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# Transcript of Hearing

**Date:** October 1, 2019

**Case:** Presence Chicago Hospitals Network d/b/a AMITA Health St. Francis  
Hospital-Evans

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ILLINOIS DEPARTMENT OF PUBLIC HEALTH  
HEALTH FACILITIES AND SERVICES REVIEW BOARD  
BEFORE HEARING OFFICER ANN GUILD

IN RE: :  
Public Hearing on an application :  
for the discontinuation of an : Project No:  
18-bed obstetric category of service : E-040-19  
at Presence Chicago Hospitals Network :  
d/b/a AMITA Health Saint Francis :  
Hospital-Evanston, 355 Ridge Avenue :  
Evanston, Illinois :

HEARING in accordance with requirements of the  
Illinois Health Facilities Planning Act and 77  
Illinois Adm. Code Part 1130

Evanston City Hall  
2100 Ridge Avenue, 4th Floor  
Evanston, Illinois 60201  
Tuesday, October 1, 2019  
11:00 a.m.

Job No. 266338  
Pages: 1 - 66  
Reported by: Jerome E. Harris, CDLT-204

1       PRESENT:

2           ILLINOIS HEALTH FACILITIES AND SERVICES

3           REVIEW BOARD, by

4           ANN GUILD, Public Hearing Officer

5           COURTNEY AVERY, Administrator

6           Second Floor

7           525 West Jefferson Street

8           Springfield, Illinois 62761

9           (217) 782-3516

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P R O C E E D I N G S

HEARING OFFICER GUILD: Good morning. Thank  
you for participating in today's public hearing for  
AMITA Health Saint Francis Hospital Evanston.

I'm Ann Guild, Hearing Officer for the  
Illinois Health Facilities and Services Review Board.  
Present with me today is Courtney Avery.

On behalf of the State Board, thank you for  
attending.

Please be advised that we're here to collect  
comments regarding the discontinuation of an 18-bed  
Obstetrics category of service at AMITA Health Saint  
Francis Hospital Evanston, and at this time will not  
respond to any information presented today nor questions  
regarding the application for exemption.

As per the rules of the Illinois Health  
Planning Act, the previously published Public Notice and  
the Public Hearing and Opportunity for Written Comment  
have been submitted to the court reporter, and will be  
included in today's record.

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LEGAL NOTICE OF PUBLIC HEARING AND  
OPPORTUNITY FOR WRITTEN COMMENT:

In accordance with the requirements of the

Transcript of Hearing  
Conducted on October 1, 2019

4

1 Illinois Health Facilities Planning Act and 77 Illinois  
2 Adm. Code Part 1130, Notice is given of a Public Hearing  
3 on an application for the discontinuation of an 18-bed  
4 Obstetric category of service at Presence Chicago  
5 Network d/b/a AMITA Health Saint Francis  
6 Hospital-Evanston 355 Ridge Avenue, Evanston, Illinois  
7 (E-040-19).

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

18 The Public Hearing will be held on Tuesday,  
19 October 1, 2019 beginning at 11:00 AM at the Evanston  
20 City Hall, 2100 Ridge Avenue, 4th floor, Evanston,  
21 Illinois.

22 For additional information call (217) 782-3516  
23 (TTY # 800-547-0466 for hearing impaired only).

24 NOTICE: THIS MEETING WILL BE ACCESSIBLE TO

1 PERSONS WITH SPECIAL NEEDS IN COMPLIANCE WITH PERTINENT  
2 STATE AND FEDERAL LAWS UPON NOTIFICATION OF ANTICIPATED  
3 ATTENDANCE. PERSONS WITH SPECIAL NEEDS SHOULD CONTACT  
4 COURTNEY AVERY AT THE HEALTH FACILITIES AND SERVICES  
5 REVIEW BOARD OFFICE BY TELEPHONE AT (217) 782-3516 (TTY  
6 # 800-547-0466 FOR HEARING IMPAIRED ONLY) OR BY LETTER  
7 NO LATER THAN FRIDAY, SEPTEMBER 27, 2019.

8 ---

9 HEARING OFFICER GUILD: Please note that in  
10 order to ensure the State Board's public hearings  
11 protect the privacy and maintain the confidentiality of  
12 an individual's health information, covered entities, as  
13 defined by the Health Insurance Portability and  
14 Accountability Act of 1996, such as hospital providers,  
15 health plans, and health care clearinghouses, submitting  
16 oral or written testimony that disclose protected health  
17 information of individuals shall have a valid written  
18 authorization from that individual.

19 The authorization shall allow the covered  
20 entity to share the individual's protected health  
21 information at this hearing.

22 If you haven't signed in, please see Courtney  
23 outside.

24 Those of you who have prepared text of your

1 testimony, please note that you may submit the written  
2 text, which will be entered into today's record and made  
3 available for all State Board members prior to the board  
4 meeting.

5 I ask that you please limit your testimony to  
6 three minutes. Participants will be called in numerical  
7 order as assigned on your sign-in sheets. As you  
8 approach the speaker's podium, please provide me with  
9 your sign-in sheet.

10 Prior to beginning your remarks, clearly state  
11 and spell your name. Your full name. If you have  
12 written copies of your remarks, please provide those to  
13 me at the end of your presentation.

14 Are there any questions regarding these  
15 instructions?

16 (No response)

17 HEARING OFFICER GUILD: Hearing none, today's  
18 proceedings will begin with a representative of AMITA  
19 Health Saint Francis Hospital. Thank you.

20 Number 1 is Kenneth Jones.

21 You can just come up to the podium and you can

22 --

23 And you can start any time you're ready.

24 MR. KENNETH JONES: Kenneth Jones,

1 K-E-N-N-E-T-H, last name Jones, J-O-N-E-S.

2 Good morning. I'm Kenneth Jones. I'm  
3 privileged to be President of AMITA Health Saint Francis  
4 Hospital. At the onset, I'd like to thank all of you  
5 for coming to this public hearing. I would like to  
6 thank Ms. Avery for serving as the hearing officer.

7 The decision to consolidate hospital services  
8 is not an easy one to make. And it is even more  
9 difficult for a service that is embedded within our  
10 community such as obstetrics.

11 This decision was a long time in the making,  
12 and rested on a number of factors: Including, the  
13 availability of services elsewhere; the ability of other  
14 accessible hospitals to accommodate Saint Francis'  
15 patients; diminishing utilization of our programs; the  
16 program's overall impact on the hospital; and most  
17 importantly, patient care.

18 We acknowledge and understand that many of the  
19 residents of the Evanston area have a comfort level with  
20 the hospital. And I suspect some of the individuals in  
21 the room had children at the hospital. And some may  
22 even have been born there themselves.

23 That said, over the years, the reliance on  
24 Saint Francis for obstetrics has diminished greatly.



1 Between 2014 and 2018, the number of babies born at the  
2 hospitals has dropped by almost a third. Last year, we  
3 delivered fewer than ten babies a week. A total of 502,  
4 and on an average we had only four moms in the hospital  
5 on any given time.

6 By comparison, 3,500 babies were born at  
7 Evanston Hospital; 1,200 at Saint Joseph Hospital; and  
8 1,100 were born at Resurrection.

9 This was a very difficult decision, but we are  
10 prepared to do everything we can do to make our  
11 physicians and patients transition to Resurrection and  
12 at Saint Joseph's as seamless as possible.

13 Thank you for your attention.

14 HEARING OFFICER GUILD: Thank you.

15 Number 2.

16 Is there a number 2 in the audience? No?

17 MS. COURTNEY AVERY: Yes. I'm not sure if you  
18 want to wait for a microphone. It's on its way, so --

19 HEARING OFFICER GUILD: I think we should.

20 MS. AVERY: -- it's up to you. Can you hear?

21 MALE SPEAKER: Yep.

22 HEARING OFFICER GUILD: Can the audience hear?

23 THE AUDIENCE: No.

24 MS. AVERY: Okay. We are going to get a

1 microphone.

2 (Thereupon, a recess was taken from 11:06 a.m.  
3 to 11:16 a.m.)

4 HEARING OFFICER GUILD: Thank you.

5 MR. MICHAEL MCGINTY: For the benefit of the  
6 court reporter, my name is Michael, M-I-C-H-A-E-L, last  
7 name McGinty, M-C, capital G-I-N-T-Y.

8 Good morning, everybody, and thank you for  
9 coming to this public hearing this morning.

10 This was set by the Illinois Department of  
11 Public Health in response to our community concerns  
12 about the proposed closing of the obstetrical unit at  
13 AMITA Saint Francis Hospital in Evanston.

14 Again, I'll say my name is Mike McGinty. I'm  
15 a long-time South Evanston resident. I have joined with  
16 several other residents of the South Evanston community,  
17 as well as others in other parts of town, who view the  
18 closing of this important health care unit as a bull to  
19 the diverse populations of South Evanston and North  
20 Rogers Park in Chicago.

21 Our particular focus today is on pregnant  
22 women. How, and if, they will receive the first-class  
23 professional health care that Saint Francis has provided  
24 to them for over a hundred years.

1           We will have two additional speakers this  
2 morning. My role is to provide just a brief overview of  
3 why the community is uncomfortable with the rather  
4 sudden closing of this unit, scheduled for November or  
5 even earlier of this year, without full consideration of  
6 the potential medical needs and concerns of patients.

7           The truth is that many of those community  
8 residents that we represent are already underserved,  
9 including the poor of all races and immigrant women in  
10 particular, for lack of sufficient prenatal carrier in  
11 some cases familiarity with American medical practices.

12           Those of you with the handout material have  
13 access to the very questions that we have already  
14 provided to AMITA and to the Department of Public Health  
15 in advance of this hearing.

16           Now, it may sound simplistic, but I think of  
17 issues like this one and others in terms of hard and  
18 soft numbers. Or cold and warm, if you want to look at  
19 it that way.

20           On the corporate side of things, AMITA Saint  
21 Francis has the hard numbers. There is no question  
22 about it. The unit suffers from lower utilization, and  
23 in the past, I'm sure expenses are exceeding income with  
24 a significant percentage of pregnant women on public aid

1 or without health insurance of any kind.

2 AMITA also points out that we are blessed in  
3 this area with full service OB units that are relatively  
4 close by.

5 But a closer look also unveiled some soft  
6 numbers. Community women and the babies they carry are  
7 people. And the way we have to look at it is perhaps  
8 these are life-long members of the South Evanston  
9 community and North Rogers Park. These people often  
10 require medical help. Their needs should not be  
11 overshadowed by the numbers on a chart.

12 The following speakers, the following two,  
13 will address more specifics. But allow me to cite just  
14 one example from our list of questions, and some of you  
15 have those questions.

16 In the formal state application to close the  
17 OB unit, AMITA states that such closure will have for  
18 emphasis minimal impact on the community.

19 We'd like to know how and why AMITA reached  
20 that conclusion in a single sentence. What if a  
21 pregnant woman hemorrhaging blood shows up as a walk-in  
22 at Saint Francis Hospital after the unit closes,  
23 whenever it closes, and what if she is too unstable to  
24 be transferred to another facility in the area? And

1       that happens. Is she minimal impact?

2               It seems to us that all hospitals are in  
3       business to deal with minimal impact cases that don't  
4       have much impact on the overall population and routine  
5       scope of patient care.

6               Our next speaker will talk about some of the  
7       soft numbers that I've tried to address. Like the  
8       pregnant patients who show up at the door needing  
9       emergency care and treatment.

10              Dr. Thomas Chorba is a physician and a surgeon  
11       with 40 years of experience at Saint Francis and also at  
12       Swedish Covenant Hospital.

13              Dr. Tom -- or I don't know your --

14              HEARING OFFICER GUILD: Number 3.

15              MR. MCGINTY: Number 3. Are you number 3,  
16       Tom?

17              DR. Thomas CHORBA: I am number 3.

18              MR. MCGINTY: Okay.

19              HEARING OFFICER GUILD: If you have written  
20       remarks, I will thank you and --

21              DR. CHORBA: Yeah, they are kind of edited but  
22       --

23              MR. MCGINTY: You are welcome to them.

24              HEARING OFFICER GUILD: That's okay. And if

1     you give me your sign-in sheet, and then afterwards I'll  
2     take your written.

3             DR. CHORBA:   Okay.

4             Thank you, Mr. McGinty, and thank you for  
5     attending this hearing regarding this very important  
6     matter facing us in South Evanston community and North  
7     Chicago.

8             HEARING OFFICER GUILD:   Can you say and spell  
9     your name for the court reporter.

10            DR. CHORBA:   My name is Thomas Chorba,  
11     T-H-O-M-A-S C-H-O-R-B-A.

12            I'm a physician and a surgeon.   I've been --  
13     it's been my privilege to be associated with Saint  
14     Francis Hospital as a medical student, surgical  
15     resident, and attending physician for over 45 years.   My  
16     office is located at 1101 Howard Street, Evanston,  
17     Illinois.   Essentially Howard and Western.

18            I've lived in Evanston within three blocks of  
19     the hospital for the last 45 years in the 9th Ward.   My  
20     children were born at Saint Francis, and educated at  
21     Evanston at St. Nicholas School, and Evanston Township  
22     High School.   I belong to St. Nicholas Parish and I'm a  
23     member of its Holy Name Society.

24            One of the activities of the Society is to

1 gather at 6:30 a.m. on the last Wednesday of the month  
2 to attend mass, listen to an invited speaker, and share  
3 fellowship.

4 At one of these gatherings, the proposed  
5 closure of the obstetric services and its impact on the  
6 training of future obstetricians at Saint Francis was a  
7 topic of intense interest and concern.

8 The Society, with the agreement of its  
9 president, Mr. Frank Corrado, and Mr. McGinty, decided  
10 it was the best interest of the community to petition  
11 the State of Illinois for this public hearing.

12 Now, you may ask why is a group of 70-year-old  
13 men seriously interested in delivering babies at Saint  
14 Francis Hospital?

15 In short, we are all VHBs, Veterans of heroine  
16 births. This is not a reality show for us. This is a  
17 searing reality as we waited with our wives who were  
18 anxious, uncertain, and frankly scared what was going to  
19 happen. Was there going to be some last-minute glitch,  
20 and God forbid a catastrophe. Anything was possible,  
21 and to quote Yogi Berra, "It ain't over till it's over."

22 We know the birthing experience is fraught  
23 with danger for our wives, our children, and those of  
24 the 50,000 people who live within a mile-and-a-half of

1 Saint Francis Hospital.

2 We know that the consequences of these few  
3 fraught moments where time and distance are paramount  
4 will echo across decades and even centuries.

5 We know the unparalleled experience available  
6 at Saint Francis not only in the case of mothers and  
7 their children, but also in the superb obstetric  
8 training program which has provided many of the stellar  
9 practicing obstetricians in Chicago and Evanston.

10 We know that excellent care and superb  
11 training stand as a defense against the French proverb  
12 that a pregnant woman has one foot in the grave.

13 Attempts to portray the gravity of this  
14 situation, really it's another quote. "Going with child  
15 is a rough sea on which a mother and her infant floats  
16 in the space of nine months."

17 Labor which is the only port is so full of  
18 danger -- or dangerous rocks that often the mother and  
19 child require care after an arrival and birth, and need  
20 help to avoid the dangers that will occur after this  
21 particular -- after this event.

22 Or imagine if you might a ranger aboard a  
23 glider at dawn in June since 1964. As the glider  
24 approaches his dangerous destination, a throw rope is



1 released. You know you are going to land. All aboard  
2 are in the hands of God and the skill of the pilot.

3 The bag of water is ruptures and the baby is  
4 coming. Can the pilot get by the trees to the flats  
5 faster? Can the obstetrician manage the foot-long reach  
6 presentation?

7 Our wives had been provided with wonderful  
8 care and a safe landing and extraordinary pilots in this  
9 process. It is our hope that these same elements will  
10 continue to be provided for not only our children but  
11 for those of our fellow citizens.

12 The future should be no less safe than the  
13 past to make sure that these things is what is the plan  
14 for the future of this service at Saint Francis, and how  
15 will it maintain itself in its current level of  
16 excellence for the few people who will be coming there  
17 who are in dire need.

18 Thank you very much.

19 HEARING OFFICER GUILD: Thank you.

20 Number 4.

21 MR. MICHAEL WARD: Good morning. Good morning  
22 to you, and thank you for the opportunity to speak.

23 My name is Michael Ward, W-A-R-D. I'm a  
24 long-time resident of South Evanston.

1 I thank the Board for this opportunity to  
2 address it on this issue. I also thank Saint Francis  
3 Hospital which we consider a valuable member of our  
4 community and appreciate your presence here.

5 The reason I'm here today to speak is we have  
6 a handout which is available to everybody, and we  
7 submitted it to the Board, listing a number of concerns  
8 on the proposal to close the OB unit.

9 The application to the Board on page 25  
10 indicates that the closing of this unit would have a  
11 minimal impact.

12 We understand the underutilization problem  
13 Saint Francis is facing. We are not unsympathetic to  
14 that situation, but we believe that the minimal impact  
15 cannot be determined without further addressing the  
16 questions that are brought up in the handout.

17 And we do not find answers to this in the  
18 application. So we would basically submit respectfully  
19 to the Board, we'd ask that the Board ask Saint Francis  
20 Hospital to respond to these matters to ensure the Board  
21 and the community as to how this will be addressed. And  
22 that once every response is provided, we'd like to have  
23 the opportunity to comment on that.

24 So thank you.

1 HEARING OFFICER GUILD: Thank you.

2 Number 5. You can --

3 DR. JANICE JOHNSON: Hi, I'm Dr. Janice  
4 Johnson. J-A-N -- should I just leave it up? I have  
5 big mouth anyways.

6 Dr. Janice Johnson. J-A-N-I-C-E,  
7 J-O-H-N-S-O-N. I'm a practicing obstetrician, and know  
8 many of you out there. I've delivered your children,  
9 worked with you over the years, shared with you in our  
10 joys and recently in our sorrows.

11 I wish I had written something. I wasn't even  
12 sure I could be here today. As we speak, I have a  
13 Nigerian refugee in labor at 7 centimeters. And I have  
14 another Hispanic woman in the emergency room with  
15 ruptured membranes at 19 weeks who didn't know not to  
16 come to our hospital.

17 And, you know, fortunately Dr. Hill's partner  
18 is covering me so I can be here for you today.

19 I'd like to speak and address community  
20 service and what it means to be a community hospital.

21 A community hospital serves the community, not  
22 the pocketbooks of the upper echelons. We've had a lot  
23 of changes lately, and I realize that it takes money to  
24 run a business. But we've moved from health care and

1 service for the people -- I guess I sound like a  
2 Socialist, but maybe I'm leaning that way recently -- to  
3 profits.

4 Crain Business list the salaries -- not the  
5 gentleman here or the nurses here, but Mark Frey. I  
6 think it said 3.8 million he made last year. One of the  
7 directors, it was just this week listed in Crain  
8 Business, he got eight million. And we lose a million  
9 maybe on fuzzy math and we just -- they decide to close  
10 us.

11 So I think it's time as a global perspective  
12 that we step back and decide who are we serving? Is  
13 medicine about caring for people, loving people,  
14 treating people, or is it about a big business with huge  
15 profits?

16 That, you know, they say doctors make a lot of  
17 money. I qualified for financial aid for my daughter's  
18 college. So I would beg to disagree with that, and it  
19 certainly pales.

20 Another thing I wanted to say is we've been  
21 acquired, sold, changed hands more times than my dad's  
22 used Lincoln Town Car in the last ten years. It's been  
23 very difficult. The CEOs, they come, they go, they cut,  
24 they make money, they get profits when they save money,

1 and we're left with a whole new set of people running us  
2 that don't have the history that we do.

3 And I think that's difficult. We've had no  
4 quality or safety issues. We've continued to provide  
5 ten-star care to these women who need us for their care.  
6 And I think that needs to be remembered and taken into  
7 account.

8 And lastly, my biggest current concern is this  
9 represents a House of Cards. First, they pulled the  
10 cardiology open hearts. Now they're pulling us. And I  
11 have grave concerns how we'll function as a level 1  
12 trauma center. And I think that the time has come that  
13 the hospitals are going to need to decide if they're  
14 going to become nursing home, sell to real estate for  
15 apartments, or they're going to carve up the body.

16 The human body is connected. The head bone's  
17 connected to the leg bone, the arm bone. And when you  
18 start carving up orthopedics in one place, and neurology  
19 in another, and obstetrics in the third. If I'm  
20 operating doing a hip replacement, and my patient has a  
21 heart attack, and the cardiologists are all out at  
22 another hospital. You know, I understand it's a  
23 business model and it functions and works so you can  
24 develop centers of excellence and finance them and build

1 the best capital equipment and things, but we're human  
2 beings and we're full of many pieces, spirits and souls,  
3 and we all need care.

4 HEARING OFFICER GUILD: Thank you. Can I have  
5 your sign-in sheet? Thank you.

6 Number 6.

7 MS. DANIELLE NORMAN: Good morning. My name  
8 is Danielle Norman. I'm a registered nurse, and I have  
9 been employed by AMITA Saint Francis Hospital for eight  
10 years. I am currently the hospital's Director of  
11 Emergency Services, Trauma and Critical Care.

12 I'm here today to provide assurances that  
13 after the hospital stops providing routine delivery  
14 services, any expected patient coming to the Emergency  
15 Department will be safely and appropriately cared for.  
16 All of our ED nurses are trained in obstetrics triage  
17 techniques, and any woman in labor will be examined by  
18 an ED physician.

19 Given how few women have presented themselves  
20 in our Emergency Department in the late stages of labor  
21 during recent years, it is anticipated that most women  
22 in labor will be stabilized and transferred to another  
23 nearby hospital for final stages of labor, delivery, and  
24 postpartum care.

1           That said, and as in the case with any  
2           hospital not having an obstetric program, an occasional  
3           patient will present themselves that requires delivery  
4           in the emergency department. Rest assured, those are  
5           rare instances. We will be ready to meet the call.

6           Our ED staff have in recent weeks engaged in  
7           training from our OB department, the regional perinatal  
8           network and from our OB chair.

9           Simulator drills have begun and will be  
10          ongoing.

11          Two RNs are certified to care for emergency OB  
12          patients, and will be provided on each shift.

13          All necessary equipment will be located in the  
14          ED, as it is today.

15          We have been in contact with local EMS  
16          providers, and we'll provide them with formal  
17          notification of our status in appropriate time.

18          Thank you for your attention.

19          HEARING OFFICER GUILD: Thank you. If you'd  
20          like to leave your comments to leave them in the record.  
21          Thank you.

22          MS. DANIELLE NORMAN: Uh-hum.

23          HEARING OFFICER GUILD: Number 7. Thank you.

24          DR. JON PASCUA: Dr. Jon, J-O-N, Pascua,

1 P-A-S-C-U-A.

2 I am a pediatric hospitalist for Saint Francis  
3 Hospital. And I have been there for over 20 years. And  
4 I can't come here to talk to you about numbers. And I  
5 do, of course, understand numbers having studied science  
6 and math for so many years.

7 I got here when my employer of my group  
8 decided that I should be assigned here. It was the same  
9 year that my father had died, and somehow he said you  
10 belong here. And I came to Saint Francis.

11 So I guess I'm here to give you a context of  
12 what we'll lose. When I come -- when I came here, I got  
13 to work alongside the many dedicated people who found a  
14 way to help their patients in the best way that they  
15 can. And over the years, I've seen my patients grow and  
16 have babies of their own.

17 When I got here, for added context, my job  
18 didn't -- did not actually have a name. My profession  
19 didn't have a title. Pediatric hospitalist medicine is  
20 something that grew with Saint Francis. Together, we  
21 built ideals and curriculum and a program that a lot of  
22 other programs are copying now. Even if they don't  
23 admit it.

24 And in that time, we also helped some of your



1 residents to grow, and taught them. And now they're out  
2 there doing the work that we taught them with the same  
3 joy and embracing it the same way that you taught them  
4 to.

5 So Saint Francis has a lot of history, but  
6 that's not what I want to say. I want to say that this  
7 is not just history. This is potential. The things  
8 that we have been able to create together. The  
9 clinicians and the hospital have still a lot to give to  
10 this community. And I guess that after all these years,  
11 and after working at at least a dozen other hospitals,  
12 it's Saint Francis that when I walk in those doors, I  
13 feel like I'm coming home.

14 And you multiply that by the dozens of people  
15 that are now displaced from jobs and their profession,  
16 or the patients who may not have us there when they need  
17 us.

18 Maybe now I'm talking about a number that we  
19 could measure the kind of loss that -- again, soft  
20 numbers someone said. But that would be -- that would  
21 be the measure of that loss.

22 HEARING OFFICER GUILD: Thank you.

23 DR. PASCUA: Thank you.

24 HEARING OFFICER GUILD: Number 8.

1 MS. KELLI LARSON: Thank you. Good morning.  
2 My name is Kelli Larson, K-E-L-L-I  
3 L-A-R-S-O-N, and I'm the Director at Saint Francis  
4 Hospital' Family Birthplace.

5 When I started working at the hospital as a  
6 staff nurse, we had a minimum of 30 physicians and  
7 midwives routinely delivering 1,200 babies per year.

8 Over the years, our number of deliveries has  
9 steadily dropped. Now we have a handful of  
10 obstetricians actively practicing at our hospital, and  
11 our annual deliveries have dropped from 1,200 to well  
12 under 500 deliveries per year.

13 As much as it pains, the time has come. A  
14 program delivering only 500 babies a year in a  
15 metropolitan area, with nearby hospitals delivering five  
16 six and eight times as many babies doesn't make sense.

17 With so few deliveries, it's hard to recruit  
18 and keep qualified staff, and with many shifts not  
19 having any deliveries, it's difficult to train an  
20 experienced staff.

21 We staff our unit with three RNs and a nursing  
22 tech on each shift, and we employ 36 individuals to do  
23 so. Once it was announced that the unit would be  
24 closing, as you can imagine, many of these staff members

1 began looking for other jobs. We have provided as much  
2 assistance as possible in this process. As of today,  
3 only six of those individuals wanting to continue work  
4 are still looking for a new position.

5 Some of our staff have voluntarily retired,  
6 some are moving to other areas of the hospital, and some  
7 are moving to AMITA hospitals, and some have taken jobs  
8 outside of AMITA.

9 I'll miss the sounds of babies in the  
10 hospital, but I know the time has come.

11 HEARING OFFICER GUILD: Thank you.

12 Number 9.

13 DR. MIGDALIA CORTINA: Hi, my name is  
14 Migdalia, M-I-G-D-A-L-I-A, Cortina, C-O-R-T-I-N-A. I'm  
15 an obstetrician-gynecologist at the Access Evanston  
16 Health Center.

17 I have been lucky to call Saint Francis  
18 Hospital my second home for almost 14 years. I was a  
19 resident there, trained there for four years, and then I  
20 became an obstetrician-gynecologist at Access.

21 And my concern for the closure is for my  
22 patient population at the Access Clinic. My patients  
23 are a special group of patients. They are underserved  
24 for the most part. They are refugees, immigrants. A

1 lot of them don't speak English. They speak languages  
2 that I've only now started to hear of. We don't have  
3 translators sometimes that can translate for some of  
4 these patients, and we have to use translator and a  
5 family member who translates into a second language.

6 So it's difficult to communicate for these  
7 patients. It's difficult for us to care for these  
8 patients. And it's difficult to have them get to the  
9 hospital sometimes. To explain to them how to get to  
10 the hospital, to explain to them what procedures they  
11 need. It's very difficult.

12 They, a lot of times, don't have  
13 transportation. They walk to most of their visits.  
14 They carry their children on their backs. And they  
15 don't have strollers, they don't have basic necessities.

16 So it's hard for me to see the unit closing  
17 and say that there is going to be minimal effect to  
18 these patients where they can't walk to the Resurrection  
19 Hospital, they can't walk to even North Shore Evanston.  
20 It's very difficult for them. So for me, that's a major  
21 concern.

22 And then, another point I'd like to talk about  
23 is I know AMITA administration talks about numbers, but  
24 you have to take into consideration that we're only

1     about five to six obstetricians at Saint Francis who are  
2     covering all these deliveries. Whereas, other hospitals  
3     have 60 obstetricians, so of course their numbers are  
4     going to be larger.

5             How can we as five obstetricians with no  
6     marketing for us, with no recruitment for further  
7     growth, how can we grow our unit if nobody has ever  
8     helped us out?

9             And as I said, I've been here for 14 years.  
10    I've seen many practices leave, and then nobody replaces  
11    them. Nobody recruits for other physicians to come in.  
12    This is the first year that two new grads were hired,  
13    and now they're out of the position as well because we  
14    are closing our unit.

15            So those were my two concerns. Thank you.

16            HEARING OFFICER GUILD: Thank you.

17            Number 10. Here you go.

18            MS. LISA PRINTEN: Thank you.

19            Good morning, everybody. My name is Lisa,  
20    L-I-S-A, my last name is Printen, P as in Peter,  
21    R-I-N-T-E-N.

22            And I'm a registered nurse at Saint Francis.  
23    I started in Saint Francis in 1990. I'm a 1990 graduate  
24    of the Saint Francis Hospital School of Nursing, which

1 has since then turned down.

2 I wanted to take care of sick babies ever  
3 since I was six years old. This has been my dream job,  
4 it's been my second home, my extended family. Many,  
5 many days, years, months, I spent more time at Saint  
6 Francis in the special care nursery caring for my babies  
7 and their parents. More times than I've spent with my  
8 own family.

9 I'm concerned because in newborns, there is a  
10 short period of time before their brain is affected from  
11 lack of oxygen. If the proper steps are not taken,  
12 brain cells die, and they're never regained.

13 These babies and moms that are coming in,  
14 everybody is talking about oh, a rare occurrence. A  
15 rare occurrence can affect one baby, one mother, for the  
16 rest of their lives. Lives will be lost.

17 How many -- we do have very excellent trauma  
18 surgeons at Saint Francis. When was the last time a  
19 trauma surgeon did an emergency C-section? And who will  
20 be available for the baby?

21 Everybody is talking about the mom. Who'll  
22 care for the baby after the baby is born? Who will  
23 begin head cooling to preserve those brain cells so that  
24 the baby will have a chance at life? A good chance at

1       life?     That will all be lost.

2               So it doesn't matter how rare it is, it's  
3       going to affect somebody sometime, and it will affect  
4       everybody for the rest of their lives.

5               Thank you.

6               HEARING OFFICER GUILD:   Thank you.

7               Number 11.

8               DR. MARTIN SIGLIN:   Thank you.

9               Hello.   My name is Dr. Martin Siglin,  
10       S-I-G-L-I-N.   I'm Saint Francis Hospital's Chief Medical  
11       Officer and AMITA Health Vice-President of Medical  
12       Affairs.

13               Over the past two years, I've participated in  
14       the difficult process of determining if obstetric  
15       services should continue to be provided at the hospital,  
16       and if so, how?

17               It's been a long time that the -- if the  
18       program was to survive, it would have to grow and it  
19       would have to grow significantly.   The reality tied to  
20       the low volume that we're experiencing is the need to  
21       triple our number of deliveries in order to provide a  
22       viable program with a range of services needed for safe,  
23       high quality care, and the need to downgrade our nursery  
24       to the lowest level, per IDPH.

1           We've been unsuccessful in our attempts to  
2   increase utilization. We recruited two obstetricians,  
3   inserted them into an existing practice, but that didn't  
4   help much. We tried to recruit private obstetrical  
5   practices, but that didn't work.

6           At the end of the day, because of the  
7   combination of dropping birth rates, and inability to  
8   recruit physicians, and one of the largest obstetric  
9   programs in the state being less than ten minutes away,  
10   any thought of significant growth was a pipe dream. The  
11   decision had to be made to stop delivering babies at the  
12   hospital.

13           While we will no longer be delivering babies  
14   at Saint Francis, we are not doing away with our  
15   obstetrics program altogether. We will continue to  
16   offer prenatal care and screenings, and when the time is  
17   right to deliver, the mom will simply go to another  
18   prearranged hospital.

19           I recognize how emotional this is for some of  
20   our obstetricians that have practiced for years, and in  
21   some cases their entire careers, at the hospital. And  
22   for some of our nurses and support staff that have been  
23   associated with the program for decades.

24           The two things that give me comfort when



1 talking about this are: 1), our decision was  
2 inevitable, is correct, and had to be made; and 2) those  
3 patients that would have delivered at our hospital have  
4 access to a variety of choices in terms of strong  
5 obstetrics programs in the area, including AMITA's  
6 center of excellence at Resurrection Medical Center.

7 Thank you for your attention.

8 HEARING OFFICER GUILD: Thank you.

9 Number 12. Thank you.

10 FATHER WILLIAM GROGAN: Good day.

11 By way of an introduction, I am Father William  
12 P. Grogan. I am here to represent the Cardinal  
13 Archbishop of Chicago in my capacity as his Vicar for  
14 Health Care.

15 I want to thank you for welcoming me to  
16 testify today before you on behalf of the proposed  
17 redirecting of one phase to the care of mothers and  
18 their babies offered by AMITA Saint Francis Hospital, a  
19 Roman Catholic healthcare ministry of the Church in the  
20 Archdiocese of Chicago.

21 The redirection involves merging the baby  
22 delivery phase with this service at AMITA Saint Joseph  
23 Hospital in Chicago, and as mother's choice perhaps  
24 AMITA Resurrection Hospital.

1           As well as inviting Saint Francis physicians,  
2     student physicians (aka "residents") to deliver their  
3     Evanston campus maternity cases at AMITA Saint Joseph or  
4     another hospital of mother's choice.

5           I am here in my capacity as Cardinal Cupich's  
6     Vicar for Health Care. A position of service in the  
7     ministry I have exercised as well under his predecessor,  
8     the late Cardinal Francis George.

9           In this ministry, I address on the Cardinal's  
10    behalf all matters related to healthcare measures.  
11    Among such measures, but not limited to them, are those  
12    in secular as well as religiously sponsored services  
13    like Saint Francis and facilities involving ethics  
14    concerns on the clinical, organizational and public  
15    policy levels. Also measures pertinent to  
16    programs/practices, personnels and property.

17           The latter may involve local but also  
18    nationals as international stakeholders, and thus, my  
19    accountabilities are broad and deep.

20           So today, I come on behalf of the Cardinal.  
21    We want to stress he's the only authoritative voice for  
22    the Roman Catholic Church in Chicago, to speak on behalf  
23    and in favor of the proposal by AMITA Saint Francis  
24    Hospital to redirect one of the key phases to its

1 approach to advance maternal and infant safety, as well  
2 as help advance and enhance the skill levels of their  
3 physicians, student doctors, nurses and related  
4 professionals.

5 I am personally, civically and ministerially  
6 well-acquainted with the hospital to affirm the  
7 Cardinal's position on this proposal.

8 Prior to my 43 years as a Chicago priest, and  
9 during the ensuing decades, I have been very familiar  
10 with the hospital's efforts as a ministry of the Church  
11 under its various nun and lay sponsors to advance the  
12 dignity of each person from conception to natural death;  
13 to protect the most vulnerable; and advance these goals  
14 in a safe and high-quality setting under the watchful  
15 compassion of dedicated professionals.

16 I have personally witnessed this decades ago  
17 as a young orderly, a parish priest in the three nearby  
18 parishes, St. Ita, St. Jerome, St. Ignatius, as well as  
19 in my role as ethicist.

20 As a Rogers Park resident-taxpayer myself for  
21 the past 30 years who has worked with indigent  
22 minorities, especially Hispanic and Francophone  
23 immigrants and often refugee populations, I know  
24 first-hand the joyful difference pro-life Catholic

1 medical and specifically obstetrics care at Saint  
2 Francis ministry offers to the poor.

3 All this is done not only out of civic duty as  
4 much as what Pope Francis has called the field hospital  
5 efforts for people many in our society see as  
6 throwaways. This is especially true for the most weak  
7 and vulnerable; the babies and mothers of our Evanston  
8 and Rogers Park, Chicago communities.

9 Thus, when measures designed to advance  
10 quality and safety were raised with, among other  
11 outcomes, the transfer of one of the aspects to  
12 obstetrics, the delivery to occur at the AMITA Saint  
13 Joseph or Resurrection, or one or another chosen by the  
14 mother, concerns were raised by some that this  
15 represented a pullback in the Catholic commitment to  
16 these vulnerable mothers and babies.

17 I personally met with hospital leadership as  
18 well as with concerned clergy. These include the dean,  
19 a retired priest, and the bishop vicar for this region.

20 Following that fruitful, clarifying dialogue,  
21 the hospital ministry affirmed its assurances, not  
22 adequately communicated by the hospital, of its enduring  
23 commitment to safe, quality, financially supported  
24 maternal care.

1           Those assurances are memorialized in the  
2           attachment which has been shared with the engaged clergy  
3           as well as memorialized for future accountability.

4           I will now read this document authorized --  
5           authored by the hospital President whose signature is  
6           contained therein.

7           It's addressed to me, The Very William P.  
8           Grogan, Cardinal Vicar for Health Care Affairs.

9           "Dear, Father Grogan: This letter follows up  
10          on our conversation regarding the provision of  
11          obstetrical-gynecological services at the Evanston Saint  
12          Francis Hospital campus of AMITA Health.

13          As discussed, the changes in the way care is  
14          provided are driven by our Catholic mission to service  
15          the vulnerable in the safest way possible with the  
16          highest quality available in our community.

17          In our conversation on the topic, the  
18          following assurances are put forward: First, all  
19          current, pre and postnatal care services in the  
20          department will continue. These include the clinical,  
21          psychosocial, pastoral care services, as well as the  
22          strictly clinical involving physicians, nursing, and  
23          related disciplines and efforts, such as financial  
24          support. These include language assistance.

1           These services have been and will for the  
2       foreseeable future be provided on an outpatient basis  
3       either through our on-campus offices by AMITA Medical  
4       Group physicians or doctors in private practice, or at  
5       the Howard area medical offices sponsored by the access  
6       of QAC clinic.

7           In the course of prenatal care, the choice of  
8       the mother as to options she has for delivering her baby  
9       will be ascertained. She will have the option of  
10      delivering as her condition permits at one of our sister  
11      Catholic hospitals; AMITA Saint Joseph or AMITA  
12      Resurrection. She will be advised of other nearby  
13      hospitals and how to access them as she prefers in a  
14      timely way.

15          Physicians currently delivering babies at  
16      AMITA Saint Francis will be integrated into their  
17      colleagues' department at Saint Joseph or Resurrection,  
18      along with the student physicians, the residents in the  
19      program.

20          As part of the prenatal delivery planning, the  
21      patient will be supported and informed as to how on an  
22      as-needed basis AMITA Saint Francis has arranged to  
23      underwrite transportation assistance through an  
24      agreement with the Lyft service.

1           If a mother, either under her prenatal care  
2           who simply appears at our emergency department for an  
3           emergent delivery, she will be stabilized and  
4           transported to the appropriate hospital's delivery  
5           department. No mother will be turned away.

6           We appreciate the support of your office, that  
7           is the Healthcare Vicar's office and the Archbishop, in  
8           our efforts to provide safe, high-quality care to our  
9           diverse communities' mothers and your assurance to help  
10          better align our mission with that of the Catholic  
11          Archdiocese to advance the healing ministry of Jesus  
12          Christ.

13          I am available to discuss this further with  
14          you or with local clergy to help their alignment in the  
15          end. Please contact me with any questions.

16          Then you turn to my document.

17          In sum, the Archdiocese supports both this new  
18          initiative as a continuation of its commitment to safe  
19          quality care and a professional training in continuing  
20          its commitment to our local community as a pro-life  
21          Catholic Ministry advancing in-person, focused ways  
22          Jesus admonition: When I was sick, you cared for me.

23          Thank you for your time and patient attention  
24          as well as your service to our community.

1 HEARING OFFICER GUILD: Thank you.

2 Number 13. Is there anyone? Okay. We will  
3 take a quick recess, see if anyone else comes to  
4 testify. Thank you.

5 MR. MCGINTY: May I ask a question for the  
6 record?

7 HEARING OFFICER GUILD: Sure. I can't talk  
8 about the application because that would -- but I can --  
9 I can talk about procedures.

10 MR. MCGINTY: Well, for the record, for the  
11 court reporter, my question is --

12 MS. AVERY: Why don't you go back to the front  
13 --

14 HEARING OFFICER GUILD: Yeah. Right.

15 MS. AVERY -- so it can be on the record.

16 He'll need your name and you need to identify  
17 yourself for the --

18 MR. MCGINTY: Well, it's a -- it's a quickie.

19 HEARING OFFICER GUILD: Well --

20 MS. AVERY: It still needs to be on the  
21 record.

22 HEARING OFFICER GUILD: He'll need your name  
23 and the court -- you need to identify yourself for the  
24 --



1 MR. MCGINTY: Again, my name is Mike McGinty  
2 with a question, for the record.

3 I know you can't talk about the application,  
4 but my question is when will this unit close?

5 MS. AVERY: Let me get the answer for you. I  
6 need to look at the application.

7 MRS. CHLEBOWICZ: I can answer that question  
8 for you. I don't need to wait -- last day is this  
9 Friday (inaudible) --

10 MR. MCGINTY: I'll wait for her --

11 HEARING OFFICER GUILD: If -- if -- yeah. If  
12 you're --

13 MR. MCGINTY -- to check the application.

14 HEARING OFFICER GUILD: Yes.

15 MR. MCGINTY: My understanding is that nobody  
16 asked that -- answered this question. Now this is a  
17 question for the record.

18 (Pause)

19 MS. AVERY: For the record, Courtney Avery,  
20 Administrator for the State Board. The anticipated  
21 closure date is October 31st.

22 And I apologize for the delay. I couldn't  
23 download the application on my phone. It was the  
24 application was too large.

1                   So October 31st. But that I'm --

2                   MR. MCGINTY: Okay. Thank you.

3                   MS. AVERY: -- I'm going to have to limit our  
4 questions to that.

5                   MR. MCGINTY: I understand, and I understand  
6 that --

7                   MS. AVERY: So in the --

8                   MR. MCGINTY: -- nobody has to answer this,  
9 but my question is in the application to the State,  
10 which specified that particular date, our understanding  
11 is as our community group that that unit will actually  
12 close earlier than that date. And I'd just like to find  
13 out how that happened and if that's permissible --

14                  MS. AVERY: So you can --

15                  MR. MCGINTY: -- as a question.

16                  MS. AVERY: So you can just put that on the  
17 record but --

18                  MR. MCGINTY: Right.

19                  MS. AVERY: -- right now we won't give an  
20 answer.

21                  MR. MCGINTY: I understand.

22                  MS. AVERY: And I'll try to get an answer for  
23 you. Okay.

24                  MR. MCGINTY: I understand.

1 MS. AVERY: Okay.

2 MR. MCGINTY: I understand.

3 MS. AVERY: Thank you.

4 We have a 14. I mean a 13.

5 HEARING OFFICER GUILD: We have a 13?

6 MS. AVERY: Yes.

7 HEARING OFFICER GUILD: Number 13.

8 DR. TOM HERRIGES: Hi. My name is Tom  
9 Herriges, H-E, double R, I-G-E-S.

10 I'm an obstetrician at Saint Francis Hospital  
11 for the last 32 years, and I was recommended to this  
12 hospital by a now gyneo-oncologist who went to medical  
13 school with me, and he said if you want a good place to  
14 practice for the rest of your life in a family type  
15 situation, Saint Francis is it.

16 And for 32 years, that's been. I consider  
17 these nurses in the audience, the doctors, to be family;  
18 not just acquaintances.

19 And the same thing with my patients. I've  
20 delivered ten of one lady's 16 kids. I've delivered 15  
21 kids out of a three-girl family, and done the  
22 hysterectomies on two of them. And so I get Christmas  
23 cards from everybody.

24 And so this isn't just a medical unit

1 performing services that we're tearing down. This is  
2 something that's important to the community.

3           You know, there -- again, I haven't prepared  
4 anything. As I've known Dr. MacGregor, who is the head  
5 of maternal fetal medicine at Evanston Hospital since I  
6 was a resident and he was my fellow. And he's  
7 repeatedly told me that he hates to see the patients  
8 that I send to him because he's got nobody further down  
9 the pike that he can pass them to.

10           So when people make comments to the effect  
11 that we need to triple the deliveries to be competent, I  
12 can only refer to that as garbage. I think we provide  
13 stellar service. I think our residents that come out of  
14 our program are possibly, with the exception of one.  
15 For the 64 residents that have graduated since I've been  
16 there, they are all board certified and practicing well  
17 in their communities. And hopefully with some of the  
18 empathy that they may get which more than makes up for  
19 any perceived lack of volume experienced by people that  
20 don't even practice medicine.

21           I think the thing if -- if we're going only to  
22 be competent if we deliver three times as many as we  
23 currently do, then I suggest that we close Resurrection  
24 because they deliver twice as many as we do, with twice

1 as many of the obstetricians.

2 Of two -- the four doctors in my group have  
3 been out in practice with our group for one year.  
4 Hardly enough time for them to accrue any sizable number  
5 of patients.

6 Possibly, hospital administration could have  
7 worked harder. I've been after marketing for the  
8 entirety of the 32 years I've been there. But to no  
9 avail. Nothing has been done. Nothing has been done in  
10 the last few years, and surprise, surprise the numbers  
11 dwindle.

12 When a few years back Erie Clinic and  
13 Heartland Clinic came and offered us thousands of  
14 deliveries, the then CEO said no thanks. Well, we're  
15 suffering the repercussion of that now.

16 So to just politely say we should close up  
17 this department and, again, not take care of these  
18 walk-ins and these underserved patients, I think if you  
19 look through our department, our doctors have stayed at  
20 Saint Francis because of the type of care we give and  
21 not the volume of it.

22 I certainly know that that's true for me. I  
23 could, as these other doctors have gone to more  
24 prestigious hospitals, I trained at Northwestern. I've

1 told my patients you don't get doctors that crawl out  
2 from under a rock in the community hospital. They're  
3 trained the same places as other good doctors.

4 And so but again, we've stayed with the  
5 hospital because of the type of care we give, and again,  
6 not just measured by volume.

7 The concern voiced earlier about people coming  
8 into the hospital by car, bleeding, with a baby's feet  
9 sticking out of the vagina, those are real concerns.

10 And to say that people can take a Lyft pass to  
11 another hospital, that's ludicrous. And I think it's --  
12 I think we're -- I guess that's the most I can say. I  
13 hate to see this hospital close or the unit close  
14 because I foresee that that's just the start of chopping  
15 the pins out from under the other departments and seeing  
16 the whole place go to being a ambulatory surgical center  
17 or some other relatively poor shadow of its former self.

18 We pioneered open heart surgery, and now  
19 that's out of the hospital. And after producing so many  
20 good obstetricians over the years, I just -- it really  
21 saddens me and disgusts me that so little has been done  
22 to reverse that trend.

23 So that's -- that's what I have to say.

24 HEARING OFFICER GUILD: Thank you.

1                   Number 14.

2                   Thank you.

3                   DR. MAGDELINE CHLEBOWICZ: Hi, my name is  
4                   Maggie Chlebowicz, C-H-L-E-B, as in boy, O-W-I-C-Z. I'm  
5                   one of the obstetricians that service the community at  
6                   Evanston for the last seven years. I worked with Dr.  
7                   Cortina at the Access Clinic as well.

8                   This really hits home for me, and if I start  
9                   crying, I apologize.

10                  I'm an immigrant myself, so majority of our  
11                  patients, about 90 percent, are immigrants. Most of  
12                  them, English is their second language.

13                  So I've been there as a patient, and I know  
14                  how it feels when you are taken to a hospital that you  
15                  don't know, or you don't know where to go, and you have  
16                  an emergency, or you are surrounded by people that you  
17                  have never seen. You know, people that -- a familiar  
18                  face when you're scared is probably one of the most  
19                  important things you can get in health care.

20                  And, you know, for the administration to sit  
21                  and say well, we'll still provide antepartum care, we'll  
22                  still do this. We are not going to be there for these  
23                  patients because these patients are going to go to  
24                  different hospitals.

1           Evanston Hospital is down the road. That's  
2           the closest hospital these patients will go to. So they  
3           will be taken care of by people that they don't know.

4           So I've been there as a patient, not an  
5           obstetrician. I -- it was my goal in life to serve  
6           community like this. I wanted to help women that are  
7           underprivileged, have no insurance, have terrible health  
8           issues, have no money to buy anything. Car seats, gas  
9           for their car. They don't even have money to buy a bus  
10          ticket. They carry their babies on their back.

11          And I have to sit here and listen to all of  
12          this because it's numbers for administration? I'm  
13          talking about human beings with babies. You know,  
14          numbers aside, I understand it's a business, and we're  
15          never going to be on the same page, but when do we start  
16          talking about patients? When does this become a patient  
17          issue? And when do we take care of women that need us?

18          So I don't agree with any of this, and I think  
19          administration knows this very well. I've been opposed  
20          to this closing from the beginning. You know, it's hard  
21          to sit and listen when we talk numbers. To me, patients  
22          are not numbers. They are human beings, and I'm here to  
23          help them, and I can't.

24          Thank you.



1 HEARING OFFICER GUILD: Thank you.

2 Number 15.

3 Thank you.

4 MR. DANIEL MILLER: Thank you.

5 Hello. My name is Daniel Miller. D-A-N-I-E-L  
6 M-I-L-L-E-R.

7 I apologize, I had no intention to speak  
8 today. I didn't know it was an option.

9 I'm going to just quickly read off a letter  
10 that we had written for our -- our State rep that we  
11 kind of quickly edited for this. But I thought it might  
12 be helpful to get the perspective of an actual patient  
13 at the hospital.

14 So my wife will be 37 weeks pregnant this  
15 Wednesday. We have received superb prenatal care from  
16 the wonderful doctors and nurses at Saint Francis  
17 Hospital for the past nine months. Our doctor has been  
18 in practice for decades and is an excellent provider.

19 This past week, we noticed a form letter on  
20 the office reception desk, dated September 23rd, stating  
21 that AMITA Health has decided to close labor and  
22 delivery at Saint Francis.

23 To the best of our knowledge, the closure was  
24 originally slated for November 1st but has been pushed

1 forward for undisclosed reasons.

2 Upon further investigation, we discovered the  
3 closure is effective the first week of October. No  
4 other communication has been provided to patients by  
5 AMITA Health.

6 Saint Francis Hospital cares for many of the  
7 poor and vulnerable members of our community that do not  
8 own vehicles, and do not have other options for health  
9 care. Many walk to Saint Francis for their  
10 appointments.

11 AMITA has referred all current patients to  
12 Resurrection Hospital, which is 9.2 miles or 45 minutes  
13 away by car. To reach those hospitals via public  
14 transportation, a patient would have to take two buses,  
15 which will take 1.5 hours to reach Resurrection.

16 How are these patients expected to deliver at  
17 this hospital without an expensive ambulance or Uber  
18 ride that they cannot afford?

19 The closure of Saint Francis labor and  
20 delivery unit is effectively disenfranchising these  
21 women in an already difficult stage of their lives.

22 AMITA has five core values. Living  
23 respectfully in all human relationships; resources  
24 provided to all, especially the poor and the vulnerable;

1 to be there for others in their struggles; treating all  
2 persons with respect, equality and solidarity;  
3 authenticity and honesty in our words and actions.

4 This decision flies in the face of every one  
5 of these principles. We are very disappointed in the  
6 lack of transparency on AMITA's part and the clandestine  
7 manner in which the closure has been executed.

8 Thank you.

9 HEARING OFFICER GUILD: Thank you.

10 Is there a number 16? No?

11 So we'll take a short break.

12 (Thereupon, lunch was taken from 12:10 p.m. to  
13 1:02 p.m.)

14 HEARING OFFICER GUILD: It's 1 o'clock, so  
15 we'll go back on the record.

16 If there is anybody in the room that would  
17 like to speak, come see me. Otherwise, keep doing what  
18 you were doing. I don't know that there is anybody --  
19 oh, okay.

20 I will take your form. Make sure that you --  
21 you have about three minutes, a little bit longer time,  
22 and make sure you say and spell your name for the court  
23 reporter.

24 MS. TRISHA MUSICH: Absolutely.

1                   Good afternoon. I'm Trisha Musich.

2           T-R-I-S-H-A --

3                   THE REPORTER: Here you go.

4                   MS. MUSICH: Good afternoon. I'm Trisha  
5           Musich. Musich, M-U-S-I-C-H. And I'm the Chief Nursing  
6           Officer for Saint Francis, Resurrection Medical Center  
7           and also AMITA Chicago Region.

8                   I've been a nurse for 28 years. I've been  
9           involved with closure of multiple different units in the  
10          past. And I'm very comfortable in telling you that the  
11          AMITA team has been diligently planning for the  
12          elimination of the routine deliveries services at Saint  
13          Francis.

14                  I'd like to take this opportunity to address a  
15          few issues that have been raised by some of the speakers  
16          today.

17                  First, the accommodating of the mostly poor or  
18          immigrant community members. We will continue to  
19          provide prenatal services, and will accommodate  
20          deliveries at our sister hospitals; AMITA Health Saint  
21          Francis -- or Saint Joseph Hospital and AMITA Health  
22          Resurrection Medical Center.

23                  Deliveries will be anticipated and planned for  
24          those hospitals through the patient's physicians the

1 same as they're planned for today.

2 Second, emergency deliveries will be  
3 accommodated at the hospital's emergency department in a  
4 fashion similar to the way that emergency deliveries are  
5 accommodated at all other hospitals that do not have  
6 full range of obstetrical care.

7 As outlined by Mrs. Norman, our ED physician  
8 and nurses are certified in all emergencies and can  
9 manage emergencies in the emergency room. And all  
10 equipment needed for emergency deliveries will be  
11 maintained in the ED.

12 In addition, our ED staff has been going  
13 through additional inservice programming for the rare  
14 need for emergency deliveries.

15 Third, we have transfer agreements in place  
16 with not only our two area sister hospitals as I  
17 mentioned, but also with Evanston Hospital. All three  
18 of these hospitals provide a full range of obstetrical  
19 services. Saint Jos Evanston Hospital also operate a  
20 Level III neonatal intensive care unit.

21 This is a service that we do not provide at  
22 Saint Francis today.

23 Fourth, patients in need of office visit  
24 transportation for office visits, they will be

1 accommodated through an agreement we have with Lyft.

2 Fifth, programs are still in place to  
3 transport any kind of emergency patients that come to  
4 Saint Francis to any other hospital that is appropriate  
5 for their care.

6 Sixth, the hospital has begun providing notice  
7 to the impending unit closure to the medical  
8 professionals in the area, and broader distribution of  
9 this information to providers as the closure nears.

10 Seventh, the obstetrical services that we will  
11 continue to provide either directly by Saint Francis or  
12 through our local partnerships include the  
13 hospital's maternal fetal medicine program, providing  
14 routine screening and evaluations.

15 Additionally, it was mentioned that no one  
16 will be able to care for babies if they are born  
17 emergently. We do have qualified and certified staff,  
18 nurses and respiratory therapists, available 24-seven in  
19 our emergency room to provide that level of care for  
20 babies in the emergency room. We are a level 1 trauma  
21 center with exceptional nurses and health care team.

22 Last, all AMITA hospitals, as well as Evanston  
23 Hospital, accept Medicaid patients.

24 Thank you for your opportunity to address

1       these issues today.

2               HEARING OFFICER GUILD:   Thank you.

3               Is there anyone else or a number 17?

4               Okay.   Just wait.

5               (Pause)

6               MR. FRANK CORRADO:   Thank you.

7               HEARING OFFICER GUILD:   And whenever you're  
8       ready.

9               MR. CORRADO:   Good afternoon.   My name is  
10       Frank Corrado, I'm president of the St. Nicholas Holy  
11       Name Society.

12              You have heard some of our other speakers  
13       earlier today.   We kind of let off.

14              These --   I'm going to repeat and recap all  
15       the questions that our organization has submitted to the  
16       State and to AMITA concerning regarding the impact of  
17       AMITA Saint Francis closing of the OB unit.

18              In the Reasons For Discontinuation, page 24,  
19       the application states that, quote, "With the exception  
20       of emergency situations, deliveries will no longer be  
21       performed at the hospital," end quote.

22              Four questions under that.

23              1.   Under what circumstances will emergency  
24       deliveries continue to be performed at Saint Francis?

1                   2. How will emergency deliveries be performed  
2 by qualified physicians and nurses if the OB unit is  
3 closed?

4                   3. What training and/or additional  
5 certifications will be provided for the ER and the OB  
6 staffs to ensure top professional care?

7                   4. What are the best practices of other  
8 hospitals that have closed their OB units in handling  
9 emergency and non-emergency deliveries, and what is the  
10 specific plan at Saint Francis.

11                   Next topic, transport to other hospitals.

12                   Many poor and immigrant community residents do  
13 not have cars and frequently take buses or cabs to Saint  
14 Francis.

15                   For non-emergency situations, what, if any,  
16 plans does Saint Francis have to assist the pregnant  
17 woman's transport to another hospital?

18                   In an urgent or near emergency situation where  
19 Saint Francis would not handle the delivery.

20                   a. What is Saint Francis' plan for the  
21 patient's immediate transportation to another hospital?

22                   b. Which other hospital would be chosen as  
23 the patient's transport destination? Based on what  
24 criteria.



1           And will Saint Francis provide transportation  
2 whenever other social services may be required?

3           The application states on page 25 that "the  
4 proposed discontinuations of obstetric services will  
5 have a minimal -- minimal impact on access to services  
6 for residents in the communities and neighborhoods."

7           Questions under that include:

8           On what does Saint Francis base this claim?  
9 Does the supporting data exist on demographics? Have  
10 there been conversations with community, church,  
11 political and Hispanic leaders regarding the impact of  
12 the department's closing.

13           The proposal comes as a surprise to many  
14 people, as you heard, I think, in the last testimony  
15 before lunch, including medical professionals. If the  
16 unit is to close and remain only as a scaled down OB  
17 center, will Saint Francis market and publicize the  
18 closing, especially to the Spanish speaking community?

19           What remaining OB/GYN and prenatal care  
20 services will exist at Saint Francis?

21           Will they be enhanced?

22           Will these services be publicized to the  
23 community?

24           What impact statements or reactions have been

1 received from other hospitals regarding the OB unit's  
2 proposed closing?

3 And finally, the issue of insurance.

4 If a pregnant patient requires transfer to  
5 another hospital, the impacts to the patient's health  
6 insurance coverage, such as "out of network referrals."

7 I think that's a real concern.

8 Would that situations limit the patient's  
9 transfer to the closest or best facility for her care?

10 Will Saint Francis have the relevant  
11 information and provide guidance to the patients?

12 Will the nearest hospitals accept public aid  
13 patients from South Evanston and Rogers Park?

14 I think there is a number of questions here.  
15 Some of them we have heard some answers on some of them,  
16 and on others we have not. And we think this is  
17 important for the State Health Department to consider in  
18 this situation.

19 Thank you.

20 HEARING OFFICER GUILD: Thank you.

21 Is there anyone else at this time who wants to  
22 speak?

23 DR. JOSEPH CALANDRA: I have no idea what I'm  
24 going to say yet, so --

1 HEARING OFFICER GUILD: Okay. Well, make sure  
2 you say and spell your name for the court reporter.

3 DR. CALANDRA: Okay.

4 HEARING OFFICER GUILD: And beyond that, it's  
5 up to you.

6 DR. CALANDRA: It's up to me.

7 Ready?

8 Joseph, the usual, Calandra, C-A-L-A-N-D-R-A.

9 Okay. Good morning. That's it for now. I  
10 heard I had three minutes. I won't go longer than two.

11 I'm the Chairman of Radiology at Saint Francis  
12 Hospital, and the Medical Director of the Women's  
13 Imaging Center. And I've been at Saint Francis since I  
14 trained there and left there in 1978.

15 There's a long history. I have to tell you a  
16 little bit about myself and how this impacts me and my  
17 practice as well as the community.

18 As my role as the head of the Women's Center,  
19 we have been able to provide services for women,  
20 underserved women throughout the community. I have been  
21 in churches, in the basement of churches throughout the  
22 community. I've been on the pulpit in churches  
23 promoting women's health for the past 33 years.

24 And how that ties back to my breast center

1 work is that the ladies who we're doing -- we meet at  
2 these outreaches come to the obstetricians that we have  
3 at Saint Francis to have their clinical examinations.  
4 And then we do their mammograms.

5 The hospital has had grants over the years  
6 from Avon, Komen, Susan G. Komen, A Silver Lining  
7 Foundation, the Asian Human Services. We've worked with  
8 Erie Health. A lot of -- Access Health, a lot of  
9 underserved community or underserved patients throughout  
10 the community.

11 The physicians that are in the OB department  
12 refer those patients to us for their breast care.  
13 Through these grants, we're able to take them from  
14 diagnosis to biopsies if we need it, and then in the  
15 treatment.

16 My concern is where these ladies are going to  
17 get an avenue? How are they going to get access to  
18 these services that the hospital has and still has,  
19 because the majority of them are seen by the primary  
20 care physicians in the OB department.

21 Without the physicians, who I assume spoke  
22 earlier, it has an impact on how these patients get  
23 access to care.

24 It's as been important. We work with folks

1 here in Evanston with Health Department, we've done  
2 outreaches. I have been at Evanston Township High  
3 School teaching young ladies about all this stuff. But  
4 a lot of times this was just an access point; how they  
5 would get into Saint Francis system.

6 The impact I think that this will have is  
7 where these ladies going to go? How are they going to  
8 get their care. They can't afford a mammogram, they  
9 can't afford a pelvic exam through the IBCCP or whatever  
10 we're going get them involved in. They don't have the  
11 means to be able to pay for those services. Yet, we're  
12 are asking them to go, you know, halfway the city or  
13 down the street or, you know, quite a distance to get  
14 their care. That's -- that's a major concern.

15 Now, the second hat that I wear is I'm also  
16 the program director of the radiology residency training  
17 program.

18 The training program is tightly aligned with  
19 the training program in obstetrics. My residents need a  
20 significant number of OB ultrasound experience. This  
21 will impact them; the training that we're able to give  
22 our residents. And I'm not sure exactly how that will  
23 work out with. We may have to outsource them to other  
24 hospitals either in the system or outside the system.

1 So that has a negative impact on the ability for us to  
2 train the doctors of the future.

3 Other than that, I oppose the closing for  
4 several reasons. One of them is due to the tradition,  
5 the history of the whole program. And the major thing  
6 that really kinda hits me to the heart is the impact  
7 it's going to have on the ladies that I take care of  
8 every day in the breast center.

9 If I do a mammogram on somebody -- and a lot  
10 of these folks that we take care of don't have, you  
11 know, a lot of knowledge or any medical knowledge. So I  
12 sit down and we talk with them, and we're able to take  
13 care of them because they don't -- they can't afford  
14 these services. We are able to provide those services,  
15 and a lot of these people come through our OB  
16 department.

17 So my concern is for those ladies. How are we  
18 going to take care of them in the future? You know, my  
19 concern is for them. Not necessarily for the people  
20 sitting in the room who we don't make money off of the  
21 system and everything else. It's for the ladies that  
22 we're -- I'm honored to take care of. How are they  
23 going to get access to care?

24 And that's it.

1 HEARING OFFICER GUILD: Thank you.

2 DR. CALANDRA: Only in minutes.

3 HEARING OFFICER GUILD: Do you have one of  
4 these sheets?

5 DR. CALANDRA: I did. I filled it out --

6 HEARING OFFICER GUILD: You did?

7 DR. CALANDRA: And I handed it to you.

8 HEARING OFFICER GUILD: Oh, okay.

9 DR. CALANDRA: I hope so.

10 HEARING OFFICER GUILD: Is this it? No? This  
11 is the last one I have. I'm not sure --

12 DR. CALANDRA: He's got it.

13 HEARING OFFICER GUILD: Oh. Thank you.

14 DR. CALANDRA: Okay.

15 HEARING OFFICER GUILD: Is there anyone else  
16 who wishes to testify who hasn't had an opportunity yet?

17 (No response)

18 HEARING OFFICER GUILD: No? Okay.

19 Please note that this project is tentatively  
20 scheduled for consideration by the State Board at its  
21 Tuesday, October 22nd meeting.

22 The State Board meeting will be held at  
23 Bolingbrook Golf Club in Bolingbrook. Please refer to  
24 the HFSRB website for more details or possible agenda

1 changes. It's [www.hfsrb.illinois.gov](http://www.hfsrb.illinois.gov).

2 If any of you are interested in more detail,  
3 you might want to pull out a pen, pencil or something.

4 Written comments have to be received via U.S.  
5 Postal Service or other mail carrier no later than  
6 tomorrow, Wednesday, October 2nd. That date is because  
7 we have a 20-day window that we have to accommodate  
8 before our actual Board meeting.

9 The State Board staff report on this project  
10 will be posted on our website on Tuesday, October 8th.  
11 So if you'd like to see that, you can access it on our  
12 website.

13 You are also able to submit written responses  
14 regarding that State Board staff report. Written  
15 responses must be received again by U.S. Postal Service  
16 or other mail carrier no later than 9 a.m. on Tuesday,  
17 October 15.

18 And any written comments and responses should  
19 be sent to the Health Facilities and Services Review  
20 Board, attention to Courtney Avery, at 525 West  
21 Jefferson, 2nd Floor, in Springfield 62761.

22 We will not accept written comments by email  
23 or fax.

24 And does anyone have any questions on the



1 process?

2 (No response)

3 HEARING OFFICER GUILD: No?

4 Thank you for attending today's public  
5 hearing.

6 (Off the record at 3:07 p.m.)

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CERTIFICATE OF NOTARY PUBLIC

I, Ryan Grzelak, 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.

A handwritten signature in dark ink, appearing to read 'Ryan Grzelak', is written over a light gray circular notary seal. The signature is fluid and cursive.

Ryan Grzelak, Notary Public  
for the State of Illinois

CERTIFICATE OF TRANSCRIBER

I, Jerome E. Harris, 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.

A handwritten signature in black ink that reads "Jerome E. Harris". The signature is written in a cursive, flowing style.

Jerome E. Harris, CDLT-204

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