:4, 101:15 halls 161:23 hamilton 140:2, 140:3, 140:5, 140:8, 140:9 hand 70:6, 114:10, 117:8, 117:9, 117:11, 196:18, 196:20 handful 19:19 handle 202:10, 251:23 handles 253:2 hands 28:5, 113:11, 113:19, 114:2, 114:5, 114:14, 162:14 hands-on 105:13, 263:21, 264:20 handwriting 102:19 hanging 48:9 happen 28:6, 36:17, 43:10, 65:24, 92:18, 98:19, 121:23, 123:16,	142:15, 177:6, 207:12, 213:17, 225:17, 230:12, 233:5, 236:23, 250:10 happened 60:8, 60:9, 123:12, 123:19, 126:13, 126:18, 140:17, 149:15, 158:8, 163:6, 163:14, 163:18, 215:14, 232:8, 247:4 happening 92:17, 177:5, 242:12 happens 93:11, 108:5, 153:14, 153:22, 160:11, 163:1, 164:19, 225:15 happy 100:13, 101:12, 173:24, 209:9 hard 27:24, 41:8, 45:13, 47:7, 51:9, 62:4, 62:8, 67:11, 150:18, 162:6, 162:21, 165:3, 165:7, 175:1, 260:13 hardship 8:22 hardworking 268:20, 268:22 harris 131:11, 131:13, 131:15, 131:17, 131:19, 131:21 harvey 49:10, 212:2, 227:11, 227:15 hate 104:12, 132:9 hawley 210:12, 210:22,
--	--	---	--

220:15, 220:16, 223:9 hazardous 170:14 hca 32:21 he'll 110:2 head 116:17 headed 44:8 heads 31:1 healed 197:5 health's 18:6, 75:20, 75:23 healthcare 6:17, 9:9, 14:22, 15:6, 16:9, 17:2, 24:3, 24:5, 24:10, 27:21, 31:22, 31:23, 32:5, 35:12, 37:18, 40:22, 43:7, 44:1, 45:14, 54:14, 57:18, 69:16, 69:22, 71:3, 73:8, 73:14, 73:20, 73:23, 74:3, 75:13, 85:8, 85:9, 88:10, 92:23, 93:3, 93:5, 93:12, 93:13, 95:17, 104:9, 105:12, 109:14, 117:24, 118:11, 118:23, 118:24, 119:4, 138:19, 141:9, 143:4, 143:12, 154:11, 183:17, 193:5, 193:6, 196:17,	199:8, 204:10, 205:22, 208:9, 210:4, 222:20, 223:5, 224:3, 229:7, 236:13, 250:8, 255:6, 257:11, 257:13, 257:14, 257:15, 264:11, 264:18, 268:21, 269:1, 272:10, 273:7, 274:17, 274:21, 275:15 hear 35:9, 38:16, 43:13, 58:15, 68:15, 98:12, 98:22, 106:7, 133:8, 149:10, 164:19, 198:20, 201:7, 224:21, 227:19, 246:19, 269:6, 269:21 heard 36:14, 43:18, 61:16, 61:23, 68:20, 71:14, 72:5, 72:8, 129:24, 132:20, 157:14, 158:18, 159:24, 162:7, 163:2, 192:15, 193:10, 194:1, 199:23, 213:14, 214:15, 220:20, 254:8, 267:15, 267:23, 268:2, 268:3, 268:10, 271:17, 272:5, 273:12, 274:14, 274:17 hearings 6:12, 138:14 heart 8:24, 42:7, 51:14, 51:22, 51:23, 56:1, 56:5, 56:9,	60:1, 66:13, 90:7, 121:17, 145:22, 156:9, 156:10, 157:11, 177:9, 185:14, 193:6, 196:2, 245:10, 246:2, 257:7, 258:11, 272:3 hearth 144:18 hearts 73:4, 110:19 heath 5:14, 137:15 heights 49:16, 69:12 held 2:1, 5:13, 6:1, 79:9, 135:6, 137:14, 138:2, 196:18, 196:19, 199:8 hello 38:17, 58:11, 68:1, 107:9, 129:21, 134:10, 149:7, 165:20, 177:17, 240:5, 240:7, 240:8, 263:3 help 18:17, 45:23, 57:22, 63:22, 85:12, 85:13, 88:16, 108:2, 113:11, 129:9, 150:19, 162:21, 166:16, 169:15, 218:6, 226:14, 266:11, 270:8 helped 112:9, 156:11, 167:12, 183:11, 187:11 helping 53:15, 127:16, 129:7, 168:4	hemorrhage 84:12 hemorrhaging 106:15 henry 41:17, 41:18 hereby 277:3, 278:2 heuser 47:12, 47:13 heyday 47:23, 205:14 hfsrb 135:11, 276:2, 276:3 hi 47:13, 54:2, 75:3, 85:22, 98:5, 124:14, 131:21, 155:16, 155:17, 156:13, 187:4, 195:23, 197:16, 201:9, 248:5, 250:6, 259:10, 263:18, 263:20 high 64:6, 64:15, 64:16, 66:23, 76:12, 84:6, 105:11, 142:3, 142:9, 196:15, 202:8, 204:16, 206:20, 224:12, 234:6, 240:16, 259:14, 260:2, 260:17 high-level 84:3 high-paying 200:5 high-risk 41:10, 202:12, 212:9, 251:17, 252:12, 259:12 higher 11:3, 83:24, 105:6, 118:21
--	--	--	---

<p>highest 39:3, 39:13, 39:16, 77:7, 77:8, 227:16, 261:18 highly 8:22, 84:17, 148:21 highs 169:24 hill 175:20, 236:9, 236:10 hinton 64:3 hire 228:23 hired 18:13, 18:16, 99:9 hispanics 118:22 historical 25:3 history 33:24, 35:17, 47:19, 111:5, 145:8, 159:7, 190:8, 231:5 hit 222:5, 224:21, 225:15, 242:20 hives 130:2 hoboes 163:12 hold 44:5, 113:19, 114:10, 162:13, 167:2 holding 31:9, 31:10 holiday 176:10 home 22:2, 45:12, 47:24, 75:17, 84:15, 111:9,</p>	<p>111:14, 112:1, 126:2, 143:5, 146:20, 163:21, 163:22, 166:5, 166:9, 166:11, 167:6, 167:7, 167:10, 169:17, 176:2, 176:3, 180:4, 213:4, 234:15, 237:13, 238:19, 244:2, 244:4, 244:13, 246:14, 246:15, 263:6 homecare 75:17 homes 49:4, 96:1 hometown 114:19 honest 275:2 honestly 175:9 honor 129:5, 143:23 honoring 129:6 hope 13:23, 50:21, 52:13, 110:18, 133:22, 177:8, 180:17, 195:14, 207:11, 210:1, 258:17, 265:18, 266:6, 266:23 hopefully 151:10, 169:15, 259:1 hopes 48:13 hoping 132:23, 133:12, 142:14, 182:6, 266:11 horrific 140:23 horrifying 116:24</p>	<p>horse 47:22 hospice 112:14 hospital's 13:24, 15:2, 80:16, 88:2, 169:3, 183:13, 200:17, 212:4, 224:14 hospitalist 66:5, 67:3 hospitals 9:17, 10:8, 10:24, 11:1, 11:18, 18:3, 18:7, 23:22, 24:4, 24:14, 24:17, 24:21, 27:24, 30:10, 30:22, 32:17, 34:13, 36:20, 39:2, 40:13, 43:7, 43:15, 43:23, 47:3, 56:18, 57:16, 59:8, 69:9, 69:13, 70:15, 70:22, 75:15, 76:9, 77:11, 77:14, 77:16, 78:23, 79:3, 80:8, 81:20, 88:15, 91:16, 91:18, 92:18, 92:19, 92:22, 92:24, 93:11, 93:16, 95:9, 95:15, 96:6, 97:12, 116:15, 130:24, 132:22, 133:20, 134:18, 134:24, 141:15, 143:7, 152:13, 181:20, 212:1, 219:5, 219:21, 220:24, 232:16, 232:17, 233:2,</p>	<p>233:8, 234:5, 234:8, 234:11, 250:24, 251:4, 252:19, 252:20, 254:1, 261:5, 261:7, 261:8, 264:15, 271:17, 273:3, 274:4 hosted 183:6 hot 269:2 hotels 170:2 hour 233:12, 256:10, 256:11, 256:12, 256:13, 256:15, 257:2 hour-a-day 234:4 hours 101:9, 146:15, 221:21, 242:3, 256:8, 269:10 house 29:5, 93:2, 109:19, 109:20, 112:24, 115:21, 116:21, 155:9, 175:22, 176:7, 178:21, 191:3, 231:12, 231:13, 268:15 household 167:21 houses 181:18, 181:19 housing 235:17 however 23:2, 26:5, 80:18, 140:10, 144:6, 231:3, 271:2 huge 41:8, 48:11, 74:20, 77:13,</p>
--	--	--	--

81:9, 119:8, 145:5, 164:5, 205:3, 220:3, 224:4, 224:21, 225:12, 228:15, 228:17, 229:1, 253:21 humaira 109:5 human 90:16, 107:18, 144:15, 148:22, 200:1, 209:14, 270:3 humbled 145:5 hundred 10:13, 30:8, 189:24, 192:11, 205:16, 223:22, 231:18, 231:24, 232:22, 249:14, 251:8, 252:1, 252:2, 252:13 hundred-bed 233:1 hundreds 15:4, 104:4, 105:7, 126:5, 144:21 hurt 49:22, 88:14, 88:19, 160:5, 224:6, 229:8 hurting 149:19, 226:9 hurts 62:4, 130:18 husband 100:18, 111:3, 112:16, 116:6, 116:20, 121:13, 121:16, 121:21, 122:3, 123:22, 124:16, 125:4, 125:15, 126:1, 166:8, 209:5, 244:13, 245:8,	245:21, 246:3, 246:13, 246:15, 246:22 hyperglycemia 109:1 hypertension 84:12, 260:18, 260:19 hyphen 98:7, 121:11 hypoglycemia 111:12 <hr/> I <hr/> i-d-a 127:21 i-g-o-e 75:2 icu 21:11, 236:15, 239:21, 240:19 ida 127:4, 127:5, 127:21 idea 109:1, 122:18, 125:11, 162:15, 171:24, 216:3, 271:16 identified 71:18, 103:9, 185:23 identify 20:2, 34:1, 34:16 idot 48:5 igac 107:17 igoe 75:1, 75:3, 80:7, 80:12, 80:24, 82:10, 82:11, 119:9, 119:19 iha 96:5 ii 231:17	iii 27:6 ill 83:13, 103:8, 121:17, 125:4 illinois 1:1, 1:13, 1:14, 2:6, 2:11, 3:3, 3:10, 4:7, 4:12, 4:21, 5:8, 5:12, 5:14, 5:15, 6:4, 10:21, 28:19, 30:5, 36:13, 39:15, 64:5, 68:11, 75:7, 75:13, 77:14, 81:18, 91:14, 93:14, 104:21, 105:3, 105:5, 107:12, 111:1, 117:23, 118:16, 118:17, 135:8, 135:9, 135:11, 135:14, 135:17, 136:6, 136:12, 136:21, 137:9, 137:13, 137:15, 137:16, 138:6, 139:8, 142:20, 177:21, 227:15, 227:17, 231:20, 232:20, 235:15, 250:9, 272:17, 276:3, 276:13 illiopoulos 197:23 illness 103:9, 125:17 illnesses 125:13, 132:6, 234:13 ilpqc 84:10 imagine 188:3, 212:17 imagined 22:15	immediate 74:3, 74:8, 256:6, 256:10, 257:15 immediately 79:5, 93:6, 244:24, 246:23, 247:1, 247:7, 257:9 impact 13:11, 15:1, 16:15, 17:10, 29:18, 30:2, 30:23, 37:13, 56:6, 61:1, 69:2, 71:19, 83:15, 84:23, 158:21, 176:5, 184:11, 186:1, 186:20, 189:6, 199:21, 203:10, 218:5, 260:9, 260:12 impacted 29:17, 76:19, 180:1, 186:12 impactful 68:13 impacting 73:21 impacts 72:22, 183:13, 183:15, 183:17, 184:14, 186:17, 203:8 impairing 77:3 impairment 78:19 impending 42:2 imperative 177:23 implicated 79:13 implore 74:21 importance 50:22, 142:23,
---	---	---	---

179:9, 203:3, 216:12, 216:17 important 8:8, 11:15, 15:16, 16:20, 27:22, 28:24, 29:24, 30:1, 30:20, 45:9, 61:18, 64:8, 68:14, 70:21, 72:13, 115:22, 132:3, 132:7, 133:3, 140:18, 158:23, 215:21, 224:15, 233:8, 237:5, 250:11, 256:11, 256:12, 257:13, 260:8, 261:10, 261:14, 262:4, 264:8, 275:20 importantly 208:7, 209:23, 224:2, 252:5 impossible 81:4 improve 77:12, 146:16 improvements 185:2 in-house 60:20 in-service 273:9 incentive 15:22 inches 5:24, 138:1 incidence 84:11, 126:4 include 275:19 included 5:3, 25:14, 33:2, 33:5, 33:13, 137:3, 171:6, 183:19 includes 170:18	including 9:8, 12:7, 13:18, 23:23, 24:20, 25:1, 32:1, 32:17, 32:21, 34:5, 34:10, 39:6, 71:24, 186:5, 205:12, 220:24, 256:4 income 68:16, 225:11, 235:18, 235:19 incomes 118:21, 167:20 increase 11:7, 57:22, 70:23, 105:3, 105:7, 261:1 increased 70:24, 144:24, 160:15 increases 84:15 increasing 9:20, 26:8, 34:12, 171:17, 204:21, 233:2 incredible 188:14, 191:23, 195:8, 195:17 incredibly 145:16, 221:3, 234:2 increment 15:22 incur 52:8 indeed 35:16, 78:15 independent 79:5 indiana 19:4, 75:13 indicated 12:10, 117:23 indication 269:14, 269:16,	269:23 indications 78:19 indicators 78:19 indigent 92:21, 152:20, 175:2 individual 6:21, 32:17, 138:23, 203:6, 270:7 individual's 6:14, 6:23, 138:16, 139:1 individuals 6:20, 29:7, 49:22, 117:4, 138:22, 235:18, 235:19, 268:6 industries 118:9 industry 24:3, 24:7, 30:15, 30:18, 32:6, 77:22, 119:8, 216:4 inequity 73:13 infant 105:24, 106:2, 114:2 infants 87:1, 106:3, 106:5 infant's 112:11 infarct 89:24 infirm 83:11 inflated 78:3 influx 215:2 information 4:18, 6:14, 6:20, 6:24, 8:8,	13:23, 19:12, 25:3, 25:10, 33:5, 33:15, 71:24, 136:18, 138:16, 138:22, 139:2, 200:11, 278:7 informed 28:11, 73:1, 204:19, 204:22, 231:11 infrastructure 192:21 infuse 114:3 infusion 117:20 infusions 117:19 ingalls 43:20, 50:8, 55:9, 56:21, 56:22, 58:22, 59:15, 96:24, 97:16, 130:3, 181:11, 193:24, 194:4, 212:1, 212:5, 214:24, 221:11, 228:9, 228:21, 233:20, 261:8, 271:21, 271:23 inhabited 67:6 initiatives 84:11, 199:18 injection 77:18 injured 178:18, 185:23 injuries 145:23 injury 116:17 injustice 73:17 innovative 216:8
---	--	--	--

inpatient 11:23, 58:13, 60:6, 60:11, 69:10, 81:7, 86:17, 122:5, 148:10, 273:16 inpatients 97:11 input 35:21, 38:9 inside 242:21 insisted 99:24 inspiration 66:3 inspired 95:7, 152:10, 155:6 instabilities 108:6 instance 90:15 instead 133:20, 178:19 institute 118:17 institution 29:23, 223:21, 230:24, 231:5, 233:11 institutions 29:11, 201:14 instructions 7:18, 21:3, 139:21 instructor 113:8 insulin 238:10 insurance 6:15, 86:22, 93:6, 138:17, 154:4, 164:4, 189:3, 189:4, 196:24, 197:2, 197:7, 197:8, 206:21	insurances 133:9 integral 74:6, 260:12 intend 15:19 intensified 10:20 intensive 205:13, 239:9, 239:10 intent 62:15, 81:16, 183:14 intention 22:9 intentions 76:3 interacting 103:18 interest 5:18, 19:10, 24:16, 25:8, 33:7, 33:11, 33:21, 33:22, 137:19, 172:2, 213:15, 277:7, 278:9 interested 12:5, 19:6, 25:2, 25:5, 25:12, 33:14, 34:15, 34:17, 227:5, 227:7, 273:4, 275:21 interfacing 29:8 interference 71:16 internist 58:12 interpreter 263:1 interstate 174:13 interviewed 66:15, 216:16 introduce 31:18, 58:1,	232:24 introduction 51:12 inundated 169:6 invested 134:23, 232:1 investigations 170:15 investing 134:18 investment 31:22, 32:4, 95:6, 120:12 investor 77:21, 78:17, 78:18 investor-owned 77:8 investors 15:11, 24:15, 24:23, 29:19, 33:10, 77:24, 78:3, 78:8, 78:21 involved 49:23, 50:19, 85:6, 182:3, 251:23, 254:4 irregardless 144:13 irving 175:19, 213:4 island's 16:23, 183:4, 199:15 islanders 222:14 iso 170:10 issue 30:7, 30:19, 30:24, 31:1, 73:20, 73:22, 117:16, 119:16, 158:3, 186:19, 188:6, 188:16, 215:24, 216:1,	223:5, 226:8 issued 78:9 issues 36:17, 72:2, 76:13, 107:23, 108:6, 108:13, 108:17, 109:13, 205:22, 212:6, 219:3, 274:14 it'd 160:13 it'll 71:10 italian 102:1, 102:22 items 36:7, 38:6 itself 98:15, 163:5 it's 270:22 iv 114:2 izmo 216:22 i'll 128:19 i'm 118:14, 168:18 <hr/> J <hr/> j-o-h-n 8:4 jacqueline 248:4, 248:6 james 49:16, 53:11, 69:11, 237:3 jane 216:24, 217:7, 250:6 janet 101:17, 101:18, 102:21 january 32:23, 240:1 jean 203:23
--	---	--	--

jeanne 204:2, 207:3, 210:8 jefferson 3:9, 135:16, 276:16 jeopardized 77:5 jeopardy 53:1 jesus 127:23 job 1:22, 16:16, 28:11, 41:20, 46:14, 53:21, 66:9, 67:2, 83:2, 93:15, 117:13, 128:5, 129:9, 169:3, 222:16, 251:18, 251:19 jobs 15:7, 30:8, 69:23, 88:22, 95:3, 95:4, 96:1, 96:6, 104:4, 185:18, 185:19, 199:6, 199:8, 214:4, 268:19 john 7:22, 8:2, 168:15, 168:18 johnny 236:9 join 4:10 joined 14:17, 22:7 joke 156:24 jones 26:16, 26:17, 26:21, 27:2, 27:5, 27:6, 28:21, 29:1, 98:4, 98:7, 268:16, 275:12 jonny 159:2, 159:4 jorge 262:24, 263:2, 263:3 joseph 180:23, 180:24 joy 166:1 joyce 208:23 juan 2:10, 277:2, 277:12 judge 128:10 judgment 67:8, 191:24, 192:2 judiciary-crimin- al 29:5 july 1:15, 6:2, 106:1, 138:3, 176:10, 183:3, 270:14 jumbled 196:3 jumped 246:23 junior 169:23, 224:11, 235:21 justice 29:6, 30:17 justin 28:7, 28:16, 28:19, 268:16, 275:11 <hr/> K <hr/> k-a-r-e-n 206:5 k-e-l-l-y 263:19 k-e-n-n-e-t-h 17:19	k-e-r-r-y 263:19 k-i-n-g 17:20 k-o-n-e-c-y 155:14 karen 206:3, 206:4 keep 14:18, 15:18, 27:24, 28:3, 28:11, 30:22, 48:7, 53:20, 57:24, 60:19, 60:23, 82:15, 88:4, 88:21, 95:17, 123:15, 126:21, 153:16, 155:10, 157:16, 158:9, 158:12, 161:9, 161:19, 169:16, 177:10, 182:12, 189:16, 195:12, 225:24, 227:9, 234:17, 236:24, 245:8, 258:18, 258:23, 259:1, 262:5, 273:2 keeping 17:1, 27:17, 38:13, 52:12, 53:19, 86:4, 134:18, 181:13, 207:11, 218:22, 220:6, 223:3, 258:13 keeps 16:22, 88:22 kegs 208:16 kelly 216:20, 263:15, 263:18 kennedy 203:24, 204:1, 204:2, 210:8 kenneth 17:17, 17:18	kept 179:4, 240:3, 240:4, 246:14, 247:9 kerry 263:15, 263:18 khan 109:5 kid 64:9, 67:11, 151:14, 164:21 kids 133:18, 152:5, 152:20, 152:22, 152:24, 155:1, 167:20, 174:16, 196:11, 242:10 kim 86:1 kimberly 85:21, 85:22 kimmel 15:16 kind 29:13, 43:6, 61:12, 66:10, 98:12, 103:17, 129:2, 129:5, 132:6, 141:22, 149:11, 156:23, 158:16, 166:3, 168:3, 170:9, 176:4, 191:21, 194:11, 203:11, 216:3, 218:2, 218:5, 259:16, 259:18, 259:22, 260:10, 260:21, 261:11, 262:5 kinds 226:12, 261:5 king 17:17, 17:18, 17:19, 17:20, 140:20, 141:8 kings 153:1 kitchen 246:20
---	--	---

knee 65:13, 159:3, 194:16 knew 48:5, 109:7, 145:18, 178:19 knocked 64:18 knowing 133:15 knowledge 118:24, 192:4, 226:9 known 27:12, 117:16, 152:4, 214:12 knows 92:1, 166:7, 248:17 kolosh 184:1 konecy 155:14, 155:15, 155:17, 155:21, 155:24 kristi 67:23, 68:2 kristin 142:18, 142:24 kurt 89:3	laborers 251:19 lack 29:8, 70:19, 71:4, 81:13, 141:9, 191:24, 213:20 laid 244:20, 245:22 lake 39:7 language 143:1, 146:23, 148:13 large 77:8, 101:24, 102:22, 221:23 large-scale 32:15 larger 52:22 largest 16:19, 151:15, 173:18, 199:4, 199:5, 199:15, 250:9 last 8:16, 10:20, 17:19, 20:17, 36:4, 43:1, 46:11, 49:13, 52:17, 54:8, 54:10, 59:19, 70:24, 79:12, 82:23, 85:5, 85:13, 92:11, 115:10, 119:3, 122:22, 131:18, 148:9, 157:13, 168:21, 170:22, 181:9, 204:5, 205:17, 225:19, 225:20, 226:6, 226:17, 246:8, 254:19, 267:5, 267:6, 267:14, 269:17, 273:7 lasting 52:14, 53:7	late 256:14 later 21:5, 22:6, 27:3, 100:10, 163:4, 244:20, 245:13 laughter 21:4, 89:7, 140:7, 150:24, 156:22, 161:3, 190:17 laurie 187:3, 187:4 lavelle 129:16, 129:21 law 88:1, 107:24 lawn 212:3 laws 6:7, 138:9 lawsuit 45:21, 79:14 laxis 216:20 lay 244:16, 246:6 laying 245:24, 246:3 layout 33:2 lead 113:1 leaders 8:12, 12:6, 16:2, 16:22, 183:13, 183:19, 185:21, 200:15 leadership 15:9, 16:21, 17:1, 45:1 leading 24:1, 32:3 learn 47:4, 89:22 learned 22:12, 27:10,	209:7 least 28:2, 41:6, 55:13, 90:21, 93:2, 95:21, 173:15, 198:6, 221:16, 237:6 leave 10:1, 16:16, 139:19, 261:13, 270:23, 271:11 leaving 23:11, 109:8, 171:19 led 22:14, 43:9, 112:2, 112:3, 112:10 left 63:2, 69:9, 164:16, 196:20 legal 4:22, 5:5, 107:19, 136:23, 137:6 legislation 80:14, 93:3, 232:24, 270:21 legislative 27:7, 107:15, 267:12, 269:20 legislator 274:22 legislators 92:16, 93:15, 216:11 legislature 10:21, 232:21 lenders 78:10 length 59:3, 59:7, 59:10, 130:16 less 56:23, 90:9, 128:6, 234:18, 260:1 let's 55:7, 56:16,
L			
l-a-u-r-i-e 187:5 l-e-v 98:6 l-i-n-d-a 110:15 la 142:14 labor 22:9, 30:14, 82:24, 113:5, 176:11, 251:3, 251:20, 253:6, 260:9 laboratory 235:8			

58:17, 59:7, 59:12, 60:3, 63:18, 160:18, 181:22, 236:23 letter 33:21 letters 25:8 let's 113:20, 272:23, 272:24 level 39:2, 39:3, 39:5, 39:6, 39:9, 39:12, 39:13, 39:17, 39:18, 39:19, 39:20, 39:22, 39:24, 41:7, 77:8, 81:22, 161:20, 219:13 levels 68:16, 143:3, 228:14 leveraged 77:21 levorn 98:3, 98:4, 98:5 liabilities 76:15 liaison 107:15 licensed 10:12, 58:19, 58:21, 205:10 life 36:24, 58:4, 61:20, 61:21, 64:20, 64:21, 65:6, 73:10, 83:17, 85:12, 85:14, 92:12, 103:7, 112:8, 122:1, 124:3, 128:15, 133:10, 133:11, 150:23, 153:20, 153:24,	154:6, 162:11, 170:19, 170:20, 178:13, 186:19, 186:22, 188:1, 188:10, 213:6, 214:21, 214:22, 224:4, 224:12, 234:1, 256:16, 257:3, 258:1, 258:10, 258:12, 258:17, 258:22, 264:4 life-saving 70:20, 114:3, 145:21 lifeblood 13:13 lifeless 65:9, 114:4 lifelong 120:2, 175:24, 194:14, 194:15, 223:17 lifetime 241:23, 257:15 light 217:20 lighthouse 151:8 lights 176:18 likely 26:10, 106:4, 106:6, 164:11 likes 230:23 likewise 20:8 limit 7:8, 139:11, 194:9, 233:1 limited 34:9 limits 69:20 limp 114:4 linda 110:9, 110:10,	110:15 line 37:23, 81:23, 151:23, 218:8 line's 95:10 lines 204:20 lisa 120:11 list 18:7, 89:6, 110:7, 139:24, 142:10, 217:3 listen 70:16, 112:7 listening 50:17, 68:13, 151:19, 180:19, 187:7, 196:22, 200:12, 217:21 lists 31:7 literally 70:11, 203:6 little 26:18, 27:3, 39:11, 40:7, 44:23, 45:20, 48:7, 55:12, 56:2, 56:23, 58:22, 59:16, 65:5, 65:9, 66:15, 90:8, 115:21, 115:24, 119:1, 140:14, 178:2, 193:22, 196:3, 212:2, 215:1, 217:5, 221:1, 221:19, 222:2, 222:19, 233:19, 264:5, 266:20, 271:24, 272:24 live 10:7, 50:3, 55:15, 61:11, 75:18, 99:16,	106:16, 144:9, 153:20, 153:21, 154:3, 175:19, 175:23, 180:9, 181:3, 207:2, 209:12, 225:6, 225:9, 233:16, 265:11 lived 63:4, 63:5, 121:14, 140:14, 167:22, 196:7, 219:15, 224:3, 230:11, 258:1 livelihood 225:16 livelihood's 225:5 lives 16:8, 42:14, 53:14, 56:19, 57:7, 58:3, 71:4, 85:2, 96:17, 98:1, 104:10, 106:17, 107:1, 109:12, 130:17, 144:11, 144:12, 154:5, 155:1, 167:10, 181:14, 181:23, 182:4, 182:5, 182:6, 182:16, 191:8, 193:12, 200:1, 202:16, 242:17, 249:15, 256:11, 256:12, 258:9, 260:12, 260:15, 264:9, 264:23, 264:24, 265:2, 272:5 living 46:20, 95:10, 95:11, 157:13, 175:21, 176:19, 177:3, 178:3, 178:6, 200:9, 213:6, 235:18, 238:6
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Transcript of Public Hearing - 314-Bed Acute Care Hospital - #E-024-19

Conducted on July 24, 2019

317

<p>load 70:23, 79:3</p> <p>loan 78:10, 79:1</p> <p>lobbied 226:14</p> <p>lobby 7:2, 20:20, 135:21, 139:4</p> <p>lobbyists 269:22</p> <p>local 8:11, 14:17, 15:6, 45:5, 61:8, 61:9, 62:7, 63:23, 107:24, 112:4, 112:9, 112:14, 114:8, 147:19, 179:24, 180:6, 184:2, 188:20, 189:14, 226:1, 226:12, 226:18, 235:21, 248:11</p> <p>locally 184:4</p> <p>located 5:11, 135:7, 137:12, 215:17, 223:19</p> <p>location 185:23, 267:13</p> <p>locations 169:24, 189:10</p> <p>long 14:16, 15:19, 41:8, 59:3, 101:7, 105:15, 111:5, 113:23, 130:16, 167:23, 176:8, 190:7, 198:5, 220:21, 221:3, 230:11, 254:4, 269:2</p> <p>long-lasting 50:17</p> <p>long-term 14:2, 74:3,</p>	<p>74:8, 74:23, 143:6, 147:16</p> <p>longer 52:23, 57:12, 62:12, 62:13, 70:11, 70:12, 84:14, 184:18, 184:21, 233:19</p> <p>look 30:5, 37:13, 37:22, 46:23, 50:16, 58:19, 59:12, 60:10, 78:12, 106:8, 172:1, 179:24, 181:19, 182:5, 190:21, 193:7, 218:4, 234:24, 265:19, 271:1, 273:6</p> <p>looked 19:11, 66:9, 71:20, 238:3, 240:7, 246:21, 269:13</p> <p>looking 15:24, 37:23, 48:7, 50:4, 58:18, 66:9, 73:23, 178:7, 191:11, 193:18, 210:3, 235:2, 237:16, 238:1, 238:3, 240:2</p> <p>looks 180:5</p> <p>lord 92:1, 128:14, 240:11</p> <p>los 32:18, 140:16, 140:17, 141:18</p> <p>lose 11:6, 48:12, 63:20, 95:1, 96:1, 104:4, 104:7, 126:3, 134:22, 189:3,</p>	<p>195:17, 209:18, 224:22, 225:10, 225:15</p> <p>losing 10:16, 54:22, 193:16, 193:20, 195:13, 204:23, 206:21, 208:5, 209:23</p> <p>loss 41:8, 52:9, 114:3, 148:15, 185:13, 185:15, 185:17, 185:18, 186:3, 186:7, 186:8, 186:13, 186:19, 186:24, 208:13, 214:4, 219:1, 229:1</p> <p>losses 10:20, 11:8</p> <p>lost 10:18, 11:5, 15:7, 21:24, 23:9, 83:19, 107:22, 146:9, 160:9, 241:3, 246:1</p> <p>lot 22:20, 27:20, 29:17, 39:1, 40:4, 40:20, 45:17, 46:22, 50:18, 61:20, 66:24, 67:12, 96:14, 105:2, 150:15, 150:17, 156:2, 158:4, 158:5, 162:10, 167:17, 170:24, 174:14, 174:15, 174:17, 187:16, 190:6, 206:24, 213:8, 213:9, 213:13, 213:14, 215:9, 219:9, 219:21, 222:4, 222:6, 224:22,</p>	<p>226:20, 227:12, 228:4, 231:12, 239:16, 253:3, 254:1, 254:8, 258:7, 261:15, 267:15</p> <p>lots 48:3, 174:2, 220:20</p> <p>louis 100:18, 100:24</p> <p>love 22:10, 123:22, 131:1, 131:2, 143:21, 156:7, 161:5, 163:18, 268:4</p> <p>loved 13:22, 61:13, 144:12, 160:8, 160:11, 200:9, 224:9</p> <p>lovingly 162:4</p> <p>low 76:10</p> <p>low-income 49:21</p> <p>lower 118:21, 235:18, 235:19</p> <p>lowest 39:4, 59:9, 81:21, 143:14</p> <p>loyola 155:5</p> <p>luckily 188:1, 242:15</p> <p>lucrative 79:17</p> <p>lunch 198:8</p> <p>lungs 247:13, 247:14</p> <p>lupus 133:3</p> <p>lynn 216:20, 217:7</p>
--	---	---	---

M			
m-a-h-m-o-u-d 99:5	91:22, 92:8, 138:15	man 130:6, 190:22	map 74:10
m-a-r-i-e 115:16, 217:19	maintenance 184:23	manage 163:21, 163:22	march 18:13, 18:15, 24:11, 148:6
m-a-s-t 189:21	major 69:8, 104:24, 258:12	managed 22:15	mares 2:10, 277:2, 277:12
m-c-c-a-i-n 98:7	majority 86:12, 143:16, 173:13	management 33:1, 231:1	marie 115:5, 115:6, 115:7, 115:8, 115:9, 115:16, 217:18
m-i-c-k 48:24	make 13:8, 17:10, 23:1, 28:5, 36:5, 38:7, 44:8, 62:2, 67:5, 73:1, 75:6, 78:12, 107:20, 114:7, 134:15, 146:24, 149:18, 160:21, 172:6, 177:24, 178:12, 189:15, 194:12, 203:18, 217:15, 221:13, 236:1, 242:23, 243:16, 245:13, 260:14, 265:12, 275:13	managers 68:3, 72:19, 183:9	mark 43:12, 189:19, 189:21, 191:12
m-i-l-l-e-r 177:18	makes 113:16, 145:16, 146:4, 158:13, 160:12, 166:3	managing 23:19	marked 3:18
m-i-n-d-e-m-a-n 115:11, 115:17, 217:19	making 36:6, 88:21, 145:4, 153:11, 188:15, 237:22, 240:14	mantra 55:1	market 10:6, 47:22, 244:3
m-i-t-c-h-e-l-l 121:11	male 26:22, 26:24, 48:20, 62:17, 89:4, 157:3, 262:19	many 9:3, 9:16, 12:1, 14:1, 18:11, 19:4, 21:12, 21:17, 21:21, 21:22, 21:24, 22:6, 22:19, 37:4, 38:6, 38:11, 45:21, 45:23, 47:16, 48:1, 50:13, 52:19, 57:13, 61:6, 72:10, 72:13, 76:15, 83:23, 91:2, 96:1, 112:4, 117:18, 122:4, 125:15, 125:16, 143:15, 145:9, 153:8, 153:10, 162:9, 162:15, 162:16, 164:4, 167:10, 174:10, 181:10, 182:2, 183:1, 191:2, 206:23, 209:21, 225:4, 234:9, 234:13, 235:4, 236:2, 254:22, 258:5, 258:9, 264:12, 266:23	marketing 33:2
ma'am 93:20, 102:3, 102:5, 115:3, 121:1, 129:15, 148:3, 155:22, 206:1	mammogram 122:23	many-fold 84:16	married 99:17, 115:20, 121:14
made 7:6, 22:24, 27:23, 51:16, 76:23, 86:6, 86:7, 116:24, 119:19, 120:14, 139:8, 237:5, 266:10, 273:5			mars 197:23, 198:3, 198:10
madison 98:10, 98:16			marsha 195:21, 195:24
magnitude 186:24			martha 249:17
mahmoud 99:3, 99:4			martin 180:23, 180:24, 181:1
main 212:22, 213:19, 214:22, 215:6, 245:16			martinez 53:24
mainly 222:11			marvelous 231:4
maintain 6:13, 13:3, 50:14, 74:4,			mary 55:12, 56:3, 56:24, 212:2, 215:1, 221:2, 221:20, 231:9, 233:19, 271:24
			mary's 98:10, 98:14,

266:20 marzal 182:19, 182:20, 182:21 mass 90:5 massive 77:19, 79:3, 88:13, 114:3, 246:2 mast 189:19, 189:21, 189:22, 192:24, 194:9 mastantuono 189:20, 189:21, 190:18, 193:1, 194:10 master 129:4 matched 15:20 material 33:19 materials 5:23, 137:24, 170:14 maternal 41:11, 84:5, 84:11, 84:21, 105:24, 106:2, 252:5, 252:7, 259:11, 261:1, 261:19, 261:20, 261:23 maternity 60:17 math 254:23 mathematical 254:21 mathematician 57:5 matter 40:17, 84:13, 88:8, 123:4, 133:14, 234:1, 258:12, 258:21,	258:22 matters 68:16, 88:7, 88:8, 88:9, 241:11 mature 260:5 maybe 55:10, 55:11, 55:12, 56:3, 106:19, 106:21, 106:22, 106:23, 194:4, 203:5, 235:4, 243:10, 243:17, 252:18 mayo 125:9, 125:11, 125:19, 125:20, 125:22 mayor 12:10, 12:13, 85:18, 85:19, 96:11, 96:13, 132:7, 156:19, 156:20, 156:23, 157:4, 157:9, 157:12, 157:18, 157:21, 158:19, 158:23, 161:4, 168:15, 168:17, 168:18, 169:10, 172:15, 172:16, 183:6, 183:23, 183:24, 211:10, 211:11, 211:14, 211:15, 211:18, 211:21, 216:16, 248:18 mayors 68:3, 69:6, 72:19, 172:5, 172:10, 183:9, 274:6 mccain 98:3, 98:7 mccain-jones 98:4, 98:5, 98:6	mcfarland 107:6 mean 10:14, 22:17, 22:19, 81:15, 145:18, 150:17, 163:17, 179:5, 189:8, 194:3, 200:8, 201:20, 233:24, 235:13, 240:15, 242:9 meaning 59:3, 67:8 means 22:19, 30:21, 39:23, 58:17, 69:13, 87:24, 92:21, 150:15, 193:11, 213:7, 260:4, 267:22, 269:7 meant 213:17, 214:18, 268:7 meantime 171:19 measure 71:17, 74:10 measured 74:22 measures 70:20 med-surg 205:11 medi 93:9 media 231:21 median 118:21 medicaid 11:3, 76:12, 86:20, 86:23, 91:6, 93:9, 119:15, 204:24, 231:21 medical 1:10, 4:4,	4:17, 5:11, 8:3, 9:24, 11:16, 11:18, 14:15, 17:24, 18:12, 18:15, 18:18, 18:22, 19:10, 19:19, 19:21, 20:3, 20:6, 20:10, 39:14, 41:19, 41:21, 46:12, 47:8, 50:2, 55:4, 58:14, 69:19, 70:17, 71:8, 74:20, 75:10, 113:12, 116:7, 117:19, 119:2, 119:5, 122:3, 122:14, 122:16, 122:21, 125:1, 125:8, 125:13, 129:23, 132:11, 133:4, 133:9, 133:17, 136:3, 136:17, 137:12, 141:16, 142:23, 152:10, 173:6, 173:17, 173:19, 183:12, 184:7, 184:19, 185:4, 185:6, 185:11, 185:20, 186:10, 189:4, 189:8, 193:2, 193:3, 199:6, 199:16, 199:24, 204:4, 204:12, 216:4, 218:21, 263:20, 264:1, 264:20 medicalcare 173:8 medicare 86:19, 86:23, 93:9, 204:23, 231:21 medication 244:24 medicine 47:4, 54:9,
--	--	--	--

54:15, 54:17, 54:24, 61:6, 61:19, 61:21, 65:4, 95:2, 140:10, 230:1, 230:4, 231:22, 252:6, 252:8, 259:11 meet 272:9, 275:6 meeting 6:5, 7:7, 74:13, 135:6, 138:7, 139:10, 191:4, 217:10, 247:24, 276:1 meetings 25:5, 33:18, 141:6, 168:21, 270:5 megan 1:24, 278:2, 278:16 member 27:9, 86:3, 115:23, 116:16, 136:10, 143:10, 143:14, 145:3, 145:11, 208:8, 241:23, 242:8, 243:7, 253:18, 267:11, 269:8 member's 253:15 members 7:7, 8:5, 68:10, 68:12, 69:3, 75:17, 85:23, 139:10, 142:20, 143:15, 143:19, 147:5, 147:21, 151:17, 151:19, 153:18, 181:15, 190:7, 192:17, 197:20, 197:21, 199:1, 220:23, 264:24, 269:11	memorial 42:10 memories 20:22 men 117:10 mental 94:4, 94:6, 108:6, 108:13, 108:16, 109:12, 186:13, 193:3, 256:17, 273:15, 273:17 mention 45:6, 85:1, 95:3, 174:18 mentioned 59:23, 132:19 merely 74:17, 86:20 mergers 23:20, 24:6, 32:16 message 18:4, 169:7 met 12:5, 36:5, 81:11, 194:18, 270:10 method 218:7 methodist 98:16 metro 18:21, 27:10, 34:5, 58:21, 85:7, 96:22, 97:6, 113:10, 181:7, 184:8, 194:20, 194:24, 195:2, 206:14, 206:15, 238:7, 239:3, 240:13, 241:9, 241:12 metro's 35:5 metropolitan 71:21, 71:22	metrosouth's 17:10, 24:17, 33:12, 70:3, 86:12, 86:14, 86:21, 95:17, 200:13 mic 20:24, 94:3, 230:7 michael 3:6, 4:9, 78:15, 79:11, 136:8, 182:19, 182:21 mick 48:24 micro 232:16, 233:2, 233:4, 233:8, 234:5, 234:8, 234:10 microphone 20:24, 21:3, 102:7, 155:22, 207:22, 229:22 middle 65:7, 65:18, 270:22 middle-class 94:16 midlothian 16:6 midnight 191:3 midwife 55:21, 250:7 midwives 250:10, 250:13, 263:23 might 46:23, 200:8, 256:8 mile 36:20 mileage 71:18 miles 16:11, 40:18,	85:1, 106:19, 117:18, 164:2, 213:21, 250:19, 259:20, 259:21, 264:16 millar 79:10, 79:15, 79:17, 79:19, 177:16, 177:17, 177:18, 180:11, 180:12, 180:15, 180:22, 248:7, 248:8, 248:18 million 10:18, 11:6, 11:7, 13:2, 45:20, 78:9, 78:10, 79:15, 79:16, 106:24, 107:1, 205:5, 232:2, 235:4, 235:5 millions 10:16, 23:9 mills 118:9 mind 102:7, 153:16, 168:3, 210:14, 239:7, 244:23 mindeman 115:5, 115:8, 115:11, 115:13, 115:14, 115:16, 119:22, 120:1, 120:2, 120:17, 217:18, 217:19 minds 110:20, 141:19, 273:5 mine 162:19, 188:11, 192:13, 198:18, 206:16, 228:18 ministry 152:6, 152:7, 154:12, 154:13 minority 108:16
---	---	--	--

minute 83:20, 200:8, 226:17, 251:13	91:22, 95:11, 232:11, 248:17	month 8:17, 40:8, 46:4, 100:9, 121:20, 260:1, 273:23	27:5, 28:18, 31:15, 34:23, 44:17, 48:23, 51:5, 51:6, 54:1, 85:24, 96:13, 110:1, 110:6, 110:7, 110:14, 121:6, 122:8, 135:18, 168:2, 172:21, 172:23, 172:24, 187:7, 187:17, 199:23, 214:16, 238:14, 239:12, 244:14, 244:17, 267:16
minutes 7:9, 11:20, 55:9, 55:11, 55:13, 56:3, 62:20, 62:23, 83:18, 84:5, 84:8, 84:13, 96:23, 96:24, 97:1, 97:2, 106:15, 106:19, 111:16, 116:21, 117:1, 121:24, 124:1, 124:2, 132:12, 139:12, 145:24, 150:21, 150:23, 151:10, 153:23, 159:9, 160:3, 160:4, 160:11, 160:12, 162:9, 164:8, 176:12, 178:11, 182:2, 182:3, 191:7, 193:12, 203:5, 207:22, 210:17, 213:5, 217:4, 224:6, 224:14, 243:18, 244:20, 245:23, 246:7, 269:14, 271:20, 271:21, 271:23, 274:11	mistake 221:13 mittchell-price 121:6, 121:10 mitigate 183:16 mixed 37:5 mobilizing 146:15 model 216:5, 216:6, 216:9 moines 173:20 mom 20:18, 106:18, 111:19, 114:9, 196:16, 224:8, 228:1, 237:15, 248:12 mom's 194:22 moment 20:4 moments 85:13 moms 40:4 money 45:17, 46:24, 61:18, 62:3, 63:9, 90:22, 105:10, 133:9, 133:10, 134:19, 134:21, 154:10, 163:14, 163:20, 163:21, 189:11, 189:15, 189:16, 195:13, 197:9, 204:23, 225:7, 227:6, 231:12, 271:2 monies 225:22 montgomery 47:24	months 44:7, 108:22, 204:14, 248:14, 265:20, 273:1 moons 47:17 moraine 165:21 morbidity 84:1 more 9:24, 11:5, 11:6, 11:23, 13:24, 17:3, 18:9, 24:5, 26:7, 26:11, 27:20, 33:15, 34:8, 42:19, 43:15, 48:1, 49:6, 49:21, 56:22, 62:2, 67:11, 71:10, 72:8, 78:12, 81:13, 93:11, 93:15, 95:4, 95:22, 106:4, 106:6, 106:19, 111:21, 132:12, 135:11, 149:16, 162:15, 174:6, 183:3, 188:19, 196:23, 198:15, 200:21, 206:8, 208:7, 209:23, 219:22, 222:9, 224:2, 227:22, 228:23, 239:9, 245:12, 252:12, 260:1, 265:14, 276:4 morning 4:2, 14:8, 20:16, 27:4,	mortality 84:2, 90:6, 90:9, 105:24, 106:2, 261:2, 261:19, 261:20, 261:23 most 32:17, 38:23, 39:5, 45:9, 52:5, 67:15, 77:21, 110:16, 118:4, 143:19, 146:7, 162:2, 164:11, 176:17, 186:12, 191:23, 192:10, 199:14, 204:13, 224:2, 224:21, 233:7, 234:5, 239:15, 256:12, 257:12, 261:5, 261:17 mostly 122:5 mother 21:7, 21:8, 21:19, 27:16, 66:18, 111:22, 112:6, 146:21, 147:7, 159:6, 160:8, 167:9, 167:19, 194:14, 195:6, 196:7,

196:20, 209:20, 209:21, 219:16, 243:2, 246:1, 246:4, 246:8, 260:17, 260:20, 260:21 mother's 103:7, 178:6 mothers 46:1, 185:16, 260:15, 264:4 motivated 84:17 motive 43:9 mounting 9:14 move 104:5, 157:18, 180:2, 181:19, 212:23, 238:8 moved 79:19, 100:11, 108:22, 113:5, 115:22 moves 53:12 moving 101:6, 246:20, 258:16 msmc 15:11, 83:8 mts 18:16, 18:20, 19:8, 20:8, 31:21, 32:3, 32:23, 33:10 much 8:1, 21:10, 22:17, 22:19, 35:14, 47:9, 54:17, 54:18, 71:10, 84:19, 95:22, 100:5, 123:23, 172:18, 183:1, 195:19, 216:18, 218:2, 220:1, 222:15,	223:2, 236:6, 250:20, 257:17, 262:6, 276:18 mulch 126:5 multicultural 151:15 multiple 18:24, 51:6, 67:17, 147:18, 171:23, 223:20, 228:14 multitude 181:5 municipal 74:15 municipalities 16:5, 68:4, 74:15 murmur 156:10 murray 187:10 muscle 56:9 must 75:8, 87:18, 95:18, 96:2, 182:16, 231:2, 276:6, 276:10 mutual 171:12, 184:24 myself 18:19, 19:8, 19:23, 22:21, 56:19, 83:3, 130:16, 179:1, 197:19, 236:12, 238:3, 258:3, 275:10 mystery 270:9	nalla 165:19 name 7:14, 8:2, 14:8, 17:18, 17:19, 20:16, 20:17, 23:17, 31:8, 31:19, 38:18, 41:18, 44:18, 47:13, 54:2, 58:11, 61:4, 66:4, 75:3, 82:22, 86:1, 93:19, 98:5, 107:10, 110:14, 115:3, 115:10, 115:16, 121:10, 124:7, 124:14, 127:3, 127:21, 129:14, 129:21, 131:10, 131:18, 134:1, 139:17, 140:9, 142:24, 151:7, 161:14, 168:17, 175:17, 177:18, 182:21, 189:20, 189:22, 195:23, 198:14, 201:9, 204:1, 206:4, 208:2, 211:14, 229:19, 243:23, 244:1, 246:24, 248:5, 249:7, 249:9, 255:23, 259:10, 262:12, 262:14, 262:18, 263:3, 263:16, 265:9, 265:10, 267:7 name's 68:1 named 79:13 names 7:20 nancy 174:2	nation 72:6 national 24:21, 33:8, 60:21, 216:1 nations 151:16 nature 255:13, 255:14 near 75:18, 104:6, 133:16, 133:20 nearby 12:1, 36:20, 47:3, 57:16, 122:16, 133:7, 141:15, 200:3, 235:21 nearest 21:9, 21:14, 55:8, 57:11, 83:17, 145:24, 241:10 nearly 24:9, 24:19, 56:18, 83:18, 86:18, 144:24 necessary 11:18, 13:4, 34:6, 35:23, 36:7, 108:10, 133:7, 208:18, 252:7 need 5:21, 13:2, 18:2, 22:24, 23:4, 27:21, 29:19, 35:5, 39:20, 41:11, 46:7, 56:11, 57:1, 57:4, 58:18, 59:2, 60:23, 62:7, 63:12, 63:16, 67:18, 72:15, 74:2, 74:7, 74:10, 81:2, 81:3, 84:7,
	<hr/> N <hr/>		
	n-a 131:16 n-a-t-h-i-a 131:15		

85:10, 85:12, 88:10, 95:5, 96:19, 108:2, 117:8, 117:14, 134:21, 137:22, 156:14, 156:15, 171:4, 171:5, 171:8, 180:16, 184:16, 189:6, 193:4, 193:15, 194:7, 201:2, 202:7, 203:17, 207:1, 207:8, 210:4, 215:8, 221:10, 221:23, 226:21, 226:23, 228:21, 228:22, 229:4, 231:3, 231:8, 235:23, 236:18, 239:6, 239:8, 243:8, 243:11, 244:21, 246:10, 247:17, 248:20, 251:14, 251:24, 252:10, 253:18, 254:11, 254:13, 254:17, 256:6, 256:9, 257:6, 257:10, 264:16, 270:8, 271:16, 273:14, 274:10, 274:24 needed 27:14, 35:14, 36:2, 37:19, 67:17, 78:6, 78:8, 122:10, 132:10, 133:17, 145:18, 146:18, 167:5, 183:15, 188:7, 222:8, 231:14, 233:13, 239:4, 242:6, 244:10, 248:20, 269:23 needs 6:6, 15:6, 22:23, 36:5,	36:8, 46:8, 62:5, 66:10, 66:23, 67:18, 74:13, 85:15, 98:23, 105:10, 114:10, 125:7, 133:1, 138:8, 141:14, 170:1, 179:12, 179:14, 179:18, 188:23, 204:11, 216:2, 229:4, 242:2, 248:16, 253:22, 257:13, 265:17, 269:1, 272:9 needy 128:2, 128:5, 128:11, 128:14, 129:2, 129:5, 129:7, 129:9 negative 15:1, 49:8, 49:15, 49:17, 49:20, 51:1, 72:22, 111:15, 254:6 negatively 203:8 negotiating 19:16 neighbor 122:10, 128:18, 129:1 neighborhood 73:11, 86:2, 123:8, 150:10, 160:2, 181:21, 189:7, 190:20, 222:9, 222:12 neighboring 14:23, 183:21, 198:13, 199:3, 253:24 neighbors 117:17, 201:1, 222:6, 225:14 neither 277:5, 278:7	nell 161:13, 161:15 neonatal 38:23, 41:9, 84:5, 84:21, 113:8, 260:5, 261:2 neonatologist 44:20, 251:8 neonatologists 44:21, 256:2 neonatology 256:4 nephew 130:1 nervous 112:5, 133:19 net 54:19, 54:22, 185:9, 233:11 network 45:4 networks 273:3 neurosurgery 59:22, 60:5 never 22:9, 51:16, 67:7, 79:4, 132:19, 143:8, 150:22, 152:19, 152:23, 158:18, 163:7, 167:4, 192:2, 197:10, 200:7, 204:15, 205:9, 237:13, 242:23, 269:16 new 8:15, 12:3, 13:1, 15:11, 15:15, 32:13, 33:6, 43:1, 69:17, 76:8, 76:16, 80:14, 80:21, 82:4, 93:22, 95:16, 106:1, 190:7, 213:9, 213:10,	216:9, 228:22, 231:17, 238:13, 265:19, 270:21 newborn 147:6 news 8:16, 47:5, 117:21, 134:14, 216:13, 236:1, 266:8, 266:9 newspaper 43:19 next 23:15, 26:16, 28:15, 34:21, 38:16, 43:14, 83:2, 117:7, 140:15, 145:24, 153:23, 171:21, 185:8, 212:18, 246:19, 247:14 nice 91:13, 105:11, 130:15, 224:7 nicu 65:12, 113:7 night 65:8, 65:17, 169:18, 176:13, 176:17, 239:11, 246:16, 270:23 nights 244:16 nine 170:11, 213:21 nobody 40:9, 117:5, 158:19, 168:1, 197:3, 222:10, 273:4 nobody's 40:16 non-disclosure 25:1, 33:14 non-trauma 62:24 non-white 86:13, 86:15,
--	---	---	--

118:22 none 7:19, 9:8, 16:10, 19:21, 51:17, 51:24, 52:1, 52:3, 139:23, 144:6, 152:17, 156:5, 193:6, 195:5, 224:19 nonstop 176:12 normal 103:2, 251:16, 260:9 north 61:12, 103:12, 104:6, 175:20, 212:21, 213:22 northern 19:3, 225:14 northwestern 149:22 not-for-profit 19:1, 24:22, 33:9 notary 2:11 note 6:10, 7:4, 85:3, 135:3, 138:12, 139:6, 150:21, 151:11, 194:12 noted 145:9 notes 145:8 nothing 36:8, 141:7, 149:19, 224:24, 265:18 notice 4:23, 5:5, 5:8, 136:23, 137:6, 137:9, 208:14 notification 6:7, 138:9	notified 25:24 notion 88:12, 230:24, 233:3, 261:14 november 75:21, 81:6 nowhere 72:8 nrp 113:8 number 11:7, 31:12, 31:13, 31:14, 59:2, 59:4, 59:5, 60:16, 69:14, 70:12, 85:10, 93:1, 97:14, 105:3, 107:21, 140:16, 144:22, 144:23, 185:3, 190:23, 255:5, 267:23, 268:10, 269:13, 270:5, 273:11, 273:17, 274:14 numbers 11:3, 59:12, 60:4, 61:17, 70:23, 71:12, 74:20, 97:4 numerical 7:10 numerous 85:2, 253:20 nuns 191:15 nurse 38:23, 82:22, 106:8, 106:9, 110:16, 111:1, 112:19, 113:5, 113:7, 123:2, 173:12, 240:6, 245:6, 250:7, 253:6 nursed 103:21	nursery 113:6, 251:6, 251:7, 256:24, 260:3 nurses 15:5, 22:13, 41:24, 69:4, 92:2, 92:4, 92:6, 100:14, 103:20, 105:4, 113:9, 113:10, 113:19, 113:22, 124:22, 153:9, 162:2, 162:5, 162:13, 162:20, 164:15, 174:9, 184:7, 191:15, 192:8, 196:18, 196:19, 235:24, 240:22, 241:5, 244:11, 251:7, 263:23, 264:7, 268:1 nursing 22:8, 38:22, 59:5, 59:18, 75:17, 83:2, 83:3, 98:9, 98:10, 101:13, 104:20, 104:22, 105:8, 105:19, 143:5, 156:12, 201:16, 235:22, 244:3, 251:4, 251:7, 251:15	o-r-r 107:11 oak 69:12, 212:3 ob 22:1, 41:9, 55:20, 201:10, 201:20, 205:12 observe 113:1 observed 112:10 obstetric 83:22 obstetrician 173:2 obstetrics 146:20 obvious 81:16 obviously 52:6, 73:20, 127:18, 141:5, 142:10, 168:23 occasion 133:19 occupancy 86:18 occupational 146:13, 148:12 occupied 252:20, 255:3, 255:7 occur 235:14 occurred 42:23 october 164:1 offer 89:23, 92:16, 144:3 offered 12:15, 228:12 offering 11:18 office 28:1, 30:9,
O			
o'brien 195:21 o'brien-rausch 195:23, 195:24 o'clock 168:2, 214:16, 214:17, 238:14 o-e 75:4 o-r-n 98:7			

107:18, 163:6, 173:10, 191:2, 264:12, 268:13, 270:11 officers 140:22 offices 32:12, 184:2, 184:4, 222:24 official 176:4, 176:7 officials 8:12, 12:18, 14:17, 15:8, 43:22, 44:5, 44:9, 63:23, 80:14, 82:3, 184:5, 213:13, 226:12, 226:19, 268:10, 268:14, 269:21 offload 76:8 often 35:9, 42:19, 128:1, 170:4, 223:1 oh 26:21, 45:21, 48:21, 48:22, 85:22, 101:20, 146:11, 243:21, 244:1, 262:21 okay 41:16, 47:1, 60:1, 89:15, 101:10, 101:23, 102:10, 102:14, 102:17, 102:21, 106:20, 106:23, 109:22, 115:9, 121:5, 123:3, 123:4, 124:13, 127:19, 129:19, 131:12, 139:22, 155:14, 155:24, 159:20, 159:21, 165:20, 181:8,	190:18, 201:7, 210:17, 210:24, 211:1, 211:4, 215:17, 216:22, 230:9, 241:15, 243:21, 244:1, 254:21, 256:14 old 10:24, 65:18, 151:13, 161:22, 162:22, 165:24, 166:2, 181:1, 190:16, 194:14, 209:5, 257:24 older 47:18, 118:13, 186:11, 233:23 oldest 237:15 oliver 218:17, 218:18, 220:10 olivia 262:11, 262:15, 262:18 olympia 49:14 once 67:7, 120:6, 121:21, 123:12, 159:24, 248:9, 269:21 oncology 116:6, 117:16 one 16:18, 19:6, 19:13, 20:21, 21:12, 22:14, 26:4, 30:15, 30:16, 30:18, 33:21, 36:21, 39:19, 41:4, 42:18, 43:24, 44:4, 44:8, 45:20, 46:4, 51:11, 54:24, 58:4, 59:2, 60:2, 66:7,	72:18, 73:2, 77:14, 78:24, 86:6, 86:7, 89:20, 90:2, 92:20, 93:3, 94:24, 96:5, 98:21, 99:15, 99:17, 100:19, 103:15, 105:18, 109:2, 111:12, 112:13, 117:15, 118:3, 118:14, 125:23, 125:24, 129:2, 141:1, 150:10, 152:4, 152:8, 160:8, 160:11, 165:4, 167:16, 170:11, 171:22, 176:11, 191:2, 191:5, 191:17, 193:9, 194:12, 197:21, 200:9, 201:10, 201:14, 207:5, 217:20, 218:18, 221:16, 227:16, 228:6, 230:19, 231:22, 233:15, 234:23, 235:3, 238:11, 239:23, 240:22, 242:13, 244:14, 246:16, 255:5, 256:1, 256:22, 265:16, 270:7, 274:11 one-on-one 25:4 one-third 10:15, 108:16 one-way 48:5 ones 13:22, 39:5, 61:13, 144:12, 167:16 one's 129:1 ongoing 76:21, 79:14,	103:22, 146:4, 147:16, 183:17, 199:18, 266:1 online 276:7 only 3:7, 10:15, 14:2, 19:19, 21:12, 26:3, 26:9, 35:15, 37:14, 41:20, 49:9, 50:13, 50:23, 53:7, 54:12, 57:17, 69:3, 69:22, 70:24, 71:1, 78:11, 81:8, 81:22, 84:24, 91:6, 91:9, 91:19, 146:1, 150:16, 185:8, 188:10, 193:1, 198:9, 198:11, 199:10, 199:21, 199:22, 205:20, 206:18, 212:11, 212:13, 213:22, 215:10, 215:21, 215:22, 215:24, 221:5, 223:3, 224:5, 225:7, 228:18, 228:24, 232:10, 234:11, 246:15, 254:15, 257:14, 261:2, 264:16, 267:21, 268:19, 275:10 open 5:16, 14:19, 27:17, 27:24, 28:3, 30:23, 38:13, 42:6, 49:24, 52:12, 53:19, 60:1, 60:23, 82:15, 85:16, 86:4, 88:5, 88:11, 88:22, 94:8,
--	--	--	---

126:21, 127:17, 130:23, 131:7, 132:24, 134:18, 137:17, 157:17, 158:9, 158:12, 161:19, 163:8, 163:23, 165:2, 165:14, 178:1, 179:9, 181:13, 182:12, 189:16, 195:13, 203:19, 207:11, 209:9, 210:2, 218:23, 218:24, 220:7, 222:18, 226:22, 226:24, 227:1, 227:8, 227:9, 231:10, 236:18, 236:24, 242:2, 248:9, 248:16, 258:13, 258:19, 258:23, 259:1, 263:4, 265:13, 265:18 opened 246:18 opening 83:11 opens 105:19 operate 9:13, 12:11, 25:18, 34:7, 95:19, 237:21 operated 19:1, 190:4 operating 9:7, 11:11, 15:18, 24:16, 25:15, 26:8, 33:11, 33:24, 87:20, 195:6, 234:4, 235:7 operation 25:3, 195:12 operational 9:15 operations 13:4, 18:21,	33:4, 46:20, 75:21, 82:6, 87:12 operator 8:15, 8:18, 13:2, 18:18, 20:3, 88:5 operators 32:21 opinion 125:10, 231:1 opinions 103:13 opioid 114:9 opportunities 25:23, 183:16, 225:13, 250:16 opportunity 4:23, 5:1, 5:6, 5:17, 14:13, 64:17, 64:22, 72:24, 75:5, 95:15, 115:2, 127:1, 136:24, 137:1, 137:7, 137:18, 142:22, 151:9, 151:21, 168:19, 220:17, 230:16, 231:4, 234:3, 234:17, 235:6, 241:18 oppose 127:19 opposed 222:9 opposition 35:4, 37:12, 115:18, 124:11, 127:10, 127:13, 127:14 oppresses 129:3 optimize 84:6 options 12:1, 12:6 oral 6:18, 138:20,	146:24 order 6:11, 7:10, 18:3, 31:8, 38:7, 76:8, 77:12, 80:8, 92:8, 102:5, 138:13, 139:13, 140:13 ordered 146:6 ordering 198:8 ordinarily 39:24 organization 18:21, 19:13, 19:15, 25:15, 25:17, 71:22, 74:16 organizations 18:11, 19:9, 19:11, 19:19, 19:24, 20:2, 23:24, 24:20 organized 93:22 organizing 25:6 orientated 166:6 orland 223:1 orr 107:8, 107:9, 107:11 orthopedic 117:11, 146:9, 146:11 other 10:8, 10:10, 11:17, 13:19, 19:15, 26:4, 30:1, 36:20, 36:22, 37:18, 37:22, 50:10, 57:13, 65:22, 67:6, 67:13,	69:13, 70:14, 71:14, 71:17, 72:2, 86:24, 90:20, 92:18, 97:12, 112:6, 116:15, 116:18, 116:23, 130:13, 130:24, 133:2, 141:18, 142:6, 145:22, 152:13, 152:16, 171:13, 172:4, 172:5, 172:10, 174:14, 182:1, 192:3, 192:10, 198:10, 198:20, 202:16, 202:17, 203:7, 205:6, 206:8, 214:9, 219:5, 219:21, 223:4, 227:4, 227:5, 227:11, 234:23, 240:14, 245:24, 250:24, 253:12, 256:21, 259:17, 261:4, 264:14, 268:24, 269:11, 270:16, 271:17, 274:3, 274:11, 275:1, 275:20 others 69:16, 70:17, 128:22, 176:16, 183:10, 190:9, 194:18, 200:4, 241:17 otherwise 95:2, 259:14, 277:8, 278:10 ourselves 191:13, 209:15 out 9:9, 9:12, 18:1, 18:7, 19:20, 20:1, 23:10, 24:14, 27:2, 30:15, 37:19, 40:3,
---	--	---	--

40:8, 41:21, 50:4, 51:16, 52:20, 57:10, 59:11, 59:15, 62:10, 66:19, 66:20, 82:3, 86:11, 86:13, 91:10, 96:14, 108:22, 109:2, 114:22, 117:19, 122:1, 122:20, 123:7, 130:20, 132:12, 133:21, 134:22, 141:2, 141:16, 142:1, 156:11, 157:9, 159:7, 159:9, 165:19, 170:4, 170:6, 172:1, 193:19, 194:19, 194:20, 197:9, 205:11, 216:11, 219:10, 223:1, 225:22, 225:24, 226:17, 227:4, 233:6, 234:9, 239:17, 242:21, 246:10, 246:22, 247:9, 258:16, 269:9, 270:7, 270:22, 272:8, 272:23, 273:3, 275:21, 276:3 outcome 178:13, 277:8, 278:10 outcomes 84:6, 111:15, 146:16, 148:20 outcry 120:4 outlet 169:18 outpatient 9:19, 12:12, 26:8, 34:11, 60:6, 60:12, 69:10, 87:6,	122:5, 147:8, 147:20, 148:10, 232:4, 273:13 outreach 13:7, 33:13 outside 227:6 over 8:14, 9:14, 11:14, 16:16, 17:6, 18:21, 19:8, 20:1, 21:13, 23:21, 24:9, 31:22, 32:11, 33:7, 36:15, 38:22, 43:2, 43:14, 45:22, 46:8, 46:11, 48:3, 52:17, 57:15, 58:7, 61:7, 69:7, 75:10, 83:8, 88:6, 95:10, 95:17, 98:18, 121:12, 123:11, 124:20, 130:3, 133:10, 148:11, 150:4, 152:5, 152:6, 156:13, 159:5, 161:21, 161:22, 162:23, 164:22, 165:21, 165:23, 166:4, 169:20, 170:22, 173:4, 174:3, 176:19, 177:20, 178:4, 179:19, 182:1, 182:3, 185:7, 185:18, 192:10, 197:4, 205:4, 209:10, 213:4, 219:15, 222:15, 223:22, 224:13, 229:8, 231:24, 232:18, 235:15, 240:13, 245:3, 247:7, 249:14,	256:21, 265:21 over-bedded 58:16 overabundance 266:21 overall 14:21, 108:24 overcrowded 181:12 overflow 97:7 overflowing 221:3 overlooked 35:9 oversight 108:9 overstating 78:1 overwhelming 191:24 owes 95:21, 95:22 own 22:12, 112:3, 141:3, 141:4, 143:23, 150:3, 150:14, 188:7, 214:17, 225:20, 227:23, 234:15 owned 77:22 owner 18:12, 18:14, 18:17, 20:2, 20:6, 20:9, 43:1, 82:4, 189:1, 217:22 owners 15:11, 123:18, 197:22, 198:21, 225:20, 268:2 ownership 12:7, 12:8, 12:11, 17:23, 33:6, 231:2 ownerships 42:23	owns 226:3 oxygen 247:15 <hr/> P <hr/> p-r-i-c-e 121:11 pace 123:15, 184:3, 186:14 packages 79:21 packs 155:3 page 3:14 paged 100:19 pages 1:23 paid 91:17, 91:24, 92:1, 92:2, 132:18, 152:19 palettes 208:15 palm 194:17 palos 50:10, 60:8, 60:14, 97:2, 97:16, 171:7, 194:19, 194:24, 221:1, 221:20 pancreatic 103:10 panic 188:3 pantry 154:19 paper 5:24, 119:11, 138:1, 207:4 parachute 79:15, 200:7 paralyzed 164:6
---	---	--	--

paramedic 64:12 paramedics 170:16, 228:23 parent 75:9, 228:6 parent's 175:22 parents 45:12, 51:18, 103:3, 111:19, 113:15, 132:14, 191:4, 227:23 parish 161:17 park 16:6, 121:13, 122:20, 131:21, 133:1, 140:15, 153:21, 157:7, 157:12, 157:20, 157:23, 157:24, 158:12, 158:19, 158:24, 159:20, 160:4, 160:22, 161:6, 161:8, 166:18, 167:22, 171:14, 177:19, 179:18, 188:21, 196:7, 209:13, 219:7, 219:9, 219:10, 238:6, 238:9, 238:18, 242:1, 242:9, 242:13, 243:8, 257:24, 258:1, 258:3 part 8:9, 45:19, 58:8, 64:20, 91:14, 91:21, 99:10, 100:9, 125:8, 157:24, 159:14, 171:8, 171:11, 171:15, 173:6, 175:5, 189:23, 190:20, 190:21, 191:7,	192:20, 192:21, 197:24, 206:23, 250:23 parte 218:1 participants 7:9, 139:12 participated 24:9 participating 4:3, 8:6, 136:2 particular 35:18, 81:20 particularly 16:10 parties 5:17, 25:2, 25:5, 25:8, 25:9, 25:12, 33:15, 33:16, 34:3, 34:8, 34:15, 137:18, 227:5, 277:6, 278:8 partner 74:6, 104:23 partnered 105:16 partners 13:7, 18:17, 20:8, 31:21, 32:3, 32:12, 89:21 partnership 33:1 parts 45:7 partum 113:5 party 33:21, 33:23 pas 173:12 pasky 42:10 pass 113:11, 252:18 passed 10:21, 27:16,	51:16, 66:18, 106:1, 109:2, 196:8, 224:8, 242:21, 243:2, 246:22 passing 196:8 passion 163:18, 253:8 passionate 54:12, 54:13, 54:15, 68:13, 115:15, 253:1 passionately 54:5 past 8:14, 11:4, 22:11, 24:8, 27:23, 42:1, 69:7, 121:20, 178:4, 201:13, 201:15, 204:8, 204:18, 205:1, 226:2, 266:10 pastor 151:3, 151:4, 151:6, 151:7, 151:8, 151:11, 151:15, 152:3, 154:14, 156:20 pathologist 143:1, 143:3, 145:2 pathologists 146:23 pathology 148:13 paths 146:12 patience 192:4 patient 11:23, 57:10, 57:17, 57:22, 63:2, 70:19, 70:23, 83:14, 85:11, 91:5, 91:10, 91:11,	91:18, 91:20, 95:11, 100:8, 100:16, 100:20, 100:21, 106:22, 111:15, 112:14, 119:15, 121:18, 143:18, 144:7, 146:6, 162:17, 166:18, 174:24, 201:17, 204:20, 209:3, 234:7, 234:14, 274:9 patient's 203:9 patient's 113:2 patkin 120:11 pattern 76:1, 76:5, 79:7 pavilion 187:15 pay 18:3, 55:5, 77:6, 77:13, 77:19, 78:7, 78:24, 79:16, 90:18, 91:2, 120:15, 132:21, 197:6 paycheck 20:19 payer 144:14 payers 26:7, 34:11 payouts 200:6 pediatric 43:20, 65:12 penalizes 11:1 pending 273:22 people's 162:14 percent 10:4, 10:5,
--	--	--	--

10:8, 52:19, 57:1, 60:19, 86:10, 86:14, 86:18, 86:21, 86:23, 86:24, 90:6, 90:9, 97:22, 144:24, 153:18, 173:15, 198:6, 199:8, 224:23, 234:11, 245:17, 251:9, 252:1, 252:2, 252:13, 260:2, 261:23 percentage 142:4 perfect 102:14 perform 19:16, 42:6, 60:1 performance 77:12, 77:17, 78:1, 78:22 performed 147:7 perhaps 58:4 perinatal 45:4, 45:10 period 25:11, 177:3 persevered 48:6 person 16:12, 56:4, 67:16, 128:21, 157:19, 158:9, 239:24 personal 13:11, 26:3, 85:3, 111:5, 145:14, 161:20, 162:11, 164:1, 178:3, 194:12, 214:17, 219:13, 248:12, 264:21 personally 18:10, 113:4,	170:8, 211:21, 213:2, 224:15 personnel 25:6, 54:19, 70:16, 170:22, 171:2, 184:17 persons 6:5, 108:1, 108:2, 108:6, 108:11, 108:16, 138:7 perspective 51:8, 83:13, 140:12, 187:9 persuasive 140:13 pertinent 6:7, 138:9 pessimistic 92:14 petition 150:8 pharmaceutical 134:15, 134:23 phenomenal 21:16 phone 112:5, 112:6, 112:7, 112:13 phonetic 30:17, 42:10, 89:21, 89:22, 103:5, 103:6, 120:11, 190:14, 249:18 physical 113:1, 146:12, 148:8, 148:14, 193:2, 235:6, 267:13 physicals 145:8 physician 61:6, 65:4, 118:18, 122:6, 122:15, 173:12, 201:16, 202:6, 203:2, 229:24,	230:12, 234:15, 252:6 physician-owned 173:18 physicians 15:4, 45:2, 81:8, 112:23, 113:9, 125:3, 125:5, 125:21, 125:24, 126:20, 153:9, 173:11, 174:9, 184:7, 201:10, 202:11, 218:19, 251:18 pick 20:19, 142:1, 194:6, 250:23, 250:24 picked 64:12, 112:13 picture 13:24, 67:2, 71:10, 71:11, 191:10 piece 30:1, 196:2 pillars 88:16 place 35:15, 43:22, 80:22, 116:3, 130:11, 130:15, 143:9, 161:24, 162:1, 176:21, 180:4, 195:9, 215:20, 221:6, 225:1, 236:4, 262:5, 264:23, 270:16, 271:15 placements 105:17 places 83:23, 130:13, 174:13, 259:17 placing 109:12 plaintiffs 77:3, 77:10,	77:23, 78:5 plan 14:19, 56:8, 79:20, 113:2, 154:4, 217:24 planning 1:13, 4:22, 5:8, 5:16, 43:20, 71:22, 71:23, 103:23, 136:22, 137:9, 137:17, 249:2, 262:22, 269:5, 270:19, 272:18, 275:9 plans 6:17, 138:19, 235:22 plant 235:6 played 64:15, 64:20 please 4:15, 6:10, 7:1, 7:4, 7:8, 7:12, 7:15, 28:10, 31:18, 82:10, 115:3, 115:4, 124:7, 127:3, 129:15, 131:10, 134:2, 135:3, 135:9, 135:21, 136:15, 138:12, 139:4, 139:6, 139:11, 139:15, 139:18, 156:14, 161:8, 165:13, 165:14, 262:13, 275:9, 276:2 pleasure 167:3 plus 112:1, 144:19, 211:23, 212:6, 212:12, 252:5, 257:3 pneumonia 247:10
--	--	--	---

<p>pocket 76:13</p> <p>podium 7:12, 139:15</p> <p>pods 85:18, 85:19</p> <p>point 47:21, 67:2, 192:5, 221:15, 231:22, 231:23, 232:6</p> <p>police 36:13, 54:18, 140:22, 238:18</p> <p>policy 119:5</p> <p>politicians 118:8, 120:5, 157:1</p> <p>poll 110:18</p> <p>ponder 18:13, 18:19, 19:8, 20:4, 23:20, 24:1, 24:11, 24:13, 24:19, 25:23, 25:24</p> <p>ponder's 24:8</p> <p>poor 76:12, 77:24, 94:16, 128:1, 128:5, 128:10, 128:13, 129:4, 129:7, 129:9, 163:10</p> <p>poorer 118:14, 186:11</p> <p>population 74:18, 83:21, 118:22, 143:18, 147:11, 175:2, 175:3, 218:3, 250:20, 255:14</p> <p>portability 6:15, 138:17</p> <p>porter 237:3, 237:4,</p>	<p>241:15</p> <p>portfolio 79:2</p> <p>portion 91:11</p> <p>pose 37:11</p> <p>posen 179:20</p> <p>position 24:18, 33:12</p> <p>positions 79:12, 200:5</p> <p>possibility 12:8, 200:2, 233:17</p> <p>possible 13:21, 59:11, 69:1, 135:12, 200:16, 215:12, 218:2, 276:4</p> <p>possibly 35:6, 110:4, 209:9</p> <p>post 113:4, 146:15, 146:21</p> <p>post-residency 54:11</p> <p>posted 276:7</p> <p>potential 13:7, 33:5, 87:17, 226:24</p> <p>potentially 12:11, 34:15, 56:6, 79:23</p> <p>potts 252:9</p> <p>poverty 66:11, 67:1</p> <p>power 81:19, 82:15, 88:4, 94:8, 120:10, 128:18</p> <p>powerful 98:12</p> <p>powers 120:5, 195:14</p>	<p>practice 99:13, 99:14, 114:17, 146:7, 175:1, 187:12, 219:6, 229:24</p> <p>practiced 187:10</p> <p>practices 76:3</p> <p>practicing 54:9, 111:1, 187:14</p> <p>practitioner 38:23, 190:20</p> <p>practitioners 173:13</p> <p>pragmatic 274:22</p> <p>praising 100:5</p> <p>pray 98:24, 165:14, 177:8</p> <p>prayed 161:19, 162:13</p> <p>prayers 165:3</p> <p>praying 131:7, 132:23, 133:13</p> <p>pre-employment 148:7</p> <p>pre-med 155:5</p> <p>pre-term 40:22, 254:14</p> <p>preaching 175:8</p> <p>precedential 151:11</p> <p>precept 113:10</p> <p>preceptor 113:7</p> <p>precious 83:18, 111:22</p> <p>predict 142:2</p>	<p>preemie 40:7, 41:4</p> <p>preexisting 202:9</p> <p>prefer 228:10</p> <p>preferably 5:23, 137:24</p> <p>preferred 146:8</p> <p>pregnancy 100:9, 106:6</p> <p>pregnant 99:15, 99:19, 259:14</p> <p>premature 40:12, 40:15, 256:4, 256:19</p> <p>prematurity 112:11</p> <p>prenatal 45:13, 212:10, 216:8</p> <p>preparation 55:19</p> <p>prepared 7:3, 139:5, 182:23</p> <p>prescriptions 134:21</p> <p>present 4:8, 5:18, 18:16, 67:14, 136:7, 137:19</p> <p>presented 4:18, 136:18</p> <p>presents 74:11</p> <p>preserve 13:1</p> <p>president 17:20, 31:21, 75:12, 183:24, 215:8</p> <p>pressure 140:5, 239:14, 244:23</p> <p>pressures 9:20, 67:1</p>
--	---	---	---

<p>presumably 72:7</p> <p>pretending 91:17, 92:20</p> <p>pretty 28:4, 53:1, 121:15, 156:21, 219:12, 220:1, 222:15, 223:2</p> <p>prevent 45:23, 92:17, 262:1</p> <p>preventable 261:24</p> <p>preventative 45:7, 193:3</p> <p>prevention 45:10</p> <p>previous 16:2, 24:16, 204:15</p> <p>previously 4:22, 32:20, 78:16, 136:22, 202:19, 242:1</p> <p>price 79:4, 107:1, 154:1</p> <p>prices 78:4</p> <p>pride 144:1</p> <p>priest 149:6, 149:7, 151:1</p> <p>primary 21:6, 86:12, 86:14, 97:21, 118:19, 122:6, 144:20, 233:7</p> <p>printed 5:23, 137:24</p> <p>prior 7:7, 7:13, 59:22, 68:8, 77:1, 77:6, 80:21, 93:5, 124:20, 139:10,</p>	<p>139:16, 146:19, 173:7, 238:8, 272:16</p> <p>prioritize 30:7</p> <p>pritzker 82:14, 120:9</p> <p>pritzker's 88:3</p> <p>privacy 6:13, 138:15</p> <p>private 24:15, 24:23, 32:10, 33:10, 40:10</p> <p>privately 124:23</p> <p>probably 35:2, 52:19, 65:14, 132:21, 164:10, 174:15, 174:19, 175:5, 175:7, 187:7, 192:15, 206:8, 213:14, 214:16, 220:20, 224:23, 226:13, 260:9, 260:24, 261:14</p> <p>problem 55:2, 141:5, 141:7, 141:8, 156:10, 211:22, 232:20, 251:12, 253:17, 256:16</p> <p>problems 56:14, 141:10, 142:6, 256:17, 257:5</p> <p>procedure 122:21, 245:15</p> <p>procedures 60:5, 60:11, 60:12, 63:1, 146:11, 148:11, 148:12, 148:13, 148:14, 209:22</p> <p>proceedings 3:14, 3:15,</p>	<p>139:23, 277:3, 277:4, 278:4, 278:5</p> <p>process 24:24, 25:7, 33:13, 33:20, 35:20, 158:14, 269:24, 271:8</p> <p>processes 13:5</p> <p>produce 105:21</p> <p>profession 110:17</p> <p>professional 92:12</p> <p>professionally 124:19, 124:21</p> <p>professionals 8:23, 12:17, 32:12, 70:17, 84:19, 183:12, 185:12, 199:9, 199:24, 240:19, 241:5, 267:23, 274:16</p> <p>professor 165:23</p> <p>profile 33:4, 70:4</p> <p>profit 43:9, 88:21, 94:20, 237:23</p> <p>profitable 78:13</p> <p>profits 76:10, 86:7, 119:9, 225:20</p> <p>program 10:22, 10:23, 105:10, 107:18</p> <p>programs 29:8, 86:22, 105:8, 152:8, 185:1, 186:3</p> <p>project 1:5, 5:19, 5:21, 127:14,</p>	<p>127:15, 135:3, 137:20, 137:22, 275:23, 276:5</p> <p>projected 76:10</p> <p>projects 30:7</p> <p>prolonging 61:20</p> <p>prominent 90:3</p> <p>promises 75:24</p> <p>promotional 266:8</p> <p>prompt 113:2</p> <p>pronger 124:23, 124:24, 173:7, 173:20, 219:23, 222:23</p> <p>pronounce 98:6</p> <p>proof 81:13</p> <p>proper 23:2, 82:12, 87:22, 112:22</p> <p>properly 45:14, 45:15, 183:15</p> <p>properties 12:22</p> <p>property 141:3, 141:5, 206:18, 206:19</p> <p>proposal 80:20</p> <p>proposed 5:21, 83:5, 137:22</p> <p>prospects 34:9, 206:19</p> <p>prosper 128:22, 255:16</p> <p>protect 6:12, 138:14, 171:3</p>
--	--	--	--

protected 6:19, 6:23, 138:21, 139:1 protection 171:20 proud 42:15, 55:5, 61:16, 143:10, 144:2, 145:6, 147:10 proudly 93:21, 170:10 prove 25:16, 112:19, 192:2 proved 25:20 proverbs 128:7, 128:12, 128:16, 128:21, 128:24, 129:3 provide 7:12, 7:16, 21:18, 37:18, 39:3, 39:14, 39:21, 40:9, 52:2, 70:8, 70:9, 84:3, 84:20, 105:17, 107:14, 139:15, 145:17, 147:10, 147:23, 183:17, 201:20, 202:4, 230:17, 233:9, 234:17, 235:20, 257:12, 259:17, 260:11, 263:5, 275:15 provided 15:21, 25:9, 33:15, 45:14, 148:11, 152:22, 178:15, 263:7, 273:18 providence 49:10 provider 55:20, 208:10,	244:2, 244:4, 255:6 providers 6:17, 9:9, 9:12, 40:22, 57:19, 69:16, 84:10, 118:20, 138:19, 144:7 provides 13:24, 16:9, 32:4, 39:12, 39:19, 96:6, 233:12, 260:14 providing 13:21, 24:4, 26:7, 32:6, 35:13, 35:14, 144:12, 148:20 provision 69:10 proximity 16:8, 111:14, 207:2, 207:7 public 1:1, 1:6, 2:11, 4:4, 4:24, 5:5, 5:9, 5:13, 5:16, 6:12, 29:10, 86:24, 120:4, 136:2, 136:24, 137:1, 137:6, 137:10, 137:14, 137:17, 138:14, 167:18, 169:3, 169:5, 172:1, 207:5, 266:4, 266:11, 267:15, 269:6, 269:10, 270:15, 270:21, 276:19 publication 266:2 publicly 18:2, 32:6, 32:9 published 4:22, 136:22, 136:23	pull 275:21 pulled 71:20, 71:21, 270:18 pulling 272:16 pulse 63:3 pump 114:6 pumped 133:18 purchase 15:10, 15:12, 15:15, 25:13, 25:18, 34:7, 78:9 purchased 78:3, 231:11, 232:14, 255:12 pure 177:4 purposes 35:1, 264:1 pursuant 2:10, 5:15, 137:16 pursue 25:13, 34:4 push 56:11, 96:19 put 62:18, 62:21, 80:21, 107:1, 119:17, 119:18, 154:1, 158:21, 158:22, 178:10, 178:18, 197:10, 213:23, 216:2, 225:7, 238:20, 239:5, 239:6, 240:12, 245:15, 272:10, 272:11, 273:20, 274:19, 274:20, 274:23 puts 81:11	putting 28:5, 217:23, 234:24, 273:8 <hr/> Q <hr/> qualified 8:23, 250:9 quality 37:18, 42:17, 43:2, 73:10, 83:16, 84:3, 88:10, 95:10, 95:17, 105:12, 126:20, 144:3, 144:13, 186:22, 255:9, 264:18 quarter 74:18 queens 153:1 question 97:5, 200:8, 241:6, 241:7 questioned 145:13 questioning 112:15 questions 4:19, 7:17, 33:17, 33:18, 136:19, 139:20, 157:16, 158:5 quick 210:15, 245:21, 251:16, 254:11 quicker 178:20, 203:1 quickly 80:19, 132:16, 144:22, 188:9, 246:20 quintessential 190:19 quite 52:16, 52:20, 60:8, 121:22, 173:12, 217:23, 231:7, 270:10
--	--	--	---

quorum 15:12, 17:21, 17:23, 18:2, 18:6, 18:8, 18:16, 24:11, 25:5, 25:21, 25:24, 32:23, 33:1, 75:9, 75:20, 75:23, 76:7, 76:17, 76:23, 77:1, 77:2, 77:11, 77:20, 78:6, 78:9, 78:10, 78:12, 78:15, 78:18, 79:2, 79:10, 79:20, 79:22, 81:13, 81:20, 87:19, 88:19, 94:10, 94:18, 95:21, 114:12, 117:4, 117:12, 120:18, 205:19, 270:18, 275:3 quorum's 77:4, 78:22, 81:16, 82:13, 87:17, 87:23 quoted 91:1 <hr/> R <hr/> r-e-d-a 51:4 r-i-t-a 267:9 r-o-b-e-r-t 267:9 r-o-b-y-n 14:9 race 98:22 races 68:16 racial 37:3 radiologists 153:10	radiology 66:19, 167:11 raeann 241:21 rail 215:16 railroad 47:20, 185:3, 186:5 raise 196:11 raised 196:6, 206:6 raises 69:5 raising 196:13, 197:2, 206:10 raking 119:8 rally 180:17, 266:14 ran 52:16, 179:5, 216:13, 245:9 randall 173:1 randy 47:12, 47:13 range 31:23, 68:16 ranks 117:24 rapidly 231:7 rate 9:18, 57:21, 83:16, 86:18, 90:6, 90:9 rates 26:6, 34:10, 227:17 rather 21:8, 23:11, 86:7, 140:22, 141:21, 272:11 rating 170:10	ratios 112:22 rausch 195:22 re-entering 199:20 re-make 225:22 reach 152:5 reached 9:12, 19:20, 20:1, 246:19, 270:7 reaches 146:7 reaching 9:8, 24:14, 272:22 reaction 130:2, 140:21 read 43:19, 137:4, 145:7, 197:21, 198:18, 271:7 reading 7:20 reads 5:3 ready 16:24, 72:20, 238:19 real 12:17, 12:20, 38:9, 55:17, 56:14, 65:6, 71:7, 141:10, 149:14, 182:5, 189:22, 200:2, 233:22, 245:20 realist 120:3 reality 9:4, 55:17, 69:17, 90:23, 92:15, 92:16, 207:12 realize 42:4, 89:6, 154:24	realized 231:8 really 28:24, 37:13, 37:16, 37:20, 37:21, 38:20, 41:7, 42:3, 63:21, 68:13, 68:14, 69:24, 70:20, 71:2, 72:10, 72:12, 72:15, 73:4, 73:10, 73:15, 74:5, 74:12, 74:17, 92:9, 103:5, 119:13, 140:18, 145:15, 150:17, 156:15, 168:10, 171:19, 193:22, 221:9, 221:18, 222:23, 245:18, 248:15, 254:5, 258:15, 265:23, 268:9, 273:4 reason 42:22, 57:20, 100:2, 115:24, 121:18, 123:5, 153:6, 199:22, 210:2, 222:23, 227:6, 233:3, 233:8, 239:7, 252:15, 261:24, 263:8 reasonable 25:23 reasons 25:14, 34:4, 34:8, 51:10, 153:7, 207:5, 207:6, 220:23, 253:12, 264:1 reassured 147:22 recall 140:23
--	---	---	--

recalls 15:14 receive 21:13, 21:16, 84:15, 255:9 received 12:22, 25:7, 33:21, 51:17, 79:15, 79:21, 126:20, 144:21, 179:7, 276:6 recent 12:5, 33:24, 66:8 recently 23:19, 32:17, 39:5, 62:17, 65:6, 67:11, 105:24, 109:7, 206:13, 225:18, 230:14, 270:13, 270:14 recess 135:23, 210:19, 217:12, 218:14, 220:12, 223:11, 229:14, 250:4, 259:4, 263:13, 265:6, 267:3 recipient 98:8 recognize 8:11, 8:22, 70:18, 140:20, 178:9 recognized 231:20 recommend 235:10 recommendations 145:4, 146:4, 146:24 reconvene 217:10, 218:17, 220:15 reconvening 229:16 record 5:3, 7:6, 68:9,	137:3, 139:8, 207:23, 207:24, 262:23, 276:20, 278:4 recorded 277:5, 278:4 recording 278:6 records 125:13, 263:21, 264:1 recover 193:13 recoveries 112:2 recovery 48:14, 56:6 recycling 207:4 reda 51:4, 51:5, 51:7 redesign 10:22 redeveloping 184:24 redevelopment 12:21 reduce 84:11, 185:4 reducing 205:2 reduction 34:10, 142:8, 205:3 reductions 26:6, 204:24 refer 135:9, 157:23, 191:16, 191:18, 276:2 referrals 122:6 referred 78:23, 122:11, 122:15 referring 241:1	reflect 166:3 reflection 13:15 reform 95:19 refreshed 128:23 refreshes 128:22 refreshing 143:13 refrigerator 246:16 regard 234:16 regarding 1:6, 4:16, 4:19, 7:17, 15:1, 45:7, 136:16, 136:19, 139:20, 211:16, 276:5 regardless 55:3, 55:4, 76:19 regards 30:23, 107:21 region 15:3, 17:13, 30:8, 31:2, 40:10, 52:5, 68:5, 68:7, 69:5, 69:7, 69:9, 69:11, 71:9, 72:23, 73:16, 74:12, 87:13, 88:14, 94:14, 95:13, 118:7, 177:22, 185:4, 186:1, 186:21, 186:23 region's 69:22, 199:7 regional 24:21, 33:8 registered 110:24, 135:20,	235:24 regret 8:7, 13:11 regular 65:17, 260:7 regularly 21:23, 219:12 regulate 80:16 regulatory 13:4 rehab 143:15, 145:2, 146:3, 146:5, 148:10, 164:16 rehabilitation 143:4, 143:5, 143:10 reimburse 92:22 reimbursed 91:7, 91:9 reimbursement 26:6, 34:10, 119:4, 119:22 reimbursements 9:22 reimbursing 91:16, 91:19 reinforce 97:19 reiterate 51:7, 97:18, 274:15 reject 88:12 related 84:1, 84:12, 106:6, 274:16, 277:6, 278:8 relates 29:9, 29:10, 107:22, 108:5 relations 78:17, 266:4 relationship 265:24, 266:3 relationships 107:14, 147:16
--	--	--	--

relative 36:6, 37:3, 38:3, 260:3 relatively 190:1, 190:7 relatives 206:8, 253:13 relevant 5:19, 5:21, 137:20, 137:22 religion 163:17 relocate 104:5 rely 87:15, 148:17, 171:21 remain 12:24, 88:11, 218:23, 226:22, 255:17, 261:11, 263:4 remaining 34:3, 179:9, 248:9 remarkable 235:20 remarket 25:20 remarks 7:13, 7:15, 14:13, 82:10, 121:8, 139:16, 139:18, 207:17, 217:15, 248:3, 275:19 remember 20:18, 64:9, 73:8, 96:16, 96:17, 105:15, 122:7, 122:22, 123:2, 166:19, 167:9, 167:24, 190:15, 191:1, 191:9, 191:10, 191:19, 195:3, 243:22, 244:7, 249:6, 255:22,	263:16, 265:8, 267:6 remembered 240:9 remove 76:15 removed 126:13 renee 101:20, 107:5 renegotiate 205:6 renovation 212:5 renovations 15:23, 20:21 rep 213:12 repeat 76:11 repeating 176:22 repercussions 195:10 replacement 194:17 report 30:15, 73:3, 276:7, 276:10 reporter 5:2, 102:6, 137:2, 243:24, 249:7, 255:23, 262:14, 263:17, 265:9, 267:7, 277:1, 277:12 represent 24:12, 28:22, 28:23, 34:24, 35:2, 49:2, 68:4, 75:16, 124:2, 153:17, 155:18, 266:1, 268:11, 275:14 representation 23:24, 32:1 representative 28:7, 28:8,	28:16, 28:17, 28:20, 28:21, 34:22, 34:23, 68:21, 168:22, 172:17, 183:22, 195:15, 267:8, 268:16, 268:17, 275:10, 275:11 representatives 9:4, 91:13, 183:21, 184:2, 184:4, 189:13, 189:14, 192:18, 195:15, 216:11, 268:12 represented 74:15, 151:16 representing 23:22, 27:7, 31:23, 107:12, 267:12, 268:14 represents 68:6, 75:14, 234:16 request 82:6, 87:11 requested 74:9, 81:10 requesting 263:24 require 39:16 required 25:18, 233:20 requirement 271:10 requirements 1:12, 5:7, 137:8, 232:21, 270:20, 275:7 rescind 81:1, 81:24, 87:8 rescue 170:15 research 72:24 resident 47:15, 61:8,	73:11, 86:1, 108:21, 110:22, 114:15, 115:19, 120:3, 121:12, 131:21, 175:24, 177:19, 194:15, 196:6, 204:7, 205:21, 211:18, 223:18, 229:23, 230:10, 257:24, 267:10 residential 206:19 residents 10:7, 15:17, 16:8, 16:23, 17:6, 17:12, 49:4, 68:6, 69:3, 70:1, 73:17, 74:13, 74:16, 83:12, 104:2, 104:10, 112:4, 113:12, 114:18, 132:20, 133:1, 148:8, 157:6, 158:14, 169:9, 169:11, 169:18, 171:9, 180:8, 183:20, 186:22, 198:12, 199:2, 202:17, 203:19, 212:12, 212:16, 212:18, 231:22, 258:10, 258:22 resigned 79:12 resonate 96:19 resource 69:19, 147:15, 171:17 resourced 186:21 resources 11:10, 13:19, 25:18, 35:14, 36:8, 40:4,
--	---	---	--

54:16, 61:1, 74:21, 107:14, 171:4, 172:7, 172:8, 172:12, 183:14, 186:17, 202:12 respect 37:10 respected 190:22 respirations 112:7 respiratory 111:20, 113:9, 129:22, 130:9, 131:5 respond 4:18, 44:5, 136:18, 170:22, 171:2, 247:1 responded 170:23 responder 106:10 responders 159:19, 181:22, 181:23, 181:24, 182:6, 183:12, 184:9, 184:15, 200:1, 213:24, 267:19, 272:2, 274:6 response 12:23, 48:18, 85:20, 107:7, 109:18, 109:21, 177:15, 210:13, 216:21, 216:23, 217:1, 218:13 responses 135:13, 276:9, 276:12 responsibilities 17:21 rest 197:20, 217:2, 229:2, 235:11, 235:16, 245:24	restaurant 197:23, 198:3 restaurants 188:20, 214:5 resubmit 81:1 result 10:16, 11:5, 25:7, 26:11, 33:20, 78:2, 86:6, 214:21, 221:18, 232:3 resulted 26:9, 112:12 results 78:2, 111:17, 118:19 resurfaced 229:5 resuscitation 67:17 retail 48:1, 199:14 retain 97:22 retardation 256:17 retired 21:20, 23:19, 109:7, 117:22, 119:12, 258:2, 268:3 retiree 118:14 retirees 118:1, 186:8 return 89:14, 152:24, 234:14 reunion 98:14 reuse 12:18 revenue 198:6 reverend 26:24 review 1:2, 3:4, 4:7,	4:13, 4:23, 5:14, 6:12, 17:8, 68:11, 70:5, 75:7, 75:20, 80:16, 81:18, 87:18, 94:7, 135:10, 135:15, 136:6, 136:9, 136:13, 136:23, 137:15, 138:14, 139:9, 142:21, 218:2, 275:24, 276:14 reviewed 70:3, 79:9 revive 65:11 rfp 24:24 rice 46:15 rich 35:17, 47:19, 154:23, 224:19, 224:20 ride 101:10 ridge 174:13 ridiculous 94:21 right 21:2, 26:19, 27:1, 36:23, 77:1, 80:2, 89:4, 90:14, 90:23, 90:24, 91:11, 96:3, 96:8, 98:19, 101:19, 101:22, 102:13, 102:15, 103:15, 109:9, 115:12, 127:9, 140:3, 140:8, 140:15, 164:6, 164:12, 172:8, 173:7, 191:12, 193:9, 194:10,	197:11, 208:4, 208:10, 208:21, 210:11, 211:7, 217:9, 218:18, 219:3, 223:15, 224:5, 224:7, 224:10, 224:13, 225:7, 225:9, 226:15, 228:7, 256:14, 262:16, 275:1, 275:13 right-hand 31:11 rights 107:19, 128:9, 128:10 ring 112:5 ringo 236:9 riot 140:19, 140:21, 142:14 riots 140:20 ripple 16:17, 52:4, 53:13, 199:12, 203:13 rippling 104:1 rising 9:21, 206:20, 218:22 risk 29:7, 52:24, 145:19, 202:8, 233:17, 259:14, 260:2, 260:17 risks 84:15 rita 28:8, 28:21, 168:22, 172:17, 183:22, 195:15, 267:8 riverdale 49:1, 49:3,
--	---	--	--

<p>49:9 road 185:2 robbins 16:6, 96:11, 96:22, 171:15, 179:17, 183:23, 198:14 robert 28:8, 109:19, 109:20, 194:17, 218:17, 257:22, 267:8 robyn 14:7, 14:9 rodeo 135:8 rodney 140:20, 141:8 rogers 183:24 role 54:8 roman 2:4, 6:3, 138:4 room 8:13, 36:23, 38:11, 45:15, 50:1, 57:14, 65:19, 66:18, 106:10, 111:9, 145:8, 145:24, 149:18, 164:3, 164:7, 164:13, 176:17, 176:19, 178:6, 188:13, 191:5, 192:10, 204:17, 211:24, 212:7, 213:20, 215:6, 220:22, 221:5, 221:8, 222:1, 228:13, 233:12, 234:4, 235:8, 239:2, 239:3, 239:10, 239:11, 240:6, 240:19, 245:9, 245:24, 251:22,</p>	<p>253:4, 253:16, 262:2, 267:24, 268:24, 271:15, 272:1, 272:14, 274:5 rooms 116:19, 215:13, 221:21, 221:22, 235:7 rooting 155:9 rosalind 149:6 roseanne 244:2 roseland 29:12, 55:10, 56:22, 58:22, 59:16, 86:1, 97:1, 214:24 rosewood 271:24 roughly 66:8, 86:9 route 100:23 routes 186:15 rubber 271:9, 273:22 rules 4:21, 136:21 run 9:2, 49:4, 52:24, 163:20, 163:21, 270:22 running 10:15, 244:22 runs 242:10 ruptured 100:23 rush 14:11, 17:5, 30:16, 39:14, 40:3, 45:2, 46:14, 254:16 rush's 268:13</p>	<p>rushed 213:4 ryan 168:15, 168:17, 168:18, 172:16</p> <hr/> <p>S</p> <hr/> <p>s 48:6, 231:20, 231:24 s-a-r-a 197:16 s-h-u-k-l-a 44:16 s-m-i-t-h 48:24 s-y 131:11, 131:13, 131:14 sad 20:11, 41:23, 66:22, 99:10, 244:6 saddened 27:11, 209:7 safe 57:19, 57:24, 144:13, 226:22, 253:23, 254:2, 254:3 safer 159:23 safety 54:19, 54:22, 146:22, 233:10 said 9:12, 15:16, 19:13, 29:1, 30:16, 46:16, 51:8, 52:4, 52:14, 52:24, 76:11, 96:15, 100:3, 100:23, 101:1, 101:7, 101:10, 109:10, 117:5, 119:1, 120:4, 123:3, 125:24, 130:11,</p>	<p>130:14, 130:15, 131:2, 140:8, 159:16, 166:15, 167:4, 167:9, 168:8, 169:10, 176:22, 183:1, 186:18, 194:2, 194:19, 194:22, 195:3, 195:4, 195:5, 202:18, 207:3, 219:1, 223:20, 226:20, 230:10, 237:6, 237:15, 237:16, 238:1, 239:4, 239:7, 239:19, 240:6, 240:7, 240:10, 245:2, 246:6, 246:8, 247:4, 251:15, 256:18, 258:20, 266:17, 270:8, 271:15, 277:4, 278:4 sail 91:18 saint 2:4, 138:4, 235:23 saints 156:24 sake 63:24 sale 24:13, 32:16, 32:18, 189:15, 189:16 sales 42:24, 80:17 salvage 169:15 same 16:1, 16:3, 29:13, 49:18, 65:22, 77:18, 122:21, 123:21, 146:3, 157:24, 158:1, 158:2,</p>
---	--	---	---

172:3, 194:4, 195:3, 208:9, 220:1, 239:24, 259:17 same-day 146:17 san 32:13 sandra 109:6 sara 197:15, 197:16, 198:23 sat 64:11, 116:17, 118:8, 123:2, 221:20, 245:6 satisfaction 57:23 saturday 176:9, 244:14, 244:17 savage 3:7, 4:10, 136:10 save 29:2, 29:24, 46:24, 130:16, 130:20, 159:17, 167:10, 168:24, 181:23, 182:4, 182:6, 182:7, 182:16, 216:4, 217:17, 265:2, 268:18, 268:19 saved 16:7, 42:14, 58:3, 103:7, 106:17, 108:23, 112:8, 155:2, 188:10, 188:11, 213:6, 224:12, 244:13, 246:13, 249:15, 258:9, 264:3, 264:23 saves 264:8, 265:2, 272:5	saving 97:24, 148:19, 161:7, 181:13, 181:14 savings 154:15, 154:16, 154:22 saw 65:12, 92:4, 100:6, 142:8, 142:9, 196:11, 246:4, 246:21 say 20:11, 35:21, 37:23, 40:3, 40:5, 46:7, 47:2, 64:21, 70:3, 70:6, 72:10, 73:19, 85:4, 89:9, 98:21, 99:12, 106:19, 110:19, 113:20, 114:10, 123:5, 124:4, 128:18, 129:8, 149:9, 150:3, 154:8, 154:23, 157:21, 158:6, 158:22, 159:18, 159:19, 160:20, 162:4, 164:7, 165:6, 173:15, 175:7, 175:9, 175:21, 176:1, 176:2, 179:8, 179:16, 182:8, 196:13, 201:13, 203:16, 219:23, 232:10, 232:21, 236:16, 237:11, 240:10, 243:22, 244:8, 245:20, 249:6, 249:11, 249:17, 250:22, 254:20, 255:22, 262:13, 263:16, 265:9, 265:23, 266:2, 266:7,	267:6, 271:11, 272:19 saying 23:9, 46:14, 100:21, 110:6, 173:20, 173:23, 191:12, 194:11, 196:22, 196:23, 236:20, 237:10, 240:5, 247:17, 262:22, 264:2, 272:23, 273:2 sayings 127:24 says 93:4, 93:5, 93:6, 128:4, 128:7, 128:12, 128:16, 128:21, 128:24, 129:3, 129:8, 158:11, 158:12, 160:17, 245:7, 247:4, 254:23 scale 170:11 scan 122:11 scans 241:1 scared 112:13, 123:22 scares 121:22, 122:1 scary 145:14 scenarios 268:5 schedule 33:17 scheduled 135:4, 248:1, 275:23 scheme 79:24, 88:14 scholarship 98:9 school 64:6, 64:16,	98:10, 104:7, 131:22, 133:16, 159:1, 159:11, 164:18, 164:20 schools 132:1, 169:23, 170:2, 181:5, 181:20 scope 147:9 score 205:14, 205:15 scratch 235:3 scratched 159:3 scratching 96:14 screenings 147:6 scrutinize 75:22 scrutiny 79:9, 81:22 search 12:3 sears 47:24 second 3:8, 51:17, 51:24, 52:1, 52:3, 60:17, 77:7, 125:10, 135:17, 153:6, 187:22, 188:6, 193:6, 195:4, 199:5, 250:8, 253:10, 253:12, 276:16 sector 32:14, 199:5, 199:15 secure 13:2, 25:17, 34:6 secured 15:10, 25:1 securing 25:1, 33:13
---	--	--	--

security 244:17 see 7:2, 37:7, 37:9, 38:2, 39:8, 40:7, 43:12, 43:24, 44:6, 45:22, 46:10, 61:12, 61:13, 63:18, 68:15, 85:12, 85:14, 92:10, 92:12, 93:8, 98:13, 98:17, 98:19, 102:8, 104:12, 106:14, 113:22, 119:13, 120:17, 129:6, 130:15, 134:14, 139:4, 141:24, 149:19, 150:11, 156:4, 156:5, 162:15, 165:8, 166:2, 166:23, 168:11, 170:7, 173:24, 174:2, 176:18, 178:14, 180:2, 187:23, 188:4, 202:6, 202:8, 203:2, 204:17, 218:23, 222:17, 227:22, 232:3, 242:13, 246:24, 255:16, 261:10, 264:19, 267:17, 269:14, 271:6, 275:10 seeing 29:6, 29:7, 45:21, 235:14, 261:1 seek 8:14, 259:15 seeking 10:9 seem 81:20, 221:2 seemed 9:3, 67:13,	166:6 seems 154:6, 227:5 seen 42:17, 48:3, 69:8, 85:6, 123:11, 125:14, 125:17, 125:18, 146:21, 162:13, 164:21, 185:11, 205:9, 251:5, 258:20, 275:2 sees 21:22, 255:15 seiu 75:12, 93:22, 244:3, 244:5 seizing 65:21, 111:11 seizure 109:3 seizures 242:5 sell 18:9, 76:18, 79:6, 176:1, 269:16 sell-side 26:4, 26:11 seller 23:24 seller's 32:2 selling 32:24 senate 268:15, 270:13 senator 26:16, 26:17, 27:5, 27:6, 28:21, 29:1, 183:23, 268:15, 275:11 senators 156:24 send 123:17, 157:1, 163:15, 192:1,	202:24 senior 17:20, 58:13, 121:16, 132:1, 143:19, 151:7, 181:1, 181:3, 181:4, 181:7, 185:17, 235:17, 248:13 seniority 143:15 seniors 181:2, 181:9, 181:15, 209:14, 213:8 sent 39:24, 116:13, 117:18, 135:14, 164:14, 170:6, 246:14, 276:13 sentence 146:10 sentimental 166:4 sepsis 60:21 september 81:9, 135:5, 243:2, 247:24, 271:6, 276:1, 276:8, 276:11 serious 14:24, 16:13, 84:1, 132:11 seriously 83:15, 258:16 serve 11:3, 21:17, 64:22, 66:13, 69:14, 75:12, 83:22, 93:21, 94:23, 147:17, 154:2, 185:23, 188:20, 212:14, 232:11, 250:20, 261:3, 269:11 served 11:14, 17:3,	70:2, 70:13, 78:16, 190:22 serves 10:13, 94:15, 177:10, 186:14, 218:3, 255:15, 271:4 service 11:21, 11:22, 15:23, 35:13, 40:9, 69:10, 71:6, 83:6, 83:9, 86:12, 86:14, 94:22, 97:8, 100:20, 109:11, 141:14, 142:5, 143:18, 147:10, 169:3, 169:5, 170:23, 172:1, 204:20, 205:2, 222:1, 258:4, 263:5, 263:8 service-related 48:8 services 1:2, 3:3, 4:7, 4:13, 5:14, 6:12, 11:10, 11:19, 12:13, 14:22, 17:7, 24:4, 26:8, 29:9, 31:23, 34:12, 35:6, 37:16, 37:18, 41:9, 43:2, 51:22, 52:2, 59:6, 59:21, 63:20, 68:11, 70:5, 71:8, 73:9, 74:4, 75:7, 80:17, 80:21, 81:21, 83:6, 83:14, 84:21, 95:2, 107:19, 117:14, 121:21, 123:13, 132:16, 132:18,
---	---	---	---

132:21, 133:20, 135:10, 135:15, 136:6, 136:9, 136:13, 137:15, 138:14, 139:9, 141:24, 142:1, 142:9, 142:10, 142:21, 143:10, 144:2, 147:20, 148:10, 170:14, 171:11, 178:15, 184:3, 185:15, 186:13, 188:14, 193:2, 193:4, 197:9, 199:9, 200:4, 201:2, 202:2, 202:24, 208:18, 215:9, 219:8, 219:11, 223:2, 233:9, 260:10, 260:11, 261:6, 261:11, 270:3, 270:4, 270:12, 272:16, 273:13, 273:17, 273:18, 274:10, 275:15, 276:14 serving 70:10, 141:23, 253:22 session 3:7, 4:11, 125:22, 135:18, 136:11, 269:20 set 155:22, 191:20, 210:16 sets 221:14 setting 9:19 settings 105:14 settlements 45:21 settles 113:19 seven 31:22, 54:10,	96:23, 119:2, 125:5, 125:17, 125:18, 125:21, 201:13, 213:21, 259:21, 264:16 several 10:23, 12:6, 13:2, 30:9, 31:6, 32:15, 43:14, 51:15, 163:11, 176:14, 181:3, 184:1, 204:18, 204:20, 263:7 severance 79:16 severe 46:20, 126:16, 145:23 severed 116:23 severely 178:18 shall 6:20, 6:22, 138:22, 138:24 shame 227:2 share 6:23, 8:16, 10:6, 13:23, 14:13, 58:6, 65:5, 72:24, 83:4, 102:11, 112:18, 139:1, 142:7, 157:10, 158:1, 158:2, 169:13, 236:11 shared 9:14, 266:8 shareholder 76:21, 79:14 shareholders 119:9 shaw 208:23, 208:24, 209:2 sheer 62:15	sheet 7:13, 76:16, 139:16 sheets 7:10, 31:10, 31:11 shift 65:8, 65:17 shifted 60:7 shifts 9:18, 168:9 shin 41:17, 41:18, 42:9, 42:13, 43:5, 43:12, 44:4, 44:12, 59:23, 65:17, 122:8, 172:20 ship 223:1 shirt 55:2 shock 270:10 shoes 55:1 shoot 161:2, 239:16, 241:2 shooting 36:13, 36:14, 272:4 shop 224:23 shopping 48:4 short 67:14, 182:23 short-stay 234:6 shortage 11:15 shot 62:18, 228:1, 239:13 should 5:20, 8:9,	11:16, 31:12, 47:5, 53:16, 79:9, 94:24, 122:3, 124:1, 135:13, 137:21, 154:11, 168:11, 227:3, 227:8, 234:24, 254:24, 265:1, 276:12 shoulder 224:6 shoulders 120:6 shouldn't 160:16 show 8:24, 155:3, 213:16 showed 238:19 showing 81:2, 117:5, 216:17, 267:20, 271:3 shown 24:16, 272:21 shows 10:6, 71:23, 129:4, 273:15 shrinking 9:21 shrug 120:6 shukla 44:16, 44:17, 44:18 shut 36:14, 59:20, 94:19, 95:24, 270:23, 271:11, 275:7 shutter 81:16 shutting 23:11, 53:11, 75:11, 94:10, 114:21, 114:22, 141:21, 201:23,
---	---	---	---

203:12, 218:1 sick 39:19, 39:23, 40:12, 40:15, 41:6, 65:21, 67:14, 83:11, 149:11, 181:6, 228:1, 251:11, 256:3, 256:24, 257:6 sickens 133:8 sicker 118:13, 186:11 sickest 39:16, 41:5 side 28:22, 30:5, 32:2, 33:5, 42:1, 42:6, 43:19, 46:6, 49:15, 54:9, 54:13, 58:8, 58:13, 60:6, 89:14, 103:12, 104:6, 116:15, 118:3, 118:19, 120:3, 120:7, 151:14, 164:6, 164:12, 186:9, 208:9, 221:6, 224:3, 227:12, 230:7, 254:1, 254:22, 274:2, 275:1 sigh 191:11 sign 85:9, 135:21, 139:13, 150:8, 158:21, 271:10 sign-in 7:10, 7:13, 31:9, 31:11, 139:16 signature-r0n 278:13 signature-uizjq 277:9	signed 7:1, 31:8, 139:3, 217:3, 272:13 significant 17:10, 29:18, 29:22, 35:11, 72:21, 108:4, 178:12, 184:22, 219:4 significantly 56:6, 78:24, 94:15 silence 81:11, 114:14 similar 36:19, 43:8, 66:10, 261:20 simply 11:8, 11:10, 37:22, 94:19 sin 128:24 since 10:3, 18:5, 18:7, 19:18, 27:7, 28:1, 44:24, 70:14, 71:13, 83:10, 110:23, 119:16, 124:16, 148:6, 198:4, 204:15, 212:24, 214:15, 225:20, 226:7, 241:9, 250:14 sincerely 14:3 sincerest 200:20 single 67:10, 215:4, 227:22 sinking 238:15 sinnott 54:1, 54:2, 55:19, 57:4 sir 7:23, 20:14,	23:16, 31:17, 127:8, 134:1, 151:4, 182:20, 194:9, 207:18, 208:1, 208:20 siren 176:14 sirens 176:16, 176:18 sister 98:17, 100:3, 100:6, 100:12, 108:8, 108:9, 130:3, 168:11, 174:21, 174:23, 190:11, 242:10, 249:16 sisters 98:18, 99:14, 99:17, 231:9, 232:1, 232:10 sit 56:11, 113:19, 114:10, 167:13, 174:1, 243:6, 262:20, 270:2, 272:7 site 146:8, 235:20 sites 105:11 sitting 50:1, 107:2, 172:11, 178:6, 237:14, 244:18 situation 13:9, 36:24, 57:16, 74:1, 81:12, 105:18, 188:2, 207:17, 208:10, 212:19, 230:22, 252:12 situations 84:13, 145:21, 258:11, 268:5, 273:13 six 55:21, 57:5,	141:6, 157:13, 182:2, 182:3, 206:9, 226:6, 264:13, 265:20 size 5:24, 24:17, 33:12, 138:1 skilled 84:18, 143:5 skills 111:23, 141:16, 142:5 slap 226:11, 226:18 slaughter 28:8, 28:16, 28:17, 28:19, 268:16, 275:11 sleep 154:21, 238:24, 246:2 slightly 47:18 slipped 239:1 slow 271:8, 275:4 slowly 273:8 small 188:24, 189:9, 208:3, 222:4, 254:1 smaller 9:19 smith 48:17, 48:23, 48:24, 50:7, 51:8, 52:4, 52:16, 53:10, 85:21, 85:22, 85:24, 86:1, 87:4, 124:23, 124:24, 134:3, 134:4, 134:5, 134:6, 134:7, 134:8, 134:10, 142:18, 142:19,
---	--	---	--

142:24, 147:13, 147:14, 148:1, 148:2, 148:4, 148:6, 149:2, 149:4, 173:8, 173:20, 219:23, 222:23 smith's 48:22 snapshot 70:9 snowstorm 167:24 snowstorms 167:17 sobriety 55:2 social 46:6, 124:22, 197:8, 199:8 society 45:20, 46:21, 73:22 socio 98:22, 120:19 sokowski 216:24, 250:6 sold 34:18 solicitation 24:24, 34:15 solicited 33:7 solution 9:5, 12:4, 14:3, 16:22, 74:3, 74:8, 74:23, 160:18 solutions 28:10, 74:13, 176:5, 177:2, 241:7 solve 142:6 solved 66:1 some 8:8, 8:12, 9:7,	18:3, 22:13, 30:11, 30:12, 31:9, 35:21, 43:5, 53:4, 58:1, 58:4, 64:16, 83:4, 89:8, 108:2, 118:24, 132:11, 133:4, 137:4, 141:17, 142:5, 156:23, 160:16, 165:19, 166:5, 167:12, 167:13, 172:10, 189:16, 190:1, 191:21, 192:3, 192:5, 194:18, 196:15, 198:5, 198:20, 207:6, 207:16, 214:20, 216:3, 217:10, 221:15, 230:14, 230:17, 232:20, 234:5, 234:10, 235:12, 239:7, 243:10, 244:18, 246:17, 250:18, 254:21, 254:24, 270:8, 273:15, 275:9, 275:19, 275:20 somebody 56:1, 58:5, 158:9, 159:24, 160:7, 162:7, 166:7, 171:18, 190:21, 221:21, 242:13, 246:19, 254:13, 272:3 somebody's 160:5, 160:8 somehow 163:21 someone 36:21, 130:10, 211:8, 232:23, 240:3, 265:21, 274:10 someplace 118:10, 123:17,	164:9, 222:10, 264:16 something 28:5, 46:17, 50:19, 52:11, 61:16, 91:3, 98:24, 122:24, 133:13, 140:22, 142:12, 142:13, 149:9, 156:24, 177:1, 215:13, 230:20, 232:17, 237:12, 242:11, 274:20, 275:22 sometime 111:11 sometimes 103:18, 133:18, 141:10, 154:6, 154:24, 197:7, 259:22, 261:24, 274:24 somewhat 208:14 somewhere 108:13, 159:5, 166:15, 234:12 son 178:17, 237:14, 237:15 soon 59:11 sorry 21:1, 21:24, 23:6, 39:4, 48:21, 48:22, 110:8, 110:13, 115:6, 122:13, 131:12, 131:17, 166:4, 170:8, 196:4, 221:9, 239:5, 242:9 sorts 30:6 sotto 99:2, 127:2, 127:20, 129:20, 131:20, 168:16	soul 8:24 souls 73:4 sound 204:19 source 34:1, 144:14, 225:10 south 5:11, 15:3, 17:12, 28:22, 29:20, 30:5, 35:7, 35:12, 37:5, 37:19, 42:6, 43:16, 46:6, 49:9, 49:15, 50:9, 54:9, 54:12, 68:3, 68:5, 69:2, 69:6, 70:15, 71:9, 72:1, 72:9, 72:19, 75:18, 82:8, 87:13, 89:14, 94:9, 113:10, 116:15, 118:3, 118:19, 120:3, 120:7, 137:12, 151:14, 183:9, 186:9, 195:16, 199:17, 206:14, 208:9, 212:21, 213:21, 221:5, 221:24, 224:3, 224:18, 224:19, 225:12, 227:12, 232:19, 254:1, 254:22, 273:14, 274:1, 275:13 southern 224:20 southland 49:12, 49:18, 49:20, 49:21, 54:13, 57:6, 58:15, 59:9,
---	---	--	---

59:24, 69:5, 70:11, 72:5, 73:13, 74:14, 74:17, 184:9, 184:12, 185:3, 186:16, 186:21, 210:4, 215:23, 216:1 southsiders 49:11, 228:15 southwest 28:23 sox 191:18 space 235:11 spanish 263:1 spared 111:15 speak 7:21, 20:24, 32:8, 75:5, 101:21, 104:22, 121:5, 128:3, 128:7, 128:8, 128:9, 135:20, 139:3, 142:22, 143:23, 144:1, 150:19, 150:22, 151:9, 163:16, 172:18, 178:9, 180:15, 187:6, 187:8, 193:15, 194:2, 196:5, 197:11, 197:19, 198:24, 207:22, 211:16, 220:18, 229:21, 241:19, 260:16, 262:10, 267:14 speaker 26:22, 26:24, 31:13, 31:14, 32:8, 41:15, 48:20, 60:2, 63:11, 63:13, 80:23, 89:4,	91:1, 96:8, 109:24, 110:4, 110:6, 110:9, 121:3, 129:12, 140:1, 140:6, 157:3, 172:21, 172:24, 201:8, 210:9, 210:23, 211:2, 211:6, 211:8, 211:10, 217:7, 217:16, 217:17, 247:21, 247:23, 249:5, 249:8, 249:11, 249:20, 249:24, 262:19, 267:5, 267:6 speaker's 7:11, 7:12, 139:14, 139:15 speakers 31:7, 42:18, 51:6 speaking 27:19, 85:23, 99:2, 102:7, 104:19, 127:2, 127:20, 129:20, 131:20, 147:3, 168:16, 190:2, 207:19, 208:5, 249:2 speaks 71:2, 128:1, 195:2, 195:7 special 6:6, 42:3, 77:20, 112:20, 113:6, 114:12, 138:8, 169:24 specialist 259:11 specialists 55:1, 125:19 specialize 12:21 specialized 12:16, 146:9,	146:11, 260:11 specialties 125:18 specialty 125:14, 132:10, 142:3, 170:13, 185:13, 186:7, 205:10 specific 141:16, 186:15, 233:9 specifically 32:14, 52:5, 58:16 spectrum 103:19 speculative 33:23 speech 142:24, 143:2, 145:2, 146:23, 148:12, 178:8 spell 7:14, 139:17, 243:23, 249:7, 255:23, 262:14, 263:16, 265:9, 267:7 spelled 17:19, 38:18, 44:19, 276:3 spells 118:23 spend 45:17, 98:24, 256:15 spent 23:21, 31:21, 51:15, 67:14, 92:3, 92:11, 140:16, 143:16, 165:23 spin 76:18, 77:11 spin-off 77:2, 77:4, 77:6, 77:7, 77:16, 77:20,	78:7, 78:11, 78:20, 79:12, 79:24 spinout 18:2 spirit 54:14, 88:1, 92:15 spoke 18:2, 18:23, 18:24, 19:2, 19:4, 55:20, 122:8, 170:5, 172:21, 172:22, 172:24, 210:9, 210:10 spoken 18:10, 90:21, 202:19, 255:3 spot 21:24 spotted 26:24 sprain 65:13 spring 38:21 springfield 3:10, 135:17, 269:20, 270:1, 276:16 spun 18:1, 18:7, 78:5 square 232:4 sr 134:3, 134:7 st 6:3, 14:18, 20:19, 21:19, 27:12, 47:16, 49:16, 51:19, 53:11, 69:11, 82:24, 83:8, 90:8, 90:13, 98:8, 98:9, 98:14, 99:16,
--	---	--	--

<p>99:20, 100:2, 100:4, 100:12, 100:18, 100:24, 101:2, 101:4, 101:11, 102:24, 103:14, 103:20, 105:16, 110:22, 111:4, 111:13, 116:8, 118:15, 123:12, 130:1, 130:5, 130:10, 161:17, 161:19, 163:10, 165:24, 174:4, 188:8, 190:12, 190:23, 191:15, 191:16, 192:11, 192:19, 205:13, 206:7, 209:4, 209:6, 209:8, 214:12, 221:8, 225:19, 228:2, 228:3, 228:10, 241:9, 244:8, 244:12, 258:6, 261:7 stabilities 108:2 stabilization 234:7 stabilized 178:11, 178:22 stabilizing 126:11 stable 93:4, 239:18 stacked 158:16 staff 9:24, 15:5, 17:12, 41:19, 41:22, 46:12, 51:24, 91:4, 99:6, 103:6, 111:24, 112:22, 123:15, 123:20, 124:22, 147:5, 162:3, 162:21, 162:23, 170:15,</p>	<p>174:18, 183:7, 189:2, 190:23, 191:15, 192:17, 200:19, 201:16, 219:20, 222:16, 228:22, 236:16, 248:6, 248:19, 251:4, 251:7, 251:9, 251:15, 256:23, 266:4, 268:1, 276:7, 276:10 staffed 86:17, 251:6 staffing 43:3, 58:20, 59:1, 59:4, 59:18, 59:19, 184:20, 184:21, 205:16 stage 67:6 stake 108:4, 258:17 stakeholders 13:7 stakes 67:5 stallworth 30:17 stamp 271:9, 273:22 stand 31:2, 87:18, 94:3, 110:21, 117:4, 153:6, 157:7 standing 12:12, 35:3, 107:10, 161:1 standpoint 37:3, 151:18, 164:1 stands 16:24, 72:20 staples 213:13 stark 69:5</p>	<p>starkly 71:23 start 102:24, 114:2, 139:24, 141:10, 151:23, 152:1, 180:2, 180:7, 238:23, 255:23, 261:1 started 99:13, 113:4, 126:11, 151:12, 161:22, 209:4, 233:6, 238:15, 238:23, 259:11 starting 68:8, 141:4, 213:10, 267:16 starvation 119:7 state 2:11, 6:7, 7:14, 9:10, 10:22, 10:24, 14:17, 19:2, 27:6, 28:7, 28:8, 28:15, 28:19, 30:5, 34:21, 36:13, 46:21, 46:22, 64:5, 68:9, 76:13, 80:13, 80:19, 93:6, 93:7, 93:8, 93:13, 105:4, 105:5, 105:23, 107:18, 109:11, 115:17, 117:23, 138:9, 139:17, 157:1, 183:21, 189:13, 211:21, 213:12, 216:10, 231:20, 243:23, 254:21, 270:21, 273:3, 273:4, 276:6, 276:8, 276:9 stated 115:15, 132:7,</p>	<p>204:15, 271:14, 271:20 statement 107:20, 119:10, 119:20, 182:24, 237:5, 265:12 statements 76:24, 176:5 states 24:10, 80:10, 89:24, 118:5, 120:13, 162:4, 232:15, 232:18, 261:17 statewide 84:10 station 216:14 stations 170:17 statistics 89:16, 106:11, 273:16 stats 70:14, 72:7, 106:7 status 77:1, 83:23, 84:2 stay 49:24, 59:3, 59:7, 59:10, 84:19, 85:15, 91:9, 127:17, 130:23, 132:24, 163:8, 163:23, 165:2, 176:8, 176:9, 210:1, 222:17, 222:24, 226:24, 227:1, 236:3, 236:18, 242:2, 248:16, 249:17, 249:21, 249:23, 265:13, 265:17 stayed 100:11 staying 160:23</p>
--	--	--	---

stays 131:7, 165:14, 178:1, 203:19 steadily 9:22 steel 118:9 stent 245:15 stepmom 242:19 stepping 257:1 steps 72:18 stepson 126:4 steve 230:10 steven 190:14, 190:15, 229:18, 229:19 stiches 196:15 sticker 126:9 still 20:18, 21:22, 22:4, 31:9, 35:20, 35:21, 38:8, 53:10, 53:20, 64:13, 79:17, 83:1, 100:7, 107:10, 109:4, 111:22, 134:21, 150:20, 161:23, 165:24, 166:10, 168:9, 191:9, 191:18, 228:3, 228:10, 236:3, 238:20, 240:18, 240:23, 241:1, 265:13 stitch 88:17, 191:20 stitches 149:15 stock 78:3, 79:4	stomach 154:18 stone 179:6 stood 20:20, 79:4, 83:9, 159:16 stop 50:20, 64:11, 75:8, 92:20, 94:10, 104:8, 165:9 stopped 62:21, 96:2, 122:18, 266:7, 273:8 stopping 47:21 stops 104:9 store 47:24 storefronts 48:9 stores 174:16 stories 112:18, 163:2, 167:15, 192:13, 220:21, 227:24, 264:22, 268:5 story 58:6, 64:7, 65:5, 140:14, 163:3, 248:12 strain 213:23 strange 167:7 strategic 23:23, 24:2, 31:24, 32:4 strategy 76:4 street 2:5, 3:9, 6:4, 135:16, 138:5, 143:17, 158:22,	159:8, 172:9, 173:10, 173:14, 174:21, 175:23, 176:15, 218:19, 219:4, 225:10, 228:8, 239:3, 276:16 streets 153:1, 229:4 strengths 142:1 stress 166:21, 213:19 stretched 69:19 strikes 145:16 strive 85:10 stroke 21:6, 21:10, 60:19, 97:20, 97:21, 106:23, 144:19, 144:20, 144:21, 144:24, 145:22, 147:2, 164:2, 164:5, 185:13, 193:5, 193:9, 193:23, 202:20, 212:9, 213:3, 216:7, 238:5, 238:9, 238:12, 238:17, 253:18, 257:8, 272:4 strokes 258:11 stronger 10:10 strongly 38:12 structure 192:21 structured 24:24 struggled 162:20 struggling 69:17, 229:3	stuck 55:16, 57:13, 171:23 student 114:7 students 105:12, 113:11, 113:12, 152:15, 166:1, 227:12, 242:4, 242:5 studies 103:24 study 103:1, 117:23, 118:1, 118:18, 142:11, 218:4 studying 237:20 stuff 56:13, 196:24 stung 64:10, 126:5 stunned 92:5 stupidity 191:24 subacute 143:4 subgroups 94:24 submission 70:4, 70:7 submit 7:4, 33:17, 139:6 submitted 5:2, 80:20, 137:2, 276:10 submitting 6:18, 138:20 subsequent 15:12, 116:3 subsidiary 76:8 substantial 184:16 subtle 113:1
---	---	--	--

suburban 15:3, 17:13, 50:9, 68:3, 68:5, 69:2, 69:6, 70:15, 71:9, 72:19, 82:8, 87:13, 94:9, 183:9, 206:14 suburbs 28:23, 35:7, 35:12, 37:5, 37:20, 43:16, 72:9, 75:18, 212:13, 215:22, 221:24, 224:18, 224:20, 225:13, 273:14, 275:14 subvert 88:1 success 18:24, 19:2, 19:4, 73:11 successful 9:11, 250:16, 269:19 successfully 25:16, 106:16, 120:14 sudden 9:3 sue 120:18 sued 120:14 suffer 56:15, 57:8 suffered 147:1, 213:3, 238:5, 238:9, 238:16 suffering 256:16 suffers 121:17, 238:10 sugar 239:13, 239:16, 240:16, 241:2	suggests 79:22 suit 76:22 sum 194:11 summarize 63:8 summary 19:23, 184:13, 205:19 summit 183:5, 183:6, 183:8, 184:6, 184:10, 194:2 sunday 176:9 sundays 165:8 super 146:12 superb 201:17 superior 201:20, 202:19, 219:20 supplemented 77:21 supply 92:23 support 13:13, 15:5, 15:6, 38:13, 67:3, 120:12, 123:15, 127:14, 170:19, 170:21, 172:3, 178:5, 179:14, 180:9, 180:16, 216:10, 218:22, 220:6, 248:8, 251:24, 252:3, 252:11, 258:13, 267:17, 267:20, 268:17, 274:4 supported 5:22, 30:17, 123:9, 137:23,	236:4 supporting 31:2, 123:19, 123:20, 169:14, 198:19, 278:6 supposed 110:7, 132:15, 232:22, 247:23 sure 16:10, 36:5, 36:6, 37:21, 43:6, 44:9, 52:7, 60:8, 72:6, 98:18, 108:11, 114:17, 121:3, 140:4, 144:4, 160:21, 172:6, 203:18, 206:24, 223:20, 225:23, 245:13, 254:7 surely 158:13 surgeon 117:8, 117:11 surgeons 117:9 surgeries 10:3, 219:17, 265:16 surgery 42:7, 51:14, 59:23, 60:1, 146:15, 146:17, 194:16, 194:18, 194:21, 219:17, 245:11 surgical 146:8, 195:4, 205:13 surmising 152:18 surmountable 179:7 surprise 89:5, 177:7, 198:1 surprises 44:6	surprising 145:9 surprisingly 234:8, 234:18 surround 179:10, 215:22 surrounding 10:11, 15:17, 16:4, 16:5, 16:23, 21:17, 54:23, 56:17, 62:7, 62:11, 83:10, 108:12, 108:20, 144:10, 148:9, 179:21, 182:14, 186:23, 198:10, 198:12, 199:13, 203:14, 212:13, 212:14, 220:24, 233:14, 233:16, 250:17, 267:17, 267:21, 268:11, 268:23, 271:12 survey 218:2 survival 83:16 survived 111:21, 243:1 survivor 123:6 suspect 142:4 sustain 186:24 swallows 126:9 switzerland 89:22 synathia 131:11 system 69:22, 69:24, 72:14, 75:9, 91:15, 93:10, 94:13, 95:16, 119:1, 159:1,
---	--	--	--

176:13, 210:3 system's 37:2 systematic 119:7 systems 18:1, 18:24, 19:1, 19:3, 19:5, 23:22, 24:5, 24:15, 24:22, 30:20, 32:15, 33:8, 37:8, 75:19, 76:7, 76:23, 80:15, 81:18, 93:22, 205:20, 232:14	200:21, 210:15, 215:1, 217:5, 219:24, 220:2, 222:5, 240:23, 250:24, 251:16, 252:3, 256:3, 256:13, 256:15, 257:4, 257:8, 259:13, 259:22, 260:4, 260:22, 262:2, 265:21, 269:24, 270:16, 271:15, 272:1, 272:7 taken 37:22, 46:17, 49:6, 49:12, 135:23, 145:19, 197:6, 204:10, 210:19, 217:12, 218:14, 220:12, 221:6, 223:11, 229:14, 250:4, 259:4, 262:24, 263:13, 265:6, 267:3, 277:3 takes 96:22, 163:19, 163:21, 174:23, 177:24, 180:18, 224:24 taking 9:1, 39:23, 43:22, 60:18, 61:19, 62:10, 134:12, 169:9, 200:12, 237:19, 252:23, 253:5, 255:8 talk 19:20, 20:8, 37:1, 45:12, 45:19, 55:8, 56:17, 58:17, 59:2, 60:4, 100:21, 113:20, 149:8, 158:10, 159:24, 162:18,	163:9, 164:12, 164:19, 174:1, 178:2, 181:2, 181:22, 193:11, 195:9, 195:24, 218:22, 220:6, 243:17, 247:3 talked 59:21, 61:17, 101:7, 130:22, 150:7, 181:9, 187:16, 188:17, 236:19, 273:2 talking 47:7, 56:13, 57:14, 58:24, 63:3, 118:5, 159:8, 160:1, 164:17, 236:2, 240:6, 242:19, 254:20, 274:7 tammy 183:23 tandem 112:23 tarsitano 101:17, 101:18, 101:19, 101:21, 101:24, 102:4, 102:9, 102:12, 102:15, 102:18, 102:21, 102:22 task 145:5 taskforce 106:2 taught 231:22 tax 15:22, 223:18, 225:18, 225:22 teach 112:20, 113:12, 113:14, 214:6 teacher 126:15, 227:10, 241:22, 242:4, 243:8	teachers 227:20 teaching 113:15, 231:23, 235:20 team 12:14, 29:2, 33:1, 60:22, 65:11, 85:4, 85:5, 125:3, 126:1, 143:10, 143:14, 145:2, 146:3, 195:4 teamwork 243:10 tear 88:20 tears 22:3, 123:1 tech 127:11 technical 170:14 technology 123:16 teenagers 152:6 tell 40:21, 50:13, 54:7, 54:20, 64:7, 67:7, 105:9, 114:15, 132:13, 140:14, 143:13, 157:20, 158:9, 159:6, 159:22, 160:7, 160:23, 161:5, 161:9, 161:20, 161:24, 162:10, 162:19, 162:20, 163:3, 163:4, 164:15, 169:2, 169:6, 181:10, 192:15, 219:8, 227:24, 269:8 telling 60:22, 130:23, 192:14, 227:13,
T			
t&g 155:19 t-i-n-a 104:17 table 74:7 take 17:8, 18:21, 36:21, 37:13, 40:14, 52:13, 52:23, 59:7, 59:10, 62:4, 62:5, 72:18, 74:21, 85:11, 88:5, 91:5, 91:17, 91:20, 92:20, 92:22, 95:16, 96:3, 96:5, 99:19, 101:8, 102:6, 108:1, 120:18, 125:9, 128:14, 135:19, 140:10, 145:19, 152:9, 159:1, 159:7, 164:22, 165:3, 175:2, 182:5, 188:22, 191:5, 193:7, 196:9,			

264:5 tells 244:21 ten 24:8, 40:18, 43:1, 49:13, 86:11, 86:13, 106:19, 111:16, 111:21, 116:21, 149:15, 176:11, 182:2, 204:8, 225:19, 231:14, 233:6, 266:2, 266:3, 275:6 ten-mile 11:19 tenet 32:22 tentatively 135:4, 275:23 term 15:19 terminate 26:1, 270:12 terms 39:9, 71:18, 72:11, 76:12, 143:14, 193:10, 193:11, 193:18, 252:11 terrible 50:20, 175:10, 227:2 test 122:14, 192:4, 240:24 tested 164:4 testified 269:17, 274:6 testify 115:1, 120:24, 126:24, 217:3, 267:20 testifying 275:12 testimonies 70:18, 115:15	testimony 6:19, 7:4, 7:8, 68:9, 68:14, 102:6, 102:8, 138:21, 139:6, 139:11, 149:3, 213:14, 213:16, 214:15, 262:24, 267:15, 268:9, 269:7, 271:8, 271:14, 271:18, 274:15 testing 111:9, 209:22 tests 179:5, 209:20, 209:21, 245:9 text 7:3, 7:5, 139:5, 139:7 th 1:15, 6:2, 27:7, 27:24, 28:20, 34:24, 81:9, 106:1, 110:24, 117:24, 135:5, 138:3, 151:8, 183:3, 247:24, 267:12, 270:14, 276:6 thankful 157:5 thankfully 21:9 thanks 19:13, 92:6, 153:4, 198:19, 260:13 themselves 128:8, 143:17, 145:10, 253:2 therapist 129:22 therapists 113:9, 146:13 therapy 146:13, 148:12, 148:14	thereabouts 52:18 therefore 87:16, 97:24, 250:23 they'd 191:19, 243:16 thing 38:9, 45:9, 49:18, 80:2, 97:24, 100:1, 125:24, 153:15, 158:17, 175:10, 195:4, 212:22, 213:19, 214:22, 215:6, 217:20, 226:21, 232:10, 239:20, 246:19, 247:15, 254:19 things 30:24, 36:17, 50:13, 53:4, 58:18, 59:2, 89:9, 96:14, 96:16, 113:17, 119:18, 123:7, 133:22, 152:4, 157:10, 158:1, 158:2, 162:10, 164:23, 176:11, 176:22, 177:5, 177:6, 177:11, 187:16, 196:21, 208:16, 208:18, 226:13, 226:15, 226:20, 230:19, 234:23, 251:17, 253:20, 273:11, 275:20 think 28:24, 30:21, 36:3, 41:8, 42:7, 43:13, 45:24, 47:1, 109:8, 121:23, 130:11, 150:1, 158:20, 158:24, 159:10, 160:10,	160:13, 160:14, 164:24, 172:11, 173:9, 177:8, 177:9, 177:23, 189:6, 190:1, 194:3, 201:21, 204:13, 208:7, 208:19, 209:11, 209:16, 211:3, 220:3, 221:10, 226:1, 226:4, 226:11, 226:16, 226:22, 226:23, 227:3, 227:7, 227:15, 228:14, 228:19, 229:6, 230:21, 230:23, 231:3, 233:5, 233:6, 234:23, 242:18, 254:19, 255:6, 265:1, 275:4 thinking 106:11, 144:8, 196:13, 196:21, 229:5, 255:7, 258:16 thirdly 153:15 thirties 121:15 thomas 79:10 thornton 183:24, 227:11 thought 37:16, 37:20, 45:6, 125:10, 149:8, 157:15, 244:23 thoughts 36:1, 83:4 thousands 95:4, 105:7, 190:9, 192:12 thread 223:3 threat 226:16
---	--	---	---

threatened 28:2 three 7:9, 9:5, 11:20, 18:9, 19:8, 19:10, 25:8, 25:12, 36:11, 39:2, 39:12, 39:13, 39:20, 40:1, 41:4, 41:7, 59:1, 59:5, 99:8, 102:1, 102:23, 103:11, 106:5, 107:17, 111:3, 116:20, 116:21, 116:24, 123:24, 125:4, 139:12, 146:15, 149:12, 150:21, 150:22, 151:10, 153:7, 164:8, 168:9, 169:23, 170:2, 170:18, 170:19, 179:4, 185:9, 196:12, 207:22, 221:14, 224:14, 236:15, 238:7, 238:8, 238:24, 239:8, 243:17, 248:14, 265:16 thriving 47:23, 111:23 throat 64:10 through 18:13, 18:16, 42:16, 42:24, 45:24, 58:2, 76:20, 93:6, 103:13, 111:12, 113:11, 116:6, 152:16, 158:14, 167:24, 216:7, 221:16, 237:13, 240:2, 240:12, 251:21, 251:22,	253:4, 262:24, 266:18, 266:22, 270:17, 271:6, 271:7, 273:18 throughout 9:11, 19:2, 29:20, 30:4, 43:16, 52:5, 72:11, 181:24, 231:19, 232:15, 268:1, 270:6 ties 237:24 timeline 76:20, 200:17 timely 30:21, 148:21 timer 210:16 times 18:24, 21:14, 28:2, 45:23, 52:8, 57:21, 62:12, 67:17, 71:14, 71:24, 106:5, 170:16, 182:3, 183:1, 184:18, 184:21, 185:4, 186:4, 197:1, 221:4, 222:7, 223:20, 238:8 timing 82:13, 87:22, 182:2 tina 104:16, 104:17 tinley 122:20, 219:6, 219:9, 219:10 tissue 186:19 today 4:8, 4:18, 7:21, 7:22, 8:6, 8:13, 8:19, 13:23, 15:24, 16:4, 20:12,	35:3, 37:11, 55:20, 56:20, 61:17, 64:14, 65:15, 68:12, 68:18, 68:20, 70:16, 73:5, 75:5, 86:2, 107:20, 110:19, 111:23, 117:4, 121:19, 126:8, 136:7, 136:18, 143:24, 151:20, 153:16, 154:8, 154:19, 157:5, 157:10, 161:15, 164:10, 167:10, 172:18, 194:7, 199:22, 200:12, 207:10, 217:21, 230:17, 271:18, 274:15 today's 4:4, 5:3, 7:6, 136:2, 137:3, 139:8, 139:23 together 16:21, 19:14, 22:24, 28:4, 28:5, 28:9, 29:2, 74:2, 80:8, 84:20, 88:17, 119:17, 119:18, 141:2, 141:15, 167:2, 180:18, 200:24, 217:23, 243:9, 243:11, 249:4, 266:15, 272:11, 273:21, 274:20, 274:23, 275:13 tokyo 32:13 tolasky 257:20, 257:21, 257:22, 257:23 told 22:21, 55:21, 97:6, 99:22,	100:22, 101:9, 116:10, 117:8, 122:12, 122:17, 123:6, 126:7, 130:10, 153:20, 153:22, 154:8, 171:12, 236:13, 239:15, 239:18, 242:12, 242:22, 244:15, 245:9, 245:13, 245:17, 246:3, 246:5, 246:10, 253:11, 272:12 tom 210:12, 210:21, 220:15 tomorrow 128:19 ton 56:24 tonight 154:16 took 17:23, 43:1, 62:17, 90:17, 90:18, 99:15, 101:9, 103:1, 103:11, 109:5, 116:3, 120:11, 130:3, 130:5, 130:6, 163:10, 163:13, 164:8, 164:13, 164:15, 167:21, 197:3, 209:10, 242:7, 242:16, 243:4, 247:6, 247:8, 248:14 tool 200:16 tools 74:12 top 84:10, 149:15, 205:14, 205:15, 218:8, 229:7 topic 7:11, 230:18
---	---	---	--

toss 159:21 total 10:15, 52:18, 56:22, 270:9 touch 187:17 tough 156:21 tour 152:9, 152:23 touring 155:5 tours 25:6 toward 26:7 towards 34:11, 48:7, 105:23 town 40:3, 47:20, 48:13, 52:6, 53:1, 159:12, 159:16, 160:10, 169:21, 170:2, 170:6, 171:8, 172:2, 188:22, 190:5, 208:11, 222:5, 224:1, 224:5, 224:10, 224:18, 225:6, 225:7, 225:9, 226:1 towns 53:8, 171:22, 171:23, 227:16, 228:17, 229:8 townsend 243:17, 243:21, 244:1, 244:2, 245:7 township 223:19, 226:3, 226:7 townships 50:24 tracheotomy 147:6	track 11:6, 272:11, 273:21, 274:19, 275:5 tracks 221:14 trade 170:2, 199:14 traded 32:7, 32:9 trademark 191:11 tradeoff 154:24 tradition 35:17, 223:24 traditionally 29:12 traffic 55:14, 71:16, 193:18, 266:22 tragedy 179:21 tragic 141:12 train 55:17, 72:12, 163:12, 221:16, 235:22, 235:24 trained 170:13 training 41:21, 146:19, 184:17, 199:18 trains 193:18, 254:9 transaction 34:2 transcribed 1:24, 278:5 transcriber 278:1 transcript 3:14, 3:15, 278:3 transected 72:12 transfer 12:11, 63:5,	256:21 transferred 63:2, 126:12, 178:22 transferring 12:8 transit 55:8, 56:16 transition 13:18 transitioning 19:20 transplant 51:23 transport 36:21, 52:8, 56:1, 56:2, 233:23, 234:9 transportation 40:6, 167:18, 207:1, 207:7, 215:16, 264:14 transported 40:2, 123:24, 132:19, 233:18, 234:12 transports 52:23 trauma 49:14, 70:13, 178:23, 221:5, 266:22 travel 84:14, 106:18, 121:24, 122:20, 145:23, 153:23, 185:4, 186:4, 248:15 traveling 274:9 treat 143:22, 144:15, 189:1 treated 86:19, 103:21, 117:2, 144:21, 152:24, 234:13 treating 144:9, 145:3	treatment 66:11, 108:14, 108:18, 112:12, 114:9, 116:5, 116:18, 117:6, 117:18, 118:15 treatments 116:7, 132:10 trek 116:23 tremendous 15:1, 16:17, 147:14 trend 10:9, 94:13, 232:15 trends 26:7, 34:11 trial 147:3 tried 152:12, 152:13 trinity 39:8, 104:20, 105:15 trip 16:12, 221:12 tripoli 165:17, 165:18, 168:7 trips 191:23 tristate 170:3 trolley 176:13 trouble 80:4, 257:3, 266:14, 269:15, 269:18, 270:8 troubling 79:22, 87:17 trucks 170:20, 267:18 true 72:9, 80:23, 80:24, 83:21, 90:14, 188:19,
--	--	---	---

278:3 truly 42:3, 174:3, 221:17, 244:10 trust 110:18, 144:11, 147:21 trusted 110:17 truth 90:20 truthful 76:2 try 20:2, 20:5, 40:6, 94:19, 104:12, 130:20, 141:2, 157:16, 172:6, 188:3, 265:20, 272:8, 274:20, 275:13 trying 28:9, 30:22, 31:7, 56:1, 91:22, 94:14, 134:22, 140:24, 150:18, 152:18, 153:3, 246:24, 269:16 tube 62:21 tuesday 135:5, 275:24 tummy 154:21 tune 56:7 turn 25:16, 58:6, 176:14, 176:18, 230:3 turnaround 52:22, 184:21 turned 64:12, 99:8, 123:7, 149:14 turning 42:20, 98:18	turns 66:19, 133:13 tv 244:18 twelve 54:10, 266:3 twice 106:4, 121:21 twilight 19:15 two 5:22, 19:23, 19:24, 21:11, 30:24, 36:20, 39:6, 39:9, 39:18, 39:19, 39:22, 40:8, 41:4, 42:24, 58:18, 59:4, 59:20, 60:16, 69:7, 69:8, 70:15, 77:13, 80:8, 93:1, 96:16, 96:18, 104:7, 111:3, 116:22, 117:21, 117:22, 119:3, 123:24, 137:23, 143:11, 143:13, 149:16, 159:9, 160:3, 160:11, 167:20, 169:23, 170:1, 170:11, 170:17, 170:20, 171:22, 175:20, 213:5, 223:23, 224:14, 225:20, 228:18, 236:11, 236:15, 239:8, 242:17, 242:23, 250:10, 252:19, 255:5, 259:17, 266:10, 269:17, 273:1 two-thirds 86:9 type 111:7, 133:4,	174:24, 202:7, 202:10, 207:8, 236:2 typed 5:23, 137:24 types 22:1, 36:16, 67:1 tyrone 96:10 <hr/> U <hr/> u-m-e-c-k-e-r 265:11 u-r-b-a-n-o 127:7, 127:22 uh-huh 131:15 ultimate 38:10, 107:22 ultimately 25:12, 182:5 ultrasound 240:23 um-hmm 131:19, 240:15 unecker 265:10 unable 9:13, 34:1, 34:16, 164:12 unacceptable 44:10, 146:1 uncle 51:19 unconscious 64:18 under 8:7, 9:20, 17:8, 62:23, 93:8, 186:20, 189:24, 190:5, 212:5, 231:1, 232:22, 256:5, 270:20, 270:21 under-resourced 184:12 underdo 94:18	undergo 38:7 underinsured 144:14 underperforming 76:9, 79:3 underscored 97:19 underserved 29:16, 35:9, 44:1, 71:3, 114:20, 118:4, 147:11, 179:11, 186:10 understand 11:15, 12:2, 23:1, 23:8, 35:19, 50:22, 55:16, 57:5, 57:19, 61:22, 68:15, 113:16, 113:21, 119:15, 144:5, 163:19, 163:20, 174:22, 177:2, 271:5, 274:21 understanding 72:21, 232:23 understands 255:13, 255:14 undertake 13:4 underutilized 88:13 undiagnosed 108:17 undoubtedly 16:7 unfair 73:23, 96:2 unfairly 11:1 unfathomable 14:20 unfortunate 13:9, 90:23, 187:18 unfortunately 29:19, 35:8,
---	---	--	--

36:3, 36:11, 37:6, 37:21, 42:16, 90:20, 166:9, 214:20, 232:8 uninsured 144:15 union 75:14, 75:19, 244:3 unique 9:16, 39:21, 187:9 uniqueness 253:1 unit 21:16, 22:1, 84:9, 146:17, 146:21, 147:7, 216:7, 251:20, 260:7 united 80:10, 89:24, 118:4, 120:13, 162:4, 232:15, 261:17 units 251:3 university 39:14, 45:3, 46:15, 98:16, 118:2, 133:6, 179:3, 259:19 unjust 73:24 unless 8:18, 43:22, 44:8, 228:19 unlikely 34:18 unload 78:23 unnecessary 255:4 unprecedented 75:23 unreported 78:20	unresponsive 65:10 unsafe 146:1 unsatisfying 57:18 unsuccessful 18:20, 20:12, 25:21, 26:5 unsustainable 11:8 unthinkable 201:24 until 21:20, 44:13, 81:8, 88:5, 95:19, 99:7, 176:16, 178:8, 196:8, 229:6, 239:11, 240:8, 240:20 untuned 179:6 updated 71:7 updates 27:20 upfront 267:19 upgrade 184:17 upgraded 123:14 upper 31:11 upset 123:1 urban 103:23, 103:24 urbano 127:4, 127:6, 127:8, 127:11, 127:16, 127:21 urge 17:7, 44:4, 75:19, 88:18, 96:3, 200:13 urgent 95:5, 257:7	urging 15:8, 71:6 use 82:14, 88:4, 94:8, 114:1, 114:5, 200:15, 211:24, 219:11 uses 10:23, 215:11 usually 146:2, 191:22 utilization 71:12, 86:7 utilize 171:7, 174:15 utilized 171:7, 235:9 utilizing 72:14 utmost 203:2 <hr/> v <hr/> v-a-l-e-r-i-e 82:20 v-a-l-l-e-j-o 109:23 va 166:9 vacant 180:3 vacuum 74:11 valerie 82:19, 82:20, 82:22 valid 6:20, 138:22 vallejo 109:23, 201:6, 201:7, 201:9, 201:10 valley 165:22 value 71:4 valve 245:16	valves 147:4 vargas 12:10, 12:13, 177:14, 183:7, 211:5, 211:11, 211:14, 211:15, 216:16, 248:18 variety 32:20, 34:4 various 23:23, 31:24, 142:9, 143:3, 143:6, 168:8, 220:22, 220:23, 227:11, 233:9, 272:13, 272:15, 274:23 vast 147:9, 173:13 vehicle 145:14 vein 144:8 vendors 92:1 verbal 5:18, 137:19 verdict 140:21, 141:8 versa 194:5 versus 36:22 veterans 199:19, 213:9 vice 17:20, 31:20, 75:12, 104:21, 194:5 victim 65:20, 106:21, 272:4 victor 161:16 view 233:1 village 49:1, 49:3,
---	--	--	---

121:13, 170:21, 183:24, 188:18 villages 50:24 visit 65:13, 166:1, 168:9 visitors 198:7 visits 10:4, 87:5, 87:6, 185:7, 185:10, 271:15, 274:5 vital 108:18, 108:19, 192:20, 201:22, 206:23, 211:19, 213:11, 215:10, 215:15, 215:20 vitality 36:9 voce 99:2, 127:2, 127:20, 129:20, 131:20, 168:16 voice 35:3, 44:8, 114:14 voices 114:19 voicing 30:11 void 69:9, 166:22 voids 141:17, 141:24 volume 62:16, 204:16 volumes 9:23, 11:2, 195:2, 195:7, 204:20 voluntary 108:14 vote 272:17 vp 78:16	W w-a-l-k-e-r 31:20 w-a-l-s-h 8:4 w-a-r-r-i-c-k 206:5 w-e-s-t 129:18 w-h-e-e-l-e-r 14:10 wait 70:18, 121:2, 217:4, 221:4, 254:18 waited 116:14, 245:6 waiting 57:14, 65:19, 116:18, 221:20, 221:21, 262:10 waits 62:13 walk 56:8, 120:6, 157:21, 167:18, 230:6 walked 168:2, 196:12, 211:7, 245:4, 264:13 walker 20:7, 31:16, 31:19, 31:20, 32:9 walking 20:20, 38:20, 56:7, 161:23, 164:16 walled 254:9 walsh 7:22, 7:23, 8:2, 8:3, 11:21, 23:8 want 4:3, 8:5, 8:11,	21:15, 40:23, 41:7, 44:6, 58:1, 61:24, 62:1, 63:11, 65:5, 68:8, 68:9, 73:19, 84:19, 91:3, 92:1, 92:10, 92:12, 108:7, 108:11, 120:17, 121:2, 121:8, 123:23, 130:19, 130:23, 130:24, 131:3, 140:14, 156:4, 156:5, 157:10, 157:17, 157:19, 159:4, 159:5, 159:21, 159:22, 161:4, 161:24, 163:16, 169:13, 172:16, 176:8, 177:21, 178:2, 182:4, 182:5, 182:7, 194:12, 196:5, 204:2, 213:19, 215:18, 218:23, 223:24, 226:24, 236:16, 236:23, 240:11, 248:16, 249:11, 249:17, 249:20, 249:22, 254:5, 254:20, 257:11, 258:24, 263:9, 265:12, 265:23, 272:19, 275:21 wanted 21:7, 89:14, 99:19, 99:24, 100:1, 100:21, 101:1, 107:20, 119:12, 125:9, 127:23, 142:7, 145:18, 150:5, 170:7, 170:9, 180:15, 197:11, 236:11, 240:4,	244:15, 244:16, 249:17, 266:10, 270:22 wanting 40:5, 103:10 wants 61:24, 91:24, 98:21 war 231:17 ward 47:24, 96:11, 96:13, 103:19, 132:7, 183:23, 220:19, 223:17 wares 47:22 warrick 206:3, 206:4, 206:5 washington 216:12 watched 64:11, 162:11, 162:12 watching 244:18 water 246:17, 246:18, 246:21 waters 158:2 way 13:15, 37:17, 57:11, 67:4, 78:11, 91:8, 96:20, 122:20, 142:14, 151:24, 152:2, 160:4, 160:5, 163:24, 165:2, 167:7, 167:12, 173:18, 189:14, 192:1, 197:9, 211:11, 211:12, 220:1, 233:7, 235:12, 247:2, 248:17, 252:19, 253:2,
---	--	--	---

254:4, 258:18, 264:15 ways 48:6, 55:22, 92:17, 174:11 we'll 7:19, 26:18, 102:24, 135:18, 135:19, 194:23, 204:15, 217:4, 217:5, 235:24, 248:21, 273:20 we're 29:6, 29:7, 29:13, 31:6, 31:7, 37:11, 38:5, 39:23, 46:16, 49:18, 52:8, 53:4, 53:5, 53:10, 53:15, 58:24, 59:1, 59:9, 60:24, 61:1, 72:2, 72:16, 73:15, 73:21, 73:22, 91:17, 113:23, 116:10, 116:13, 117:8, 121:16, 124:18, 132:15, 146:6, 153:3, 158:14, 159:14, 159:22, 166:24, 169:14, 171:14, 171:24, 172:3, 173:24, 175:8, 175:21, 177:3, 190:1, 190:2, 190:6, 193:17, 200:11, 208:14, 212:17, 215:17, 218:16, 220:14, 224:19, 226:15, 229:3, 230:22, 232:22, 233:6, 235:2, 245:8, 250:22, 252:23, 254:20, 255:7, 270:8,	275:12 we've 12:5, 20:11, 27:23, 28:3, 29:21, 42:23, 51:20, 59:18, 59:19, 60:20, 71:14, 71:20, 113:22, 115:20, 116:5, 126:20, 150:13, 152:10, 152:12, 152:13, 155:4, 155:24, 160:3, 169:20, 171:6, 171:7, 172:8, 173:9, 190:4, 207:23, 214:11, 215:3, 242:4, 250:15 weak 56:9 website 135:10, 276:3, 276:8 wednesday 1:15, 6:1, 138:2 weeding 126:4 week 40:24, 41:3, 65:18, 239:23, 246:14, 246:15 weekend 176:9, 176:10 weekends 244:19 weeks 8:14, 12:5, 21:11, 51:15, 65:7, 65:12, 100:10, 116:21, 117:21, 117:22, 254:15, 260:5 welcome 72:23, 183:1, 207:15, 243:19 welcomed 8:21	well-being 17:11 wellness 232:5 went 22:4, 60:13, 60:14, 64:6, 64:16, 67:16, 78:19, 89:22, 98:9, 98:13, 118:10, 122:23, 142:14, 150:4, 167:7, 167:19, 208:8, 237:13, 238:2, 238:24, 239:14, 240:22, 242:21, 245:22, 246:16, 247:3, 264:3, 269:10 weren't 130:14, 187:20, 226:5 west 3:9, 43:18, 129:16, 129:17, 129:18, 129:21, 129:22, 135:16, 157:24, 232:18, 276:15 western 43:16, 48:2, 48:5, 174:16, 221:14, 236:20 westlake 43:18 whatever 133:2, 133:16, 157:1, 163:12, 165:3, 166:13, 173:8, 177:24, 180:16, 180:18, 181:19, 182:10, 191:20, 210:2, 252:6 whatever's 248:19 whatsoever 19:22	what's 113:21 wheelchair 56:11 wheeler 14:9 whenever 27:14, 40:11 wherever 225:22 whether 35:22, 58:24, 76:1, 101:5, 101:6, 174:4, 191:2, 213:20, 214:12, 215:7, 251:10, 268:24, 269:21, 272:14 white 106:5, 191:18 who've 73:3 whoever 128:22, 129:3, 129:4 whole 16:24, 74:18, 116:20, 158:17, 176:8, 182:11, 203:10, 220:2, 223:4, 227:17 wholesale 43:24 whomever 171:14 wide 31:23 wife 112:14, 223:23, 258:14 williams 93:17, 93:18, 93:19, 93:21, 93:24, 94:4 willing 12:10, 12:19, 53:5, 102:11, 175:2, 188:4
--	--	---	--

willis 109:6, 151:3, 151:4, 151:6, 151:7, 155:8 wind 80:19 winning 144:19 wisconsin 19:3, 98:11, 98:16 wish 135:20 wishes 115:1, 120:24, 126:24 withhold 128:16 within 11:19, 32:14, 59:19, 62:20, 69:9, 72:15, 74:16, 84:8, 105:4, 117:1, 123:24, 151:9, 191:7, 213:4, 254:17, 262:5 without 16:16, 19:4, 23:2, 65:14, 91:23, 148:21, 150:9, 150:13, 171:20, 182:2, 200:3, 212:18, 226:16, 233:15, 258:7, 258:15, 260:24 wmaq 117:22 woke 239:23, 239:24, 240:1, 240:17, 240:18, 240:21 woman 84:7, 106:14, 121:4, 132:13 women 21:15, 83:23,	106:5, 146:20, 196:12 women's 232:5 wonderful 53:21, 103:20, 103:22, 104:11, 148:22, 149:24, 150:1, 150:20 wondering 238:16 won't 114:4 word 61:23, 127:23, 129:8, 130:20, 177:4 words 38:2, 43:13, 96:18, 99:12, 196:8 work 8:24, 12:15, 13:8, 16:21, 22:4, 22:24, 23:1, 27:23, 44:13, 45:1, 45:13, 46:8, 47:8, 52:1, 58:2, 58:13, 62:4, 67:8, 67:9, 71:16, 82:23, 89:15, 92:2, 93:24, 94:1, 94:4, 104:3, 112:22, 124:19, 124:23, 130:10, 130:12, 144:7, 151:24, 152:2, 162:6, 165:3, 167:3, 167:5, 167:11, 167:18, 167:19, 167:21, 168:2, 168:8, 194:19, 194:20, 199:9, 207:2, 218:20, 222:7, 225:4,	225:5, 225:24, 226:23, 227:4, 227:8, 227:21, 243:8, 243:9, 243:10, 243:11, 244:13, 244:19, 250:7, 252:24, 260:8, 260:13, 263:20, 263:23, 267:24, 268:20, 272:19, 272:20, 273:20 worked 8:13, 21:8, 21:19, 21:21, 39:2, 42:1, 65:16, 66:19, 67:9, 79:11, 85:4, 115:21, 116:1, 119:1, 119:2, 119:4, 124:20, 127:22, 130:13, 141:15, 143:3, 149:18, 201:15, 205:1, 240:20, 244:16, 249:18 worker 46:6 workers 42:1, 69:4, 75:14, 75:15, 95:23, 96:1, 124:22 workforce 87:14, 88:8, 94:22, 118:17, 199:17, 199:20 working 9:5, 12:3, 22:9, 44:21, 46:10, 46:11, 46:18, 47:7, 62:8, 74:7, 74:22, 99:18, 105:23, 112:3, 117:9, 117:10, 122:13, 122:18,	122:19, 143:21, 201:12, 225:22, 227:7, 240:12, 269:3, 272:22, 274:22, 274:23, 275:12 working-class 49:21 works 162:21, 171:12, 218:19 world 46:8, 190:13, 231:17 worry 207:1 worse 81:4 worsen 71:1 worsened 70:24 worst 77:11, 215:18, 215:19, 227:16 worth 106:24 would've 77:5, 106:20, 126:7, 126:13, 126:18, 236:14, 245:18 wouldn't 65:15, 70:20, 126:8, 158:22, 164:11, 228:5, 252:8, 264:10 wouldn't 145:19 wow 245:19 write 47:5, 160:21, 275:22 writing 230:14 written 4:24, 5:6,
--	--	--	--

5:18, 6:18, 6:21, 7:5, 7:15, 20:14, 73:3, 102:8, 121:7, 135:13, 136:24, 137:7, 137:19, 138:20, 138:23, 139:7, 139:18, 149:3, 206:2, 276:5, 276:12 wrong 120:8, 122:24, 232:10 wrote 102:15 wunsch 1:24, 278:2, 278:16 www 135:11, 276:3 <hr/> X <hr/> x-rays 247:8 xavier 235:24 <hr/> Y <hr/> yard 242:18 yeah 28:18, 102:3, 102:12, 121:3, 129:18, 157:4, 165:20, 211:9, 230:7, 262:20 year 8:18, 9:18, 10:17, 10:19, 10:20, 11:7, 11:12, 29:13, 30:14, 33:22, 49:5, 52:17, 55:3, 66:7, 66:8, 70:24, 79:12, 83:2, 98:13, 99:6, 106:24, 122:23,	143:2, 144:22, 144:23, 148:7, 148:9, 152:9, 152:15, 156:8, 170:23, 205:1, 209:19, 237:12, 269:20, 274:22 year's 238:13 year-long 115:19 yep 167:15, 259:9 yesterday 43:19 york 2:5, 6:4, 32:13, 138:5 young 62:17, 121:15, 155:4, 181:17, 196:12 younger 181:17 youngest 251:10 yourself 31:18, 135:21, 168:4 youth 152:6, 153:19, 199:19 <hr/> Z <hr/> zip 10:7, 10:11, 86:11, 86:13 zone 180:5 zylman 241:22 <hr/> \$ <hr/> \$1.2 77:20 \$10 11:7, 79:15, 205:5	\$2 10:18 \$30 45:20, 235:4 \$30,000 231:12 \$34 232:2, 235:4 \$8 11:5 <hr/> 0 <hr/> 000 212:17, 274:4 0008 93:2 01 1:16 024 1:6, 5:10, 137:11 03 263:13 07 210:19, 276:20 <hr/> 1 <hr/> 1 1:23, 135:24 1,000 148:16, 202:2 1,200 202:3, 259:24 1,300 154:16, 154:17, 154:20 1,399 87:1 1,582 205:16 1.3 79:16 1.46 97:16 10 1:16, 6:2, 90:6, 106:24, 132:12, 138:3,	203:4, 214:16, 229:15, 234:5, 250:19, 271:9 100 24:9 100,000 118:20 105 258:4 11 5:24, 32:12, 78:17, 124:23, 128:21, 138:1, 140:14, 168:1, 168:2, 183:3, 185:22, 196:8, 215:11, 250:20, 259:13 110 83:9, 200:21, 202:2 12 6:2, 55:9, 56:3, 97:1, 100:10, 106:1, 106:19, 116:17, 121:24, 124:1, 124:2, 135:23, 138:3, 145:23, 200:8, 203:5, 239:13, 239:16, 250:19, 259:20, 271:10, 271:20, 271:22 120 205:14 127 151:8 12813 175:19 12935 5:11, 137:12 13 131:5, 131:6, 143:2, 270:13 13,000 49:4 130 104:8
--	---	---	--

132 131:23, 159:2 134 58:22 14 27:7, 27:24, 33:14, 55:11, 83:18, 97:1, 128:24, 129:3, 131:22, 145:23, 164:1, 209:4 15 62:23, 65:22, 121:24, 131:6, 132:12, 144:24, 153:23, 159:9, 160:4, 160:11, 198:4, 227:10, 234:5, 270:14 154 60:12 156 242:10 17 10:5, 55:12, 82:23, 83:2, 85:5, 135:5, 244:4, 247:24, 274:22, 276:1 17,359 86:20 172 60:6 1739 270:14 18 90:1 18.37 97:17 19 1:6, 5:10, 56:23, 66:20, 91:7, 91:9, 91:19, 119:14, 137:11, 263:14 1904 231:5 1905 212:24, 231:9	1920 124:16 1950 198:4 1961 98:8 1970 42:11 1979 89:20 1980 51:15 1981 90:1, 111:8 1982 110:23 1986 238:11 1990 90:5 1992 44:24, 140:19 1994 246:1 1996 6:16, 138:18 1999 24:7, 32:11, 66:17 1st 81:7 <hr/> 2 <hr/> 2,200 52:18 2,500 49:5 2.2 164:2 2.64 97:16 20 24:19, 55:13, 56:3, 57:1, 66:20, 84:8, 97:2, 117:18, 119:3, 159:9, 203:5, 218:20,	232:18, 234:6 20,000 169:17 200 32:18, 60:6, 148:11, 183:4, 206:8, 239:14 2001 27:16, 135:8 2002 91:4 2003 232:1, 232:6 2007 213:2 2008 14:16, 15:11, 16:3, 161:19, 213:2 2009 27:8, 120:10, 226:7 2010 118:16 2012 15:13 2013 60:5, 60:11 2014 10:3, 10:17, 164:2 2015 59:22, 60:7, 60:12, 119:11 2016 17:24, 18:8, 76:21, 78:18 2017 10:17, 18:13, 24:12, 71:13, 86:17, 86:18, 86:20, 86:22, 87:2, 87:6, 87:7, 144:23 2018 10:6, 11:6, 18:13, 24:12, 26:1, 79:13,	144:23, 204:22 2019 1:15, 6:2, 18:15, 32:24, 110:17, 135:5, 183:3, 231:9, 276:6, 276:8, 276:11, 278:17 2020 11:8 21 10:4, 41:20, 42:2, 128:24, 265:6 217 3:11 22 86:23, 86:24, 128:12, 210:20, 271:21, 271:23, 274:11 23 97:2, 128:12, 186:14 23,000 212:16 2339 2:5, 6:4, 138:5 24 1:15, 6:2, 55:3, 138:3, 233:12, 234:4, 256:8 242 205:10, 205:11 25 10:3, 128:21, 156:1, 175:6, 177:20, 178:4, 188:10 255237 1:22 26 204:5 27 24:10, 28:20, 56:21, 128:16, 194:3
--	--	--	--

278 1:23 28 89:13, 92:11, 128:16, 217:12, 254:15, 267:12, 276:6 295 58:23 297 145:1 2nd 223:17 <hr/> 3 <hr/> 3 210:19, 210:20, 217:12, 217:13, 218:14, 218:15, 220:12, 220:13, 223:11, 223:12, 229:14 3,000 49:4 3,200 148:12 3,500 170:23 30 9:18, 33:7, 34:24, 56:22, 56:24, 81:9, 84:8, 121:12, 143:19, 165:23, 166:5, 187:13, 194:4, 198:5, 212:17, 217:13, 224:22, 244:20, 245:22, 245:23 30,000 212:17 300 11:23, 145:4 31 128:7, 129:3, 187:15, 218:14 31,000 148:14	314 1:9, 10:12, 58:21, 205:9 32 40:23, 41:3, 173:4, 260:4 33 135:24, 143:19, 170:21 34 143:19, 157:13 34,896 86:16, 97:10 35 23:21, 130:8, 187:13, 196:14 3516 3:11 36 249:18, 265:7 365 55:3 37 113:6 38 77:11, 155:19, 156:1, 218:15 385 2:7 39 143:20, 173:11, 267:3 39,833 86:19 3: 128:16 3rd 276:8 <hr/> 4 <hr/> 4 229:15, 250:4, 250:5, 259:4, 259:5 4,000 52:17 4,500 148:11	4.5 59:15 4.62 97:16 4.7 59:16 40 9:9, 20:1, 38:22, 99:6, 99:9, 110:24, 111:1, 116:2, 127:22, 173:5, 196:14, 220:12, 224:22, 250:4, 260:2, 273:2 400 58:22, 78:9 410 232:7 42 115:19, 151:12, 151:13, 152:3, 154:14 43 250:5 44 21:20 45 24:5, 32:11, 68:4, 74:14, 187:11, 220:13 45,523 87:4, 97:5 46 117:24 47 51:11 48 223:11, 239:13, 239:16 48,000 266:17 4815 66:18 485 58:22 4th 176:10, 220:19	<hr/> 5 <hr/> 5 263:13, 263:14, 265:6, 265:7, 267:3, 267:4 5,954 87:5 5.4 59:16 5.6 59:17 5.9 59:15 50 86:23, 98:13, 135:23, 223:12, 224:22, 265:15, 274:4 50,000 56:18, 57:6, 57:15, 185:7, 185:10, 211:23, 212:6, 215:5, 271:14, 274:4 500 148:7, 152:5 52 161:21, 162:8, 267:4 525 3:9, 135:16, 276:15 54 259:4 55 110:22, 229:14 56 259:5 57 36:15 <hr/> 6 <hr/> 6 276:20 6,000 151:17, 153:18 60 198:6, 231:20,
--	--	---	---

Transcript of Public Hearing - 314-Bed Acute Care Hospital - #E-024-19

Conducted on July 24, 2019

359

231:24, 261:23 60,000 232:4 60406 2:6, 10:7 61 60:12 62 199:7 62761 3:10, 135:17 65 10:7 65.7 86:10 66 257:24 67 52:19 6th 7:7, 139:10, 278:17 <hr/> 7 <hr/> 70 24:9, 48:6, 86:18, 173:8 70,000 17:6 700 152:6 708 2:7 72 151:16, 205:10 75 86:20, 153:18, 190:5 750,000 68:6, 74:16 76 181:1 780 58:23 782 3:11 <hr/> 8 <hr/> 8 128:7	8,000 157:20, 158:6 8,410 86:16 800 16:16, 30:3, 78:10, 162:23, 185:18, 199:6, 205:17, 212:11 83,381 87:6 850 169:20 8510 2:7 87 194:14 <hr/> 9 <hr/> 90 60:19, 86:14, 90:4, 97:22, 111:22, 173:15 91 278:13 98 245:16	
--	---	--